

COVID-19 and Homelessness: Promoting Disaster Preparedness, Response, and Recovery in Two Communities in Nova Scotia

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Executive Summary

This is a study exploring the homeless sector, including those experiencing homelessness and those working around housing and homelessness, such as shelter providers, health clinic workers, outreach personnel, housing advocates, staff from non-profits providing essential services to low-income households, public health workers, policy makers, and government representatives. The study focuses on the two largest municipalities in the province of Nova Scotia, Canada, namely, Halifax Regional Municipality (hereafter referred to as HRM) and Cape Breton Regional Municipality (hereafter referred to as CBRM).

This study represents only a snapshot of the homeless sector and a snapshot within the pandemic, with data collection having taken place between February and mid-April 2020. We asked participants to reflect on their experiences from the time the pandemic was declared to the time they sat down to be interviewed. We are currently emerging from our COVID-19 third wave lockdown which began in late April, 2021 and which again affected the entire province. Meanwhile, vaccinations are being rolled out. The homeless sector, those on the front lines as well as those experiencing homelessness, have had the opportunity recently to get vaccinated.

While the pandemic is not over, we are well aware of the ethical drive to share participants' stories – which are marked by survival, suffering, confusion, passion and strength. Indeed, many research participants expressed gratitude for the opportunity to share their experiences with the research team and stated that this endeavour is needed to assist and inform future disaster planning and responses. What follows are the core themes that capture narratives from a group of individuals

experiencing homelessness throughout the pandemic; and those tasked with developing, supporting, innovating, and funding the disaster responses in two Nova Scotian communities.

We conducted interviews with 24 service stakeholders and 28 individuals experiencing homelessness. Interviews with most service stakeholders were conducted by phone or video conferencing, while interviews with those experiencing homelessness were conducted in person at two community-based sites following all provincial health protocols and once approval from research ethics boards were obtained. Interviews were transcribed and analyzed by the research team, using an approach called ‘the constant comparative method’ which finds common themes in the data.

The first important dynamic at play here, and perhaps the most significant contextual item that must shape the way in which we understand and make sense of our data, is that homelessness itself is a disaster. Homelessness, a disaster that is systemic in Nova Scotia, is rooted in legacies of racism, marginalization, discrimination, and colonialism. Homelessness exists across the province, as regional point-in-time and period-prevalence counts show (Bickerton & Roy, 2019; The Portal Youth Outreach Foundation and Homeless No More Annapolis Valley, 2021), and the experiences of homelessness are intensified by the intersectionality of marginal identities (such as based on gender, ethnicity, race, ability, sexual orientation), a lack of political attention and skeletal social support systems including insufficient social assistance rates, low minimum wage, lack of affordable housing, and limited employment opportunities. One service stakeholder explained that the homeless population face disproportionate barriers: “...systemic injustices, you know, oppression, discrimination, violence, and certainly a high burden of illness and disease” (Halifax service stakeholder). Homelessness continues to be a complex systemic issue that disproportionately affects the most marginalized groups, pushing them further to the fringes and we believe it is important to contextualize the research through this lens.

Thus, even before the COVID-19-triggered lockdown, shelters were full and people were couch surfing, squatting and/or living rough. They were outside in all kinds of weather: in parks, on sidewalks, and in the woods; anywhere they could find a space to lay their head. Then COVID-19 hit and the world shut down. We were told to “stay the blazes home!”, wash hands, wear masks and physically distance. Many indicated during interviews that there was a lack of consideration given to those who may be without a home or to those whose housing situation was unsafe, and expressed that people experiencing homelessness were basically abandoned.

Many participants described that the impact on service provision for the sector was enormous. Shelters had to reduce the number of beds; services like drop ins, health clinics, detoxes, counseling, and soup kitchens had to close. Even common hang outs, like libraries - where one could use a washroom, get a glass of water, use a computer, meet a support worker, get some food, and socialize with peers - closed their doors. Some non-profits had to work too hard to get the funds they needed to move quickly to offer help. The impact was real; all in all, interview data reveal that those experiencing homelessness felt abandoned, exposed, and isolated, and that they were left behind.

Those experiencing homelessness during the pandemic told us that they were more stressed and anxious, with major impacts on physical and mental health. The general strain and stresses of living through the pandemic are heightened considerably when you just do not have a safe space to be. While being homeless is hard enough, adding a pandemic put people in survival mode every

single minute. To make things even worse, there was just no available housing to get folks off the streets. Some people tried couch surfing, but people were scared of each other because we needed to distance and stay in bubbles, so that didn't work. They tried being outside but that didn't work either because even outdoor public spaces were off limits for a while.

