

HOUSING AS A DETERMINANT OF HEALTH FOR YOUNG MOTHERS IN
RURAL NOVA SCOTIA

by

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Abstract

Housing is a fundamental human right. In Nova Scotia, affordable housing options are very limited, particularly in rural areas. Therefore, many Nova Scotians are not accessing acceptable housing. This has negative health implications. The guiding research question for this thesis was whether current Nova Scotian housing policies are meeting the needs of young mothers receiving social assistance and residing in a rural community. A total of eleven semi-structured qualitative interviews were conducted with young mothers, service providers, and policy decision-makers. Resulting themes include: the disconnect between policies and young mothers' lives, the lack of rural consideration of policies and the importance of social support networks in the fulfillment of young mothers' needs. The current housing and social assistance policies are not meeting the needs of young mothers, as they often lack considerations related to rural context. The acceptable housing definition requires revision, as young mothers' opinions and specific needs such as location and feelings of safety are neglected.

List of Abbreviations Used

CHOICE - Community Housing Options Initiative through Collaboration and Engagement

CMHC – Canadian Mortgage and Housing Corporation

HIV – Human Immunodeficiency Virus

PHAC – Public Health Agency of Canada

RST – Rural and Small Towns

SHYFT – Supportive Housing Youth Focus Team

WHO – World Health Organization

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Chapter One: Introduction

Housing is a basic human right and is appropriately emphasized in international human rights laws. For instance, Universal Declaration of Human Rights recognizes that housing goes beyond the physical structure of providing shelter. Article 25(1) of the Declaration states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services” (United Nations, n.d.).

Housing as a Fundamental Human Right

The United Nations Committee on Economic, Social and Cultural Rights also emphasizes that the right to adequate housing should not be viewed narrowly, but rather considered more broadly. Adequate housing must at a minimum meet the following criteria: *security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability, accessibility, location, and cultural adequacy* (Office of the United Nations High Commissioner for Human Rights, 1991). *Security of housing* refers to having legal protection against situations such as forced eviction and harassment. Housing must allow occupants to have access to safe drinking water, access to adequate sanitation as well as heating and food storage to meet the *availability of services, materials, facilities and infrastructure* criterion. *Affordability* is maintained if the cost of rent and other shelter-related costs do not compromise an occupant’s ability to maintain their other human rights such as being able to afford food or medical care. *Habitability* refers to the physical structure. Housing must be of adequate space and provide protection from the cold, wind and dampness. *Accessibility* of housing ensures that the specific needs of disadvantaged and marginalized groups are taken into consideration and

are met. For housing to meet the *location* criterion, it must allow for occupants to access employment and educational opportunities as well as childcare and health-care services.

Cultural adequacy refers to respecting and considering the expression of cultural identities.

The view that adequate housing goes beyond the physical structure and must include factors such as location and accessibility lends itself to the social determinants of health lens that is central to health promotion. Social determinants of health are factors or social conditions that influence one's health through various pathways. When considering housing, there are many other social determinants of health connected to housing that are at play such as income and social status, and gender. These factors may negatively contribute to a young mother's ability to access acceptable housing for her family. For example, low socioeconomic status may prevent a young mother from accessing housing based on lack of affordability. This research used a social determinants of health and intersectionality lens when collecting and analyzing data to consider the various factors that contribute to access to housing and their implications on health.

Given the extensive literature regarding the connection between housing and health (Finfgeld-Connett, 2010; Frankish, Hwang et al., 2010; Hwang, & Quantz, 2005; Mcneil et al., 2013; Morris & Strong, 2004), and the poor conditions that many people experiencing homelessness face, access to acceptable housing is of critical importance. The Canadian Mortgage and Housing Corporation (CMHC) is Canada's national housing agency (CMHC, 2014a). This government-owned agency is primarily responsible for mortgage loan insurance, housing policies and programs, and they also conduct housing research (CMHC). As proposed by the CMHC (2014b), acceptable housing can be

measured based on three criteria: adequate, suitable and affordable housing (CMHC, 2014b). In this definition, housing is adequate when it does not require any major structural repairs, it is suitable if there is adequate space and a reasonable number of bedrooms for the number of people living in the house and housing is affordable if people are not spending more than 30% of the household income on housing related expenses (which includes rent, electricity, water, property taxes and other municipal services) (CMHC, Statistics Canada, 2010).

Data from the 2006 Statistics Canada Census reveals that in Nova Scotia, more than 45% of renters were spending more than 30% of their income on housing-related costs (Statistics Canada, 2010). This clearly demonstrates that a large proportion of Nova Scotians do not have access to affordable housing which establishes a need for an increase in affordable housing options. Research conducted in Halifax, Nova Scotia found that 69% of people surveyed stated that lack of affordable housing options was the main reason they were having difficulties finding housing (Nova Scotia Housing and Homeless Network, 2012, p.6). Karabanow (2004) also conducted research in Halifax, and demonstrated that “affordable housing options have diminished, social assistance rates have dropped and eligibility for social services has become more restrictive” (p.7). This is just one example of the need for affordable housing in Nova Scotia and why including an emphasis on affordable housing options is key to ensuring all Nova Scotians have access to acceptable housing. Addressing affordability concerns for all tenure types and family structures will allow Nova Scotian families, particularly young mothers, to thrive and lead healthier lives. The large discrepancy between the need for and availability of affordable housing points to the need to look at policies relating to

affordable housing, given that equitable housing policies are critical to the reduction of homelessness.

For this research project, homelessness is used in its broadest sense to include those currently experiencing homelessness and those at-risk of homelessness. As described by Sikich (2008), the definition of homelessness should be gendered when speaking specifically about women. It is important to consider a gendered definition as women's homelessness appears quite different from men's (Sikich). Using a broader definition ensures that the issue of women's homelessness is accurately depicted and represented. The definition for homelessness used includes both absolute and relative homelessness, which encompasses those unsheltered, emergency shelters and provisionally accommodated (CHRN, 2012). Living on the streets, in places not intended for human habitation (such as cars), in overnight shelters, in a temporary setting (such as a friend or relatives' home) is included within this definition of homelessness. Those at-risk of homelessness are also included within this definition as they may still be living in unacceptable housing. By employing a broad definition of homelessness, those not unacceptably housed can share their experiences and the recommendations stemming from this research can take their needs into consideration, hopefully reducing the number of people entering homelessness. Policies have the potential to reduce the growing number of people experiencing homelessness by ensuring that those living in poverty can still access acceptable housing.

Housing policies are particularly important for women, as women and children represent the fastest growing segment of the homeless population (Chambers et al., 2013; Strehlau, Torchalla, Li, Schuetz, & Krausz, 2012; Montgomery, 1994). Women are

particularly vulnerable to experiencing violence. Fleeing from situations of violence may be the reason for a woman experiencing homelessness. Additionally, being a woman experiencing homelessness comes with a high likelihood of experiencing certain challenges such as fear of rape or other forms of violence and victimization (Baker, Billhardt, Warren, Rollins, & Glass, 2010).

In addition to facing the unique challenges associated with experiencing homelessness as a woman, residing in a rural community can increase the negative outcomes. This may be due to decreased access to health services as a result of lack of transportation or increased distance (Liepert, Delaney, Wagnge, Forbes, & Forchuk, 2011). The definition of rural that will be used in this research project is the one proposed by Statistics Canada (2001). Their definition, for rural and small towns (RST) is a population outside of the main commuting zone (cannot easily be and quickly accessed) for large urban centers (that has a population greater than ten thousand) (Statistics Canada). Although there is evidence that residing in a rural community has benefits such as increased connectedness and social capital, there is also evidence to support that there are also negatives associated with rural living. Living in a rural community can mean decreased access to health services due to lack of financial resources or travel options, geographic location, and increased discrimination and stigma as a result of lack of confidentiality and personal opinions (Craft-Rosenberg, Powell & Culp, 2000). Furthermore, there are fewer formal services available designed to support those experiencing homelessness and/or poverty (Forchuk et al., 2010).

Despite the knowledge that housing has a strong impact on health and the growing body of literature regarding homelessness, there has been very little research

conducted in a rural context (Craft-Rosenberg, Powell, & Culp, 2000). This is especially true for young mothers. Indeed, a thorough search of academic literature and a statement by Shoveller, Chabot, Johnson and Prkachin (2011) suggests there is currently very little research focused on young mothers' experiences regarding homelessness or housing policies while residing in a rural area hence conducting research in this area using a gender lens is needed to inform policy decisions.

Research Purpose

The purpose of this research was to gain an in-depth understanding of whether or not Nova Scotia housing policies are meeting the needs of young mothers receiving social assistance and living in a rural context. Particular focus was on current strengths, challenges and opportunities of housing policies to meet the needs of young mothers receiving social assistance and living in a rural community.

Research Questions

The key question is:

- Are current housing policies meeting or not meeting the needs of young mothers receiving social assistance living in rural Nova Scotia?

The two sub-questions are:

- What are the experiences of young mothers receiving social assistance in relation to accessing acceptable housing within a specific rural context (Yarmouth, Nova Scotia)?
- What are service providers' and policy decision-makers' perspectives regarding current housing policies and their effect on young mothers receiving social assistance and residing in rural Nova Scotia?

Study Design

This qualitative research study consisted of a scan of housing documents with a particular focus on the *National Housing Act* and *Nova Scotia Housing Act* and a critique of the current *Nova Scotia Housing Strategy*, and semi-structured interviews. Housing policy documents were identified and used to determine relevant interview questions. Formal housing acts for Canada and Nova Scotia were compared against young mothers' needs, as identified in the literature. Particular focus was on whether the Acts considered social aspects of housing such as sex and gender considerations, location and safety. Given its relevance to the current housing context in Nova Scotia, the Nova Scotia housing strategy was critiqued, with regards to overall strengths and challenges, with emphasis on how the housing strategy affects young mothers and meeting their needs. Interviews were conducted with three different groups of participants including young mothers receiving social assistance, local service providers in the area of housing, and policy decision-makers who have knowledge of housing policy. Interviewing these participants allowed the issue to be explored on various levels and from varying perspectives. These in-depth interviews gathered participants' experiential knowledge with, and understanding of, existing housing policies. The interviews were conducted sequentially starting with the young mothers, then the service providers and lastly the policy decision makers. This allowed the general themes collected from the interviews with the young mothers to be discussed with the other two participant groups. Once all of the data were collected, the critique of the *Nova Scotia Housing Strategy* was updated to reflect the needs identified by the young mothers.

Summary

Housing is a basic human right and is essential to maintaining good health. Despite the acknowledgment of the importance of housing, many Nova Scotians are living in unacceptable (unaffordable) housing. Housing policies are particularly important for women as women and children represent the fastest growing segment of the homeless population (Chambers et al., 2013; Montgomery, 1994; Strehlau, Torchalla, Li, Schuetz, & Krausz, 2012). This research sought to gain a better understanding of whether or not current housing policies are meeting the needs of young mothers, with a specific focus on those living in rural Nova Scotia.

Chapter Two: Literature Review

As discussed in chapter one, housing is a fundamental right and is necessary for good health. The lack of affordable housing in Nova Scotia and residing in unacceptable housing has many negative health implications, which may be further complicated by living in a rural environment. The following chapter will outline the various determinants of health and their role in housing, the effects of housing on health and provide a picture of the context in which in this research was conducted. The current housing policy situation, as well as the current housing programs as they relate to young mothers will also be discussed in this chapter.

Health Promotion and the Social Determinants of Health

According to the World Health Organization (WHO), health promotion is defined as “the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions”(p.1). Mentioned within the definition of health promotion is the emphasis on moving beyond the individual and addressing higher-level issues. In the case of homelessness and unacceptable housing (e.g. the lack of affordable housing options), housing policies are a great health promotion tool that can be used to address the issue at a population-level. Taking a health promotion approach can mean addressing societal level factors that influence health, and one of those factors is access to acceptable housing.

As described by the Public Health Agency of Canada (PHAC) (2013), there are many factors that influence a population’s health. These factors, termed social determinants of health, extend far beyond traditional health care yet are critical to the

health of a population. They can affect health on their own. However, they are also often interrelated. These key social determinants of health as defined by PHAC are “income and social status; social support networks; education; employment/ working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture” (PHAC, para. 3). Although housing goes beyond the physical structure, it is primarily represented under the determinant of health physical environment. Access to acceptable housing can be affected by a number of social determinants such as gender, income and social status and social support networks. For example, women may experience discrimination when trying to rent an apartment or acceptable housing may be unattainable due to high rental rates (Lauster, & Easterbrook, 2011).

Using a social determinants of health lens allows researchers and policy decision-makers to view health more broadly and take appropriate actions to ensure the health of a population (Raphael, 2004). By understanding that there are numerous factors affecting health (reaching beyond traditional access to health services and acute care), policies can be constructed to address better growing health issues. Rather than attributing illness or poor health solely to individual choices, a social determinants of health lens prompts researchers and policy decision-makers to adopt a broader approach and consider societal and institutional factors that may be negatively affecting the health of populations (Raphael).

There are many societal or institutional factors that can lead to homelessness among women and mothers. Examples of these include: “lack of affordable housing, decreases in availability of rent subsidies, reduction in public welfare programs,

migration from locales of low paying jobs to centres of economic growth, deinstitutionalization of the mentally ill, lack of education and training and unemployment” (Richter & Chaw-Kant, 2008, p. 7). By leaving their hometowns in the hopes of finding suitable employment and living conditions in urban centers with possibly more opportunities, many women leave behind their social support networks and other sources of support, making them particularly vulnerable. Although these factors are slightly different than the social determinants of health as proposed by PHAC, the aforementioned factors contribute to the growing body of knowledge reinforcing the importance of looking beyond individual factors and to address the broader societal and contextual factors that influence health. Richter and Chaw-Kant emphasize the importance of addressing societal level factors and getting down to the root causes of homelessness rather than focusing on short-term solutions. By not focusing on the fundamental causes of homelessness, those experiencing homelessness will be further marginalized and will be exposed to further trauma (Ritcher and Chaw-Kant).

The focus of this research is on housing policies and young mothers’ receiving social assistance access to housing in a rural community. When examining this issue using a social determinants of health lens, some of the most pertinent determinants of health include physical environments (housing condition, neighborhood, rural community), age (emerging adult), gender and income level. Although PHAC (2013) conceptualizes each determinant as a separate entity, often the determinants act together and are interrelated. For this reason, the social determinants of health were discussed using an intersectionality lens. The key idea behind the intersectionality lens is as follows,

[intersectionality] helps us to understand and assess the impact of these

converging identities on opportunities and access to rights, and to see how policies, programs, services and laws that impact on one aspect of our lives are inextricably linked to others. (Symington, p. 2)

Housing as a Determinant of Health

Acceptable housing is necessary for good health (Raphael, 2004). As outlined in the *Ottawa Charter for Health Promotion* (World Health Organization (WHO), 1986), housing is identified as one of the fundamental requirements for health. Housing is associated with many other factors that influence a person's health and therefore, without appropriate and affordable housing, health decreases. This can occur through excessive spending on housing resulting in a deficit of resources to spend on other necessities such as early life development for children, food, education and recreation (Raphael; Richter & Chaw-Kant, 2010). As illustrated by Raphael, this can be further harmful when a lack of resources results in social exclusion and negatively impacts on mental health.

Relationship Between Housing and Health

As demonstrated above, having access to acceptable housing can impact health through numerous pathways, some direct and others more indirect. The two main avenues are physical and material (e.g. living in a secure structure), and social and meaningful (e.g. feeling a sense of safety) (Shaw, 2004). In addition to the physical and social avenues through which housing affects health, there are also indirect and direct correlation between each avenue and its effect on health (Shaw). Physical and material aspects of housing that affect health on a direct level include: excessive dampness and/or cold, mold and/ or other harmful toxins, and physical structure problems such as a leaking roof (Shaw). It is these aspects that most affect people experiencing

homelessness. The social and meaningful aspects of housing that affect health on a direct level include: the effect of poor housing, housing insecurity or debt on mental health and the feeling of 'home', social status, and sense of safety and security (Shaw). These physical and social factors operate at the individual and household level and, therefore, can be considered direct factors. Indirect factors that influence health can exist on both an individual level and a neighbourhood level. Examples of some physical aspects that can indirectly affect one's health are the proximity to services and availability of those services, features of the natural environment (such as green space or living near a landfill), and the built environment (Shaw). With regards to social aspects of housing that influence health indirectly, sense of community and social interactions along with culture are some key examples (Shaw).

After an extensive review of the existing literature regarding the relationship between housing and health, Fuller-Thomson, Hulchanski and Hwang (2000) categorize the mechanisms through which housing influences health into four distinct categories. Although categorized slightly different than the matrix proposed by Shaw (2004), the main concepts are still the same. The categories proposed by Fuller-Thomson, Hulchanski and Hwang include: specific physical or chemical exposures, specific biological exposures, physical characteristics of the house and social, economic and cultural aspects of housing. While these categories place a greater emphasis on the physical aspects, the indirect and social aspects emphasized by Shaw are still of critical importance as they begin to reflect the social determinants of health lens. Rather than focus solely on the physical aspects of housing, the social determinants of health lens emphasizes other, interrelated factors that play a role in health. Taking the broader

context into consideration, there are four elements of housing necessary for a good quality of life and health and wellbeing. The four elements include: the physical structure of the housing, the social aspects of the home, the neighbourhood (the physical area around the house) and the community the social characteristics and services available in the given neighbourhood (Fuller-Thomson, Hulchanski and Hwang).

Experiencing Homelessness and Effects on Health

For people living in unacceptable housing, the health consequences can be quite severe. The negative health outcomes for people without a home of their own are even more severe. To elaborate, people experiencing homelessness are at increased risk for poor health outcomes as they often experience higher incidence of chronic and infectious conditions (Finfgeld-Connett, 2010; Lewis, Andersen & Gelberg, 2003; McNeil et al.). This can include increased risk of blood borne infections such as human immunodeficiency virus (HIV) and hepatitis, as well as cardiovascular disease, diabetes (McNeil et al.), epilepsy, and musculoskeletal disorders (Hwang et al., 2010). Furthermore, those experiencing homelessness are also at increased risk for harmful use of substances, mental illness and other related comorbidities (Hwang et al.; Lewis, Andersen & Gelberg).

The overall health of people experiencing homelessness is further challenged as they often do not have a regular source of health care and may rely on emergency departments for all their health care needs (Savage and Lindsell, 2008). For these reasons, when people experiencing homelessness seek help for their health, they are often sicker, more often require hospitalizations, have lengthier stays and are more likely to die as a result of the health problem (Daiski, 2007). Those experiencing homelessness are also

less likely to access preventative medical services for themselves or their children (Lewis, Andersen & Gelberg, 2003).

Some reasons that may help explain why people experiencing homelessness delay accessing health care services include discrimination (Mcneil et al., 2013), competing priorities, lack of transportation, and long wait times in clinics (Hwang et al., 2010; Rosengard, Chambers, Tulskey, Long, & Chesney, 2001). Furthermore, research suggests that health care professionals may be reluctant to provide care to people experiencing homelessness (Hatton, Kleffel, Bennett & Gaffrey, 2011). This may be due health professionals blaming those experiencing homelessness for their medical problems. Discrimination of those experiencing homelessness is linked to the length of homelessness. The longer the person has been experiencing homelessness, the more severe the discrimination and stigmatization becomes. Discrimination can also be linked to socio-economic status, mental illness and substance abuse (Skosireva, et al., 2014). Access to healthcare is often a challenge, as proof of Citizenship or Immigration documentation is required to access a provincial health card (Province of Nova Scotia, 2015). This documentation is often not the first priority of those experiencing homelessness.

The negative health outcomes associated with experiencing homelessness are clearly demonstrated by the fact that people experiencing homelessness are up to six times more likely to die than their housed counterparts, and can have a life expectancy as low as 44 years (Savage and Lindsell, 2008) compared to 81 years, which is the life expectancy at birth of Canadians for the years 2007-2009 (Statistics Canada, 2012c).

Further, youth experiencing homelessness can be up to eight to 11 times more likely to die than their housed counterparts (Krüsi, Fast, Small, Wood, & Kerr, 2010).

Mental Health

Mental health problems can be considered both a cause and a consequence of homelessness (Chambers et al., 2013). Poverty may result in mental health conditions such as depression due to high stress and social isolation, which in turn may result in homelessness. Poor mental health may also extend the period of homelessness. This can occur through poor coping mechanisms or low self-esteem resulting in maladaptive behaviours making it even more difficult to access appropriate services and/or obtain housing (Chambers et al.). Mental health can also be negatively affected even when housed, depending on affordability. This may occur as a result of increased stress associated with not having the financial means to pay for rent and all other necessities such as food.

Women, Homelessness and Mental Health

Women in particular, experiencing homelessness, have much higher rates of psychiatric morbidity than their housed counterparts (Benbow, Forchuk, & Ray, 2011; Chambers et al.). Research also indicates higher rates of depression, post-traumatic stress disorder, and drug and alcohol dependence for women experiencing homelessness when compared to other low-income women who are not experiencing homelessness (Benbow, Forchuk, & Ray; Chambers et al.). Research findings from Strehlau and colleagues (2012) conducted with women experiencing homelessness in three Canadian cities support the previous statements; 63% of the participants met the diagnostic criteria for at

least one mental disorder, most commonly drug and alcohol dependence, post-traumatic stress disorder and other anxiety disorders.

Housing Tenure, Affordability and Mental Health

An individual's mental health can also be negatively affected even when housed due, in part, to issues of affordability. As stated by Mason et al. (2013) "poor housing affordability appears to have an effect on mental health over and above the effects of general financial hardship" (p. 92). This may be due to increased anxiety associated with the inability to meet household costs. Additionally, there are many instances where people must sacrifice other necessities such as food to make rent payments. The resulting deprivation is detrimental to mental health (Kirkpatrick, & Tarasuk, 2007; Mason et al.).

Research conducted in Australia demonstrated that when compared to homeowners, renters' mental health status was more negatively affected by unaffordable housing (Mason et al., 2013). The authors suggest that this may be due to the psychological benefits associated with homeownership such as increased stability or the difference between renters and homeowners (financial literacy or financially supportive families) which allowed them to be homeowners in the first place (Mason et al.).

Women and Motherhood

"Women in Canada experience more adverse social determinants of health than men" (Mikkonen, & Raphael, 2010, p.44). Women are more likely than men to stay at home to care for their children. Those in the workforce are less likely to obtain full-time hours and are more likely to have a lower paying job and experience discrimination (Mikkonen, & Raphael). Another factor contributing to gender inequality in Canada is the lack of affordable, quality daycare. This forces mothers to stay at home and care for their

children instead of participating in the work force. This is particularly a barrier for single mothers as women in Canada were nearly four times more likely than men to be a single parent (Williams, 2010). Women were also more likely to be taking care of their children (spending twice as many hours a week caring for children than men) (Williams) a key reason why single mothers are at especially high risk of entering poverty (Mikkonen, & Raphael). Women without children made more than women with children (all other factors being equal) (Williams). This may be due to stability issues such as lack of support and stable living situation, educational attainment, and job interruptions due to pregnancy.

