Exposure

Climate Change and Homelessness:

A global response framework

Sean Kidd | Mariya Bezgrebelna

camh
mental health is health

Acknowledgments

Acronyms

APHRC - African Population and Health Research Centre

CMHC - Canada Mortgage and Housing Corporation

IDRC - International Development Research Centre

IOM - International Organization for Migration

OHCHR - Office of the United Nations High Commissioner for Human Rights

PAHO - Pan American Health Organization

SDG - Sustainable Development Goals

UNDESA - United Nations Department of Economic and Social Affairs

UNDP - United Nations Development Programme

UNFCCC - United Nations Framework Convention on Climate Change

UNHCR - United Nations High Commissioner for Refugees

WHO - World Health Organization

Framework Overview

This climate-homelessness response framework was developed as a guidance document that provides direction for policymakers, researchers, and practitioners based on the best available evidence and expert opinion. Specific approaches, in turn, can be informed by the general principles described here – designing for local engagement and implementation using social justice-based, culturally-situated practices. This guidance document highlights the issues and responses that attend to the broad themes of exposure and migration alongside illustrative case examples.

Issue
Exposure

Executive Summary

Climate-driven migration is increasing globally and is directly associated with home-lessness and compromised housing. This challenge has the greatest impacts in low-income countries (e.g., rural-urban slum migration in Africa). While many mi-grate, the poorest are in many instances unable to migrate and forced to subsist in profoundly degraded environments.

Climate pressures are increasing the exposure to weather extremes of homeless and marginally housed populations globally.

Direct Risks

Primary
- → Heat, cold, humidity
- → Water level, melt
- → Rapid change, disasters

Secondary
- → Food & water insecurity
- → Vector, air and water-borne disease
- → Air pollution

Moderators

- → Exposure, location, dwelling vulnerability
- → Conflict and political turmoil
- → Chronic illness & malnourishment
- → Mobility, adaptation resources, education
- → Social inequity
- → Social/service infrastructure

Outcomes

- → Illness morbidity, injury & mortality
- → Violence exposure
- → Emergency service use and infrastructure burden
- → Homelessness prevalence & migration

General Points:

Globally, populations lacking adequate shelter are the most exposed to the weather extremes and changes that are being driven by climate change. These risks to health, safety and wellbeing take the form of primary risks (e.g., extreme heat) and second-ary risks (e.g., food and water insecurity). The health consequences are severe, as are other impacts such as exposure to violence, prolonged and worsened homelessness conditions, and pressures on emergency services.

The pandemic has worsened social and economic inequalities and, while the full implications of the pandemic for homeless populations are not yet clear, it is likely to have contributed to increases in weather-exposed populations and further compromised health of those who are exposed.

Types of Climatic Events Linked to Increased Exposure:

→ **Extreme heat** (e.g., South Asia, Australia) and **cold** (e.g., the U.S.)
→ **Natural disasters**, such as flood and drought (e.g., Kenya and CAR)
→ **Food and water insecurity** (e.g., Africa, the U.S.)
→ **Disease** (e.g., Bangladesh)
→ **Air pollution** (e.g., China, the U.S.)

Outcomes:

Increase in illness morbidity, mortality, injury, violence exposure, and mental health issues, exacerbated by exposure to traumatic events. Increase in emergency service use and infrastructure burden due to exposure to climatic events increasing homelessness prevalence and migration.

Challenges by Stakeholder Group

→ **Government problem:**
Burden on emergency services (both stretched disaster response and emergency health services in an ongoing way) and funding pressures. There is also variable public and global perceptions of how poverty is addressed, compounded by stigma and discrimination, impacts on the quality of life for all in affected environments, a loss of contributing citizens, and child protection and justice system implications. These challenges are compounded by the nature of the climate-exposure issue which requires a cross-sectoral response in systems that are typically fragmented.

→ **Provider problem:**
Unprepared to mitigate risks and not properly resourced, increasing needs on the emergency/crisis end of the needs spectrum, reduction in outcomes in areas of employment and housing due to increasingly compromised health of clients and provider burnout, exacerbated by Covid-19.

Responses
Prevention is Key

TARGET 1

Preventing further degradation of housing status and reducing weather exposure.

⤑ **Government**

Developing a national housing strategy, cross sectoral and jurisdictional collaborations, prevention-oriented funding strategy with associated targets/indicators and focus on poverty reduction. Establishing building standards that support risk remediation. Avoiding housing development in areas with exposure to natural and manmade disasters, including environmental contamination. Requirements may include a temporary shelter plan for crises and a permanent plan generally. Other responses that are less impactful, responsive, and permanent: slum remediation/improvement; better quality temporary street dwellings; warming and cooling centres; public water.

⤑ **Services and systems**

Facilitated access to affordable and weather resilient housing. For those with more complex physical or mental health challenges, supportive housing models may be required (e.g., Housing First).

People experiencing homelessness are excavators of discarded objects in the city of São Paulo. The image shows how the composition of different types of objects can compose an environment of intimacy. The resident of this environment is called Hippie and all of the images are his drawings.

