

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

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## Introduction

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, policymakers, 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). HRM includes two cities with surrounding suburban communities (population - 448,544 in 2021, Statistics Canada), while CBRM has one city with surrounding suburban and rural communities (total population 94,285 in 2018, Statistics Canada).

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 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.

In reviewing the transcripts, three initial thoughts surfaced. One is that a vast majority of participants expressed being frustrated, tired, uncertain, and hurting; while our findings highlight these emotions, it is important to note that they underscore the data. The second is a fear that perhaps the data are somewhat dated since they document stories about the first and second waves only; that is, it's a snapshot of an experience that has now faded within a larger third wave shutdown, a new re-opening, and more vaccinations. Third, there is an eerie feeling reviewing people's experiences of an earlier lockdown while witnessing in real time, another, more substantial lockdown.

While the pandemic is far from 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, as well as 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 by first assigning codes to interview data and then grouping these codes into larger

sub-themes and then themes in an iterative process. To strengthen validity of the findings we report here, the entire research team read interview transcripts and then assigned codes independently, which we then discussed as a group. Of course, this kind of research has limitations. Findings are limited to those who participated in interviews, and are based on two Nova Scotian communities only. Note that many themes we report here are similar to research findings on homelessness and disasters in other places such as the United States and Australia (see, for example, Osborn, Every, & Richardson, 2019; Pixley, Henry, DeYoung, & Settembrino, 2021; Vickery, 2017).

**COVID 19 Working Group Tables.** It is far from common knowledge that there is a vibrant, passionate and well-coordinated community of service providers working with homeless populations throughout larger communities of North America. These communities tend to include providers of shelter, drop-in services, health clinics, and street outreach. We chose two specific locations in Nova Scotia, Canada, Halifax Regional Municipality (HRM) and Cape Breton Regional Municipality (CBRM), to explore responses to the pandemic and articulate lessons from the field. At the beginning of the COVID-19 crisis, both communities brought together their service providers alongside municipal personnel, provincial government employees, public health officials, and federal funders. The make-up of both Tables was distinct, but the above-mentioned organizations captured the general flavour of participation. These groups became known as the COVID Working Groups (and our report will use the term ‘Tables’ to capture these). Two of the authors were part of these Tables. What becomes very clear from our data was that these Tables included 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 – with discussions focusing upon their organizations’ experiences during the pandemic and what we have learned throughout this disaster. In Halifax, members of the Tables met virtually daily for the first few months, and then transitioned to every other day, and then weekly as time went on. In CBRM, members met approximately weekly at the outset of the pandemic, then bi-weekly, and then monthly. Their individual and collective wisdom have shaped the findings of this study. This Cape Breton stakeholder explained:

*So we said, okay we're going to have to do something, we're going to call our community partners all together and governments and whoever we can around the Table to talk about what's going on, and what are we gonna do, you know to manage this situation.*

Many service stakeholders noted the importance of this work for protecting the vulnerable people in the community. Those involved expressed how the stakeholder groups were truly the ones who “rallied” to make the necessary changes to policies and services that protected those experiencing homelessness, the front-line workers, and the greater community.

### **The First Disaster: Homelessness**

The first important dynamic at play here, and perhaps the most significant contextual item that must shape how we understand and make sense of our data, is that homelessness itself is a disaster. Homelessness, a systemic catastrophe 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. Note that this language of 'disaster' might sound somewhat unusual to readers who might think of natural disasters when they hear this term, but this wording is sometimes used by researchers, journalists and others to capture large-scale human-made crises as well.

**Systemic Nature of Homelessness.** The disaster of homelessness has been exacerbated by limited resources and political attention; based on interview data, those working in this sector are acutely aware that the needs of those experiencing homelessness well exceeds existing infrastructure and social services' offerings. A Cape Breton stakeholder explained, "the bigger problem is why don't we have adequate income support in the first place". Those working in the sector are torn between responding to immediate needs and structural work; many noted how the crisis nature of the sector prevents them from systems work and advocacy and that the sector spends so much time "putting out fires" to the detriment of "higher-level policy work". There was broad recognition from stakeholders that there needs to be more resources directed to the systemic nature of homelessness and that emergency responses will not fix the root causes of homelessness. What's more, homeless participants we interviewed felt trapped in the vicious cycle of poverty and the revolving door of homelessness and pleaded for systemic change: "Not just putting band-aid patches on shit, but you know really changing the way things are...homelessness is more symptomatic of a larger problem" (Cape Breton homeless participant).