Single Motherhood

Research indicates that being a single mother comes with an additional set of challenges, as “single mothers report more early childhood adversities, more threatening life events, more exposure to domestic violence, more periods of unemployment and greater chronic deprivation and stress than other members of the population” (Broussard, 2010, p.444). Given these challenges, there is an increased number of negative health outcomes, such as food insecurity, living in unsafe apartments and neighbourhoods, and increased risk of violence and environmental health risks, associated with single motherhood (Broussard). In addition to the stressors that are often associated with being a single mother, parenting stress can be more complicated for single mothers given the time and financial restraints they often experience (Broussard).

Women and Income Inequality

Canadian women earned an average total income of \$30,100 in 2008, up 13% from \$26,300 in 2000 (Williams, 2010). Despite the fact that the increase over the eight

years is 6% more than it is for men, men still continue to have higher average incomes. In 2008, the average total income for men was \$47,000. In addition to having lower average incomes, women are more than twice as likely as men to be working part time, often resulting in lower incomes. In 2008, Nova Scotian men, on average, made approximately 15 thousand dollars more than women (Williams). Women's average total income was lower than men's in every province, but for Nova Scotia in particular, women earned only 61% of what men earned (Williams).

Lone-parent families. Lone-parent families are more likely to have low income than are other families, excluding elderly families. Moreover, low income has always been more prevalent in female-headed lone-parent families. In 2008, for female-headed families, the “incidence of low income was 21%, compared with 7% for those living in male-headed lone-parent families” (Williams, 2010). Although lone-parent families have a higher incidence of low income than other family types (such as married couples and two-parent families), their incidence of low income after-tax has been declining, as their incomes increasing.

Developmental Stage: Emerging Adulthood

Emerging adulthood is a developmental concept that covers the ages 18-25 (Arnett, 2000). This development stage falls in between adolescence and adulthood and is characterized by the following five features, “age of identity explorations, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities” (Arnett, 2007, p. 69). Emerging adulthood represents a specific timeframe of the life course that change and exploration of possible life choices is predominant (Arnett). It is at this life stage that opportunities to explore and make changes are at their

best, as few decisions about the future have been solidified. Emerging adults have fewer role constraints and, therefore, have more autonomy in decision-making regarding their lives and their futures. For instance, emerging adults may choose to pursue secondary education, enter the workforce, get married, or have children, (given adequate finances, parental support, etc.).

Emerging Adulthood as a Distinct Developmental Stage

Over the years, researchers have been studying developmental phases. Erikson spoke of prolonged adolescence leading into young adulthood, with discussions of a period where young adults were experimenting with different roles (Arnett, 2000). Keniston also described the phase between adolescence and young adulthood (termed youth) as distinct (Arnett). Although, not named explicitly, these can be seen as quite similar to the characterization of emerging adulthood, as proposed by Arnett.

Emerging adulthood can be viewed as demographically and subjectively distinct. During adolescence (ages 13-18), demographic information can be predicted reliably, however, after the age of 18, demographics cannot be easily predicted based on age alone (Arnett, 2000). Therefore, emerging adulthood can be identified as being a period in the life course that demographic information is varied. Adolescents typically live with one or more of their parents, are unmarried, enrolled in school, and do not have children. When looking at those aged 30 (typically the beginning of adulthood), new norms have been established; people are more likely to be married, have children and are less likely to be enrolled in school. In between those two life phases, demographic information is much more difficult to predict as “emerging adulthood is a reflection of the experimental and exploratory quality of the period” (Arnett, p. 471). There are many decisions to be made,

each with many options, therefore resulting in a myriad of situations and demographics.

In addition to the fact that demographics for emerging adults are extremely variable, this developmental stage can also be identified based on the perceptions of the emerging adults themselves. As Arnett argues, “emerging adults do not see themselves as adolescents, but many of them also do not see themselves entirely as adults” (Arnett, 2000, p. 471). Rather than focus on demographic achievements such as marriage, having children and/or obtaining fulltime, stable employment, emerging adults measure their attainment of adult status on “individualistic qualities of character” (Arnett, p.473). The top three criterion that indicated transitioning to adulthood included accepting responsibility for one’s self, making independent decisions, and becoming financially independent (Arnett).

Although not ranked as important as necessary to achieving adult status, those who had a child viewed becoming a parent as the most important criterion (Arnett), as having a child restricted a parent’s ability to explore various roles. The characteristics associated with developmental stage were of interest, as they would likely have contributed to the social identities of the young mothers.

Implications of Rural Living on Health

Approximately six million Canadians (or 19% of Canadians) live in rural areas (Statistics Canada, 2008 within Forchuk et al., 2010). When compared to those living in urban areas, people residing in rural areas are at increased risk of “having poorer health status, engaging in more economic and lifestyle risk behaviours, attaining lower educational levels, and having fewer socio-economic resources” (Canadian Population Health Initiative, 2006 cited within Forchuk et al., p. 139). In particular, Nova Scotia has

one of the top two highest income difference between rural and urban populations (Statistics Canada, 2001).

Twenty percent of Canadian women live in a rural community (Leipert, et al., 2011). These women experience different health care challenges and issues than those of their urban counterparts. Women residing in a rural community have lower life expectancy, and higher rates of cancer and disability as well as an increased difficulty in accessing health care services, due in part to increased distance, lack of transportation and/or resources (Leipert et al.). This discrepancy can be illustrated through lower self-reported rates of health by people living in a rural community compared to people residing in an urban environment (Jackson et al., 2011). The self-reported rates of excellent health by young women (aged 12-17) living in a rural community are significantly lower than those of their urban counterparts (Jackson et al.).

At the same time, it is important to note that life in rural areas contains contrasts with regards to its impact on the health of people who reside there. Jackson and colleagues (2011) report that living in a rural community can positively affect mental health for some, as women living in rural communities experience less worry related to time pressures and traffic that would be present in an urban environment (Jackson et al.). For some, living in a rural community can be more relaxed and stress-free. Although residing in a rural community can be viewed as being peaceful, there are also some drawbacks, such as anyone knows everyone's business, often resulting in stigma and discrimination against those experiencing homelessness (Forchuk et al., 2010).

Rural Homelessness

The literature on the topic of rural homelessness suggests that it differs from urban homelessness in several key ways. Rural homelessness is less likely to be visible as there are fewer services and shelters to support those experiencing homelessness (First, Rife, & Toomey, 1994). Instead, people experiencing homelessness in a rural community often rely on family and friends to survive. This makes estimates of the number of people experiencing homelessness in rural areas inaccurate and underestimated. Research by First and colleagues also concludes that single women or mothers with children are most likely to be homeless in rural areas as they represent one of the five major groups experiencing homelessness in rural areas, likely due to an inability to “close the gap between housing costs and total household income” (p. 104).

Intersectionality

Kimberlé Crenshaw coined the term intersectionality in 1989, stemming from scholarship regarding Black feminism, Indigenous feminism and queer and postcolonial theory (Hankivsky, & Cormier, 2009). The fundamental idea behind the intersectionality paradigm is that rather than considering single categories of analysis (such as gender, race or class), it is more appropriate to consider the interactions among those factors while also taking systems into consideration (Hankivsky, & Cormier). Instead of focusing solely on how gender affects health, researchers using an intersectionality lens aim to understand how gender, socioeconomic status, motherhood, and policies intersect to create a given situation, at a certain point in time. Furthermore, other key components of intersectionality include the pursuit of social justice and making power central to the analysis (Hankivsky, & Cormier). Researchers employing an intersectionality lens aim to

understand what the intersection of various factors reveal about the underlying power structures (Hankivsky, 2012; Hankivsky, & Cormier).

Women often face discrimination based on their gender, however there are many other factors (such as race, age, language, socio-economic class, marital status and parent) that combine to determine one's social location (Symington, 2004).

Intersectionality allows researchers to understand how a person's varying identities converge to produce various opportunities and access to rights unique to them (Symington). As an example, the Canadian rental market is particularly problematic for single, black women, especially if they are receiving social assistance and have children. When looking at this situation, it is not solely because the person is black, or because she is a woman, or a single parent, but rather the intersection of all these factors that is the issue (Symington). This description is an example of intersectional discrimination. This situation can be further compounded by adding age or geographic location to the equation; factors that are all relevant when it comes to young mothers receiving social assistance and residing in a rural area. This paradigm allows and focuses on the multiple, intersecting identities that are inherently present with young mothers and helps consider their unique needs.

The various social determinants of health at play in young mothers' lives influence both their surroundings and their social identities. For example, young mothers may identify themselves as a poor woman, or a poor woman living in a rural community. Those determinants of health likely play a role of how young mothers and society, views the young mothers. It was for this reason that both the social determinants of health and intersectionality framework were used in this research.

The study location and inclusion criteria for the young mother group of the participants ensured that there were several social identities and social determinants of health that may have been significant to young mothers and their pursuit of accessing acceptable housing. Examples included being young, experiencing the emerging adulthood developmental stage, being female, being a parent, having a low socio-economic status, and living in a rural community. Although these were several examples of social identities and determinants of health that were thought to be relevant, there were likely others that arose throughout the interviews. Not having predetermined categories is a key tenet of intersectionality and therefore, the researcher was open to exploring the lived experiences and perceptions of the young mothers, and the determinants and identities they deemed relevant to their housing situation.

Context: Nova Scotia

The percentage of families in Nova Scotia who are considered to be low income is 10.3 (Statistics Canada, 2006). In some Nova Scotian communities, such as Bridgewater and Antigonish, these numbers are a little lower (9.4 and 11 respectively), however in many other communities the percentage of families considered low income is higher (20.9 in Yarmouth, 20.4 in Windsor and 18.6 in Digby) (Statistics Canada).

When looking specifically at the percentage of the population receiving income assistance, the numbers range from two percent in Kentville to five percent in Yarmouth and seven percent in Liverpool (Statistics Canada, 2006). Yarmouth also rated among the highest for the incidence of spending more than 30% of income on housing and having the highest percentage of aging housing. For these reasons, Yarmouth will be the location of this study.

Context: Yarmouth, Nova Scotia

Yarmouth, Nova Scotia is the rural community that is the focus of this research project. Yarmouth is a town of approximately 6,800 people and is located in the Southwest area of Nova Scotia (Statistics Canada, 2012b). It is located approximately 300 kilometers from the nearest urban center, Halifax (which has a population of 402 thousand in 2011; Statistics Canada, 2015).

Adolescent Pregnancy

For the years 1995-2002, Yarmouth, Nova Scotia had relatively high rates of adolescent pregnancy, with about 25% of young women under the age of 20 experiencing a pregnancy compared to 12% for the average of other communities studied (Langille, Corbett, Wilson, Schlievert, 2010). A student survey was conducted at the local high school in an attempt to gain a better understanding of the high rate of adolescent pregnancy. Information was collected from 433 students regarding being sexually active, using contraception, alcohol, and drugs, as well as general sexual health knowledge, general health and access to health services (Langille et al.). Factors that may have played a role in the increased rate of adolescent pregnancy include: infrequent condom use, low educational aspirations, not living with both biological parents, sense of embarrassment, and a fear that parents would be told about sexual activity (Langille et al.). While this information is over ten years old, it might have played a role in the current social context of Yarmouth, Nova Scotia.

Lone-Parent Families

Of the population residing in the Town of Yarmouth aged 15 and older, 53% are not married or living with a common-law partner (Statistics Canada, 2012a). Of the lone-

parent families in the Town of Yarmouth, women-headed families accounted for 86% and therefore, young mothers represent a large portion of the people living in Yarmouth (Statistics Canada). This statistic is quite consistent with the national average of 80% of lone parent families headed by women in Canada (Statistics Canada, 2013b).

Income

In 2011, the average income for individuals in Yarmouth was \$28,857 a year, compared with the average of \$35,478 for Nova Scotia. A total of 35.5% of the population in private households in Yarmouth had low-income status in 2011, compared to 17.4% in Nova Scotia more broadly. Data from the 2011 Census indicate approximately 55% of renters in Yarmouth were paying more than 30% of their income on housing-related expenses, placing them in core housing need (a seven percent increase from 2006) (Statistics Canada, 2012). The percentage of Yarmouth families in low-income housing is double the Nova Scotian average (20.9% and 10.3%, respectively). Furthermore, Yarmouth and Queens County communities have the highest number of people receiving social assistance in Nova Scotia (Robertson, & White, 2009).

Housing

When comparing Yarmouth to other communities across Nova Scotia, there are a greater percentage of renters in subsidized housing (22% compared to 14% for the Nova Scotian average). The housing context that the young mothers reside in is not ideal. For instance, in July of 2013, there was a waitlist for 166 additional housing requests (Vacon, 2013). The social housing program in Yarmouth County includes a total of 576 units, divided into five categories (senior public housing, family public housing, rent

supplement program, affordable housing program, and rural and native housing program) (Vacon). Of those 576, only a subsection would apply to young mothers.

In 2011, 50.9% of the population of Yarmouth owned their dwellings and 48.6% rented, compared with 70.8% and 28.7% for Nova Scotia respectively (Statistics Canada, 2013a). In Yarmouth, 91.1% of dwellings required regular maintenance or minor repairs in 2011. Average monthly rent in Yarmouth was \$562/month in 2011 (Statistics Canada, 2013a).

Transportation

In 2011, 86.6% of the Yarmouth population use their own vehicle (car/truck/van) to get to work, 0% use public transit (as that is not currently an option), 0% bicycle to work, and 10.1% walk to work (Statistics Canada, 2013a). In Nova Scotia, the most common forms of transportation are personal vehicle (84.6%), walk to work (6.8%) and public transit (6.6%) (Statistics Canada, 2013a).

Homelessness

Research funded by Service Canada was conducted in 2009 in rural Nova Scotia with over one hundred key stakeholders from ten rural communities. The purpose of the research was to collect information to be used to improve community services and service delivery networks throughout Nova Scotia for those experiencing or at-risk of homelessness. The participants of this research worked directly with those experiencing homelessness or those at-risk of experiencing homelessness. The research funded by Service Canada came to several conclusions regarding the community of Yarmouth. Respondents from Yarmouth “strongly agreed or agreed” that homelessness was a problem and that there was a significant at-risk group in their community (Robertson, &

White, 2009). These respondents also noted that services were not adequate to address the issue of homelessness. Furthermore, the respondents highlighted that the people experiencing homelessness or were most at risk of becoming homeless were between the ages of 15-29 and single but did not specify the gender most affected. (Robertson & White). They also noted that homelessness manifests itself in couch surfing rather than living on the streets (Robertson & White).

This research project also asked respondents to identify service gaps and to recommend solutions to those gaps. For the Yarmouth respondents, the gaps included a lack of shelter or emergency housing and a lack of funding (Robertson, & White, 2009). The proposed solutions included an increase in funding and a change in government policy. Furthermore, the respondents reported that if they had access to one-time funding they would spend it on more affordable housing, a shelter and funding for projects related to homelessness (Robertson & White).

Housing Authority: Application and Rules

Due to the inclusion requirements of this study, young mothers must be receiving social assistance and would likely be accessing housing through the local Housing Authority. Despite extensive searching, the application for housing through the Housing Authority could not be accessed online and after several calls, a copy was faxed to me. Immediately, I was concerned about the accessibility of the application. Perhaps young mothers would have difficulty with transportation to the Housing Authority office to pick up a copy or perhaps they did not have access to a fax machine. A quick review of the application resulted in several key comments. On the first page, the application reads, “if we are unable to contact you, your application will be cancelled” (Western Regional

Housing Authority, n.d.). People experiencing homelessness may not have a reliable form of communication (Gelberg, Gallagher, Andersen, & Koegel, 1997). The application asked about accessibility needs, which was a great question to incorporate at the early stages of the application process. Included with the application was the pet policy. The policy is that only pet is allowed, and permission needs to be granted for that pet. It can only be a cat, rabbit or dog, and there are certain restrictions on the breed of dog. A form was also included relating to Nova Scotia Power Corporation. For the potential tenant to make it on the waitlist of the Housing Authority, they must first demonstrate that they can have power in their name.

The application asks for all the people who would be living in this rental space and asks for the income of those tenants. The rent rate would be established based on the combined income of the household, therefore living with a wealthy partner would make them not qualify or make the rent outrageously high. Despite my best efforts, I was unable to get a copy of all the additional regulations that would be in effect once a tenant was occupying a rental space through the Housing Authority.

Context: Current Housing Policy Situation

The CMHC works in collaboration with provincial and territorial governments as well as with nongovernmental organizations and private organizations to ensure affordable housing for all (CMHC). Several programs and funding agreements related to housing have been developed between the federal government and the Nova Scotian government. These include the Homelessness Partnering Strategy, the Investment in Affordable Housing Framework and the Canada-Nova Scotia Affordable Housing Agreement.

Currently, Canada is the only member country of the Organization for Economic Co-operation and Development (OECD) without a national housing strategy (Canada Without Poverty, 2012). Despite being brought forth in the House of Commons on several occasions, Bill C-400, an act to ensure secure, adequate, accessible and affordable housing for Canadians has yet to be enacted (Parliament of Canada, 2012). Despite thorough searching, the reasoning behind this decision is not readily available.

Bill C-400

The purpose of *Secure, Adequate, Accessible and Affordable Housing Act* is to require more collaboration among key stakeholders involved in housing across the country. The named stakeholders, which include CMHC, provincial and municipal representatives, non-profit and private housing sectors as well as civil society organizations, are urged to develop a national strategy (Parliament of Canada). The Act identifies Canada's responsibility to ensure affordable housing for all Canadians and requires implementation of a national strategy (Parliament of Canada). Within the Act, the Canadian government must prioritize vulnerable residents (such as young mothers or people experiencing homelessness), ensure that all Canadians have access to affordable housing and provide temporary emergency shelter for those who need it (Parliament of Canada).

Current Nova Scotia Housing Programs

Current Housing Nova Scotia housing programs include: landlord rent supplement program, public housing and other affordable renting programs, financial assistance and grant programs for homeowners, housing programs for seniors, housing programs for persons with disabilities, housing programs for landlords (which includes funds for home

adaptations for seniors, and mandatory repairs for affordable housing units), programs for developers of affordable housing, and shelter enhancement (Housing Nova Scotia, 2015b). The programs that could help young mothers meet their needs include the landlord rent supplement program, and public housing and other affordable rent programs.

Within the public housing and other affordable rent programs category, there are five sub-areas of focus: lone parent student affordable rental housing, cooperative and non-profit housing, rent supplement program, public housing for seniors, and public housing for families. Of those five sub-areas, three may apply to young mothers living in rural Nova Scotia. Of those three, only one directly specifies low-income families. The *Public Housing for Families* program is managed through the various housing authorities. Rent is based on income and priority is given to those victims of family violence, those whose house is condemned or those needing chronic access to hospital services (Housing Nova Scotia, 2014). As women are often victims of violence and are likely the caregiver (Statistics Canada, 2006), this housing option could start to meet the needs of young mothers. While all of these options target the affordability of housing, which is of great concern to young mothers, there are very limited programs dedicated to meeting the specific needs of young mothers living in rural Nova Scotia.

Summary

Housing is critical to maintaining good physical and emotional health. There are many negative outcomes associated with experiencing homelessness such as increased risk for blood borne infections, chronic and infectious conditions, and as a result of decreased access to health care services, often require more frequent, and lengthier

hospitalizations. There are various social determinants of health that play a role in young mothers' ability to access acceptable housing such as age (developmental stage), gender (being a woman and a mother), and geographic location (living in a rural community). Women, in particular, women who are single mothers, are likely to experience more challenges to meeting their health needs, such as accessing housing. This can be because women typically earn less money than do men, as well as the fact that lone-parent families are most likely to have low income. When looking at the rural community of Yarmouth, Nova Scotia specifically, many families are living in unaffordable housing. Yarmouth has the greatest percentage of renters living in subsidized housing, and Canada is the only OECD country without a national housing strategy. While there are national and provincial policies and programs that aim to ensure everyone has access to acceptable housing, there are very few programs tailored to young mothers and the waitlist to access the subsidized housing in Yarmouth is long.

Chapter Three: Research Design and Methodology

As described in chapter one, the purpose of this research was to gain an in-depth understanding of whether or not Nova Scotia housing policies are meeting the needs of young mothers receiving social assistance and living in rural areas. Reviews of current housing policies (National Housing Act and Nova Scotia Housing Act) were conducted to assess whether social aspects of housing (such as sex and gender considerations, and location) were considered, as they might relate to young mothers. The Nova Scotia Housing Strategy was also reviewed to gain an understanding of the housing policy context in Nova Scotia. The applicability of the priorities highlighted in the strategy was later compared with the needs identified by the young mothers who participated in this research.

In order to gather the necessary information to meet the research purpose and questions, semi-structured interviews were conducted, as qualitative research methods were deemed the most appropriate way to gain in-depth information regarding personal and professional experiences and perceptions (Creswell, 2013). This research design allowed participants to share their experiences and views regarding housing policies, discuss the meaning they associated with their experiences and allowed the researcher to get a clearer understanding of the context in which participants were responding to questions (Creswell).

Constructivist Worldview

A constructivist worldview assumes that individuals seek to understand and attribute meaning to the experiences within their world (Creswell, 2013). These subjective meanings are influenced by society, interactions with others, and through

historical and cultural norms (Creswell). Put simply, constructivists believe “reality is socially constructed” (Mertens, 2010, p.16) and that “phenomena can only be understood within the context in which they are studied” (Patton, 2002, p. 98). One of the basic assumptions of the constructivist worldview is that knowledge is socially constructed and, therefore, researchers should consider their own values that they bring to the research. Furthermore, constructivists understand that the best way to appreciate someone’s situation and experiences is to see it from their point of view (Mertens).

In keeping with the constructivist worldview, the research questions are often open ended and researchers are most interested in the contexts (such as existing policies, and community culture) that shape participants’ perspectives (Creswell, 2013). The researcher and the participant will co-construct the research data as the findings will be influenced by both the researcher’s and participants’ past experiences, beliefs and values. As the data collected was influenced in part by the researcher, it is important to recognize the researcher’s own background and perspectives that influenced data analysis. Constructivists do not believe there is only one objective reality and, therefore, are aware that perceptions may change throughout the research process and differ from person to person and situation to situation (Mertens, 2010).

The Intersectionality Framework

Using intersectionality as a guiding paradigm, researchers seek to understand and respond to the ways that different identities intersect and how those intersections contribute to power dynamics leading to oppression or privilege. Symington (2004) describes intersectionality as a tool, “for analysis, advocacy and policy development that addresses multiple discriminations and helps us understand how different sets of

identities impact on access to rights and opportunities” (p. 1). Given the various social identities of young mothers (young, mother, female, living in rural), the intersectionality framework was used to guide this research.

The intersectionality framework goes beyond the scope of sex- and gender-based analysis or gender-based analysis plus analysis and considers additional intersecting factors. Sex- and gender-based analysis aims to prioritize the consideration of sex and gender on a given policy or program in an additive fashion (Hankivsky, 2014). In contrast, the intersectionality framework pushes the analysis even further to consider additional intersecting contextual factors. With the intersectionality framework, various social identities are considered, and these social identities manifest themselves differently depending on the specific person, in a specific situation (Hankivsky). The intersectionality framework considers how gender, age (or developmental stage) and income level may come into play and how these factors are interconnected and ever present to affect one’s opportunities and shape their axes of oppression.

The intersectionality framework that was used to base this research can be conceptualized in two different ways. The Ontario Human Rights Commission (2001) suggests intersectionality in a “two-pronged approach” (p. 28), which includes the perspective that there are multiple identities that influence a person’s experiences, and that analysis must include contextual factors. Key guiding principles of the intersectionality framework as described by Hankivsky include: intersecting categories, multi-level analysis, power, reflexivity, diversity of knowledges, time and space, and social justice and equity (Hankivsky). These concepts and how they are part of this research is described below.