Photo by Marco Hovnanian

TARGET 2

Disaster response strategies and remediating the immediate risks of exposure.

→ **Government**

Establishing the expectation explicitly that policies, response plans and funding in all instances need to account for and engage populations experiencing inadequate housing and homelessness. Resourcing organizations who are doing outreach in the form of supplies and education. Supporting public health messaging and community engagement to destigmatize the issue, recognize and support grassroots community responses.

→ **Services and systems**

Participating in the design of coordinated disaster responses and implementing the responses alongside the first responders when a disaster strikes. Seeking and/or designing trainings and strategies tailored to local population. Providing populations experiencing homelessness with access to water, supplies, and culturally appropriate education about weather-related dangers, warning signs, and steps to be taken. Local, community-based organisations and networks need to be engaged and respected so that local knowledge is not lost in translation.

TARGET 3

Developing an international response strategy.

→ **Government**

Establish processes and mechanisms through which aid and expertise can be quickly put in place to address weather exposure emergencies globally and training and support initiatives to bring up the experience and skill base of key local stakeholders.

Cross-cutting Processes:
Examples

→ Need for culturally situated trauma-informed practices informed by inclusion of lived experience (e.g. Tuvaluan migration to New Zealand) and local service provider perspective and expertise.

→ Index to local cultural, systems, socioeconomic, geographic factors, integrated through the social justice lens (e.g., Human Rights-Based Approach, Greenhouse Development Rights).

→ Bring specific attention to those most at risk – Indigenous peoples (e.g., Canada, Australia), women (e.g., Indigenous, East Africa, global North), children, and others who face intersecting forms of discrimination and marginalization, including identities around race, religion, country of origin, and 2SLGBTQIA+.

→ Identifying existing initiatives and organizations working in similar areas and aligning language, strategies, and combining efforts. Need to identify global actors (e.g., UNDESA, UNDP, UNHCR, UNFCCC, WHO, IOM) and local initiatives (NAZCA). Aligning with existing modes of provider practice (e.g., North America, EU).

→ Note disproportionate attention to the issues in high-income countries vs countries who experience more impacts. Need for high-income countries to provide funding to low-income countries as the climate change related consequences borne by low-income countries tend to be direct results of actions taken by high-income countries (e.g., Africa).

→ Planning needs to take into account both responding to gradual change and modelling responses to rapidly emerging crises. Need data (e.g., Canada)

→ Integrating a culturally situated trauma-informed approach.

→ Environmental and climate justice lenses should be applied to strategies and plans in order to prevent further migration from new location, i.e., limit exposure to disaster, including natural disasters and man-made issues such as contaminated water, air and soil.

→ Developing data infrastructures and research funding to support risk modelling that includes homeless populations. Development of cross disciplinary institutes that will also train the next generation of scientists who will be well-equipped to work in this area.

→ Need data on types of weather impacts, type of population, and context (geographic and otherwise) – health impacts, service utilization and economic impacts.

→ Need data on prevention, resilience, existing inclusive strategies, adaptation measures, migration patterns due to cycles of precipitation and temperature variations, projected migration, interaction between homelessness and migration, intervention implementation and effectiveness. There is also a need for funding of research and social programs focusing on marginalized populations to inform the development of relocation plans.

Main issues attending exposure	Alignments
Homeless populations are more exposed to climatic events and their sequela.	SDG 13: Climate action
Pressures on healthcare attending physical and mental health impacts, exposure to illness and disease – vector, air, water, including COVID-19. Increased exposure to violence.	SDG 3: Good health and well-being ; UNHCR: Health ; WHO ; PAHO ; APHRC ; IDRC: Global health
Homelessness compounds existing inequalities. Most at risk: First Nations peoples, women, children, and others who face intersecting forms of discrimination and marginalization, including identities around race, religion, country of origin, and 2SLGBTQIA+.	SDG 10: Reduced inequality ; UNFCCC: Gender ; UNFCCC: Local communities and Indigenous Peoples
Need: localized, context-specific homelessness prevention, mitigation, remediation, and intervention programs (e.g., housing first, supported housing models, employment supports and facilitation) to help reduce poverty. Support of community-led responses based on local knowledge and community networks.	SDG 1: No poverty ; UNFCCC: Capacity-building ; UNHCR: shelter ; UNDESA: Capacity building
Need: warming and cooling centres; public water; inclusive risk communication strategies; and outreach programs to provide support and educate about available services.	UNFCCC: Adaptation and Resilience
Need: infrastructure development. Disaster planning should include homeless populations. Urban planning (green spaces) needs to be inclusive and safe.	SDG 9: Industry, innovation, and infrastructure ; SDG 11: Sustainable cities and communities ; UNFCCC: Land use
Planning, strategies, and policies should be done through the lenses of environmental and climate justice to limit further exposure to natural and man-made disaster and their accompanying traumas to physical and mental health and wellbeing.	SDG 3: Good health and well-being ; SDG 10: Reduced inequality ; SDG 13: Climate action ; UNHCR: Health ; WHO ; PAHO ; APHRC ; IDRC: Global health