The hardships lived by those experiencing homelessness was exacerbated by the reality that Nova Scotia is experiencing a housing crisis like it has never seen before. Rents have increased dramatically, affordable housing stock is scarce and expensive condo development is exploding.

What this research really demonstrated is how the homeless sector is full of dedicated, resourceful and passionate people - shelter providers, social workers, housing providers, health care workers, people from food banks and other non-profits, and some government people - who met regularly during the height of the pandemic to try and figure out how to best support community. These groups became known in HRM and CBRM as the COVID-19 Working Groups (or simply, Tables). Two of the authors were part of these tables. What becomes very clear from our data was that these Tables were some of the core first responders for homeless populations throughout the pandemic. Our research team interviewed the majority of participants who took part around these Tables – discussions focusing upon their organizations' experiences during the pandemic and what we have learned throughout this disaster.

Despite service stakeholders being stressed, scared, confused and generally anxious, with no road map or tangible plans to navigate the pandemic, everyone really mobilized to keep people safe. The shelters reworked their spaces and some even moved folks into hotels. In Cape Breton Regional Municipality, they opened four comfort centres to provide basic needs like washrooms, showers, laundry, and a bit of human connection. In Halifax, some hotels were used as safe havens; a harm reduction initiative was piloted where they provided regular doses of alcohol to individuals with alcohol addiction; and a dedicated public health line was created for organizations across the province. It was consistent, trustful partnerships between different organizations that really made the difference. These are all good outcomes, but we need a lot more of this, especially now.

What have we learned about homelessness from living within a pandemic?

Lessons Learned

Below are some of the key takeaways and lessons learned from the first and second waves of the pandemic:

1. All of the above-mentioned initiatives clearly worked, some better than others, but in the end the creative, thoughtful actions supported the unique needs of homeless individuals and allowed some respite, safety and shelter away from the pandemic. Many service stakeholders spoke about the unique opportunity that COVID-19 presented in terms of being able to “think outside the box”, “not to worry about details” and experiment with solutions. These views were no doubt shaped by environments in which there were increased amounts of federal and provincial financing as well as less bureaucratic processes to actually receive funds. Halifax communities noted this much more than in Cape Breton.

2. Resources were made available quickly in Halifax. In turn, resources needed to be made available at a much faster pace than what occurred in Cape Breton.
3. The spread of the virus within the homeless communities was abated by quick actions of service stakeholders and service providers to offer individual living spaces.
4. The hotel model worked and provided a more dignified, healthy, quick, and efficient way to house individuals in a pandemic. Clearly, safe housing is the crucial element in such a disaster. Affordable, supportive (if needed), and sustainable housing has been lauded as the only way forward. As one Halifax service stakeholder noted, “the legacy is a cultural shift to housing,” while another participant articulated “the tone has changed” (Halifax service stakeholder) and housing is now the key focus. There were several articulations around the need to move some housing into a non-market system in order to make this a reality.
5. Related to infrastructure, another lesson was that harm-reduction services, such as managed alcohol programming and MOSH teams, were of critical importance but also unequally available in our two research sites.
6. Along these lines, one takeaway from the research is that there appears to be a deeper and more critical understanding around the complexity of housing and homelessness—leaning towards a critical adoption of a holistic Social Determinants of Health approach.
7. Many participants also noted that this research was important in order to script a “road map” as to what happened and to “document” the process in order to build “muscle memory.”
8. As noted earlier, but extremely important to reemphasize, is the key role (and perhaps the most fundamental foundation to the pandemic response) of ***holistic partnerships and collaboration***. All service stakeholders expressed notions of “needing each other,” “not feeling alone,” and “being trusted.” Most important, was the notion that while many relationships and partnerships were the results of past decades of working together to build safe, trustworthy, and collegial landscapes, COVID-19 brought together critical new partnerships (e.g., homeless service stakeholders and Public Health).
9. Last, this study also highlights that from the service stakeholder perspective, the experiences of those working in the sector in Cape Breton are distinct from Halifax and the resources and mobilization to support the sector were very different in each city. There were sentiments that it took longer to negotiate programs and resources in Cape Breton and that supports were not filtering out of the HRM.