Intersecting Categories and Multi-Level Analysis

Intersectionality posits that “human lives cannot be reduced to single categories and policy analysis cannot assume that any one social category is most important for understanding people’s needs and experiences” (Hankivsky, 2014, p. 9). When applying this concept to this research project, the varying social identities were not placed into distinct, individual categories, but rather considered as intersecting and dynamic. For example, questions were asked concerning young mothers’ experiences, with probes regarding affordability, and rural, allowing the participant to emphasize the appropriate factors given the particular situation. It is the interaction between age (and corresponding development stage), gender, and income level that matters in an intersectionality analysis. The multi-level analysis is a key component of intersectionality as it allows for examination on various levels of society, ranging from the individual to macro policy levels. Questions regarding various policies and programs, and participants with experiences on the varying levels (such as policy, service delivery and individual-level experiences) ensured the multi-level analysis was present in this research.

Power

Attention to power dynamics is another key tenet of the intersectionality framework. Power is relational as a person can experience both power and oppression, depending on the context (Hankivsky, 2014). A key element of this research was to give young mothers the opportunity to have their voices heard. That in itself was giving young mothers power to share their experiences and opinions in a setting where their words could be used to influence policy. Though their words were not directly spoken in a policy decision-making setting, their perceptions will be used in various settings to

hopefully influence decision-making, an arena where young mothers' opinions are not often heard. The concept of power was discussed in several interviews, however, very rarely explicitly. For instance, current housing and social assistance policies such as Housing Authority rules that limit young mothers from having a partner live with them have power over the young mothers' lives. Particular attention was paid to expressions of power and powerlessness during data analysis.

Reflexivity and Diversity of Knowledges

Within the constructivist worldview, the researcher is viewed as influencing data collection and analysis. Reflexivity urges researchers to consider their contribution to research based on their own values and beliefs (Hankivsky, 2014). Reflexive journaling after each interview and throughout the data analysis process ensured a critical assessment of the researcher's influence. This included taking notes immediately after the completion of the interview. Notes were made regarding participant body language and comfort level as well as the overall impression of the interview. Diversity of knowledges ensures that varying perspectives are included in the production of knowledge, often in ways that might disrupt the typical power dynamic. In this case, young mothers, who are typically excluded from policy discussion, will have their voices to be heard and valued. Diversity of knowledges was obtained through interviewing three different participant groups and sharing their perspectives separately to highlight each participant groups' insights.

Time and Space

Time and space is another key tenet of the intersectionality framework. This emphasizes the role of when and where we live in conducting research. Experiences of

power or oppression will be influenced by time and space, and must be taken into consideration (Hankivsky, 2014). This could include understanding the results in relation to the relatively high adolescent pregnancy rates from ten years ago and the possible resulting social norm, or from the perspective of a rural community and its influence on the young mothers' experiences and results. This matter was addressed by providing sufficient context about this research, through descriptions of the community of Yarmouth and of participant demographic information.

Social Justice and Equity

Embedded within intersectionality is the pursuit of social justice and the reduction of social inequities (Hankivsky, 2014). Discussing existing social structures and ways to transform them to better meet the needs of young mothers and reduce the inequities they feel, is consistent with the social justice and equity tenants of the intersectionality framework.

Following an intersectionality paradigm, research should adopt a bottom up approach (Symington, 2004). This means that information gathering should begin by asking, young mothers in this case, how they live their lives. The illustration of their lives can then be built upwards, accounting for the various structural influences that shape their lives. This perspective was achieved by interviewing the young mothers first, allowing them to share their experiences and knowledge of their own situations. In addition to the information shared by young mothers regarding the individual level and the structural levels that influence their lives, service providers and policy decision-makers were also interviewed. The service providers and policy decision-makers perspectives contributed to the growing understanding of how policies influenced young mothers. They confirmed

many of the statements made by the young mothers, provided additional suggestions and commented on other challenges they had observed. As housing is a basic human right, the intersectionality paradigm also guided this research to consider how the young mothers' intersecting identities came into play regarding their access to rights and opportunities (Symington, 2004).

The intersectionality paradigm is an appropriate lens for a qualitative research design as it provides an avenue for an in-depth analysis into the complexities of people's lived experiences (McCall, 2005). The design of this research is well suited to an intersectionality lens as various perspectives were sought, interview questions focused on differing levels of influence (individual, relationships, institutional, etc.) and the meaning of these influences and their relationships to one another was discussed. Furthermore, policies were critically reviewed and following this thesis, efforts will be made to address social justice.

The implications of the intersectionality paradigm on public policy have been discussed in the research literature. Intersectionality policy analysis seeks to address the different inequalities experienced by various social groups (Hankivsky, & Cormier, 2011). Intersectionality emphasizes the importance of considering the many complex factors that can come into play when developing and implementing policy. With respect to policy, this paradigm suggests that rather than focusing on a single factor, that many factors are considered and that this approach will more closely reflect the realities of those impacted by the policy (Hankivsky, & Cormier). In the case of housing and social policies and young mothers receiving social assistance, an intersectionality framework

will guide the research to consider various contextual and structural factors that should be considered in order to have the most effective and equitable policies.

The intersectionality framework allows researchers to consider the complex interactions among varying social identities that are at play at any given time. These social identities can be the source of relative power or oppression and are fluid and dynamic, often changing. By considering health promotion issues such as housing and poverty using an intersectionality framework, interaction between social identities can be revealed and policies and programs can be responsive to oppression and sources of discrimination, and provide opportunities for addressing these inequities.

Research Identity

Due to the fact that this study is based on the constructivist paradigm, it is imperative for the researcher to acknowledge and make known the assumptions and values that are brought to the research (Lincoln, 1990). It is important to be reflexive, which means, “to undertake an ongoing examination of *what I know* and *how I know it*” (Patton, 2002, p. 64). By explicitly naming my personal circumstances and biases, I am more clearly able to identify how they will impact the interpretations and conclusions I will draw from the data collected.

As the primary researcher for this study, I am a 23-year old Caucasian female, sharing a similar developmental stage of emerging adulthood as many participants, English and French-speaking, born and raised in a small village just outside of Yarmouth, Nova Scotia. Although the closeness in age between the participants and myself may facilitate a trusting relationship, my lack of personal experience with experiencing homelessness may negatively impact participants’ comfort level and ability to relate to

me. I am not a young mother nor were any of my close friends or relatives. However, working in Yarmouth throughout my teenage years and having a father who works as a landlord allowed me to become more aware and familiar with the high numbers of young mothers and difficulties associated with accessing acceptable (affordable, suitable and adequate) housing. I believe in harm reduction and therefore believe the Housing First model has merit.

Study Design

Sampling Strategies

Purposeful sampling is often used in qualitative research as it allows the researcher to select individuals and sites that are best suited to help create an understanding and address the research question (Creswell, 2013). For this particular research study, participants were selected based on their ability to contribute to the answering of the research questions (Creswell) by providing rich information regarding the area of study (Patton, 2002). In this case, young mothers receiving social assistance, service providers working in areas related to housing or social assistance and policy-decision makers in the area of housing were those best able to shed some light on the implications of current housing policies.

In addition to using purposeful sampling, a snowball recruitment strategy was also employed. This included asking current participants if they knew anyone who had shared similar experiences and was willing to also participate in an interview (Patton, 2002). Snowball sampling was originally designed to overcome issues of sampling with hidden (or hard to reach) populations, and is especially useful when studying a sensitive issue (Faugier & Sargeant, 1997). Given that a segment of the participants (young mothers

receiving social assistance with difficulties accessing acceptable housing) are considered hidden, snowball sampling was appropriate and employed.

Sample Size

As described by Patton (2002), “sample size depends on what you want to know, the purpose of the inquiry, what’s at stake, what will be useful, what will have credibility, and what can be done with available time and resources” (p. 244). Given the aforementioned considerations, there were three different participant groups, and three to four participants were recruited from each participant group. This allowed for diversity in the perspectives and experiences and, therefore, contributed to providing a clearer picture of the context in which the current housing policies are implemented and affect young mothers.

Inclusion/ Exclusion Criteria

As three different sets of participants were recruited, three sets of inclusion and exclusion criteria were created. Young mothers were included in the study if they were female, between the ages of 16-24, spoke English or French, resided in Yarmouth or a surrounding areas for at least the past year, had custody of at least one child, and were currently experiencing or were at-risk of homelessness (difficulties in the past or are currently having difficulties finding acceptable housing). The age range was chosen, as it was consistent with the local organizations definitions of youth and the population they serve. Furthermore, literature regarding youth under the age of 19 suggested specific challenges the youth faced with regards to social assistance policies so this research sought to capture those set of challenges should the participants also had deemed their

age a challenge. This age range also encompassed the emerging adulthood development stage that was thought to be relevant to young mothers.

Service providers were recruited to participate in this study if they were English or French speaking, had worked in the area of housing or social assistance within the past three years, and held a position related to housing or social assistance for at least two years in Yarmouth, Nova Scotia or surrounding areas, ensuring they were familiar with the Yarmouth housing and social assistance policy context. Policy decision-makers were interviewed provided that they had extensive knowledge of the housing policy context within Nova Scotia. Despite the title (“decision-makers”) of this group of participants, the participants in this group were not required to have decision-making power. The participants in this group simply had to have knowledge of housing, and housing policies in Nova Scotia. They must have worked in the area of housing policy for at least two years of the last five years. This differs from the time frame required for service providers, as the housing policy context in Nova Scotia has not changed dramatically in recent years and the needs of young mothers, and the roles of service providers might vary depending on the time frame. These criteria were established to ensure that policy decision-makers had knowledge of the current housing policies and housing context in Nova Scotia.

Recruitment Strategy

Participants were recruited using different strategies depending on which participant category they fall into. Young mothers were recruited to participate in this study through recruitment posters in community organizations with mandates aimed at serving young mothers (with permission) such as Parents Place, Tri-County Pregnancy

Care Centre, Juniper House, Supportive Housing Youth Focus Team (SHYFT), and Tri-County Women's Centre. A recruitment poster can be found in Appendix A (on page 134). Information sheets were also placed in these locations (see Appendix B; page 135). An advertisement was also placed on the local Kijiji website in order to try and reach those who may not have been currently accessing services targeting young mothers. The Kijiji advertisement can be found on page 136 (Appendix C).

Service providers were invited to participate through emails containing recruitment posters, and information sheets sent out to offices and organizations that serve young mothers such as local not-for-profits, Housing Authority Offices and those responsible for Employment Support and Income Assistance based in Yarmouth, Nova Scotia within the Department of Community Services. These posters and information sheets were distributed to key service organizations in the area that had already supported the recruitment of young mothers, and the poster displayed with permission. Young mothers were asked if they had any knowledge of service organizations or staff that might have been interested in participating. Participants did not suggest any additional service organizations or staff. Key service providers were also informed of the study and were asked to share information sheets with potentially interested participants, both young mothers and other service providers in their network.

Policy decision-makers were recruited as key informants. After several informal conversations with colleagues in the area, key informants were identified as suitable participants as they had a wealth of knowledge and experience in this area. Emails containing recruitment posters and information sheets were sent out to key contacts working within the housing policy field in Nova Scotia. Emails were sent to

organizations related to housing, and/or serving young mothers such as Affordable Housing Association of Nova Scotia, Housing Nova Scotia and the Department of Community Services. Included within the email was the suggestion that the recipients forward the email to their network of policy colleagues or anyone else they thought may be interested.

Strategies to Ensure Methodological Rigor

As suggested by Braun and Clarke (2006), explicitly naming the method of analysis and sticking to the core assumptions would allow others to evaluate the quality of your work. For this reason, thematic analysis was explicitly named as my method of analysis for the various interviews and the steps of this method were followed. All of the phases of thematic analysis were executed in order, as described by Braun and Clarke. Data quality (called trustworthiness) in qualitative research can be measured by credibility, dependability, transferability and confirmability (Ryan, Coughlan, & Cronin, 2007) and it was off these criteria that this research was based.

Credibility. Credibility is described as the strength of consistency between the participants' views and the researchers' representation of them (Ryan, Coughlan & Cronin, 2007). Participants were given the opportunity to review their transcript for accuracy and ensure that their statements are accurately reflected. Despite being given this option, participants did not contact the researcher to review their transcripts. At the end of the interview, the researcher reviewed the main ideas captured from the interview, to ensure that the participants' ideas were accurately represented.

Dependability. Dependability was achieved by ensuring the reader had enough information to follow the decision-making process at each stage of analysis (Ryan,

Coughlan & Cronin, 2007). As mentioned previously, adhering to each step of thematic analysis allows for unambiguous development of themes. Furthermore, reflexive journaling sought to provide clarity on each step of the analytical process (Patton, 2002). After each interview, the interviewer made notes of the participant's body language, and thought critically about the interview and the information that was collected. This information was referred to throughout the data analysis process and was used to establish context.

Transferability. Transferability refers to the applicability of the findings to other contexts (other than that of the original study) (Ryan, Coughlan & Cronin, 2007). Including a clear and unambiguous definition of all key terms and collecting demographic information (such as age, income levels, number of children and highest level of education for young mothers, job history and personal experiences of housing challenges for the other two participant groups) on all participants helped to ensure transferability. Demographic questionnaires can be found in Appendix D (on page 137). Such information provided readers with an understanding of the nature of the participant population and assisted in determining whether or not it applies to other populations with different demographics, which may affect the transferability of the findings.

Confirmability. Confirmability is met when the researcher can demonstrate how conclusions and interpretations have been reached (Ryan, Coughlan & Cronin, 2007). Using a reflexive journal throughout the research project and including direct quotes from participants to support the resulting themes helped to ensure that confirmability was achieved.

Ethical Considerations

Young mothers with experience of homelessness and/or difficulties accessing acceptable housing, whether in the past or currently, were a particularly vulnerable population (Hwang, 2010). For this reason, careful attention was paid to the ethical considerations when engaging in qualitative research with this population (Ensign, 2003). As with all research studies with human participants, the three core principles to consider was respect for persons, concern for welfare and justice (Canadian Institutes of Health Research, Natural Sciences and Engineering Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2010). These ethical standards were maintained with all three participant groups (see Appendix E for Ethical Approval Letter). How these principles were upheld and the special considerations included regarding the vulnerable population being studied are the focus of this section.

Respect for persons. Respect for persons was maintained by seeking free, informed and ongoing consent by all participants of this study. The consent form provided adequate details about the study and the researcher ensured there was time to answer properly any questions the participant had before the commencement of the interview. The consent forms for each of the participant groups are located on page 143 (Appendix F).

One way to ensure that consent was voluntary and free of coercion, was to ensure that the incentive being offered was not too substantial and that participants were not recruited by someone they viewed in a role of power or authority (Canadian Institutes of Health Research, Natural Sciences and Engineering Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2010). To ensure that the

incentive was not coercive, consultations with several service providers in the area occurred (as suggested by Ensign, 2003). Steps were also taken to help ensure that key service providers were not coerced into participating in the study. They were given information sheets describing this research study, and those who were interested in participating made their own follow up with the researcher.

Concern for welfare. Concern for welfare was emphasized throughout the research study in several ways. Maximum effort was dedicated to ensuring that participation in the research study would result in the least amount of harm possible and that the participants were aware from the start of the possible harms and benefits associated with their participation in the research. Another way in which harms were minimized was through the provision of names of services and resources if the participant became troubled or upset (Ensign, 2003). All participants were provided with a “helping tree” that depicted many of the resources that Yarmouth has to offer regarding mental and physical wellbeing.

Thoughtful considerations were made to help ensure that participation in the research study did not damage or harm the participant outside of the interview context (within their social group, for instance). In addition to maintaining concern for the welfare of participants, concern for researcher welfare was also taken into account. Before and after every interview, the researcher checked in with the supervisor via telephone. Furthermore, the interview was set up in the meeting rooms of community organizations in order to protect the safety of both the participant and the researcher.

Maintaining justice. Maintaining justice was a priority of this research study, and was established by fair and justified inclusion and exclusion criteria as well as being

mindful of the power relationship that may exist within the relationship between the researcher and the interviewee. As suggested by Ensign (2003), one way to reduce power imbalances was to maintain an attitude and willingness to learn from the diverse experiences of the participants.

Honorarium

After several informal conversations with key community members and service providers working in the field of housing, it was decided that an appropriate honorarium for the young mothers participating in the research project was \$25. The interview and information shared during the interview was deemed above the service providers' and policy decision-makers' job descriptions and therefore, all participants, regardless of which participant group they were from, received \$25 for their participation, unless they chose not to accept or stipulated that they preferred that their honorarium be donated to a local organization. Young mothers were also offered up to \$25 for childcare costs and up to \$25 for transportation to and from the interview. The amount given was determined by the need stated by the participant.

Data Collection

Data were first collected through locating housing policies such as the National Housing Act and the Nova Scotia Housing Act. These documents were assessed based on their consideration of social aspects of housing. The documents were also reviewed for their consideration and applicability to young mothers, more specifically. For instance, the policies were reviewed to reveal if there were any stipulations based on women-specific housing needs, such as a regard for safety or proximity to necessary services such as childcare. A brief overview of the documents along with any consideration for

young mothers was discussed. A critique of the *Nova Scotia Housing Strategy* also provided data regarding the political context and areas of focus regarding housing in Nova Scotia.

Data were also collected through in-depth, semi-structured interviews. The interviews were conducted sequentially with each participant group, beginning with the young mothers, in order for the young mothers' perspectives to be incorporated into the interview guide with the service providers and the policy decision-makers. This was achieved by adding relevant prompts and questions based on the comments of the young mothers. The interview guides are provided in Appendix G (page 148). These questions reflected what arose from the review of policy documents and relevant housing documents. With permission from the participants, the interviews were audio recorded, transcribed verbatim and anonymized (identifiers removed). Interviews were deemed to be the best way to collect data for several reasons. Young mothers currently experiencing homelessness or having experienced homelessness in the past are a vulnerable, and marginalized population (Hwang et al., 2010). Their voices are often silenced, placing no emphasis on their perspectives (Meadows-Oliver, 2009). For these reasons, young mothers were given an opportunity to have their voices heard and to share their insights and experiences.

Data Analysis

A review of the National and Nova Scotia Housing Acts was conducted to understand the applicability of these Acts to the specific needs of young mothers. A thorough critique of the *Nova Scotia Housing Strategy* was conducted and its applicability to young mothers was also analyzed. Particular focus was on the key

components of the housing strategy and whether or not there were any notable gaps in the established goals. Thematic analysis was used to analyze the interviews that were conducted for this research. It was through those results that the applicability of the housing strategy to young mothers' needs was determined.

Thematic Analysis

According to Braun and Clarke (2006), thematic analysis is “a method for identifying, analyzing and reporting patterns (themes) within data” (p. 79). Although thematic analysis is often used as a method of analysis in qualitative research, it is very rarely explicitly named as such (Braun & Clarke). There are various approaches to thematic analysis, and often the specific approach used is not named, therefore, this makes it more difficult to evaluate the quality of research (Braun & Clarke). For this reason, I was explicit when describing the thematic analysis approach I used.

The thematic analysis approach I employed was inductive (Braun & Clarke, 2006). The data were analyzed primarily on the semantic level. This means that data were interpreted according to the surface meaning of the data and then the data were also interpreted within the interview and participant context (Braun & Clarke). The focus was on the sociocultural context and structural conditions, rather than individual behaviours or beliefs (Braun & Clarke). Emphasis was placed on how the participants' social identities came into play and how the structural conditions influenced the young mothers' day-to-day lives. The data were analyzed with the bigger societal and cultural picture of Yarmouth in mind.

There are six main phases in the approach to thematic analysis proposed by Braun and Clarke (2006). The six steps are: familiarizing yourself with the data, generating

initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report (Braun & Clarke).

The first phase, familiarizing yourself with the data, involved completely immersing oneself in the data. This involved transcribing the interviews and rereading the transcripts several times, with some thought to possible codes and themes (Braun & Clarke, 2006). Following the active reading of data, initial codes were created (Braun & Clarke). During this stage, many codes were revealed which were sorted later into themes. The focus here was to start identifying important information by creating tags, or codes (Braun & Clarke). In the third phase (termed searching for themes), a broader look at the data began from the coded data and list of codes. At this point, the codes started to come together to form broader, overarching themes (Braun & Clarke). A thematic map was created to help sort out the coding and visually represent the emerging themes.

In the fourth phase, the themes were refined. Some were expanded or collapsed or combined with others. This stage included two levels. In the first level, the researcher ensured that the data segments coded within a certain theme were similar (termed internal homogeneity). A coherent pattern among the data segments under the same theme must arise (Braun & Clarke). Once the pattern was identified, the second level surfaced. The purpose of this level was to ensure that the codes and themes accurately represented the data and that no codes or themes had been missed in previous stages (Braun & Clarke). The fifth phase (termed defining and naming themes) is quite self-explanatory. In this phase, the researcher gained a clear understanding of each theme and the best way to describe it. Sub-themes were also identified and it is important to consider the titles of the themes. The final phase included report writing. The report was written in a way that

demonstrates the strong connection to the data from which the themes emerged, yet went beyond stating the data and responding to the initial research questions (Braun & Clarke). This was achieved through incorporating participant quotes throughout and connecting those quotes with the broader context, through the use of current academic literature.

Knowledge Translation

There is an ethical responsibility to disseminate knowledge obtained as a result of this study. The intersectionality paradigm used as a basis for this research specifically highlights the importance of knowledge translation (Hankivsky, & Cormier, 2009). More specifically, Morris and Bunjun (2007) suggest that there are three key stakeholder groups who should be involved in the knowledge translation process. Those three groups include the participants, the policy decision makers and service providers, and relevant social justice communities (Morris & Bunjun).

Knowledge translation will occur in two different ways and will incorporate the three groups as suggested by Morris and Bunjun (2007). Firstly, the findings will be written and submitted for publication in a relevant scientific journal so that the findings can contribute to the knowledge in the housing policy, and homelessness research fields. Secondly, a one-page summary will be created and distributed to all local organizations where contact regarding this study was made. Thirdly, and perhaps more importantly, the findings will be translated into an advocacy letter. The purpose of the advocacy letter is to share the findings and serve as a call to action for elected officials of Nova Scotia regarding housing. This letter will include the findings as well as recommendations or suggestions for improvements written as a request for change based on the perspectives of policy decision makers, service providers or young mothers. This letter will be made

available to all organizations with which I made contact and participated in the recruitment process and will also be available by request to anyone interested. It is through this advocacy letter that I will be encouraging and advocating for change to fulfill my ethical and moral responsibility to make the most of my participants' time and contributions. This letter will be available to the participants, service providers and to interested social justice communities as recommended by Morris and Bunjun.

Opportunities will also be sought in the community of Yarmouth, Nova Scotia to present the findings. This could include presentations at regularly occurring Community Housing Options Initiative through Collaboration and Engagement (CHOICE) meetings currently underway in Yarmouth or a separate community forum hosted to share the findings and recommendations from this research. Preliminary research findings have been presented in poster format at the Dalhousie University Crossroads Interdisciplinary Health Conference 2015 and the Canadian Public Health Association 2015 conference. Other knowledge translation avenues will be sought.