Coupled with this harsh reality was the growing awareness that Nova Scotia was experiencing a massive housing affordability crisis. Many homeless participants and service providers spoke of the tightening real estate market, the plethora of high-income development, the role of short-term vacation rentals, and the loss of rent-geared-to-income units. Access to affordable housing is a crisis in Nova Scotia; this was iterated by those experiencing homelessness and service stakeholders and became a core theme of this study. Many participants expressed how desperate the housing situation is in Nova Scotia: "Well we don't have housing, we have a real lack of affordable, safe housing" (Cape Breton service stakeholder). Others asserted how the situation has escalated, "yes, housing is a crisis... housing's a big crisis" (Halifax homeless participant). A service stakeholder in Cape Breton echoed this sentiment "...the lack of affordable independent housing in our communities is at a crisis level." In Halifax, housing is being built but little to none is dedicated as affordable housing: "Sure as hell wish I could figure that out, cause there's more fucking cranes in Halifax than I've seen in my lifetime and the housing situation is the shittiest I've seen since I started work" (Halifax service stakeholder). Increasing the availability of affordable housing is the most humane and indelible solution to homelessness: "...people just need a place to live. Like give the most vulnerable, marginalized, highest acuity person a place to

live, a safe place to rest their head, and just watch them grow” (Halifax service stakeholder). This Halifax service stakeholder expanded on the need for intentionality around affordable housing:

*The government has really thrown a lot of money in no directed way at this problem. Like throwing money at the problem of lack of affordable housing doesn't make housing affordable. And so affordable to who? No. And so, you know, this Canadian housing benefit is based off market rent. Very few places are market rent.*

In addition to affordable housing, most participants noted how limited income through social assistance contributed to their inability to break the cycle of homelessness. The need to increase social assistance rates became even more pertinent during the height of the pandemic; however, people need an adequate income to be able to survive regardless of the pandemic. Social assistance rates are well below the monthly costs for renting an apartment; this Halifax service stakeholder questioned if affordable housing is within reach for those on social assistance: “Is it affordable to people who are receiving \$535 on income assistance?” Recently, the income assistance rates in the province increased by \$100. However, this increase is too little, too late. Nova Scotia historically has the lowest income assistance rates in three of the four income assistance categories in Canada, keeping people well below the low-income cut-off level (Laidley & Aldridge, 2020).

**Living Rough.** Living rough describes people’s circumstances when they don’t have permanent housing and are forced into precarious situations. Those experiencing homelessness interviewed for this study spoke about living rough and the impact that homelessness has on their physical, and psychological health. For most people, living rough meant “sleeping on the street more than I was inside”, “in an abandoned car”, or in public spaces “sleeping where the ATMs are at the banks.” A Halifax homeless participant explained:

*I literally had to sleep outside, and I, do you know how hard it is...if you ever done that, where you are so cold that when you lay down it doesn't matter how hard the ground is, you just want to go to sleep, and you are so cold and you just, your shivering the whole time that you are falling asleep but as soon as you stop shivering and you are laying there and you find a warm time, literally a warm time, it's fucked up, and like, you get a couple hours sleep, and all of a sudden someone wakes you up and your like, shit man. What do you expect me to do?*

It's hard to imagine that being homeless would ever be a safer option but this is the harsh reality for those experiencing domestic violence: “I went through a lot of abuse... Two weeks ago, he punched me in the face and chipped my teeth” (Halifax homeless participant). Even with shelters available, some participants noted they’d prefer other places; this Halifax homeless participant explained, “but shelters suck, I almost didn’t mind the abandoned house.” A couple noted they didn’t want to be separated as the vast majority of shelters spaces were separated by gender, so they opted to stay together:

*And we were on the streets for quite some time and staying here and there. And he couldn't get in shelters. And I could get in female shelters, but we wanted to be together. So we chose to be on the street together (Halifax homeless participant).*

**Impact on Mental Health.** Interviews revealed that homelessness is not only physically gruelling but has a significant psychological impact. This Halifax homeless participant explained how living rough “wears a person down”:

*...a lot of sadness, a lot of depression, and a lot of beating myself up, “it’s your fault, your fault,” and you just feel like shit so then what I try to do is I try to distract myself by picking up cigarette butts, getting money for papers and shit like that, thinking about things that I can possibly do to make things better for me, stuff like that, it’s hard to focus on all that when you are tired, cold, and hungry.*

Another participant described the misery of homelessness, emphasizing that you need mental fortitude to survive:

*...it was legit torture, like you can’t imagine doing it unless you did it, because honestly you can picture all the stuff and this and that and...but when you are out, when you got no home, nothing to go to, all you got is a fucking staircase, you go and lay down on, oh man. It’s you gotta really look at your life and you gotta really fucking poke your finger into your head squish it around and be like “c’mon where is your happy place” because if you don’t have it, you’re fucked (Halifax homeless participant).*

Homelessness can be so unbearable that this Cape Breton homeless participant explained how they would rather be committed as an involuntary psychiatric health patient so that they could have somewhere to sleep and access supports: “I begged the doctors put me down involuntary, so they can’t throw me out every time.”

So, while we will be describing the events, actions, and experiences while living through COVID-19, the back story, the underlying foundation, is that homelessness, in itself, is stigmatizing, dehumanizing, unforgiving and dire and yields such devastating consequences. The vast majority of those we interviewed, coupled with substantial research concerning this issue, spoke of daily struggle, daily trauma, consistent stress, and fear when seeking some form of survival, shelter, food, income and/or security.

## **The Second Disaster: COVID-19 and those Experiencing Homelessness**

**Living on the Fringes.** The pandemic shines a light on the seriousness of poverty and how many people are living on the fringes. COVID-19 for the most part amplified the suffering of being homeless. This Cape Breton homeless participant highlighted how the pandemic affected their life: “Caused homelessness. Made me lose everything. Turned into a drug addict. My life just spiralled out of control.” The impacts of COVID-19 were felt very different for people living in poverty and who were already struggling to get by: “We’re all in the same storm but we’re not in the same boat.” This quote emphasizes how COVID-19 intensifies all vulnerabilities as evidenced by this Cape Breton homeless participant’s experience: “It took away financial

security. My ability to provide for my family. Took away my home. Took away my vehicle. Any kind of means of transportation. Took away food.”

**Shut Down.** COVID-19 forced towns, cities, nations, and the world to shut down. During interviews, participants noted that those experiencing homelessness were disproportionately affected by the closure of services. A Cape Breton participant explains how overwhelming this was: “Everywhere was shut down. The restrictions. The guidelines.” Living rough also entails “living out one’s private world in public spaces” (Karabanow, 2006). But when public space is closed down – living rough takes on a more disastrous tone - from lack of public washroom facilities, to lack of water (usually obtained by dropping into a nearby restaurant/café), to lack of service provider support (many organizations closing down or moving to a virtual platform of care, or take-out services for emergency food providers versus the use of a common eating space), to lack of transportation (buses shut down for some time), to lack of congregate, common space for daily connection, internet access and escape from the elements (a good example is the closure of libraries and parks). This has a ruthless impact on an already tired and scarred population. A participant spoke to the challenges of accessing even the most basic necessities:

*Because there was nowhere to go, all the places...closed down, so places they would have gone like the library or Tim Hortons or the soup kitchen. They all stopped, they were closed or stopped to any kind of in person, you know, you weren't able to go in, so people had nowhere to go, nowhere. So they were literally looking for places to go to the bathroom, you know, behind bushes, it was just horrible (Cape Breton service stakeholder).*

The vast majority experiencing homelessness spoke to the added difficulties involved in finding food, safe living arrangements, any form of employment, and safe drug/alcohol supply in the midst of a powerful pandemic that stifled movement and community. A Cape Breton homeless participant highlighted these challenges:

*I didn't receive supports. I was broke. I was hungry. They would only feed me once at the shelter, and if I ate once that day, they wouldn't feed me the next time. I was hungry when I went over there. Sometimes I would be “where would I sleep?” and would be going places trying to find a place to sleep. Sometimes I would get a place, sometimes I would be on the street all night (Cape Breton homeless participant).*