The Imperative to Continue Systemic Work

This paper reflects how increased awareness of those experiencing homelessness during the pandemic led to changes in services and practice. Frequently, service stakeholders expressed concern that when the pandemic was over the new support for the homeless sector would cease and things would return to “status quo” and that “everyone will just forget about people who don’t have homes” (Halifax service stakeholder). They also expressed feeling that the increased support for the sector was in part due to people experiencing homelessness being perceived as a threat to public health. Some questioned if resources and supports would continue for housing, food security, domestic violence, and income security when the threat to the average person’s survival is over. Others noted that the Tables had more partners and traction than any poverty coalition and that these partnerships need to remain after the pandemic to continue working on the systemic issues of homelessness, such as affordable housing. Last, there also was fear that the lessons learned around harm reduction initiatives, specifically the managed alcohol program, would be lost if the pilot was not continued post pandemic. Throughout this research it became evident that although there has been an increase in attention and support to the sector, many service stakeholders were concerned that post pandemic attention would shift to other priorities and the sector would go back to being largely ignored and under-resourced.

Recommendations from Service Stakeholders

The knowledge and expertise of those working and supporting the homeless sector during this time of crisis is invaluable; we believe that it’s important to summarize some key recommendations and best practices highlighted by service stakeholders.

1. Shelters received upgrades and were the focus of much of the homelessness response during the pandemic; however, shelters are emergency spaces and are not permanent solutions to the systemic issues of homelessness. Some clearly argued “we can dump millions of dollars into homeless shelters but what we really need is sustained kind of long-term building of non-market housing” (Halifax service stakeholder). Others advocated for a complete overhaul of the shelter model:

...the shelter shouldn't be a shelter at all, and it should be, you know, like a complete diversion program where everybody gets their own apartment or room, and you don't have to be in a dorm style environment at all. Because at the end of the day, people... Like this kind of idea of having a bunch of adults in a room isn't necessarily, in my mind, a dignified or an appropriate response (Halifax service stakeholder).

2. There was a lack of first voice representation at the Tables where it would have been helpful to hear the perspectives of people experiencing homelessness to shape next steps. Further, many homeless participants noted that it was challenging to be up to speed on new information; first voice representation could have provided some insight on the best ways to disseminate information: “I think like giving a voice to folks who are ...

experiencing homelessness. I think really adding first voice to the ...the decisions and policies we make” (Halifax service stakeholder).

3. More funding should be provided to existing organizations embedded in community as they have established relationships with the community and more flexibility and fluidity to respond to emerging needs. Additionally, more connections to emergency response groups are necessary to develop comprehensive disaster plans for future unforeseen circumstances.
4. Issues of domestic violence, child protection, and unsafe living environments were intensified during the pandemic; phone lines should have been established to provide supports to people living in precarious circumstances (e.g., child protection and domestic violence). These phone lines could be used as both a response to domestic violence and child protection concerns while providing supports and resources.
5. The Tables should continue their partnerships but shift efforts from emergency responses to long term collaborative holistic solutions for homelessness, specifically, advocacy for affordable housing, supportive housing, some form of universal basic income and affordable housing development.
6. The federal COVID-19 emergency response benefit (CERB), albeit available for those who had a minimum amount of employment income from the previous year, was a good example of the federal government quickly and efficiently rolling out a benefit program. The pandemic has highlighted the importance of universal, broad-based social support programs and universal basic income is a viable solution to the systemic nature of homelessness. However, participants also noted that clarity and support are required when different levels of government offer income supports so that those who are low-income do not end up losing the financial assistance they need. As one Cape Breton stakeholder explained:

We [know of] 22 [people] evicted because they had received some source of federal pandemic benefits. What ended up happening was they got this money, they spent it on things that weren't rent or food; expecting that they were going to get their income assistance cheque the next month, and then without warning, Income Assistance cut them off and they had spent the CERB ... and had no money for rent. Had Federal and Provincial Government counterparts communicated better, I think that all that stuff was avoidable and, had the provincial government communicated better with clients in receipt of income assistance, I think a lot of that could have been avoided.