Chapter Four: Results

This chapter discusses the information collected from a review of the National and Nova Scotia Housing Acts, and their applicability to young mothers, the data resulting from the critique of the Nova Scotia Housing Strategy (2013) and the 11 interviews conducted with three different participant groups. The interview data will be presented by participant group, and will discuss the three main themes and the ways those themes are represented by each group.

National Housing Act

The National Housing Act (2013), titled “an Act to promote the construction of new housing, the repair and modernization of existing houses, and the improvement of housing and living conditions” (p. 3), had a purpose tailored toward the finance aspect of housing. The purpose was “in relation to financing housing, is to promote housing affordability and choice, to facilitate access to, and competition and efficiency in the provision of, housing finance, to protect the availability of adequate funding for housing at low cost, and generally to contribute to the well-being of the housing sector in the national economy” (p. 5). Despite the focus on the financial aspects of housing, the main parts of the Act did not emphasize finances or affordability.

The Act was divided into 15 parts: housing loan insurance, guarantee and protection, housing for rental purposes, land assembly, land acquisition and leasing, repair, rehabilitation, improvement and conversion of buildings, facilitation of home ownership and occupancy, housing research, community planning and international support, public housing, new communities, loans for student housing projects, community services, housing development, and general. Of those 15 parts, two of them

(housing for rental purposes, and public housing) were relevant to this research and young mothers in particular. Part two, housing for rental purposes, covered contracts, loans, and discussions regarding life insurance companies. Part 10, public housing, provided a definition of public housing agency, and sections relating to loans, and terms and conditions. Both of those parts did not place an emphasis on issues relevant to young mothers and their experiences with current policies. Despite the purpose statement emphasizing affordability and choice, this did not appear in any of the parts relating to young mothers, or renters more broadly. Additionally, the Act did not incorporate sex and gender based considerations despite the federal government's commitment to doing so in all departments and agencies in 1995 (Auditor General Canada, 2009). The commitment to incorporating sex and gender-based analysis in all federal department and agencies was to guide decision-makers to consider the impact that gender may have on a given policy or program. In April 2008, House of Commons Standing Committee on the Status of Women recommended that the Office examine the implementation of gender-based analysis (Auditor General Canada). The resulting audit found that despite the commitment in 1995, there was no government-wide policy requiring departments to perform such analyses (Auditor General Canada).

Nova Scotia Housing Act

The Nova Scotia Housing Act (2008), titled An Act Respecting Housing, was very limited in focus. The purpose of the Act, as stated within the act, was to “improve and increase the housing stock of the Province” (p. 2). Given the purpose, it is clear that there was no emphasis on any social aspects of housing. The Act covered municipal involvement, the acquisition and disposal of property, as well as housing authorities and

additional regulations. The Housing Act, therefore, did not place any emphasis on sex and gender-based considerations, despite the Auditor General's and federal government commitment to implement such analysis (Auditor General Canada, 2009).

Nova Scotia Housing Strategy: A Critique

In 2013, the Nova Scotia provincial government released the Nova Scotia Housing Strategy that was developed in consultation with many Nova Scotians across the province. The strategy was composed of 5 key themes: fostering healthy, vibrant and diverse communities, ensuring affordable housing choices for owners and renters, providing paths to equity and home ownership, building partnerships by drawing on the strengths of Nova Scotia's local communities, business and government, and independence and dignity: serving seniors, the disabled and vulnerable Nova Scotians (Nova Scotia, 2013).

About the Strategy

The key goal behind the *fostering healthy, vibrant and diverse communities* component of the strategy was to provide inclusiveness through offering a mix of housing types in one community, encouraging different family structures, of varying income levels to live side by side thus reducing the presence of stigma often directed at those of low-income, living in low-income neighbourhoods (Nova Scotia, 2013). The next component, *ensuring affordable housing choices for owners and renters* emphasizes the importance of affordability and how affordability affected both homeowners and renters. A continuum of options for varying situations and income levels was suggested in order to meet the needs of all Nova Scotians (Nova Scotia). This included creating new affordable homes, and full and partial financial support based on income. Next, *providing*

paths to equity and home ownership aimed to provide innovative financing options, which included various mortgage assistance programs. This component also included attempting to revitalize the housing cooperative movement (Nova Scotia). The province recognized that this work could be done on its own, and therefore an emphasis on *building partnerships by drawing on the strengths of Nova Scotia's local communities* was included within the strategy. This included partnerships with varying sectors across the province, in varying capacities. Lastly, *independence and dignity: serving seniors, the disabled and vulnerable Nova Scotians* was another key component of the strategy. Key goals for this component included allowing seniors to stay at home longer by providing opportunities for renovating and adapting their current homes (Nova Scotia). Emphasis was also placed on social inclusion for those with disabilities and integrating accessible units was a priority.

The housing strategy and all of the associated efforts were based on the Housing First model. This was aimed to help those struggling with mental illness and addictions. A key tenet of the Housing First approach was:

helping people find secure, stable housing as the foundation for rebuilding their lives. With housing in place, a network of services and treatment can help someone suffering from addiction or mental illness cope with their condition, and make a steady reconnection to society (Nova Scotia, 2013, p. 21).

Overall Strengths and Challenges

The release of the provincial housing strategy in itself was a victory, because the province had decided that an emphasis on housing was needed. A single housing strategy could not possibly take every situation and need into consideration. However, I have

identified several key strengths and challenges of this strategy. These will be discussed more thoroughly and, using the information gathered from the interviews with the young mothers, conclusions were drawn on how well this strategy spoke to their specific needs. An overarching conclusion regarding the appropriateness of the strategy will also be shared.

Strengths. The housing strategy had three main strengths and they were: using the Housing First approach, emphasizing mixed communities and affordability. The housing strategy used a Housing First approach to support those with mental illness or addiction issues. This approach emphasized the importance of establishing Housing First and then focused on rebuilding lives with the aid of various supports (Falvo, 2009). The Housing First approach does not require abstinence as it uses a harm reduction approach. This perspective opposes the more traditional Treatment First approach that requires abstinence from drugs and/or adherence to prescribed medication for mental illness before access to housing is granted (Fitzpatrick). It supports the needs that have been identified by the participant and focuses on social integration and openness (Henwood, Stanhope & Padgett, 2011). This approach has shown reductions in unnecessary emergency visits and confrontations with the law. By emphasizing a Housing First approach, people struggling with mental illness and addictions can be safely housed and then given the opportunity to focus their efforts and attention on meeting their other needs, that have likely been neglected as a result of experiencing or being at-risk of homelessness.

Embedded within the emphasis on mixed communities is the idea that this will reduce the stigma associated with poverty and receiving social assistance, and support a

broad range of people's needs. In theory, mixed communities would facilitate a reduction in stigma and an increase in meeting varying needs. While attempting to integrate successfully people from varying income levels, housing tenures and family structures is noble and there are some instances of success, caution and careful consideration must be taken when attempting to build mixed communities.

Challenges. The areas of focus included within this document were essential to the health and wellbeing of Nova Scotians, however, there are several key areas that were missing from this document. Consideration has been given to seniors' and people with disabilities' needs; however, there was no consideration for gender-based needs or the unique needs of those living in rural communities.

The housing needs of women tend to differ from those of men. Women are more likely to be the primary caregiver to children further emphasizing the importance of affordability as they will have less financial resources to find acceptable housing (McCracken, & Watson, 2004). Additionally, when considering housing need, mothers must consider size and proximity to children's school, all factors that limit their housing options and reinforce that women are often mothers with specific housing needs that warrant consideration. A *Women's Housing Wheel* was created based on what many diverse women thought was important when it came to housing. The nine components of the *Women's Housing Wheel* include: affordability, adequacy, suitable for living and working, safety and healthy, choice and control, freedom from discrimination, proximity to necessities, connections and relationships, and advocacy (Reitsma-Street, Wells, Fast, & de Champlain, 2005). When comparing these factors to the components of the *Nova Scotia Housing Strategy*, there are gaps. The lack of consideration for sex and gender-

based differentials has resulted in a housing strategy that is not meeting the key needs for women.

Despite conducting public consultations across the province, emphasis on rural issues relating to housing was missing. With 44.5% of Nova Scotia's population residing in rural areas (Statistics Canada, 2006), the lack of consideration regarding rural-specific concerns was problematic. The housing strategy document shared a quote of a consultation participant emphasizing the importance of recognizing the differences between rural and urban needs, yet it appeared that those needs had not been explicitly taken into consideration. There is ample research regarding the impacts of living in a rural community on health and how housing and homelessness challenges differ in rural compared to urban sectors. The ways in which residing in a rural community impacts access to acceptable housing for young mothers will be further discussed in the results and discussion chapters of this research.

Conclusion

The *Nova Scotia Housing Strategy* was composed of five key areas of housing that need to be addressed to ensure that all Nova Scotians have access to acceptable housing. The strategy had many strengths such as adopting a Housing First approach and tackling affordability concerns as well as many challenges such as the lack of rural and gender considerations. The housing strategy, along with provincial policies or programs could be strengthened by considering the unique needs of rural Nova Scotians and by employing a sex and gender-based analysis while developing future strategies and other initiatives. The strategy was a great first step towards ensuring acceptable housing for all

Nova Scotians; however, it required more consideration of diverse perspectives and the roles of those perspectives on accessing housing.

Interviews

A total of 11 interviews were conducted with three different participant groups, young mothers ($n=3$), service providers ($n=4$) and policy decision-makers ($n=4$). These interviews were conducted sequentially beginning with the young mothers and ending with the policy decision-makers. A table describing the demographics of the participants can be found in Appendix H page 153. The results from the interviews are presented by participant group to ensure that each of their perspectives is clearly outlined. Although discussed in a different manner, each participant group focused on three main interconnected themes; the disconnect between the policies and the young mothers' lives, the lack of rural consideration of policies and the importance of social support networks in helping young mothers negotiate the fulfillment of their needs. The disconnect between the young mothers' lives and the policies is due primarily to affordability issues, relating to shelter and transportation allocations, ultimately not allowing young mothers to meet all of their housing needs. Current housing and social assistance policies do not have a rural lens and therefore do not consider the lack of transportation opportunities available to young mothers in rural Nova Scotia. Despite transportation challenges, rurality is also a positive in Yarmouth, resulting in social closeness, a key element of the importance and success of local not-for-profit supportive services. Young mothers rely on these support services and their social support network of friends and other young mothers to meet their needs. These themes will be the focus of this chapter.

Young Mothers

For young mothers, the policies that influenced their day-to-day lives the most were those of the Housing Authority, and related to social assistance. More specifically, the young mothers focused their attention primarily on the financial aspect of the policies such as insufficient allowance for transportation and the unaffordability of not having heat and lights included in rental fees. Rules instituted by the Housing Authority were also discussed. The young mothers spoke of the struggles associated with lacking transportation such as limiting already limited housing options. Despite sharing mainly negative experiences, young mothers also spent a lot of time discussing the important role that social support played in their lives.

Disconnect Between Policies and Young Mothers' Lives

As a requirement of this study, all young mothers must have been receiving social assistance and in most cases, were accessing housing through the local Housing Authority. Although only one of the three mothers who participated in this study was currently living in a rental unit through the Housing Authority, the other two had very extensive histories of living in such rental units. For instance, one young mother lived in a couple of different units through the Housing Authority before finally deciding her needs were not being met and moved out. Unfortunately, her needs are also not being fulfilled in her new housing situation.

Unacceptable housing. At one time or another, all of the young mothers had experienced living in an unacceptable housing situation. This means that their housing situation did not meet one or more of the three criteria of acceptable housing (affordability, suitability and adequacy). For one young mother, there were maintenance

issues that had not been taken care of prior to moving in. The young mother was relieved that the leak in her home was fixed quickly. However, she questioned the quality of the work done to the Housing Authority rental units.

The leak in the basement wasn't fixed, and it wasn't just a leak from a pipe, it was actually a leak from the toilet. So the whole place smelled like sewer. And they did fix the leak pretty quickly because that was quite a health hazard. It just seems like maybe when they build these places they don't exactly do it how they are supposed to. (Young Mother 3)

When asked, every young mother identified having heat and lights included in rental fees as a key factor in acceptable housing. Without the utilities included within the rental fees, the utility bills added up quickly, causing additional stress. Several participants spoke about having to use their family allowance to go towards utility bills and felt that by using that money for bills, they were taking away from what was designated for their children. One young mother shared her frustration and struggles.

Right now I have a power bill that's over \$500 because I can't pay it. Like where am I going to get that money, and then you tell assistance and they're like that's what family allowance is for. No, family allowance is to provide for your children like to buy food, to buy this and that, it's not for \$700 bills, you know what I mean it's just hard. (Young Mother 2)

In addition to challenges associated with utility expenses, young mothers faced affordability issues regarding transportation.

Transportation rates. The young mothers faced many challenges as a result of not having access to public transit and that the social assistance allowance rates for

transportation was not sufficient to accommodate their needs. Rates for transportation allowance are the same across the province although access to transportation is not. Yarmouth does not have a public transit system, and therefore, young mothers often relied on cabs for transportation. One young mother in particular, spoke of the difficulties this created, as cabs were expensive and the allowance for transportation was too low. The current rates resulted in a lot of additional stress, both financially and emotionally as she struggled to get her son to and from daycare. In her mind, there was only one solution, increase the rates and allow unlimited cab access for school and work.

Like I said they should have unlimited cab fare, I mean in the summer that's different, because its scorching hot out, then whatever you can take your time but when you have three other kids to pick up from everywhere else. (Young Mother 2)

As demonstrated through the example of transportation, the context in which the young mothers lived their lives (a rural community) played a role in their ability to access acceptable housing.

Lack of Rural Considerations of Policies

The barriers identified by young mothers regarding living in a rural community included a lack of housing options and transportation and their implications. Given that Yarmouth is a rural town with no public transportation system in place, the lack of mobility played a large role in the housing options for young mothers and also their financial situation. Without transportation, the young mothers often struggled with daily activities such as getting to work and school, getting groceries and accessing necessary health services.

Lack of transportation. One young mother spoke about how difficult lacking transportation was on her son. Not only did the young mother have to walk everywhere when her cab allowance ran out, but her children also needed to walk these long distances, often in the cold.

When you have a 4 year old son you can't make him go any faster than he's going and then it makes me hateful, and I'm yelling at him, and I'm leaving him behind and I'm walking he's crying behind like it's just so hard, like I'm getting frustrated, he's frustrated because he doesn't want to walk. (Young Mother 2)

In addition to having difficulties with accessing necessary services, a lack of transportation also severely limited the young mothers already limited housing options. Rental units outside the town center were not acceptable to young mothers as they would not be able to send their children to daycare or could not access school for themselves, *“they have housing that's out of town but that's no good for me because I walk. I don't drive. So I don't have a way” (Young Mother 2)*. Given the difficulties experienced by young mothers to access acceptable housing as a result of lack of transportation, the lack of housing options available in Yarmouth generally was especially challenging. One of the young mothers talked about the bus that used to run in Yarmouth, allowing for more mobility. She suggests considering reinvesting in a similar service, as it would allow for young mothers to have more housing options.

Participant: It would be nice if they had a little bus that would go around. They used to have a bus but now they don't, but that would be nice if they had a bus that could take you different places.

Interviewer: That way there you would be able to live further out...

Participant: ...yeah, more choices. (Young Mother 1)

Limited housing options. Due to the fact that housing options were limited, young mothers did not have a choice on where they live, they often took whatever housing option was available to them, even if that means having to sacrifice perceived safety of neighbourhood, size or location. One young mother talked about the desperation to get out of the current housing situation and taking whatever house was available despite feeling unsafe in her home and feeling like she could not rely on those living near her. The young mother describes a frightening situation where her neighbor was throwing a party and physical violence resulted in her calling the police several times.

She threw a massive party and there was literally people fighting outside of my living room window. And I saw one guy run to a truck with rock and hit somebody in the head with it. I was so scared! I called the cops like 3 times I mean it sounded like they were tearing the house apart inside the house. I mean all I can hear is banging and crashing and I'm in this other apartment, in the same building, alone with my son and I'm thinking, oh my god, they are going to know its me calling the cops because I'm right here and I can hear everything. I stayed awake all night on my couch that night with a baseball bat, just in case. (Young Mother 3)

One of the other young mothers noted living next door to someone who frequently partied. She discussed her concern over explaining to her daughter what they were doing and worrying about their safety, stating that her children's safety was the most important thing.

You know what I mean now when you have kids you need to set an example for them, you need to keep them safe. You can't have all these people partying upstairs and them being like what's that noise? Like what kind of story are you going to make up? They're having a dance party? I mean [daughter] is 6; she's going to know that you don't have a dance party every night. (Young Mother 2)

By not being able to choose where they lived, the young mothers often felt that they lived in areas where their safety was doubted and their access to social support was often difficult.

When I was on [street in Yarmouth], I didn't have much support around me as far as friends or family or anything. If something really bad happened in the house I had to run to a stranger's house to ask for help and I found a lot of time that caused me more problems than it did helping me. (Young Mother 3)

Importance of Social Support Networks

Given the disconnect between the current housing and social assistance policies and the young mothers' lives, and the challenges that the disconnect created for the young mothers, social support was key to accessing acceptable housing. The social support networks aided young mothers to access acceptable housing through direct and indirect pathways. For instance, direct help was given regarding information and aid with filling out Housing Authority forms, as well as advice and tips on how to get accepted for a rental unit through the Housing Authority. Less direct pathways of supporting young mothers to access housing included providing social relationships and life skills, which may lead to an increased confidence, ability to communicate and manage their finances, all skills important to accessing acceptable housing.

The networks that were most important and influential in the young mothers' lives included friendships with other young mothers and personal friends, and services provided and social relationships with local community organizations. Although in one case a young mother's grandmother was a source of financial support, families were not named as key sources of support of any kind.

Young mothers and service providers spoke of the informal network that was often created by young mothers in similar circumstances. They spoke of how those relationships often provided them with tips to help meet their needs. Not only were young mothers working together to help one another, they were quite skilled at ensuring their own needs were met.

Young mother network. One of the young mothers learned from another young mother that her best chance of getting accepted through the Housing Authority was to have letters of support from community members. Following her advice allowed the participant to get approved in only two months. In order to ensure the best chance of accessing housing, a young mother sought support from her community; reaching out to doctors and other workers she had been in contact with, to support her application to the Housing Authority. The advice from other young mothers and the support she received from third parties allowed the young mother to be successfully approved for a rental unit within a couple of months. She shared that getting in so quickly was not the norm, especially given her young age.

I had heard if you had other people backing you up, like doctors or youth workers, or anything like that, that if you have more people calling Housing and bugging them to get you in, that they would get you in quicker. So I got in, I

believe, within two months of my first application, from what I've heard it's very fast. I've heard that some people are on a waiting list for months and months and months and never get in so I heard it was pretty fast, especially for my age because I was only 17 or 18 too. So back then, they were a little iffy about putting young mothers in housing too. (Young Mother 3)

The social support this young mother received from another young mother was just the beginning of the support she would receive in order to help her access acceptable housing.

Not-for-profit organizations. Local not-for-profit organizations also played a key role in filling the gap created by policies that did not address the young mothers' needs. By providing financial, emotional and informational support, and physical supplies, not-for-profit organizations supported young mothers in accessing acceptable housing. All participants spoke highly of the not-for-profit organizations in Yarmouth and in particular, the young mothers had clearly built a strong social bond with the organizations and the staff that worked at those locations. One young mother spoke about coming to the organization with the sole purpose of chatting and building a social relationship.

P: I come here but I don't come here to talk about housing, I just get along with everyone.

I: Oh, okay, that sounds like its important? Being able to have relationships and chat?

P: Yes it is. (Young Mother 1)

Another young mother also spoke of how friendly and sociable the staff at local not-for-profit organizations were. She attributed their caring nature to the fact that they enjoyed and valued their job, rather than being there simply to make money. The relationship the young mothers had with the service providers at various local organizations surpassed the provision of necessary supplies and reached a deeper, emotional connection. They even partook in activities normally reserved for friends such as sharing coffee or baking.

Yeah cause like the people there [local organization] are really good to get along with and talk to. You can tell they care. Cause some people you just walk in and they're like here, go, like here's your diapers, and see ya in three months or whatever, but they actually care like you can go in and they'll stop what they're doing and have coffee with you, that's at [local organization], they'll stop what they're doing and make biscuits with you. (Young Mother 2)

One of the young mothers was very clear about the importance of support, “*yeah, I was 17 years old, pregnant and lost! What was a good thing to have? Lots of help!*” (Young Mother 3). She later went on to explain that accessing family resource centers and other local organizations was critical to her mental wellbeing, “*I had a counsellor that I went there for and she helped me through a lot, like a lot a lot*” (Young Mother 3). Although the young mothers discussed it in slightly different ways, the role of the service providers at the not-for-profit organizations and the importance of social support was clearly evident. The local organizations went far beyond providing supplies and services; they provided strong emotional bonds that the young mothers relied on.

Service Providers

Service providers were interviewed with the goal of answering one of the two sub-questions guiding this research. The question was what are service providers' and policy decision-makers' perspectives regarding current housing policies and the policies affect on young mothers receiving social assistances and residing in rural Nova Scotia? Service providers had both challenges and facilitators to discuss regarding young mothers accessing acceptable housing. They discussed insufficient social assistance rates, especially with regards to not providing damage deposit and landlords requiring it, and complications regarding needing an address to qualify for assistance. Facilitators that they discussed included social closeness present in Yarmouth and the young mothers resourcefulness at getting their needs met, despite challenges established by current inefficient policies.

Disconnect Between Policies and Young Mothers' Lives

A major theme present throughout many of the interviews was related to affordability of the housing. As a part of the inclusion criteria for this research, young mothers had to be receiving social assistance and therefore, when discussing money, the rates of social assistance were often the focus.

Insufficient rates. Both service providers and policy decision-makers were also passionate when discussing the “pitiful” rates offered by the social assistance policies, particularly the rates allocated for shelter costs.

I feel that DCS [Department of Community services] needs a complete overhaul. I think that the income assistance rates are pitifully low; they max out at 535 a month for rent allowance, just for an individual, subsequently, if you have more

children, but it doesn't go up much. And it's not realistic. The housing situation in Yarmouth is that, 535 a month can get you barely a 1 bedroom with everything included, if you're lucky. And it's small, it's the size of this [indicating office]. It's very small so I feel like there should be more consideration taken. (Service Provider 3)

As noted by one of the service providers, without an actual mailing address, a young mother cannot apply for social assistance however, without social assistance, the young mother will not be able to afford a home and therefore will never qualify for assistance. He summarized this challenging situation, "it's kind of like a vicious cycle" (Service Provider 1).

Damage deposit requirement. Often complicating matters further, private landlords required damage deposits (usually half a month's rent), before moving in and signing a lease. This money was not provided by social assistance and in many cases, became a huge barrier for young mothers trying to access housing. Service providers spoke of the limited support they could offer young mothers with acquiring the damage deposit, but ultimately not having the resources to obtain the damage deposit prevented young mothers from getting an address and qualifying for social assistance.

Most of the clients that we deal with, the only way that they are able to afford housing is through assistance. Most of them do not have, or if they do have employment, it is temporary or part-time, so when it comes time to find housing through the assistance of community services our biggest problem is that they need an address before they can access community services funding and the majority of landlords of course require people to have a damage deposit and first

month's rent before they can move in to a unit which for community services it means that they are not able to get their occupancy form signed. (Service Provider 1)

Lack of Rural Considerations of Policies

The service providers offered a lot of comments similar to those made by the young mothers with regards to the challenges associated with living in a rural community such as lack of transportation and housing options.