One homeless participant in Halifax explained this phenomenon as the city becoming “homeless proof” due to the lack of public spaces that the homeless could access. This participant explained that they felt the world turned against those experiencing homelessness: “there’s not too many places you can go sit in anymore, like it’s, like completely very, very, very, against us. We have no chance”. Another Halifax homeless participant noted, “it was not easy to find a washroom.” Many homeless participants explained they were denied access to shelters and other basic services and expressed frustration: “People slept outside in the cold, and they didn’t care. Some people at the shelter didn’t care...” (Cape Breton homeless participant). Even though food banks remained open, participants explained it was more challenging to get food during the pandemic: “I just say the Food Bank is a little tricky because they’re very tight in how often they’re open, right?” (Cape Breton homeless participant). The pandemic forced this participant to resort to desperate measures when no food was available: “I mean the worst of it all is that you go through

trash cans and get food out of them...” (Halifax homeless participant). Other necessities like safe drug/alcohol supply were also hard to find: “super challenging and not easy being in this circumstance, and, you know, no safe supply, all those kinds of things are challenging” (Halifax homeless participant).

Data reveal that the modifications to existing services deeply affected those experiencing homelessness as well. A prime example spoken to by most participants was how there was a drastic reduction in services throughout the crisis (from shelter space to outreach services to access/availability of other supports), in addition to the forced restructure and modification of existing services and certain provisions. Most homeless participants, especially in Cape Breton, expressed frustration due to limited-service availability. Participants in Cape Breton believed that they “fell through the cracks,” “didn’t receive supports,” and didn’t know “where they would sleep.” Another participant who was pregnant explained that because her social services worker was slower to respond to phone calls because they were now working from home, she was not able to secure an apartment because the worker didn’t provide the information to the landlord on time. Another participant explained how they were being “screwed around” with help getting into a detoxification centre. One homeless participant in Cape Breton explained how they were homeless and when they couldn’t get into the shelter, they tried to apply for emergency assistance only to be denied and informed that they were not in a crisis:

*But I don't see how the situation wasn't a crisis. I had my home ripped away from me. My family ripped away from me. I didn't have a job anymore. I was homeless. I was hungry. I was cold. It was a lot colder than it is now with snow on the ground, falling, winds blowing. Temperatures -22 and worse. To be told I am not in a crisis situation. I would hate to see what crisis looks like if that is not it.*

**Typical Challenges are Exacerbated.** As emphasized by the participants, the pandemic intensified daily struggles for those living on the fringes and living rough. Public health restrictions that limited service availability affected access to shelter, food and safe supply which, in turn, disproportionately affected already vulnerable populations. This Halifax homeless participant explained how they had to choose between food and housing, resulting in them becoming homeless:

*I had no other support, I couldn't go to a soup kitchen, I couldn't get any food, and I held on to that money, held on to that money, held on to that money, anything they gave me, and I think it was July or August. I was like I need food, I need food, so I started buying my groceries and stuff out of my rent money, so then I didn't even have money to give them for rent.*

**Nowhere to go.** As a result of the pandemic, most homeless participants expressed that they were even more limited in where they could find a place to stay. Those without stable housing were often no longer welcome by family and friends, forcing people to stay in unsafe and precarious situations: “In the night, you don’t know what is going to happen. You don’t. I’ve been with coke dealers and killers, and everything you can think of” (Cape Breton homeless participant). Another participant explained how perilous their situation was:



*Not safe at all. I didn't feel safe at all. Like I couldn't sleep, you'd be going to sleep, but you wouldn't really be sleeping, like you just be worried constantly about who was going to come through the door, who's going to watch, you couldn't sleep. I couldn't sleep (Cape Breton homeless participant).*

One participant, who couch surfed from the start of the pandemic in March 2020 until December of that year, described that “So at certain places, I’d be there for two or three days. Some places I’d be there for a month. Some places I’d be there for a week it all depended on how they felt, right?” They continued by explaining that:

*I didn't feel safe. I was more concerned about my girlfriend than my safety, but it wasn't safe to be around these places. Some of the places were that bad, just like, it was real bad. It's like walking in into a house with needles, some of the places were that disgusting, dog piss, gross, dog piss on the couch. It was disgusting. It was just disgusting. It felt real stressful (Cape Breton homeless participant).*

The closure and/or reduction of essential services also meant that people had limited options for shelter or where they could even just spend their time. Many homeless participants expressed desperation explaining they had “nowhere to go.” For example, according to one participant, “I couldn’t even go on to somewhere where there was a shelter and be there and then just sleep for a bit without someone being like you “gotta move you, gotta go,” it’s like “fuck, I just laid down” (Halifax homeless participant).