7. Many homeless participants have “deep-seated mistrust” for the healthcare system and were hesitant about vaccination. There was misinformation about the vaccines in the homeless community; therefore, it is necessary that those experiencing homelessness receive clear information from people they trust such as the MOSH team and staff from harm-reduction organizations.
8. Those providing vital public information, making public health decisions and designing communication tools must keep the lives of those who are most marginalized in the province at the forefront. Assumptions and simple statements around ‘staying the blazes home’ caused harm by perpetuating the dominant narrative that those experiencing homelessness are deviant and choosing to ignore public health regulations.
9. Since those experiencing homelessness had variable access to telecommunications during the pandemic due to library and business closures, and since having access to a phone and the internet would have allowed those experiencing homelessness to access medical appointments, communicate with friends and family during the lockdown and have up-to-date public health information, this infrastructure needs to be built up quickly, including publicly accessible Wi-Fi. As one stakeholder noted “So [public Wi-Fi] would be a major thing that we identified and is something that we are going to have to address in future emergencies” (Cape Breton service stakeholder).
10. Staff and volunteers working in organizations supporting those experiencing homelessness need to be considered essential workers, similar to those working in long-term care and hospitals. This has implications for bonus pay, vaccine rollout, and public recognition of the important work they do in a context of great duress, stress and limited pay.

Voice to Those Experiencing Homelessness

We close by giving the final voice to those experiencing homelessness. They are the experts on the supports and services that would be most beneficial to them and these voices should be at the center of any recommendations going forward. Numerous participants explained how income assistance rates needed to be increased, especially during the pandemic, as most people on income assistance were ineligible for CERB: “I mean somebody who has worked and got the hours and got EI or CERB. Why are they entitled to it when there are people on welfare that are struggling?” (Cape Breton homeless participant). Participants also identified that the one-time payment of \$50 from income assistance to help pay for COVID-19-related costs, such as masks and sanitizer, was inadequate. Other participants iterated the importance of implementing a universal basic income as the best support for people experiencing poverty, but also, to improve everyone’s quality of life. Increased addictions services and harm reduction programs were also noted as needing expansion; there were many calls for full access to detox centres in a timely manner and the establishment of rehabilitation programs. Mental health supports were emphasised again and again by participants as a service to which they needed access. Almost all homeless participants emphasized that there

were not enough counselling and mental health services for people in crisis, but also programs and supports where people just had someone to talk to. Two participants suggested:

...There should've been a phone number that you can call if you were worried about your mental health during this COVID pandemic; and just get more information about it all right? Kind of vent a little bit. Just to talk to somebody (Cape Breton, homeless participant).

They could have provided a program or something to teach people and especially addicts, how to deal, cope with being lost and lonely during the pandemic, you know what I mean. Yeah, that's what I would think would have been better for a lot of people. Counselling would have been better, but nobody wanted to do that because of the pandemic, nobody wanted to talk to us (Cape Breton homeless participant).

Moreover, participants explained that there needed to be more spaces for people experiencing homelessness to “[h]ave a coffee... Just to sit here and have a chat... Like it makes you feel, makes you feel welcome, right?” (Cape Breton homeless participant). Again, most participants highlighted how challenging it was to access shelters and places to sleep during the pandemic and the need for more safe places to stay: “There’s not always a bed available. And it sucks because there’s still a lot of people out there” (Halifax homeless participant). In Cape Breton Regional Municipality, several participants mentioned the need for more shelter beds located in Sydney and in smaller towns, like Sydney Mines and North Sydney. One participant explained that:

...We should have more, like open up more shelters, more spaces that people can go and feel safe instead of living on the street freezing to death or having to live in rat-infested grossness. There was nothing (Cape Breton homeless participant).

Many homeless participants who lost employment during the pandemic were eager to return to work and wanted assistance to find employment. Finally, almost all the participants highlighted the need for increased communication around the evolution of the pandemic, public health restrictions, and service availability:

I feel like there wasn't enough information about how to not contract the virus. I find people aren't kept up to date on what to do. People need to be more up to date on what is going on with the virus because it is important. It is for everybody's health honestly. A lot of people don't realize how serious this virus is (Cape Breton homeless participant).

Homelessness is a Disaster

On a final note, as we strive towards an unknown future, it is important to remember that homelessness was a disaster even before the pandemic. The pandemic magnified existing inequalities and surfaced more. Can we strive for a post-COVID-19 world in which we prioritize dismantling systems that ignore systemic oppression and the root causes of homelessness and work collaboratively with all bodies (homeless people, support services, NGOs, and government sectors) to create a “new normal” in which it is unacceptable for anyone to be left behind? As we move forward, we need to ensure that future disaster responses, such as ones related to health and extreme weather/climate change in this province, do not leave out those who are the most marginalized and excluded from society.