Transportation barriers. One service provider discussed how there are many acceptable housing options located outside of the town center, but those options were not feasible for most young mothers. He went on to explain how many of the young mothers he worked with come from families of young mothers, continuing the cycle of disadvantage and therefore access to a vehicle was quite rare.

Transportation is always an issue when it comes to housing, because there are units out in the rural areas like [local rural villages], but they [young mothers] don't want to access them because there's no transportation to town. Taxis are expensive. A lot of them come unfortunately from families who kind of fell into the cycle of their mothers were single mothers and they just never, they don't have the advantage of some other people where family members have vehicles that can drive them back and forth so the homes are usually nicer out in the rural areas and they have more room, and the quality of life they are looking for but the transportation issue when it comes to groceries, school, just socializing is a huge barrier for them. (Service Provider 1)

All of the service providers acknowledged that there were fewer housing options in a rural community than there might be in the case of many urban communities. Another aspect of rural living that all service providers agreed on was the strength of the connections formed in a small rural community, such as Yarmouth.

Social closeness. A theme discussed more frequently by the service providers than the other participant groups, was the social closeness present in a small rural town, such as Yarmouth. This closeness allowed service providers to become familiar with one another and to be knowledgeable of each other's area of work and how that might benefit their clients. This was very important to young mothers as the service providers often stepped in to fill the gap created by current policies. By living in a rural community, the service providers were very connected to one another and this allowed them to work together to better meet the needs of the young mothers. A service provider even discussed the personal relationship she established with a fellow service provider in the area and stated that had become helpful in serving the needs of her clients.

Instead of just dialling a 1-800 and you get who knows who at the end of the line, if I have a problem with my clients, I can call so-and-so at DCS, hey how's it going? How about my client, so-and-so? I find it can break down barriers and we can cut to the chase and we can get things done faster. [. . .] We love them. We worship them. They are our friends. That happens rurally. I don't think that happens in a city. (Service Provider 3)

In addition to the closeness between service providers, one of the service providers also spoke of the closeness and support of the community at large. She shared a story about calling on friends and family to help a youth in need.

I had a young client come up who had two great big holes on the back of his shoes, so yesterday its pouring rain, so his feet are completely wet, and so he says do you suppose you could find me some boots? And I go gosh, of course, this is ridiculous, no human being should be walking around Yarmouth in soaking wet feet, we all have too much money for this. So I pick up the phone, I can call my mom. Hey mom, find me some boots would you, go in my dad's closet see what you can do. So she calls today and she says yeah, you know what, the neighbors, they have two young boys, they are going to clean their closets out and I'll bring you two big bags tomorrow. And I'm like thank you. One phone call and that's what I got. (Service Provider 3)

The connections present between those living in a rural community helped ensure that the young mothers had some of their needs met and had more opportunities to try and access acceptable housing. Whether that be through providing supplies or financial support, residing in a rural community was seen to have some strengths in addition to challenges.

Importance of Social Support Networks

Resourcefulness of young mothers. Service providers spoke of the resourcefulness of the young mothers. Not only were young mothers working together to help one another, they also became quite skilled at ensuring their own needs were met. The service providers discussed how the young mothers negotiated their way through the system and obtained the necessities to provide for their children, *“when it comes to car seats, strollers and different things like that, the mother who has gone out and knows who to ask to get these things from assistance or government agencies then they will tell their friends”* (Service Provider 1).

The young mothers were determined to meet their needs, regardless of the barriers imposed on them by the ineffective housing and social assistance policies. Due to the fact that young mothers had so many needs to be met and that accessing these needs played a huge role in their lives, the young mothers had come to rely on themselves for accessing the appropriate services and obtaining the necessary resources to provide for their children. One barrier young mothers faced with regards to accessing the services they required was the stigma they experienced. In addition to negatively affecting a person's mental health, being stigmatized or living in a stigmatized rental unit or neighbourhood also affected young mothers' decisions. For instance, a service provider spoke of how stigma became a barrier as young mothers were becoming more hesitant to reach out, as they did not want to have to acknowledge where they were living.

I feel like the stigma that goes with that, like based on where they are living is again creating barriers because they are not always wanting to reach out and then have to say well I'm living on this street or in this building and such and such lives next to me. (Service Provider 2)

Despite the local not-for-profit agencies' willingness to aid and support young mothers, often times they were not as effective at assisting the young mothers as other young mothers in the same situation, given that they did not have the same experiences. One service provider spoke of how strong the support networks between the young mothers was and how local not-for-profit agencies were not the first source of support for the young mothers.

They are very creative. They are, to be honest, most of the resources that they get, and most of the knowledge they get is from other young mothers. It seems that

they have almost created their own network of help. [...] I find that more help comes from within the community of young mothers sometimes, than it does the organizations that are set up to help them and not because we don't want to help them it's because truthfully these people are on the frontlines, and they know more about the systems than we do, truthfully. And yeah they help out each other a lot; it's like their own little network. (Service Provider 1)

Policy Decision-Makers

Just like the young mothers and service providers, the policy decision-makers discussed barriers of current policies and the inadequacies of Public Housing stock through the Housing Authority. The policy decision-makers were asked to focus on solutions and referred to the social closeness and culture present in Yarmouth and in most Nova Scotian rural communities. The role of the not-for-profit sector in assisting young mothers negotiate access to their needs was explored by several of the policy decision-makers.

Disconnect Between Policies and Young Mothers' Lives

When asked, participants had very few positive comments regarding current housing policies. In fact, most participants had nothing positive to report, "*I don't see any. There is not a whole lot working*" (Policy Decision-Maker 1). Reasons for this negative appraisal of housing policies may be due to what was referred to as the outdated information, on which the policies were created,

I think in general, if you look across Nova Scotia, all policies are quite out-dated. So we are not in step with the situation so the increasing number of single-family households. Male or female. I mean when was the last time any policies was

adjusted in that regard? It's not really current with the actual situation, not for urban or rural areas (Policy Decision-Maker 1)

Public Housing stock. Not only were public housing rental units often visually unpleasant from the outside, they are usually made with cheap materials that wore out quickly and were often designed poorly. One of the policy decision-makers described the challenges inherent in these units that were poorly designed.

I look at all these housing units and think what are these people doing? There is no front door, so you go in the side door and you find yourself on a landing, the stairway that goes upstairs and downstairs, like a split-level. There is no closet here, no place to put the kids' shoes. The shoes are all over the place; you're tripping all over them. You go upstairs, there's still no place to hang your coat. Like who designed this place? (Policy Decision-Maker 2)

Not only did the cheap housing materials and poor layout negatively impacted those living in Public Housing, they also contributed to others' perceptions of those living in Public Housing and therefore, to the stigmatization of the people residing within those units. The stigma resulting from living in Public Housing was discussed by one policy decision-maker, "*everybody in town knows that any family living in those places is a welfare family. Or that's what they think of them. They call it the welfare housing and the welfare families. Highly stigmatizing*" (Policy Decision-Maker 2).

Being stigmatized negatively affects one's mental health and while Public Housing units allowed young mothers to access housing, it may have also adversely affected their mental health by reducing their feelings of self-worth or dignity.

Rent supplements. All policy decision-makers spoke of rent supplements as an avenue to further explore in relation to meeting the needs of young mothers. The rent supplement option would reduce the negative outcomes associated with Public Housing. One policy decision-maker in particular was very supportive of the rent supplement program, saying it would allow young mothers to have more choice, so they could have more input regarding location, neighbourhood and size in order to meet all of their needs. The stigmatization of the Public Housing units would also be neutralized, as young mothers would be living in private market rental units at an affordable price.

Policy flaws. One policy decision-maker was very adamant that there were many flaws present in the current housing and social assistance policies. She commented on specific policies, but also commented on the flaws inherent in the framework resulting in the ineffective policies. She spoke of the flaws and discussed why, from her perspective, the current housing and social assistance policies were not created to support young mothers for the long term.

And one of the things that I found very problematic was that when we first started planning our affordable housing project, way back, in my mind, the worst thing that we could do is build a building, invite low-income tenants to live there but say to them, you are going to get really low rent here, and it is going to be a nice place for you to live but as soon as you start doing well, you are going to have to leave. So this is a major policy flaw, as soon as you start doing well, your rent goes up and if you do really well, you get evicted. [...] So I always thought that its stability that people need. The power of really good affordable housing,

especially for a family that has been through some struggles as single parent families often have. (Policy Decision-Maker 2)

This participant emphasized that by allowing young mothers to stay in low-income housing, even after the young mothers started earning more and more income, would encourage the young mother to become more established and to have control of her life, rather than focusing on surviving.

So the power of affordable housing in a situation like that is to provide stability, affordability and identity and empowerment so that people can then make something of their lives. They can do what they want to improve their lives.

Sometimes that might be staying home with the kids for the first 4-5-6 years of 10 years and then gradually earning a degree or going back to community college or starting your own business, whatever it happens to be but if you've got really good stable, affordable housing nailed that, then you can focus on running your life. (Policy Decision-Maker 2)

In addition to sharing her perspective regarding the flaws inherent with the current housing policies, one of the policy decision-makers also addresses possible opposing comments to her solutions. She believes those opposing her views would speculate that there would be less turnover and therefore fewer young mothers would be able to be helped. Her solution included building more affordable housing to house more families. She also believed that when a family is financially successful and has regained stability, they would make their own decision to move on from the housing unit, allowing another young mother and her child to start rebuilding their lives.

Let's say you have a single mom that's 25 years old, got a couple kids that are 4 and 6 years old, they move into this nice place that you built for them, they spend the next 5 years doing things like she's going back to school, the kids are enrolled in school, everybody is doing great, they are all enjoying their housing. Okay, now she's meets a spouse, they are starting to reconstitute a family, their income is much better, she gets some credentials, starts working, then she's got even more income. Do you think she and her partner are going to want to keep living in this housing for the rest of their lives? It's probably smaller than they prefer, [...] they are going to start putting away money so they can buy their own place. They are not going to want to hang around in that housing forever. (Policy Decision-Maker 2)

The scarcity model (spreading out all the money a little bit everywhere and not allowing families to stay over a long period of time), as described by a policy decision-maker, was not allowing the young mothers a chance to get ahead and start pursuing the lives they would like to. The current framework dictating housing and social assistance policies did not allow for empowerment or stability, and thus was flawed and unsupportive of young mothers' needs.

Lack of Rural Considerations of Policies

Social closeness. One policy decision-maker also speculated that the social closeness present in rural culture was a strength to be expanded upon when looking at finding solutions to the housing crisis often experienced by young mothers. One policy decision-maker spoke of the crisis happening in Yarmouth and rural Nova Scotia more broadly.

I think the government really needs to pay attention to rural so that we can; we are now in a crisis, right across rural Nova Scotia. So the government really needs to step up and make rural Nova Scotia a priority and help us so that people are not being forced into the city to access services or to find housing. That rural Nova Scotia is bleeding and the bleeding needs to stop. There really needs to be that rural lens. Just looking at the housing stock, as you know, there is a lot of housing stock, but this is old housing, how do you make it energy efficient. (Policy Decision-Maker 4)

Solutions to the housing crisis in rural communities included the community coming together to address issues, often on a voluntary basis, as exemplified by the anecdote shared by one of the service providers regarding community members cleaning out their closets for old boots. The same policy decision-maker also continued to say that the problems of rural homelessness and housing crisis required different solutions than an urban community. For instance, the number of homeless people in rural communities would be much lower than that of urban areas and therefore a different approach was necessary. She shared her thoughts about a current initiative underway in Yarmouth.

What I like from Yarmouth is nothing new in regards to homelessness; it's always the same issue if you look at homeless youth, or single moms, it doesn't warrant the big solution like the city because they just don't have the numbers. [...] For example, they are now advertising this event where they match up guest families. I love. This is so right for the small numbers and the traditional rural culture of helping each other. (Policy Decision-Maker 1)

Two local not-for-profit organizations partnered up to provide the Host Family Program in Yarmouth. The main objective of this program was: "to provide host families for youth (16-18 years) that would be safe, supportive, supervised, and affordable" (SHYFT Youth Services, n.d., para. 1). The example of matching guest families was one that demonstrated the need for support that was tailored to the rural context. It was through utilizing local organizations that young mothers help ensured their needs were met.

Importance of Social Support Networks

Not-for-profit sector. Young mothers were not the only participants who recognized the importance of local not-for-profit organizations such as family resource centers. In fact, nearly all policy decision-makers also spoke about the importance of utilizing those services to their full potential and the important role they played in the young mothers' lives.

So what I see is the strength in rural communities is community support and that's why a lot of women said they don't want to move, or they tried moving to [urban area] and they came back because they love the family support. And what I see as the biggest strength is to me, is family resource centers, that's really something that makes all of the difference for women to get self-confidence, to navigate the system. Supporting family resource centers, and their volunteer base has a lot of stuff that really doesn't cost. They come up with innovative volunteer programs that are really encouraging and have been making for over 20 years; I know it's this movement style making the biggest difference. (Policy Decision-Maker 1)

Policy decision-makers in particular suggested that as it currently exists, the role of the not-for-profit sector is less than its full potential. Many of the suggestions provided by

policy decision-makers revolved around the capacity of local not-for-profit agencies and the possibility for increasing their role in the provision of housing and associated services. The not-for-profit sector has pre-established connections with the most vulnerable in a community and has the passion and compassion it takes to advocate for their needs and therefore, are in an excellent position to be involved in the provision of housing. One policy decision-makers made her case through the following:

The solution of affordable housing, well who is it that needs affordable housing? This is the 20% of the population that's on social assistance or on some sort of benefit that is usually quite low. So the private sector is in the business making money. You cannot make money on the backs of people who cannot afford market rent. So the solution that many of us feel is that the non-for-profit sector needs to be strengthened to create and maintain affordable housing for the population that they basically work with. So let's help the not-for-profit develop their skillset and the board of governance or an extension of their own services so housing can be attached to their services or new entities, not-for-profit boards can be formed to oversee the housing as necessary. So that's a capacity building piece that the government could directly support. (Policy Decision-Maker 4)

One policy decision-maker conceptualized support in a slightly different way. For her, supporting young mothers meant allowing them to experience long-term stability, while further bettering themselves. Rather than rewarding the young mothers for upgrading their education, or obtaining a high paying, stable job, the current social assistance regulations state that once their income reaches a certain point, they are to be evicted.

Summary of Results

It is the overall consensus of participants that the current housing and social assistance policies were not meeting the needs of the young mothers receiving social assistance and living in a rural community. Social assistance policies were meant to allow young mothers to access acceptable housing and according to the young mothers I interviewed, that was not their reality. Young mothers often found that the rental units were not affordable when heat and light fees were not included in the rent and therefore, the housing was not considered acceptable as affordability was not achieved. Furthermore, specific policies dictating allowable rates for needs such as transportation did not take the rural context into consideration and were contributing to an even larger disconnect between the young mothers needs and the current policies.

The fact that Yarmouth was a rural community came up frequently during nearly all of the interviews. The rural context of Yarmouth negatively affected the young mothers' ability to access acceptable housing through lack of public transportation and lack of housing options. These barriers were further problematic as the current policies did not take these rural challenges into consideration, leaving young mothers with unacceptable housing options and a lack of mobility and access to necessary resources and services. The lack of consideration regarding the rural context created inefficient housing and social assistance policies that did not best meet the needs of young mothers receiving social assistance and residing in a rural community. Despite the challenges associated with living in a rural community, participants identified one strength- the social closeness present in Yarmouth. Participants saw this as a redeeming feature as it provided necessary supports for the young mothers. It allowed service providers to be

more efficient at assisting the young mothers with meeting their needs and allowed for the community to also support the needs of the young mothers.

Support, in various forms, was a key topic discussed by all participants. The most common forms of support discussed were informal supports such as friends, other young mothers and family, as well as more structured sources of support such as not-for-profit organizations and formal support such as Child and Family Services and the Housing Authority. The roles of all forms of support were instrumental in the young mothers' pursuit of accessing acceptable housing through providing information, and aid with filing out necessary forms. Often the supports were also helpful in ways that went beyond looking for housing such as establishing and maintaining social relationships, and teaching life skills such as budgeting and communication. Such supports were critical for young mothers given that current policies lack consideration of their particular needs and their rural residence.

Nova Scotia Housing Strategy Meeting Young Mothers' Needs?

Based on the results from the interviews with young mothers, service providers and policy decision-makers and information collected from academic literature, the degree to which the *Nova Scotia Housing Strategy* addressed the needs of young mothers was examined. Research participants identified affordability, transportation, location and proximity to services, and conflict with neighbours as key concerns regarding housing. The housing strategy aimed to address affordability issues, directly tackling the main concern of young mothers. The housing strategy may have also played a role in reducing conflicts with neighbours by encouraging active, safe street life in mixed neighbourhoods resulting in a decrease in fear of crime. This component also aimed to consider

transportation, location and accessibility of services when planning communities. The *Nova Scotia Housing Strategy* placed emphasis on affordability and touched on the other concerns mentioned by young mothers; however, the lack of transportation options in Yarmouth, and the lack of policy consideration of that fact required reconsideration. Ensuring that safety, and feelings of safety are achieved by all young mothers when accessing housing is another area that should be pursued.

Chapter Five: Discussion

The purpose of this research was to gain an in-depth understanding of whether or not Nova Scotia housing policies met the needs of young mothers receiving social assistance and living in rural areas. Given the purpose of this study, the key question to be answered was whether current housing policies were meeting or not meeting the needs of young mothers receiving social assistance living in rural Nova Scotia? Two supplementary questions included to serve the study's purpose were concerned with the experiences of young mothers and the perspectives of service providers and policy decision-makers. This research sought to gather information regarding the experiences of young mothers and how those experiences were shaped by the rural context in which they lived. The importance of this research was in its pursuit of a deeper understanding of rural context and its role in the realities of young mothers receiving social assistance.

The main themes resulting from this research were the disconnect between the young mothers' lives and the current housing and social assistance policies, the lack of rural consideration of policies and the importance of social support networks in helping young mothers negotiate the fulfillment of their needs. These themes were expressed somewhat differently depending on the participant group. The similarities and differences of how the various themes were described by each participant group will be discussed. These themes, and what they mean to the participants were examined in relation to existing literature and discussed in relation to how they contributed to the current understanding of young mothers' needs and the rural context. Possible limitations were identified. Clear research, policy and programming implications and recommendations will be presented.

Summary of Results

Participants of all three participant groups emphasized the considerable disconnect between current housing and social assistance policies and the needs and lives of young mothers receiving social assistance and living in rural Nova Scotia. The lack of consideration for rural implications was a key contributor to the disconnect between policy and reality. The disconnect between the policies and young mothers' needs was the result of policies not recognizing the critical role played by transportation in rural communities and needs of rural young mothers (to attend school and/or work for themselves and their children). Also, the lack of policy support for finances for the young mothers to adequately meet all of their needs without additional stress was also a major disconnect. Additionally, the fact that policies did not take the young mothers' opinions into account resulting in housing that was inappropriate was a further disconnect.

As a result of the disconnect between current policies and young mothers' needs, the supports offered by local organizations and informal peer support groups were vital to the health and well-being of young mothers. Local not-for-profit organizations in Yarmouth were filling the gaps created by inadequate and inappropriate housing and social assistance policies by offering critical social support, information and guidance, physical supplies such as diapers and children's clothing, and financial support such as funds to help with utility bills. These organizations were key to assisting young mothers to access housing that was acceptable through developing confidence and skills, as well as information necessary to fill out necessary forms and may represent an avenue to further consider when moving forward and looking for ways to bridge the gap between policies and young mothers' reality in Yarmouth, Nova Scotia.

Young Mothers' Experiences, Service Providers' and Policy Decision-Makers' Perspectives

All three participant groups (young mothers, service providers and policy decision-makers) spoke of the same three key themes. However, in some aspects they focused on different aspects of a theme and in other cases, they were all in agreement. Each theme will be examined as whole, and similarities and differences between participant groups will be highlighted.

Disconnect Between Policies and Young Mothers' Lives

Money and affordability issues relating to policies were the focus of conversation among all participants; however, the focus on money was represented differently by each participant group. The young mothers were concerned with the allowable rates for transportation and the unaffordability of shelter costs when heat and lights were not included. The service providers focused their attention on the low social assistance rates designated for young mothers as well as the requirement of damage deposit and the challenges they posed. The policy decision-makers emphasized the policies that dictated how much money was spent on Public Housing units, stating that they were often poorly built with cheap materials resulting in inferior housing and stigma associated with living in those rental units. These differences may be attributed to the differences in the day-to-day lives of each participant group. For instance, young mothers focused primarily on transportation, a challenge that would have come into play nearly every day. Service providers spoke of the inadequate rates, and this was likely due to the fact that their job revolved around reducing the negative outcomes associated with insufficient social assistance rates. The same can be said for policy decision-makers, their job descriptions

made it so they were most concerned with higher-level policies regarding the Public Housing stock rather than on the ground, service provision. The policy decision-makers interviewed as part of this research all had employment that allowed them to be most familiar with housing policies and the associated politics.

Redefining acceptable housing. Although often not explicitly stated, many of the perspectives shared by the participants reflected the need to revisit the definition of *acceptable* housing. All of the young mothers, at one time or another were living in housing that was not acceptable, thus suggesting that the definition of acceptable housing needs to be changed and enforced. The CMHC assessed housing standards based on what is defined as acceptable housing. Acceptable housing has three main components: adequacy, affordability and suitability (CMHC, 2010). The CMHC defined adequacy as not requiring any major structural repairs, such as repairs to walls, ceilings, plumbing and electrical wiring (CMHC). It would be the tenant's responsibility to assess whether the rental unit was adequate. Affordable housing costs less than 30% of household income. This included rent as well as electricity, fuel and water fees (CMHC). The suitability of housing was based on the size and number of bedrooms. The number of bedrooms that was appropriate was based on the National Occupancy Standard and dictated that each lone parent should have their own room, same sex pair of children under the age of 18 may share a bedroom as well as two opposite sex children under the age of five (CMHC). Any child above and beyond those criteria required another bedroom. Housing was considered below standard if one or more of the aforementioned components was not achieved.

Applicability to young mothers. All of the young mothers interviewed were either currently living or had experience living in housing that did not meet all three components of the acceptable housing definition and therefore was below the housing standard. There were many challenges associated with the current housing standard definition, as it pertained to young mothers and meeting their needs. The *Women's Housing Wheel*, developed in consultation with many women from diverse backgrounds was composed of nine key components (affordability, adequacy, suitable for living and working, safety and healthy, choice and control, freedom from discrimination, proximity to necessities, connections and relationships, and advocacy), three of which were represented by the CMHC definition (affordability, adequacy, suitability). The other six components deemed critical by women were not represented within the CMHC definition. This gap was contributing to the challenges young mothers in Yarmouth, Nova Scotia were facing concerning accessing acceptable housing, based on the young mothers' assessment of acceptable housing. As mentioned, the CMHC definition included affordability, adequacy and suitability. However those criteria were still too narrow. For instance, suitability (as per the CMHC definition) referred only to the number of bedrooms and size. It would better meet the needs of young mothers if this criterion were expanded to include whether there is enough space for work, and taking care of children and parenting. The opinions of young mothers were not considered nor valued, and this was contributing to the gap between current policies and programs, and the young mothers' needs.