Experiencing homelessness means constantly being on the move for a variety of reasons- to stay warm (or cool), to avoid bylaw enforcement and police, to support basic needs, and/or to access shelter and services. A product of limited-service availability and shelter space during COVID-19, this experience was heightened for most of the participants: “And we were on the streets for quite some time and staying here and there. And he couldn't get in shelters...” (Halifax homeless participant). A Cape Breton homeless participant spoke to the difficulty of services changing during COVID-19 and the lack of autonomy one has as a person experiencing homelessness: “It’s hard really because you have... no choice where to go next honestly. That is the sad part of homeless[ness]. You have no choice where you are going to be sent to next.” A Halifax service stakeholder also emphasized this point and explained how the pandemic forced those experiencing homelessness to be consistently outside:

*So, for a few months there, like there was nothing open. And then like lots of the soup kitchens and drop-ins closed. And you couldn't go to... You couldn't like stay in [restaurant] or [café] or [other restaurant] where people would hang out. So there's really no place for people to go. That was pretty shitty for a lot of folks because it's not fun to be outside all the time.*

**Stress, Fear, and Anxiety.** Interviews also reveal that the nature of this pandemic increased levels of stress, anxiety, fear, and uncertainty within the homeless population: “I was scared to fucking death... I was emotional. Didn’t know what to do. I was scared” (Cape Breton homeless participant). Another participant exclaimed, “I don't know if we’re all going to die or what’s going to happen” (Halifax homeless participant). This fear and anxiety about COVID-19 often

manifested in hypervigilance with people obsessing about sanitation, contact with others, and even going outside. A participant noted how “everyone got really paranoid” (Halifax homeless participant).

**Pandemic Leading to Declining Health.** Moreover, while being homeless in itself is often described as extremely vulnerable, unsafe, harrowing, and exhausting, COVID-19 increased the feeling of marginalization, stigma, lack of control, and physical, emotional, psychological, and spiritual strain. This Cape Breton homeless participant shared, “It’s scary. It’s lonely, very isolated. It takes a lot from a person. It’s very tiring. Painful.”

**Impacts on Physical Health.** An additional theme that emerged from the data was that the pandemic took a toll on homeless participants’ physical health; of significance, was how many participants explained losing large amounts of weight and feeling unwell and more susceptible to illness. For example, one Cape Breton participant reported being extremely ill: “It really took a toll on me. I got really ill and stuff. I feel like I am dying every day.” Many homeless participants in particular in Cape Breton, reported losing weight: “lost a lot of weight. I wasn’t eating... I was not healthy...My eating habits changed. I started to lose weight” (Cape Breton homeless participant). Another participant in Cape Breton explained: “I lost a lot of weight at the time like, oh, I just started putting all my weight back on and stuff like that. But I didn’t feel healthy at all. I couldn’t eat, I couldn’t sleep.” A Halifax homeless participant explained how sleeping outside because of the limited space in shelters led to deterioration in their physical health: “...you felt ill, you know. You felt more exposed to the whole pandemic issues.” Last, one Cape Breton homeless participant explained how having nowhere to go exacerbated their current health issues:

*I have a number of issues that involve extraordinary chronic pain, and you know being outside, exposed to the elements, having to be on my feet walking around from place to place, all the, not having a place to actually stay for hours and just you know any issue so there was concerns over my health really.*