In addition to reevaluating the definition of acceptable housing, rent supplement programs are an alternative suggestion, which would allow young mothers to better meet

their housing needs. The rent supplement program is currently underway in Nova Scotia (Housing Nova Scotia, 2015), and represents an avenue that could be further expanded upon to better meet the needs of young mothers.

Rent supplement program. The rent supplement option “are payments made directly to a specific landlord in exchange for housing specific low-income households (usually drawn from social housing waiting lists) in specific rental units that have been inspected by the funding agency” (Parai et al., 2005, p. 13). The government enters into an agreement with a private landlord, which states that the private landlord will maintain the upkeep of the given unit and will choose tenants based on the names provided by the Housing Authority. The Housing Authority will then supplement the tenant’s income to meet the rent value of that unit for the private landlord.

As with every program, the rent supplement program has both strengths and weaknesses. Private landlords may be less than receptive to the idea, as this program comes with additional administrative tasks and the Housing Authority influences the tenant selection process (Parai et al., 2005). Despite some hesitations from landlords, current research highlights many benefits associated with this program (Parai et al.). The rent supplement option is more accommodating of varying needs, such as requiring physical adaptations, allows access to quality housing that would otherwise be unattainable, allows for more choice regarding location and size and also protects tenants from inadequate housing and unaffordable rent prices. While the rent supplement option does not directly address the lack of affordable housing, it does allow young mothers to access acceptable housing in a location that is suitable for them.

The rent supplement option is a health promotion based option for several reasons. By increasing housing options, young mothers will have a choice in which housing they would prefer. Giving young mothers a choice will be an empowering experience. This approach will also reduce stigma towards people receiving social assistance as they will be assimilated among people with varying incomes and will not be easily identified as being of low-economic status. The reduction of stigma may have a positive impact on the mental health of the young mothers receiving social assistance and living in rural Nova Scotia.

Lack of Rural Consideration

A key thematic area where the participant groups differed most greatly was in relation to Yarmouth as a rural community. When discussing Yarmouth as a rural community the young mothers spoke of this negatively and shared several examples of how living in a rural community was negatively impacting their ability to access acceptable housing. These issues included a lack of public transportation and limited housing options. The service providers also acknowledged challenges associated with Yarmouth being a rural community, however, the main emphasis was on the positive elements associated with residing in a rural community. The main positive comment shared by service providers was the perceived social closeness present, especially between service providers. It is likely that the differences of the participants' comments regarding rurality were a reflection of their different lived experiences. The young mothers spoke of the transportation challenges, a key obstacle they would likely encounter every day, whereas the service providers spoke of the positive and frequent interactions. These difference perceptions may also be due to past experiences. The

young mothers who participated in this research study all had experiences of housing instability and, therefore, have experienced situations of disadvantage. As a result of their experiences and challenges, the young mothers may not feel supported by community members and therefore did not see the rural community as close and helpful. Conversely, the service providers may not have experienced such disadvantage, but rather have had positive experiences in the past seeking support and, therefore, viewed the community in a more positive, and supportive light. One service provider in particular spoke of calling her family for boot donations to help a client, and receiving many donations as a result. Perhaps the feelings of support the service provider felt in his or her role may be generalized to young mothers in their mind, despite this not being the young mothers' reality.

The divergence of views regarding the implications of Yarmouth as a rural community raised the question of the impact on policy and programming decisions, particularly those related to housing. Service providers may hold some power to determine which programs are needed and implemented, and this could be problematic for young mothers given that their views differ dramatically in some areas. Service providers working with young mothers need to seek input from young mothers when developing policies or programs to help ensure that the programs are meeting the identified needs of young mothers and that they are not further contributing to situations of disadvantage. Clearly, young mothers need to be involved in the decision-making process, especially as it relates to the utility of the housing services and programming available to them. On a positive note, the young mothers who participated in this study all noted that service providers and not-for-profit organizations were of critical importance

to helping the young mothers meet their needs and this would suggest that the organizations were meeting the needs of young mothers and that the service providers were likely seeking input from the young mothers as to what their key housing-related needs are.

Rural health. Viewing residing in rural communities as both a positive and a negative influence on health is not new; there is existing research discussing how a rural context can be both a barrier and facilitator to health and mental wellbeing. Having access to fewer resources is one way in which living in a rural community could negatively impact one's health (Forchuk et al., 2010). More specifically, lack of available childcare and long waitlists are contributors to poor health in rural areas (Lewis, Scott, & Calfee, 2013). Jackson and colleagues (2011) conducted research with Nova Scotian women living in rural communities and suggest that living in rural communities has both positive and negative implications. Consistent with this research project, Jackson and colleagues' research participants identified positive elements as those associated with the social closeness of living in a rural community. Those participants discussed this social closeness as relating to feeling safe in their communities and having others to rely on in the case of crisis. The young mothers interviewed for this research also spoke of the importance of social closeness relating to support services and friends at times of crisis; however, they also spoke of the disputes with neighbours and the resulting fear of violence. Jackson and colleagues' research also found that community gossip and rumors were seen as obstacles to social connections. These challenges may be due to the young mothers' developmental stage, or the fact that they were on the older end of the inclusion

criteria and have already established key support networks to assist them but still struggle with communication.

Bridging the Gap: Social Support and the Role of Not-for-Profit Organizations

All three participant groups spoke of the importance and need to rely on others to survive and meet the young mothers' needs. The young mothers specifically spoke of their relationships with other young mothers and how that helped them meet their needs as well as utilizing not-for-profit agencies to fill the gaps created by inadequate policies. The role of social support networks in rural areas was discussed in the literature. Research by Lewis, Scott, & Calfee (2013) discussed the social cohesion often found in rural areas that lead to collaboration among community members. The service providers recognized the social networks created among young mothers and commented on their resourcefulness. Research conducted by Keating-Lefler et al. (2004) with single, low-income mothers also highlighted the resourcefulness of young mothers. The disconnect between the current policies and the young mothers lives compelled the young mothers to become resilient to survive and provide for their children. The policy decision-makers focused their attention on the not-for-profit agencies and their potential to continue to better meet the needs of young mothers, especially in areas where current policies were falling short.

Given that the current housing and social assistance policies did not sufficiently meet the needs of young mothers receiving social assistance and living in a rural community, the young mothers had to negotiate access to the supports and services they required. All participants highlighted social support as necessary to accessing housing and maintaining well-being. The emphasis on social support for assisting young mothers

in meeting their needs was consistent with current academic literature (Campbell-Grossman, et al., 2005; Keating-Lefler, et al., 2004; Schrag & Schmidt-Tieszen, 2014). For instance, research by Campbell-Grossman et al. conducted with community leaders, regarding single, low income mothers' needs, had a main theme of social support. Similarly, research conducted with young mothers also revealed social support as a key theme (Keating-Lefler, et al.). These research studies discussed the importance of four different components of social support, "informational support (facts and knowledge), appraisal support (affirmation and feedback), emotional support (trust and esteem), and tangible support (material provision)" (Campbell-Grossman et al., p 242). The young mothers interviewed as part of this research discussed the importance of accessing not-for-profit organizations to gain all four of those forms of support.

In many ways the experiences of the young mothers interviewed were similar to those documented in the research literature, relying on friends, other young mothers, and formal service providers. After family, young mothers highlighted friends as the second most important source of social support (Schrag & Schmidt-Tieszen, 2014), similar to the participants in this study. The participants in Schrag and colleagues' research also mentioned formal service providers as a key source of support. There were also key differences between the findings of this study and those discussed in the literature. For instance, the young mothers interviewed for this study did not speak of family as a key source of support whereas research by Schrag and Schmidt-Tieszen cited that 83% of the young mothers they interviewed relied on their families as their main source of social support. This research also concluded that despite being a key source of support, families were also seen as dichotomized, either extremely positive or extremely negative (Schrag

& Schmidt-Tieszen). In contrast, the young mothers of this research did not emphasize the role of their families of origin. This may be due to the fact that only three young mothers were interviewed. One young mother mentioned receiving financial support in the form of a loan from her grandmother, but that was the only instance in which families were mentioned at all. This may be due to the fact that any discussion of family support was limited to part of one question during the interview or simply because the particular families of origin of the young mothers were not key sources of support. It may also be possible that this was the result of only recruiting young mothers who already had established connections with local not-for-profit agencies and rather than relying on families, they relied on those local organizations to help them meet their needs.

The role of not-for-profit organizations. It is through the provision of all four forms of supports (informational, appraisal, emotional and tangible) that local not-for-profit organizations assisted young mothers in meeting their various needs. Social support provided by not-for-profit organizations allowed young mothers to gain access to information, services, materials and emotional support that would have not otherwise been available to them. Without those supports, young mothers would have been at a further disadvantage and would likely have been facing even more challenges to accessing acceptable housing.

The role of the not-for-profit sector in supporting young mothers has been documented in the research literature. Since the 1980s, the provision of services in rural Canada has been declining, and in some cases removed completely (Ryser & Halseth, 2014). Given the lack of service provision in rural areas, not-for-profit organizations have increased to help bridge the gap created by reducing the provision of services (Ryser &

Halseth). Not only did not-for-profit agencies directly provide supports, but they often also served as the catalyst for community mobilization and social change. For instance, in Yarmouth, the CHOICE group was started through a not-for-profit organization and brought the community together to discuss the challenges and opportunities regarding the housing needs of Yarmouth. Not-for-profit organizations played a big role in location partnerships, as described by the service providers in their interviews, resulting in the growth of social cohesion and social capital (Ryser & Halseth).

There are particular challenges linked with operating a not-for-profit agency in a rural community and distance is at the top of that list. Distance increases the difficulty of accessing information and innovative ideas from other organizations, it also increases the organization's difficulty in collaborating with policy decision-makers (Ryser, & Halseth, 2014). Despite the challenges faced by not-for-profit organizations, the opportunities they provide and the support they offer are instrumental to the success of young mothers in rural Nova Scotia, as evidenced by the participants' statements. Not-for-profit organizations contribute positively to individual and community health by "providing quality research, policy advice and front line services on everything from health care to housing to education, the environment and the economy" (p. 1). They are a major source of social innovation and work tirelessly to fill the gaps created by inefficient policies (Canadian Policy Research Networks (CPRN), 2009).

The policy decision-makers interviewed as part of this research felt very strongly that the role of not-for-profit organizations could better serve the needs of young mothers, and other community members if they were better supported by the government. Canada is falling behind with regards to supporting not-for-profit organizations to foster social

innovation (CPRN, 2009). The positive outcomes associated with not-for-profit agencies are plenty, and all participants in this research have highlighted their importance. The many, interconnected challenges that not-for-profit organizations tackle can be fittingly represented using an intersectional framework.

Role of Emerging Adulthood Developmental Stage on Results

All of the young mothers who participated in this study were part of the age range that Arnett considered the emerging adulthood developmental stage (Arnett, 2000). Despite the fact that no specific interview questions were posed specifically regarding the emerging adulthood developmental stage and the role it may play in the young mothers' lives and current situation, the young mothers offered several comments that may suggest that emerging adulthood was an influencing factor in their lives. As such, emerging adulthood can be viewed as the age of identity explorations (Arnett, 2000). It would likely be during this developmental phase that young mothers began to develop an independent identity from their family of origin and began establishing self-sufficiency. Throughout this developmental stage, young mothers would likely be exploring and adopting new roles and identities such as transitioning from being a child to being an independent parent and caregiver to their child(ren). This transition and the young mothers' pursuit of adopting the role of independent caregiver may be a contributor to the young mothers' interpretation and responses to the interview questions posed in this study.

The young mothers who were interviewed as part of this research did not speak about their families as key sources of support. This may be due to the young mothers being in the emerging adulthood developmental phase and their attempts to assert

themselves as independent individuals. Separating themselves from their families of origins may have emerged from conflict due to their desire to discover their independence and to establish their new roles and identities as emerging adults. The emerging adulthood developmental phase would be an important area to explore further in future studies on young mothers' perspectives on housing, parenthood and beyond. The young mothers who participated in this study placed an emphasis on the importance of social support in their lives, and specifically in helping them have her needs met. Accessing supports through not-for-profit organizations, as well as relying on friends and other young mothers were key sources of support for the young mothers interviewed for study. The importance placed on these sources of support may be linked to their developmental stage of emerging adulthood. Local not-for-profit organizations likely helped to support young mothers in developing the skills, and gaining the knowledge necessary to becoming self-sufficient mothers. This included self-confidence, parenting and budgeting skills as well as information regarding their rights as tenants and filling out forms.

Role of Intersectionality on Results

As previously mentioned, housing is a fundamental human right and plays a key role in determining one's health. Housing affects health pathways outside of the traditional healthcare system and therefore can be considered a social determinant of health. Given that housing is a social determinant of health, a social determinants of health framework was used as a foundation for this research. As already stated, there were likely several other social determinants of health influencing the health of young mothers receiving social assistance and living in rural Nova Scotia. Those factors and

how/if they played a role in young mothers' pursuit of accessing acceptable housing was a component of this research. In addition to the social determinants of health framework, an intersectionality framework was also adopted.

Both the social determinants of health and intersectionality frameworks considered various non-healthcare factors contributing to health and situations of privilege and/or disadvantage, however, there were several key differences that justified the inclusion and emphasis of the intersectionality framework. Not only are young mothers affected by their social context and existing policy structures, but their health was also a result of their individual social identities. It was the interaction between the young mothers' context and their various social identities that produced situations of privilege and situations of disadvantage. Highlighting that young mothers were young, women and parents, among many other possible social identities, in addition to living in a given rural context allowed for a more thorough understanding of the experiences of young mothers receiving social assistance, living in a rural community and trying to access acceptable housing, than would have focusing solely on the significant social determinants of health.

The study location, inclusion criteria, and interview guide questions helped ensure that there were several social identities and social determinants of health that may have been significant to young mothers and their pursuit of accessing acceptable housing. Examples included being young, experiencing the emerging adulthood developmental stage, being female, being a parent, having a low socio-economic status, and living in a rural community. Although these were several examples of social identities and determinants of health that were thought to be relevant, there were likely others that arose

throughout the interviews. Not having predetermined categories is a key tenet of intersectionality and therefore, the researcher was open to hearing the experiences of the young mothers, and the determinants and identities they deemed relevant.

Moving Forward

Based on the interviews with the young mothers, service providers and policy decision-makers, several possible directions have been identified to better serve the needs of young mothers receiving social assistance and living in rural Nova Scotia. These recommendations included policy and programming changes, as well as advocacy opportunities.

Policy Changes Needed

The policy (and subsequent programming) changes needed are divided into three categories: housing, transportation, and social assistance. These three categories will yield distinct policy changes, however, they are all also interrelated. As previously mentioned, housing cannot be seen in isolation and therefore, policies changes relating to housing are often interconnected. One theme that was relevant across all three policy categories was the need for a rural lens and focus.

Housing. All of the young mothers, at one time or another were living in housing that was not acceptable, thus suggesting that the definition of acceptable housing needs to be changed and enforced. Although often not explicitly stated, many of the perspectives shared by the participants reflected the need to revisit the definition of *acceptable* housing. Consistent with other research findings, the young mothers in this research would be better served if the definition and standard of acceptable housing are raised and emphasized their opinions and specific needs (Reitsma-Street, Wells, Fast, & de

Champlain, 2005). By including young mothers' opinions regarding location (in relation to access to transportation and proximity to services), as well as their feelings of safety and suitability, the needs of more young mothers would be met and young mothers and children would be less likely to find themselves in unacceptable housing. This would have many health benefits for both the young mothers' and children's development, and future health status.

The current definition did not include the young mothers' opinion, beyond establishing that no major structural repairs were necessary, which young mothers may not be able to determine. The current definition did not value or take into consideration other aspects of housing important to young mothers such as feelings of safety, and connections and social support. Safety was a concern of the young mothers interviewed and has been noted in the academic literature as pertinent to women when choosing housing (McCracken, & Watson, 2004; Reistma-Street, 2004). Social support networks were instrumental to young mothers' survival, given the current housing and social assistance policies that were not meeting their needs. Access to social support was a critical consideration when accessing housing and was also not emphasized in current housing and social assistance policies. By including consideration for young mothers' opinions, young mothers will be able to choose a neighbourhood where they feel safe and can be close to friends and family, in addition to accessing formal sources of social support that will aid her in meeting her needs.

Not only are young mothers struggling to find acceptable housing, the current definition of acceptable housing does not capture all that is important to young mothers with regards to housing. For instance, the young mothers who participated in this

research were all living in rural Nova Scotia and spoke of how transportation limited their housing options and that the location of their housing was of importance to them. At no point did the current definition of *acceptable* housing include location, or accessibility and proximity to necessary services. Additionally, by not considering the location of the housing, neighbourhood, proximity to family and friends, and feelings of safety were also not considered. These are all aspects of housing that young mothers value and by not putting an emphasis on addressing these elements, young mothers' needs are not considered, and often, not met.

Young mothers' needs were ignored and therefore, they often settled for less than ideal housing, as it was better than nothing. Policies that were designed to ensure that everyone has access to acceptable housing are encouraging people, young mothers specifically, to settle for what is available, even if that means having an undesirable location, unaffordable rental and utility fees, and lack safety and social support. The redefining of *acceptable* housing and the enforcement of that definition will better meet the needs of young mothers receiving social assistance and living in rural Nova Scotia.

The current acceptable housing definition is enforced by the local Housing Authority, and reflects the CMHC's definition. Changing the acceptable housing definition at that level would be ideal, and would have the most positive impact for young mothers trying to access housing that they deem acceptable. Change to the CMHC's definition would likely yield the most benefit; however, it is also likely difficult to initiate change at such a high level. It would be more feasible to encourage those with policy decision-making power within the Nova Scotia provincial government to reconsider the current acceptable housing standards. Amendments to the current housing definition at

the provincial level would allow the local Housing Authorities to alter their standards. A subsequent section will discuss the importance of advocacy moving forward and advocating for a change to the current acceptable housing definition will be included within that.

Transportation. A consistent theme throughout the recommendations provided by the participants who participated in this research was transportation and how having some form of a public transportation system would yield many benefits for them. A public transportation system is needed in Yarmouth. Challenges associated with living in a rural community can be linked to geographic breadth and settlement patterns (Edwards, Torgerson, & Sattem, 2009). Living in rural communities often means people are not living close together and that there is a substantial distance between themselves and the services they require. This distance causes barriers for connecting with necessary services (Edwards, Torgerson, & Sattem). It is for this reason that transportation is key to ensuring that young mothers can be mobile and access all of the locations they need. This would have many positive effects not only for young mothers trying to access acceptable housing but also for the population in general.

Lack of transportation is a well-documented source of stress and worry in academic literature when residing in a rural community (Edwards, Torgerson, & Sattem, 2009; Jackson, Unruh, & Donahue, 2011; Struthers, & Bokemeier, 2000). Lack of transportation in rural communities limits one's choices and opportunities (Forchuk et al., 2010) and ultimately negatively impacts health. Transportation is particularly stressful for women of low income, particularly mothers, and plays a role in whether or not young mothers access the necessary services, thus negatively impacting long-term health

(Jackson et al.; Struthers, & Bokemeier). As mentioned by the participants in this research, lack of transportation was also stressful and frustrating to the young mothers' children. As the young mothers mentioned, public transportation would allow them to access essential services such as the hospital with ease. It would also allow them more readily access grocery stores, pharmacies as well as community-based, not-for-profit organizations that offer supports to young mothers. In addition to being able to access services, young mothers would be able to access school, training programs, daycares and potential places of employment more easily. This would in turn increase the economic and personal opportunities for young mothers, allowing them to further develop their skills and become more employable, and the people of Yarmouth more broadly. For instance, the Nova Scotia Housing Strategy has identified allowing seniors to stay in their homes longer as a key priority. Public transportation would have the potential spin-off effect of increasing the mobility of seniors without a driver's license or their own personal vehicles, thus allowing them to access necessary services and social activities, and increasing the likelihood they could stay in their homes longer.

Overall, increased access to public transportation in Yarmouth would likely result in many mental health benefits, by decreasing isolation and increasing social connectedness. For instance, residents of Yarmouth would have greater freedom to attend community gatherings, social functions, and to access volunteer opportunities and access housing outside the town center (Litman, 2015). Additionally, public transportation offers the potential to promote positive interactions among neighbours, further improving the social cohesion (Litman).

Discussions have begun in Yarmouth regarding this issue, and these discussions must continue and be supported. The inclusion of young mothers in these conversations is also imperative as they represent a proportion of those who would be benefitting from this service. The likelihood of making a change regarding transportation in Yarmouth is currently quite high given that there are currently discussions underway. The information collected as part of this research can be used to demonstrate to the group responsible for considering the transportation options that young mothers are a segment of the population that should be involved in the discussions. With transportation, the challenge will not be whether or not Yarmouth would benefit, but rather how can the transportation system that is being designed best meet the needs of the young mothers. Efforts will be made to ensure that community supporters are advocating for change on behalf of the young mothers, and other key groups. Efforts will include presentations to the transportation options group, CHOICE group, and other community groups, in order to share research findings and emphasize the role public transportation would have in bettering the young mothers' lives.

Social Assistance. The current social assistance rates are too low and this is contributing to the difficulties that young mothers experience when trying to access acceptable housing. There are many different models regarding the provision of social assistance and additional research and emphasis is needed to determine in what way the social assistance rates could better suit the needs of young mothers. On a smaller scale, transportation allocations need to be reconsidered to take into consideration the lack of access to public transit in Yarmouth. Despite the differences in access to transportation (urban has public transit and rural does not), the rates remain the same across the

province. The subsidy rates allocated for transportation for those living in rural areas do not provide the same mobility possibilities as they would in urban areas, where access to a bus pass would be much cheaper than access to a cab. Policies and programs need to be equitable, keeping rural differences in mind. Increasing transportation allocations would ensure that young mothers could access work and school for both their children and themselves. Employment and skill development will result in better child development and healthier families (PHAC, 2013). This approach would also be of a health promotion nature and would yield many health benefits in the long term.

Providing information that is relevant and persuasive to decision-makers will be key to changing current social assistance rates and transportation allocation rates. Information such as statistics and cost-benefit analyses will be useful to encourage policy decision-makers of the value of increasing current assistance rates. This will likely be a difficult task as there has been other research suggesting the need for an increase. In addition to providing information to government officials that hold to power to bring about change, providing information to not-for-profit organizations will be critical in giving them additional evidence to use in their advocacy efforts. Presentations will be conducted in Yarmouth in order to allow for these research findings to be shared.

Rural Lens. Despite the fact that Nova Scotia is comprised of nearly 50% of rural communities, the health and needs of rural Nova Scotians are not a priority. This is apparent in the Nova Scotia Housing Strategy (2013) and in the current housing and social assistance policies, where there is no consideration for the differences between rural and urban areas. Lack of access to services such as specialized medical care and public transportation is just one example of how the health and needs of people residing

in rural areas may differ. All policies and programs created in Nova Scotia need to consider the implications of that policy on those living in rural areas, in order to ensure that the people living in rural Nova Scotia are not further marginalized. The information collected as part of this research will be disseminated through various local, non-governmental organizations (e.g. Rural Communities Foundation of Nova Scotia). Information sharing and advocacy will be used to encourage and persuade the provincial government on the importance of taking a rural lens in decision-making.

Advocacy

In addition to policy changes, advocacy is an area to be further emphasized. Not only can not-for-profit organizations offer invaluable support and guidance to young mothers, they can also play a role in getting the needs of young mothers heard and advocating for policy change on their behalf. As mentioned in previous sections, advocacy on the part of not-for-profit organizations will be critical to encouraging policy changes.

It is clear that the research participants who participated in this study believe that the current housing and social assistance policies are not meeting their needs. The participants also highlighted that local not-for-profit organizations were crucial in filling the gap produced by the flawed policies created by the government. These organizations provided young mothers with the informational, appraisal, emotional and tangible support they needed to become empowered, gain skills and access housing.

Despite the fact that the government has created inefficient policies requiring the not-for-profit organizations to support young mothers in meeting their needs, the government is also cutting funding to these critical organizations. Not only is the

government not doing its part in creating appropriate policies, it is also cutting funding to the organizations that are bridging the gap created by the flawed policies. This leaves young mothers without any support and will result in their needs not being met. Young mothers and their children will be further disadvantaged and face an increased number of challenges with regards to housing, and health more broadly. These cuts are also more detrimental in rural Nova Scotia as there is currently a limited number of supports available. As previously mentioned, not only is the housing situation of young mothers going to worsen, but their health and the health and development of their children will also be negatively impacted. For a town like Yarmouth, this means an increase in healthcare expenditures and a decrease in productivity. Yarmouth, Nova Scotia, and many other communities need the government to support their local not-for-profit organizations, rather than cut the funding of the organizations dedicated to helping the least fortunate.

Not-for-profit organizations will be key organizations to share information and study findings. This will allow them to be better equipped for their advocacy efforts. As already stated, presentations will be scheduled and a community summary of the findings will be distributed to all local organizations.

Addressing Broad Health Inequities

Due to the interconnected nature of the housing challenges faced by young mothers, an emphasis should be placed on addressing the broad inequities that contribute to those housing challenges. By recognizing the power of a health promotion, upstream approach to alleviate poverty, and reduce the associated inequities experienced by young mothers, the challenges associated with housing may be diminished. Rather than focus on

individual young mothers, addressing the housing issue from a policy perspective, will impact many more young mothers. Going even more broadly, addressing the poverty that is fundamentally contributing to the issue of unacceptable housing (lack of financial resources to access housing that is suitable, affordable and adequate) will prevent young mothers from facing many unnecessary challenges to leading healthy lives.

There are many social determinants of health with regards to young mothers' access to acceptable housing, examples include age (developmental stage), socioeconomic status, and gender. By addressing these social determinants of health, there will be fewer barriers preventing the young mothers from accessing acceptable housing. For instance, creating policies and programming that are designed with the unique needs of women, girls and mothers in mind, that promote safety and protect them from violence. In addition to addressing the social determinants of health as they relate to housing, taking the many social identities that contribute to situations of disadvantage into consideration would better position young mothers to access acceptable housing without facing so many barriers. This can be achieved by considering all implications of proposed policies and programming in relation to someone's race, marital status, age, sexuality, gender, etc. In addition to the attitudinal change required in order to view housing as a problem that can be solved using a health promotion approach and alleviating poverty, prioritizing the health of rural Nova Scotians would also require an attitudinal change on behalf of current government.

Future Research

This research demonstrates the importance of social support and not-for-profit agencies in the lives of the young mothers trying to access acceptable housing. Given

these results, additional research focusing specifically on social support and the role of not-for-profit agencies in rural Nova Scotia could be beneficial. Research further exploring the specific aspects of social support found most meaningful and useful to young mothers could allow service providers and policy decision-makers to make better informed decisions when developing future policies and programs. Included within this exploration could also be an examination of whether or not supportive housing for the young mothers would be a desirable and feasible option for Yarmouth, or other rural communities in Nova Scotia.

Given the importance of transportation in all the young mothers' lives, research into feasible transportation options for Yarmouth would be advantageous. There are already discussions and plans underway to develop and implement a public transit system for Yarmouth and this work needs to be supported.

Future research in the area of rural homelessness and the pursuit of accessing acceptable housing in other rural Nova Scotian communities would complement this research and allow for a clearer picture of unique struggles associated with living in rural Nova Scotia and accessing acceptable housing. This could include research looking specifically at: how women experience homelessness different than men do in a rural context, how rural homelessness is experienced by women of varying ages, and how the experience of homelessness is different for women with children compared to those without children.

Limitations of this Study

As all young mothers and service providers were recruited through the same initial community organization, the participants included within this study were all

already involved with a service organization in the area. Thus, the views and perspectives of those participants may differ from the young mothers not already associated with a service organization. Other methods of recruitment were implemented; however, all these attempts were unsuccessful. None of the participants opted to participate in an interview conducted in French, despite having this as an option. It is possible that by not having any French participants, that the results for this study represent primarily concerns of English-speaking young mothers and that this might differ from what French-speaking young mothers might have shared. Despite the lack of interviews conducted in French, it is possible that some of the participants spoke both French and English, and they just chose to have the interview conducted in English.

The inclusion criteria for young mothers required that they were aged 16 to 24, however, all the young mothers who volunteered to participate were in the higher end of the inclusion window (22-24). Despite efforts to recruit younger mothers via snowball sampling, those who did participate were able to share their experiences from when they were 17 or 18 years, as this was the age when they had their first child. There are several reasons why younger mother may have been hesitant to participate in an interview. Younger mothers may not have experience accessing local resources and have not already established connections within the community and therefore, are not already connected to the organizations that were supporting recruitment. Giving birth and becoming a new parent is often a joyous but stressful time in one's life. Having issues accessing housing might add to a new mother's stress and taking time to participate in an interview might not have been a top priority. Fear might have also been a limiting factor to recruiting younger mothers. Younger mothers might have been hesitant to share their

stories, based on past experiences of existing policies not meeting their needs, and simply being unsure what would be done with the information they provided.

In spite of the fact that the participants were given the opportunity to contact me to review the accuracy of their transcript, none of them did. All interviews were audio-recorded and a brief overview of the participants' main points were included and confirmed at the end of each interview. One oversight was not including a question regarding race and ethnicity in the demographic questionnaire. This may have been a relevant factor contributing to the young mothers' social identities and, unfortunately, this information was not recorded. In the future, efforts should be maintained to ensure that all potentially relevant demographic information would be collected.

Given the time restrictions imposed on a Master's thesis, I had limited ability to build rapport with participants. For this reason, participants may have been hesitant to share their full views with me. Similarly, service providers and policy-decision makers may have felt hesitant to share their honest opinions for fear of jeopardizing their current employment. On a couple of occasions, participants commented that it would be best not to answer given their current employment, or were vague when answering. Efforts were made to ensure that participants trusted that their confidentiality would be maintained. However, in some instances throughout various interviews, it appeared that the participant erred on the side of caution when answering questions. This may be due to the limited time available for building trust and fear of being identifiable through their quotations. Despite these possible limitations, the information that the participants shared with me was important and worthy of further exploration.

Qualitative interviews may vary based on the skills and experience of a given researcher (Patton, 2002). With this in mind, it is possible that my limited experience with qualitative research may have influenced the results. This may be through a lack of adequate probing or ensuring that the participant stayed focused. In order to reduce the impact of this limitation, I conducted several practice interviews with colleagues with more qualitative interviewing experience so that adjustments could be made based on their comments and I could become more comfortable with interviewing.

Final Thoughts

The current housing and social assistance policies are not meeting the needs of young mothers receiving social assistance and residing in a rural Nova Scotia community. Despite the challenges of accessing acceptable housing in rural Nova Scotia, young mothers were resourceful and worked together, and with local not-for-profit organizations helping to ensure their needs were met. By redefining the current definition of acceptable housing and enforcing that standard, young mothers will have access to housing that is appropriate for them and their families while also having a voice in the decision. Furthermore, the lack of transportation is another area that needs to be addressed, whether through increasing assistance allocations for transportation or through creating a public transit system in Yarmouth. As mentioned, the not-for-profit organizations in the area have been bridging the gap of young mothers' needs created by inefficient policies. By supporting young mothers and not-for-profit agencies, our rural communities will be stronger and healthier.

References

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480.
DOI:10.1037//0003-066X.55.5.469
- Arnett, J. J. (2007). Emerging adulthood: What is it and what is it good for? *Child Development Perspectives*, 1(2), 68-73. DOI:10.1111/j.1750-8606.2007.00016.x
- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439. DOI: 10.1016/j.avb.2010.07.005
- Benbow, S., Forchuk, C., & Ray, S., L. (2011). Mothers with mental illness experiencing homelessness: A critical analysis. *Journal of Psychiatric & Mental Health Nursing*, 18(8), 687-695. doi:10.1111/j.1365-2850.2011.01720.x
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3(2), 77-101.
- Broussard, C. A. (2010). Research regarding low-income single mothers. *Journal of Poverty*, 14(4), 443-451.
- Campbell-Grossman, C., Hudson, D. B., Keating-Lefler, R., & Fleck, M. O. (2005). Community leaders' perceptions of single, low-income mothers' needs and concerns for social support. *Journal of Community Health Nursing*, 22(4), 241-257.

- Canada Without Poverty. (2012). *Renewed call for a national housing strategy*. Retrieved from: <http://www.cwp-csp.ca/2012/02/renewed-call-for-a-national-housing-strategy/>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2010). *Tri-council policy statement: Ethical conduct for research involving humans*. Canada. Retrieved from: http://www.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf
- Canadian Mortgage and Housing Corporation. (2014a). *About CMHC*. Retrieved from: <http://www.cmhc-schl.gc.ca/en/corp/about/index.cfm>
- Canadian Mortgage and Housing Corporation. (2014b). *Housing in Canada online*. Retrieved from: http://cmhc.beyond2020.com/HiCODefinitions_EN.html#_Housing_Standards
- Canadian Policy Research Networks. (2009). *Canadian non-profit organizations play a critical role in social innovation and the economy*. Retrieved from: http://www.cprn.org/documents/51874_EN.pdf
- Chambers, C., Chiu, S., Scott, A. N., Tolomiczenko, G., Redelmeier, D. A., Levinson, W., & Hwang, S. W. (2013). Factors associated with poor mental health status among homeless women with and without dependent children. *Community Mental Health Journal*, doi:10.1007/s10597-013-9605-7
- Creswell, J.W. (2013). *Qualitative inquiry and research design. Choosing among five approaches (3rd ed)*. Thousand Oaks, CA: Sage.

- Daiski, I. (2007). Perspectives of homeless people on their health and health needs priorities. *Journal of Advanced Nursing* 58(3), 273–281, doi: 10.1111/j.1365-2648.2007.04234.x
- Edwards, M. E., Torgerson, M., & Sattem, J. (2009). Paradoxes of providing rural social services: The case of the homeless youth. *Rural Sociology*, 74(3), 330-355.
- Ensign, J. (2000). Reproductive health of homeless adolescent women in Seattle, Washington, USA. *Women & Health*, 31(2), 133-151. DOI: 10.1300/J013v31n02_07
- Falvo, N. (2009). Toronto's Housing First programme and implications for leadership. *Housing, Care & Support*, 12(2), 16-25.
- Faugier, J., & Sargeant, M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing* 26, 790–797
- Finfgeld-Connett, D. (2010). Becoming homeless, being homeless, and resolving homelessness among women. *Issues in Mental Health Nursing*, 31(7), 461-469. doi:10.3109/01612840903586404
- First, R. J., Rife, J. C., & Toomey, B. G. (1994). Homelessness in rural areas: Causes, patterns, and trends. *Social Work*, 39(1), 97-108. DOI: 10.1093/sw/39.1.97
- Forchuk, C., Montgomery, P., Berman, H., Ward-Griffin, C., Csiernik, R., Gorlick, C., . . . Riesterer, P. (2010). Gaining ground, losing ground: The paradoxes of rural homelessness. *Canadian Journal of Nursing Research*, 42(2), 138-152.
- Frankish, C. J., Hwang, S. W., & Quantz, D. (2005). Homelessness and health in Canada: Research lessons and priorities. *Canadian Journal of Public Health*, 96 Suppl 2, S23-S29.

- Fuller-Thomson, E., Hulchanski, J. D., & Hwang, S. (2000). The housing/health relationship: What do we know? *Reviews on Environmental Health, 15*(1-2), 109-133. DOI: 10.1515/REVEH.2000.15.1-2.109.
- Gelberg L., Gallagher T. C., Andersen R. M., & Koegel P. (1997). Competing priorities as a barrier to medical care among homeless adults in Los Angeles. *American Journal of Public Health, (87)*217–220.
- Government of Canada. (2015). *National Housing Act*. Retrieved from: <http://laws-lois.justice.gc.ca/PDF/N-11.pdf>
- Hankivsky, O. (2012). Women's health, men's health, and gender and health: Implications of intersectionality. *Social Science & Medicine, 74*(11), 1712-1720.
- Hankivsky, O. (2014). Intersectionality 101. *The Institute for Intersectionality Research & Policy*. Retrieved from: http://www.sfu.ca/iirp/documents/resources/101_Final.pdf
- Hankivsky, O., & Cormier, R. (2009). Intersectionality: Moving women's health research and policy forward. Vancouver: Women's Health Research Network
- Hatton, D. C., Kleffel, D., Bennett, S., & Gaffrey, E. (2001). Homeless women and children's access to health care: A paradox. *Journal of Community Health Nursing, 18*(1), 25-34.
- Henwood, B. F., Stanhope, V., & Padgett, D. K. (2011). The role of housing: A comparison of front-line provider views in housing first and traditional programs. *Adm Policy Ment Health 38*, 77–85. DOI 10.1007/s10488-010-0303-2

- Housing Nova Scotia. (2014). *Public housing and other affordable rental programs*. Retrieved from: <http://housingns.ca/programs/public-housing-and-other-affordable-renting-programs>
- Housing Nova Scotia. (2015a). *Landlord rent supplement program*. Retrieved from: <http://housing.novascotia.ca/programs/landlord-rent-supplement-program>
- Housing Nova Scotia. (2015b). Programs and Services. Retrieved from: <http://housing.novascotia.ca/programs-and-services>
- Hwang, S.W., Ueng, J.J.M., Chiu, S., Kiss, A., Tolomicenko, G.,... Redelmeier, D.A. (2010). Universal health insurance and health care access for homeless persons. *American Journal of Public Health, 100*(8), 1454-1461.
- Jackson, L., A., Unruh, A., & Donahue, M. (2011). Living in a rural community is good for your health ... or is it? Young women talk about rural living and their emotional and mental health. *Canadian Journal of Community Mental Health, 30*(1), 45-60.
- Karabanow, J. (2004). Exploring salient issues of youth homelessness in Halifax, Nova Scotia. Retrieved from: http://www.pictoucountyrootsforyouth.com/uploads/8/0/6/5/8065185/salient_issues_of_youth_homelessness_in_halifax.pdf
- Keating-Lefler, R., Hudson, D. B., Campbell-Grossman, C., Fleck, M. O., & Westfall, J. (2004). Needs, concerns, and social support of single, low-income mothers. *Issues in Mental Health Nursing, 25*(4), 381-401.
- Kirkpatrick, S. I., & Tarasuk, V. (2007). Adequacy of food spending is related to housing expenditures among lower-income Canadian households. *Public Health Nutrition, 10*(12), 1464-1473.

- Krüsi, A., Fast, D., Small, W., Wood, E., & Kerr, T. (2010). Social and structural barriers to housing among street-involved youth who use illicit drugs. *Health & Social Care in the Community, 18*(3), 282-288. doi:10.1111/j.1365-2524.2009.00901.x
- Langille, D., Corbett, E., Wilson, K., & Schlievert, C. (2010). Determinants of adolescent pregnancy: Factors influencing youth sexual behaviours in a rural Nova Scotia community. Retrieved from: http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/department-sites/community-health/Yarmouth_Youth_Sexual_Health_Project_Report.pdf
- Lauster, N. & Easterbrook, A. (2011). No room for new families? A field experiment measuring rental discrimination against same-sex couples and single parents. *Social Problems, 58*(3), 389-409. DOI:10.1525/sp.2011.58.3.389
- Leipert, B., D., Delaney, J., Wagner, Forbes, D., & Forchuk, C. (2011). Canadian rural women's experiences with rural primary health care nurse practitioners. *Online Journal of Rural Nursing & Health Care, 11*(1), 37-53.
- Lewis, J. H., Andersen, R. M., & Gelberg, L. (2003). Health care for homeless women. *Journal of General Internal Medicine, 18*(11), 921-928
- Lewis, M. L., Scott, D. L., & Calfee, C. (2013) Rural social service disparities and creative social work solutions for rural families across the life span. *Journal of Family Social Work, 16*(1), 101-115. DOI:10.1080/10522158.2012.747118
- Lincoln, Y.S. (1990). The making of a constructivist: A remembrance of transformations past. In *The Paradigm Dialog* by Guba, E. G. (Ed.). Thousand Oaks, California: Sage Publications.

- Litman, T. (2015). *Evaluating public transportation health benefits*. Victoria Transport Policy Institute for The American Public Transportation Association. Retrieved from: http://www.vtpi.org/tran_health.pdf
- Mason, K. E., Baker, E., Blakely, T., Bentley, R. J. (2013). Housing affordability and mental health: Does the relationship differ for renters and home purchasers? *Social Science & Medicine*, 94, 91-97. DOI:10.1016/j.socscimed.2013.06.023
- McCall, L. (2005). The complexity of intersectionality. *Journal of Women in Culture and Society*, 30(3), 1771-1800.
- McCracken, M., Watson, G. (2004). *Women need safe, stable, affordable housing: A study of social, private and co-op housing in Winnipeg*. Prairie Women's Health Centre of Excellence. Retrieved from: <http://www.pwhce.ca/pdf/safeHousingComplete.pdf>
- McNeil, R., Guirguis-Younger, M., B Dilley...Laura, Turnbull, J., & Hwang, S., W. (2013). Learning to account for the social determinants of health affecting homeless persons. *Medical Education*, 47(5), 485-494. doi:10.1111/medu.12132
- Meadows-Oliver, M. (2009). Adolescent mothers' experiences of caring for their children while homeless. *Journal of Pediatric Nursing*, 24(6), 458-467. doi:10.1016/j.pedn.2008.06.007
- Mertens, D.M. (2010). An introduction to research. In *Research And Evaluation In Education And Psychology* (pp.1-46). California: Sage Publications.
- Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Toronto: York University School of Health Policy and Management.

- Montgomery, C. (1994). Swimming upstream: The strengths of women who survive homelessness. *Advances in Nursing Science*, 16(3), 34-45.
- Morris, M., & Bunjun, B. (2007). Using Intersectional Feminist Frameworks in Research. Ottawa, ON: Canadian Research Institute for the Advancement of Women (CRIAW). Retrieved from: http://www.oaith.ca/assets/files/Publications/Intersectional%20Feminist%20Frameworks_CRIAW_e.pdf
- Morris, R. I., & Strong, L. (2004). The impact of homelessness on the health of families. *Journal of School Nursing*, 20(4), 221-227. doi:10.1177/10598405040200040701
- Nova Scotia Housing and Homeless Network. (2012). *Health and homelessness in Halifax: A report on the health status of Halifax's homeless*. Retrieved from: http://www.ahans.ca/resources/2012Health_Report.pdf
- Office of Auditor General of Canada. (2009). Chapter 1: Gender-based Analysis. In *2009 spring report of the Auditor General of Canada*. Retrieved from: http://www.oag-bvg.gc.ca/internet/English/parl_oag_200905_01_e_32514.html
- Office of the Legislative Counsel, Nova Scotia House of Assembly. (2008). *Housing Act*. Retrieved from: <http://nslegislature.ca/legc/statutes/housing.htm>
- Office of the United Nations High Commissioner for Human Rights. (1991). The right to adequate housing [fact sheet]. Retrieved from: http://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf
- Ontario Human Rights Commission. (2001). *An intersectional approach to discrimination: Addressing multiple grounds in human rights claims*. Retrieved from: <http://www.ohrc.on.ca/en/intersectional-approach-discrimination-addressing-multiple-grounds-human-rights-claims>

Parai, B., Kreplak, F., Chmelyk, S., Marsh, T., Morgan, K., & Stroick, S. M. (2005).

Affordable housing options: Rent and income supplements. Retrieved from:

<http://www.homelesshub.ca/ResourceFiles/ggw2cane.pdf>

Parliament of Canada. (2012). *Bill C-400*. Retrieved from:

<http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=5391884&File=4>

Patton, M.Q. (2002). *Enhancing the quality and credibility of qualitative analysis*. In,

Qualitative research & evaluation methods. (3rd ed.). (pp.541-570). Thousand Oaks, CA: Sage.

PHAC. (2013). *What makes Canadians healthy or unhealthy?* Retrieved from:

<http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php>

Province of Nova Scotia. (2013). *Building community and affordability for Nova Scotia families: A Housing Strategy for Nova Scotia*. Retrieved from:

http://novascotia.ca/coms/hs/Housing_Strategy.pdf

Province of Nova Scotia. (2015). *MSI health cards*. Retrieved from:

http://novascotia.ca/DHW/msi/health_cards.asp

Raphael, D. (Ed.). (2004). *Social determinants of health: Canadian perspectives*.

Canadian Scholars' Press Inc.

Reistsma-Street, M. (2004). *Women centred housing policies [speech]*. Annual General

Meeting of Victoria Women's Transition House Society. Retrieved from:

<http://web.uvic.ca/spp/documents/transitionhousespeech.pdf>

- Reitsma-Street, M., Wells, A., Fast, C., & de Champlain, D. (2005). *Housing thousands of women: An edited collection of the works of the Women's Housing Action Team*. Retrieved from: <http://web.uvic.ca/spp/documents/housingwomen.pdf>
- Richter, S., & Chaw-Kant, J. (2008). A case study: Retrospective analysis of homeless women in a Canadian city. *Women's Health and Urban Life*, 7(1), 7-19.
- Richter, S., & Chaw-Kant, J. (2010). Canadian homeless women: Gaps in the research agenda. *International Journal of Child Health and Human Development*, 3(1), 7-16.
- Robertson, K., & White, M. (2009). Mapping homelessness in rural Nova Scotia: A study of community resources. Retrieved from: http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCoQFjAA&url=http%3A%2F%2Fwww.housingfirstkc.ca%2Fuploads%2F1%2F2%2F3%2F0%2F12309518%2Fmapping_homelessness_in_rural_nova_scotia.doc&ei=oU9qU8HuJsmNyATrk4LYAg&usg=AFQjCNHQoW4XCduhZrRR2pw5kitAboPRsQ&bvm=bv.66111022,d.aWw
- Rosengard, C., Chambers, D.B., Tulsy, J.K., Long, H.L., & Chesney, M. (2001). Value on health, health concerns and practices of women who are homeless. *Women Health*, 34(2), 29-44.
- Ryan, F., Coughlan, M., & Cronin, P. (2007). Step-by-step guide to critiquing research. Part 2: Qualitative research. *British Journal of Nursing*, 16(12), 738-744.
- Ryser, L., & Halseth, G. (2014). On the edge in rural Canada: The changing capacity and role of the voluntary sector. *Canadian Journal of Nonprofit and Social Economy Research*, 5(1), 41-56.