**Impacts on Psychological Health.** Although there was a notable physical health toll, arguably the most significant impact of the pandemic was on participants' mental health; many participants explained how their mental health deteriorated: “... it made me go crazy. I just didn't want to be alive, period” (Cape Breton homeless participant). Many participants expressed feelings of hopelessness: “Walking on the streets and picking up cigarette butts. Roll them... And then, I go back to a homeless shelter where there is nothing there. Nothing. Literally nothing” (Cape Breton homeless participant). Another homeless participant expressed how “dismal” and “bleak” the future felt along with disappointment in the supports they received: “I don’t really hold much hope for things at the moment...I don’t want to put hope or trust in anybody else because I feel very failed. Very let down by other people” (Cape Breton homeless participant). The significant deterioration in mental health for those experiencing homelessness during the pandemic is cause for alarm: “There's some really low points too, where I didn't think I was going to live through it” (Cape Breton homeless participant). Service stakeholders also spoke to the intense psychological impact of the pandemic on the populations they support. According to one service stakeholder, “...we're seeing a lot of people that are struggling around levels of mental health, addiction dynamics, loneliness, despair...” (Halifax service stakeholder). Most

service stakeholders expressed concern for the community's mental health due to isolation, stress, constant uncertainty and change. Overall, nearly every homeless participant expressed experiencing decline in both physical and mental health during the initial phases of the pandemic.

**Substance Use.** While we have illustrated the immense psychological and physical repercussions of the pandemic on those experiencing homelessness, we would be remiss to ignore the reality that many people experiencing homelessness use substances or have a history of substance use. Several participants spoke to the impact of COVID-19 on their substance use. For many people experiencing homelessness, the loss of control, strain and uncertainty of the pandemic contributed to an increase in substance use, or starting to use substances again, as a coping mechanism: "Pretty much trying to stay fucking high enough to get through" (Halifax homeless participant). Speaking to how they had not used certain substances before the pandemic, another participant explained, "I will tell you straight up. I never had a drug addiction in my life to cocaine. As soon as COVID started, and I hit end up, boom. I ended up with a drug addiction..." (Cape Breton homeless participant). As evidenced in the vast majority of the literature on addiction, drug use can be a way to numb traumatic experiences: "Drugged out because I was trying to fucking survive. Trying to get out in the world but I couldn't so..." (Cape Breton homeless participant).

**Left Behind.** Most participants spoke about being "left behind" and feeling "exposed." A homeless participant in Cape Breton commented,

*...you know, rich versus poor. Those who can protect themselves and have something going on...but the people at the opposite end other side of the coin, it's nothing really unless something really, somebody up in charge pays attention, there's nothing really.*

Further, while the homeless were left behind, they were simultaneously hyper-visible:

*So what we started to see was people, because the streets were empty basically right, especially initially, remember how quiet everything was and the whole town was suddenly like a morgue, there was no one around, we weren't even supposed to drive anywhere, you know, it was just eerie. All there would be were people that were homeless or who just had nothing, and nowhere to be, kind of just roaming around (Cape Breton service stakeholder).*

**Stay the Blazes Home.** The primary public health rallying calls in our province involved "staying home" "washing your hands," "wearing masks," and "socially distancing." For those living rough, in parks, on the street, in abandoned buildings, couch surfing, and at formal and informal shelters-these ordinances were simply unattainable, as some interview participants explained. The former Premier of Nova Scotia is famously quoted telling Nova Scotians to "stay the blazes home," which became somewhat of a pandemic mantra for the province. Evidently, there was no consideration given to those who may be without a home or to those whose housing situation was unsafe. This message, albeit unintentional, caused harm by perpetuating the dominant narrative that those experiencing homelessness are deviant and choosing to ignore public health regulations. It is also worth noting that, as months wore on and awareness was

raised around the challenges faced by those without housing, public messaging regarding even the most recent (third) COVID-19 wave still assumed residents had a home to stay in, and in announcing early phase re-opening plans after the third-wave lockdown, the province even informed Nova Scotians that they were now able to travel to their second, summer homes. As one stakeholder put it, "...the whole stay the blazes home quote that Premier McNeil... come on, like people who are experiencing homelessness can't stay home. They don't have a home to stay at..." (Halifax service stakeholder). Those experiencing homelessness didn't have homes to stay in; they did not have easy access to washrooms or sinks; most often they could not acquire masks; and it was almost impossible to have any physical distance in shelters. This Halifax service stakeholder expressed frustration with the public health directions:

*How the protocols of Public Health to stay home, wash your hands, physically isolate, those directives were so out of touch with a population that had no home, rarely had opportunities to wash their hands, to, you know, socially and physically distance.*

**Isolation.** As such, we find a population that struggled for connection and support: "I lost all my friends because of COVID" (Halifax homeless participant). Many spoke of feeling "isolated," "forgotten," and "helpless." The pandemic amplified feelings of isolation; many people were separated from family, friends and essential support systems, both physically and due to the inability to access their email and social media accounts due to library and business closures. Not being able to access services meant that people had to navigate uncertainties on their own: "...so you are pretty much on your own. I feel like I am on my own every day. I have to figure shit out on my own. It's hard to depend on people" (Cape Breton homeless participant). An already stigmatized demographic, people experiencing homelessness faced increased scrutiny as well. In the words of one participant, "Everybody locked their doors and fucking shunned everybody" (Halifax homeless participant).