- Savage, C., & Lindsell, C.J. (2008). Health status and access to care for homeless adults with problem alcohol and drug use. *Journal of Addictions Nursing, 19*, 27–33.
- Shaw, M. (2004). Housing and public health. *Annu. Rev. Public Health, 25*, 397-418. doi: 10.1146/annurev.publhealth.25.101802.123036
- Shoveller, J., Chabot, C., Johnson, J. L., & Prkachin, K. (2011). “Ageing out”: When policy and social orders intrude on the “disordered” realities of young mothers. *Youth & Society, 43*(4), 1355-1380. DOI:10.1177/0044118X10386079
- Shrag, A., & Schmidt-Tieszen, A. (2014). Social support networks of single young mothers. *Child and Adolescent Social Work Journal, 31*, 315-327. DOI: 10.1007/s10560-013-0324-2
- Sikich, K. W. (2008). Global female homelessness: A multi-faceted problem. *Gender Issues, 25*(3), 147-156. DOI:10.1007/s12147-008-9062-8
- Skosireva, A., O/Campo, P., Zerger, S., Chambers, C., Gapka, S., & Stergiopoulos, V. (2014). Different faces of discrimination: Perceived discrimination among homeless adults with mental illness in healthcare settings. *BMC Health Services Research, 14*, 376, doi:10.1186/1472-6963-14-376.
- South West Health. (n.d.). *Yarmouth County helping tree*. Retrieved from: http://www.swndha.nshealth.ca/pages/Helping_tree_%20Yarmouth.pdf
- Statistics Canada. (2001). *Rural and small town Canada: Analysis bulletin* (Vol 3, No, 3) Catalogue no. 21-006-XIE. Retrieved from: http://www.communityaccounts.ca/communityaccounts/ca_google_maps/PDF_Links/Stats_Canada_Definition_of_Rural_2006.pdf

- Statistics Canada. (2006). *Cumulative Profile, - N.S. 2006 Census of Population (Provinces, Census Divisions, Municipalities) (database)*, Retrieved from: http://estat.statcan.gc.ca/cgi-win/cnsmcgi.exe?Lang=E&EST-Fi=EStat\English\SC_RR-eng.htm
- Statistics Canada. (2008). *Farm population and total population by rural and urban population, by province, (2001 and 2006 Census of Agriculture and Census of Population) (Nova Scotia)[table]*. Census of Agriculture and Census of Population. Retrieved from: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/agrc42d-eng.htm>
- Statistics Canada. (2010). *Percentage of renters and owners spending 30% or more of income on shelter costs, Canada and Provinces/Territories, 2006*. Retrieved from: <http://www.statcan.gc.ca/pub/82-229-x/2009001/envir/desc/hax-desc3.2-eng.htm>
- Statistics Canada. (2012a). *Focus on Geography Series, 2011 Census*. Statistics Canada Catalogue no. 98-310-XWE2011004. Ottawa, Ontario. Analytical products, 2011 Census.
- Statistics Canada. (2012b). Yarmouth, Nova Scotia (Code 1202006) and Yarmouth, Nova Scotia (Code 1202) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Retrieved from: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2012c). Life expectancy at birth, by sex, by province (table 102-0512). CANSIM, Catalogue no. 84-537-XIE. Retrieved from: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health26-eng.htm>

- Statistics Canada. (2013a). Yarmouth 33, IRI, Nova Scotia (Code 1202040) (table).
National Household Survey (NHS) Profile. 2011 National Household Survey.
Statistics Canada Catalogue no. 99-004-XWE. Ottawa. Retrieved from:
<http://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2013b). *Distribution (number and percentage) and percentage change of census families by family structure, Canada, 2001 to 2011 [table]*. Censuses of population 2001 to 2011. Retrieved from: <http://www12.statcan.ca/census-recensement/2011/as-sa/98-312-x/2011001/tbl/tbl1-eng.cfm>
- Statistics Canada. (2015). Population of census metropolitan areas [table]. CANSIM table 051-0056. Retrieved from: <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo05a-eng.htm>
- Status of Women Canada. (1996). *Gender-based analysis: A guide for policy-making*. Retrieved from: http://www.pacificwater.org/userfiles/file/IWRM/Toolboxes/gender/gender_based_analysis.pdf
- Stefancic, A., Henwood, B. F., Melton, H., Shin, S-M., Lawrence-Gomez, R., & Tsemberis, S. (2013). Implementing housing first in rural areas: Pathways Vermont. *American Journal of Public Health, 103*, (S2), 206-209. DOI: 10.2105/AJPH.2013.301606
- Strehlau, V., Torchalla, I., Li, K., Schuetz, C., & Krausz, M. (2012). Mental health, concurrent disorders, and health care utilization in homeless women. *Journal of Psychiatric Practice, 18*(5), 349- 360. DOI:10.1097/01.pra.0000419819.60505.dc

- Struthers, C. B., & Bokemeier, J. I. (2000). Myths and realities of raising children and creating family life in a rural county. *Journal of Family Issues*, 21, 17-46. DOI: 10.1177/019251300021001002
- Symington, A. (2004, August). *Intersectionality: A tool for gender and economic justice*. Women's rights and economic change (No. 9). Retrieved from: http://www.awid.org/sites/default/files/atoms/files/intersectionality_a_tool_for_gender_and_economic_justice.pdf
- United Nations. (n.d.). *The universal declaration of human rights*. Retrieved from: <http://www.un.org/en/documents/udhr/>
- Vacon, D. (2013). In search of safe and affordable housing: Yarmouth County statistics-Fall 2013.
- Williams, C. (2010). Economic well-being. Statistics Canada Catalogue no. 89-503-X. Women in Canada: A Gender-based Statistical Report. Retrieved from: <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11388-eng.pdf>
- World Health Organization (WHO). (1986). The Ottawa charter for health promotion. Ottawa, Ontario: An International Conference on Health Promotion. Retrieved from: <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf>
- Yardley, E. (2008). Teenage mothers' experiences of stigma. *Journal of Youth Studies*, 11(6), 671-684. doi:10.1080/13676260802392940

Appendix A: Recruitment Poster

Are you a young mother who has had or is currently having difficulties getting housing?



IF you are:

- A young mother between the ages of 16-24?
- Receiving social assistance?
- Currently living in Yarmouth or the surrounding areas? And have for at least a year?
- Interested in sharing your stories about finding housing? *We want to hear from you!*

What's involved?

- A confidential face-to-face interview (45minutes-1.5 hours)
- 25\$ honorarium for your time

For more information, or if you are interested in learning more about the study, please contact us!

Renee LeBlanc, MA HPRO (Cand.), Dalhousie University

renee.leblanc@dal.ca

(902)-719-5957

Appendix B: Information Sheet: Young Mother

Information Sheet

Dear Participant,

Would you like to participate in an interview as part of a research study being conducted at Dalhousie University looking at current housing policies and how they impact young mothers' ability to get housing? The purpose of the study is to gain a better understanding of how housing policies meet or do not meet the unique needs of young mothers receiving social assistance living in a rural community and how housing policies work in the real world.

You may participate if you are between the ages of 16 and 24, are currently receiving social assistance, speak French or English, have at least one child, have experienced or is currently experiencing unstable housing (difficulties finding housing, living with friends or in shelters) and want to share your story about trying to get housing.

If you decide to participate, you will be asked to participate in one face-to-face interview that will last approximately an hour. This interview can take place convenient for the both us and that is safe and quiet.

As a thank you for your participation and to help reimburse you for your time, you will be given \$25. Up to 25\$ will also be provided to cover childcare costs if you need and your travel will also be covered. If you choose to participate, you can choose not to answer any question, or you can stop the interview all together. There will be no consequences of this decision and you will still receive the \$25 honorarium. Your participation is completely voluntary and your answers will be kept confidential.

If you are interested in participating or would like to know more, please contact Renee LeBlanc via email (renee.leblanc@dal.ca) or by phone (902)-719-5957.

Appendix C: Kijiji Advertisement

Wanted: Young Mothers Invited to Participate in Study at Dalhousie

Are you a young mother (between the ages of 16-24) receiving social assistance and living in Yarmouth? We would like to talk to you! We are doing a study looking to explore housing policies and how they affect young mothers' ability to get housing. We would very much appreciate learning about your experiences.

You will receive 25\$ for your participation in the interview. Please contact Renee LeBlanc at (902) 719-5957 or through email at renee.leblanc@dal.ca if you would like to learn more about the study or if you would like to participate.

Renee LeBlanc, MA Health Promotion (Cand.), Dalhousie University



Appendix D: Demographic Questionnaires- Young Mothers

➤ **What is your age?** 16 17 18 19 20 21 22 23

24

➤ **How many children do you have?**

- What are their ages? Do they live with you?

➤ **What is your current marital status?**

- Single (never married)
- Single (divorced)
- Separated
- Common Law
- Married
- Widowed

➤ **What is the highest level of education you have completed?**

- Some high school
- High school graduate
- Some college
- Trade/technical/ vocational training
- College graduate
- Some postgraduate work
- Post graduate degree

➤ **What is your total annual income before taxes?**

- 0-9999
- 10,000-19,999
- 20,000-29,999
- 30,000-39,999
- 40,000-49,999
- 50,000-59,999
- 60,000-69,999

- 70,000 +
- **Are you now employed full-time, part-time or unemployed?**
 - What do you do? How long have you been working there?
- **Including yourself, how many people live within your household?**
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7 +
- **What is your living situation?**
 - Living with your parents
 - Living with friends, other relatives or partner's family
 - **Renting an apartment alone**
 - Living with a spouse/partner or roommate(s)
 - **Own a house, living alone**
 - Living with a spouse/partner or roommate(s)
- **Is there anything else you'd like to share about yourself you think might be relevant?**

- **What is your total annual income before taxes?**
 - 0-9999
 - 10,000-19,999
 - 20,000-29,999
 - 30,000-39,999
 - 40,000-49,999
 - 50,000-59,999
 - 60,000-69,999
 - 70,000-79,999
 - 80,000-89,999
 - 90,000 +

- **What is your current living situation?**
 - Renting an apartment
 - Alone
 - With a spouse/partner or roommate
 - Own a house/apartment
 - Alone
 - With a spouse/partner or roommate

- **Have you ever had any personal difficulties with accessing good housing?**

- **Do you have any children?**
 - If so, what are their ages?

- **How long have you been living in Yarmouth?**

Demographic Questionnaire: Policy Decision-Makers

- **What is your current work title?**
- **How is your job related to housing? Specific to young mothers? Or rural Nova Scotia?**
- **Have you held any other past positions related to housing?**
- **What is your sex? M F**
- **In what age range do you fall into?**
 - Under 20
 - 20-30
 - 30-40
 - 40-50
 - 50-60
 - 60+
- **What is your current marital status?**
 - Single (never married)
 - Single (divorced)
 - Separated
 - Common Law
 - Married
 - Widowed
- **What is your current living situation?**
 - Renting an apartment
 - Alone
 - With a spouse/partner or roommate and/or child(ren)
 - Own a house/apartment
 - Alone
 - With a spouse/partner or roommate and/or child(ren)
- **Have you ever had any personal difficulties with accessing good housing?**
- **Are you familiar with the housing policy context of Yarmouth**

Appendix E: Ethics Approval Letter



Health Sciences Research Ethics Board
Letter of Approval

July 25, 2014

Ms Renee LeBlanc
Health Professions\Health & Human Performance

Dear Renee,

REB #: 2014-3344
Project Title: Housing as a Determinant of Health for Young Mothers in Rural Nova Scotia

Effective Date: July 25, 2014
Expiry Date: July 25, 2015

The Health Sciences Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans*. This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

Sincerely,



Dr. Brenda Beagan, Chair

Appendix F: Consent Forms

Project Title: Housing as a Determinant of Health for Young Mothers in Rural Nova Scotia

Lead Researcher: Renée LeBlanc,
School of Health and Human Performance,
Dalhousie University, 6230 South Street,
Halifax, Nova Scotia, B3H 3J5,
Email: renee.leblanc@dal.ca
Phone: (902) 719- 5957

Research Supervisor: Dr. Jacqueline Gahagan,
School of Health and Human Performance,
Dalhousie University, 6230 South Street,
Halifax, Nova Scotia, B3H 3J5
Email: Jacqueline.Gahagan@dal.ca
Phone: (902) 494- 1155

Please feel free to contact Renée LeBlanc if you have any questions or concerns about this research project.

Introduction:

You are invited to take part in a research study being conducted by Renée LeBlanc who is a Master of Arts in Health Promotion student at Dalhousie University. The decision to take part in this study is all yours. **You can choose to participate if you want or not.** If you do decide to participate, you can **change your mind any time with no penalties.**

More information about the study is included below. This includes what you will be asked to do as a participant in the study, the risks and benefits, and any possible negative outcomes or discomforts of participating. **If you have any questions at all, don't be afraid to ask them!** I will answer any and all of your questions. If you think of questions later, you can call or email Renée LeBlanc at (902) 719-5957, or renee.leblanc@dal.ca.

Purpose of the Study:

The purpose of this study is to get a better understanding of how housing policies are affecting young mothers' ability to get housing. Particular focus will be on how the policies work in the real world and to understand if they are meeting (or not meeting) the specific needs of young mothers living in a rural community. We want to know what

young mothers think should be done to make it easier to get safe and affordable housing.

Who Can Participate?

There are three different groups of people who can participate in this study (young mothers, service providers, and policy decision makers). People are invited to participate if they speak either French or English and meet the requirements outlined below.

Group 1: Young Mothers; you may participate as part of this group if you are between the ages of 16 and 24 and have of a child, if you live in Yarmouth, Nova Scotia and you are currently or have been at-risk of homelessness (meaning you've had difficulties in the past or are currently having difficulties finding safe and affordable housing).

Group 2: Service providers; you are invited to participate in this study if you have worked in Yarmouth, Nova Scotia or surrounding areas for at least two years (within the last 5) in the area of housing or social assistance.

Group 3: Policy Decision-Makers; you are invited to participate if you have extensive knowledge of the housing policy context in Nova Scotia and have worked in this area for at least two years, within the last 5 years.

How many people will participate?

There will be between 3-4 participants for each group, so between 9- 12 participants total.

What you will be asked to do?

In order for us to better understand how current housing policies impact young mothers' ability to get safe and affordable housing in a rural community, we will be conducting individual interviews with participants of all three groups mentioned above.

You will be asked to voluntarily participate in a one-on-one, face-to-face interview with Renee LeBlanc. With your permission, the interview will be audio - recorded, however, if you do not want to be recorded, the interviewer will take detailed notes of the interview. The interview will last approximately an hour in a location and time that is pleasing to us both and that is quiet and safe. Before starting the interview, you will be asked to sign a consent form. This is to make sure that you are comfortable participating and are doing so voluntarily. Following the consent process, you will be asked demographic questions about yourself. This information will not be audio-recorded but will be recorded by hand. During the interview you will be asked questions about

your experiences with accessing safe and affordable housing and about your thoughts on current housing policies.

Possible risks and discomforts:

There is minimal risk to participating in this research study. Talking about accessing housing may cause you some distress as you may have had negative experiences and might bring up negative feelings. You will always be able to choose if you want to answer a question and **you can stop the interview at any time, with no penalty.** All of the information to share will be kept confidential. None of the information you share with me will be shared with anyone, including the service providers or policy decision makers we talk to. However **the law requires that any information shared about child abuse or neglect or the abuse of an adult in need of protection be reported to the authorities.**

At the end of the interview, you will be provided a list of local resources you can access if you feel like you need assistance.

Possible benefits:

Taking part in this research study may benefit you by giving you a chance to share your experiences with accessing housing and have your voice heard. There are also some indirect benefits to participating. The information you share will help us gain a better understanding of young mothers' experiences with accessing housing. This information could be used to help inform housing policies in the future.

Compensation:

You will receive \$25 to help compensate for your time lost or other costs associated with participating in the interview. Up to \$25 will also be offered to help cover childcare costs and travel costs will also be covered if you need. If you choose to end the interview early, you will still be provided with the \$25 honorarium and compensation for travel and childcare.

How your information will be protected:

All the information collected as part of this research study will be kept confidential. After each interview, the audio recordings will be listened to and typed word for word by the interviewer, Renée LeBlanc. The only people who will have access to the data gathered will be the principal investigator, Renée LeBlanc, her thesis supervisor, Dr. Jacqueline Gahagan and her supervisor committee (Dr. Lois Jackson and Dr. Jean Hughes). The information will be kept in a locked file cabinet at Dalhousie University for a minimum of 5 years. All electronic information will be stored on a password-protected computer.

It is possible that Renée LeBlanc will want to use quotes from the information you share in her thesis or other publications. In order to do so, all personally identifying

information will be removed so that the quote cannot be easily identified as being said by you. However, despite our best efforts, it is possible that you might be identifiable as providing the quotation.

As mentioned earlier, there are several circumstances when confidentiality will not be maintained and those cases include information about past or ongoing child abuse or information relating to self-harm or harm of others.

If you decide to stop participating:

You are free to leave and stop participating in the interview at any time. You are always able to skip a question if you want or to stop completely. There will be **no penalties**.

How to obtain results:

At the end of the study, a one to two page summary of the key findings will be distributed to all relevant service organizations in Yarmouth. There will be no individual findings.

If you have questions:

If you have any questions at all about this study, please don't hesitate to call or email Renée LeBlanc at (902) 719-5957, renee.leblanc@dal.ca

If you have any problems or concerns:

If you have any problems with this study or want to talk about any aspect of your participation, you may contact the Director of Dalhousie University's Office of Human Research Ethics Administration for assistance by telephone at (902) 494-1462, or via e-mail at ethics@dal.ca.

Signature Page

“Housing as a Determinant of Health for Young Mothers in Rural Nova Scotia”

Principal Investigator: <u>Renee LeBlanc</u> School of Health and Human Performance, Dalhousie University, 6230 South St, Halifax, NS B3H 3J5 Phone: 902-719-5957 Fax: 902-494-5120 Email: renee.leblanc@dal.ca	Supervisor: <u>Jacqueline Gahagan,</u> School of Health and Human Performance, Dalhousie University, 6230 South St, Halifax, NS B3H 3J5 Phone: 902-494-1155 Fax: 902-494-5120 Email: Jacqueline.gahagan@dal.ca
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To be filled out by research participant:

I have read the explanation about this study and I have been given the opportunity to discuss it and my questions have been answered. Yes_____ No_____

I agree to take part in this study. Yes_____ No_____

I realize that my participation is voluntary and that I am free to leave the study at any time.

Yes_____ No_____

I agree for the interview to be audio recorded? Yes_____ No_____

I agree for quotes to be taken from my interview for papers, presentations or other publications, and that these quotes will not contain personally identifying information (such as names, dates, places). Yes_____ No_____

Participant Name: _____

Participant Signature: _____

Date: _____

Signature of Researcher Obtaining Consent: _____

Date: _____

Appendix G: Interview Guides

Interview Guide: Young Mothers

Consent, brief demographic questions

- *Age, marital status, dependents, education, brief work history, income, current living situation,*

Tell me about your experiences of being a young mother and trying to find housing in the Tri-Counties?

- Living in your own house or apartment?
- Dealing with housing issues?
- Finding a place you could afford?
- Dealing with policies?
- Dealing with social assistance workers?
- Dealing with landlords?

What makes getting good housing easier?

- Supports and services?

What are some opportunities you see to make getting good housing easier?

What are your biggest struggles with getting housing?

- How do you get by?
- Do you have any supports?
- Where do you go for help?
- Do you have any suggestions on how things could be improved?

How are current housing policies influencing your ability to get good housing?

- Age restrictions?
- Lack of affordable options?
- Connection to social assistance?

How does living in a rural community affect your ability to get housing?

- Housing options?
- Discrimination and stigma?
- Transportation?

Can you think of anything else you'd like to tell me about trying to get housing and being a young mother? Were there any important questions you think I missed that you'd like to cover? Do you have any other questions for me?

Thank you so much for taking time out of your day to participate in this interview!

Interview Guide: Service Providers

Consent & work title, position description.

- *Previous relevant work experiences, age range, living situation,*

In what way do housing policies affect your work?

How are housing policies implemented?

- Unintended outcomes?
- Successes? Failures?

How does living in a rural community come into play when trying to get housing?

- Relationship to housing policies?

What are the biggest challenges young mothers are facing with regards to housing?

- Any suggestions for improvements?

What are some opportunities you see to assist young mothers with regards to getting housing?

- **Policies? Programs? Other?**

Are there any gaps in current housing policies that you have identified in your role?

What are they?

- How do young mothers overcome the barriers?
- How could they be overcome?

Were there any important questions you think I missed that you'd like to cover? Do you have any other questions for me?

Thank you so much for taking time out of your day to participate in this interview

Interview Guide: Policy Decision Makers

Consent and current job description (Relevant work history)

Let's talk about current housing policies, **In your experience, how could housing policies best meet the unique needs of young mothers living in a rural community?**

- Strengths of the current housing policies?
 - Examples?
- Challenges of the current housing policies?
- Necessary changes?

How are the housing policies created to meet or not meet the specific needs of young mothers living in a rural community?

- Young mother specific needs
- Needs of those on social assistance
- Rural community needs
- Social determinants of health

Some of the key concerns brought forward by the young mothers and service providers that I previously interviews are the following;

- Lack of Transportation
- Lack of Affordability
- Importance of Supports (both formal and informal)
- Communication issues (between services, and between client and landlords)
- Neighbours as a barrier
- Lack of privacy in a rural setting
- Age and/or gender as a barrier
- Leadership change as necessary for change

What are your thoughts regarding opportunities strengthen policies regarding each of these issues? (*Will go through points from previous question, one by one*)

- Are there feasible changes that could be made to better meet the needs of young mothers and especially those living in rural Nova Scotia?
 - What might these changes look like?
 - What might be some anticipated challenges with these changes?
 - How might those be overcome?

Some of their suggestions for improvement and strong positives include:

- Services providing information (regarding policies and procedures, as well as helpful tips and aid with filling out forms)
- Closeness present in a rural environment (especially between services)
- Including heats and lights into their rent fees
- Using a volunteer base, matching volunteers with young mothers
- Instilling a stronger sense of community

Do you have suggestions on how these positives could be further expanded upon to continue to better meet the needs of young mothers?

- Existing opportunities?
- Anticipated challenges?

Were there any important questions you think I missed that you'd like to cover? Do you have any other questions for me? Any additional comments?

Thank you so much for taking time out of your day to participate in this interview!

Appendix H: Demographic Information Table

		Young Mothers (n=3)
Current Age (years)	16-18	0
	19-21	0
	22-24	3
Age at First Child (years)	17	1
	18	2
Number of Children	1	1
	2	1
	3	1
Marital Status	Single (never married)	1
	Married but Separated	1
	Common Law	1
Highest Level of Education	Some high school	2
	Completed high school	1
Annual Income	Below \$10, 000	3
Employment Status	Unemployed	2
	Casual/ part time	1
Living Situation	Renting with child(ren) and/or partner	3
		Service Providers (n=4)
Sex	Male	1
	Female	3
Age	30-40	2
	40-50	2
Children	Yes	2
	No	2
Personal Difficulty Accessing Housing	Yes	1
	No	3
Years in Housing-Related Employment	2+	4
		Policy Decision-Makers (n=4)
Personal Difficulty Accessing Housing	Yes	2
	No	2
Familiar with the Yarmouth Housing Context	Yes	4
	No	0