**Lack of Information.** Even more overwhelming was the fact that many experiencing homelessness had next to no information about the pandemic due to a severe lack of communication and knowledge transfer. This Halifax homeless participant explained, "We were very ill informed because they, the staff, were ill informed themselves." Other participants noted that they received very little information about COVID-19 transmission, or public health regulations: "...well it was pretty hectic, and at first, people didn't really know how to follow the rules or what rules were set in place" (Halifax homeless participant). Participants also explained that they had little to no information about the vaccine: "I haven't heard. Like I haven't got a lot of information on it or anything to read up on it" (Halifax homeless participant). For many, access to social media, news outlets, and the internet was severely hampered through COVID-19. As one homeless participant put it: "And that's why it's so important for anybody that's homeless to be able to communicate ... To have that resource to communicate" (Cape Breton homeless participant). Service stakeholders also noted the importance of electronic communication but there was a lack of access to the internet during the pandemic: "All of this population would use the library for internet access and that was no longer available" (Cape Breton service stakeholder).

Such a landscape harshly affected those experiencing homelessness and also increased the visibility of homelessness in the province. Not only were there more people living rough, looking

for housing, turned away from shelters, or recently evicted; there also was more discussion in public discourse as to the vulnerability of this sector. Homelessness, poverty and housing became core issues in civil society – as one service stakeholder noted, “The problem has been so exposed it can’t be ignored, nor should it” (Halifax service stakeholder).

### **Pandemic Perspectives from Service Stakeholder Responses**

The following section highlights some of the unique perspectives shared by service stakeholders in Halifax and CBRM during the first and second waves of the pandemic. COVID-19 was a health disaster and the public health responses to the crisis had to take into account the significance of every sector of society. Anyway out of the pandemic involved all sectors “playing by the same rules” and working collaboratively. One service stakeholder noted how COVID-19 was in some ways a great “equalizer” in that it made every human being vulnerable to the virus. As such, homelessness, with its spectrum of vulnerabilities and risks, became a grave concern to public health. Not always the case in the past, housing and poverty became seen from a health perspective. In order to manage the pandemic, it became more recognized that we needed to embrace a wide array of social determinants of health, from race to geography to income to housing stability. While not a new paradigm within academia and service provision, it became embraced widely through civil society. So much so that the Provincial government introduced some temporary regulations on rent increases and evictions for the purpose of renovations (while a ban on evictions due to rental arrears was in place as well, albeit for three months). In addition, the Provincial government also created a task force to explore affordable housing; however, it has actually recommended that the temporary rent control measure introduced during the pandemic be discontinued as early as February 2022, or even earlier if the state of emergency is lifted. The Provincial government was quick to support those experiencing homelessness who were identified as immune compromised, and they were put up in hotels to ensure their safety. Finally, the Provincial government also established three pop-up shelters in Halifax that were meant to rectify the reduction in capacity that many shelters had due to the new public health regulations. These all demonstrate important responses to a devastating pandemic.

**Tensions with Government.** Clearly, this research has emphasized the dire nature of homelessness in the province and how the sector was already in crisis before the pandemic hit. Many of the service stakeholders noted a perceived history of multi-levels government inaction concerning those experiencing homelessness and expressed that attention should have been given to target the systemic issues for those living on the fringes before disaster struck, especially in terms of supportive housing options:

*I mean it took time, we had to repurpose and regroup, but the generosity of faith-based operations, service, corporations, private citizens, really stabilized us because the government wasn't ready and you know, and it was their own fault they weren't ready because nobody had paid attention to this, to homelessness in Nova Scotia, forever (Halifax service stakeholder).*

Another stakeholder reiterated that people who have been experiencing homelessness have been left behind and neglected for a long time:

*... was just kinda acceptable that our vulnerable folks staying in the shelters or sleeping outside were disposable and that there wasn't a lot of pressure to do the right thing by that community (Halifax service stakeholder).*

Several participants expressed that the government was forced to consider the needs of the homeless population as they were quickly perceived by many as “super-spreaders”, a threat to the public health of the general population:

*...the government came flying in and said “oh no! you've got to reduce your shelter numbers right now” um and I really believed that it was because they were afraid that people experiencing homelessness were going to get sick and they were going to take down the health system (Halifax, service stakeholder).*

From the beginning of the pandemic, many service stakeholders in Halifax recommended that people experiencing homelessness be moved out of shelters and into hotels as these were promising practices to emerge from both Toronto and Vancouver. At first, the province refused, and instead opened pop-up shelters. Importantly, pop-up shelters allowed existing shelters to reduce their capacities and follow more easily public health protocols. However, some service stakeholders noted the pop-up shelters at times lacked adherence to COVID-19 planning and restrictions (e.g., in the layout of beds, PPE, gloves, regularly disinfecting) and had trouble hiring experienced staff. It was also noted that hotels only became a viable solution for the province when they realized the challenges of implementing public health measures in communal spaces. Participants did acknowledge that in the hotel model, homeless clients (some for the first time) had their own rooms, their own washrooms, their own private space and those who needed to isolate could be monitored. The public health protection act dictates that people in certain circumstances need to self-isolate. Thus public health was required to help those experiencing homelessness who needed to isolate in order for them to do so successfully.

Service stakeholders noted many tensions between different levels of government and the non-profit sector, especially in Cape Breton, where bureaucracy limited the timeliness of funding for infrastructure: “It really took some time, it took some time for the government to really get on board, as our funder, in assisting us with locating that stuff [obtaining like PPE supplies, and just understanding the rules]” (Cape Breton service stakeholder). Another Cape Breton service stakeholder echoed this frustration:

*I would say that the speed at which government moves is not aligned with the emergencies that the homeless population usually face. So, if something like a pandemic when everything shut down in a day, it just takes too long to get approvals for money to be spent. It's really frustrating – especially for the service providers on the ground that are ready to go and can get a program up and running in a span of a week, and we are just there saying “yes – we are just waiting for approval, waiting for approval.”*

During interviews, service stakeholders in Cape Breton described relationships with the municipal government as causing “a lot of grief” and noted that relationships deteriorated because of the government’s inability to communicate and deliver on resources in a timely fashion. It was clear for some participants that in Cape Breton, there was a lack of leadership at

either the municipal or provincial level, and the voluntary sector was forced to step up and advocate for the needs of those experiencing homelessness. Service stakeholders described how “red tape” and “slow government processes” (including municipal-provincial communications to secure provincial funds) delayed sending resources to the sector affecting their ability to establish responsive services to support the community when they were most urgently needed. Service providers felt “caught in the middle” and that they “let down” people experiencing homelessness, further contributing to their vulnerability. What is more, a service stakeholder expressed how shocked they were at both the lack of concern from the municipal and provincial governments and public health for those experiencing homelessness and the absence of desire to work collaboratively with the sector. However, one Cape Breton stakeholder did acknowledge that the province was also needing to respond to requests from dozens of other municipalities at the same time. Moreover, in Cape Breton, according to many participants, the government unfairly relied on the under-resourced and stressed non-profit sector to navigate the pandemic assuming that they had the capacity, knowledge, and resources to handle such a disaster. Speaking to the non-profit sector resorting to drastic measures to get the attention of government, one Cape Breton service stakeholder noted, “We had to shame them, they were really terrible, it was not good.” Another service stakeholder elaborated on this point:

*Well, I don't want to point fingers ..., I was, I was kind of feeling a little disappointed about our local municipal reaction, you know. It was tough to get them on board and to realize that they had a stake in this. And, you know, even just getting public washrooms available. It was, was just so, so tough. I was a little disappointed that we didn't have a good partnership at the municipality - we do now... at the beginning it was tough to get government funders or to get people at the Table in, political roles. It took a little while (Cape Breton service stakeholder).*

Frustrations with the government were not isolated to Cape Breton. Some service stakeholders in Halifax believed that the provincial government was putting up “roadblocks” and ignoring the best practices of the sector, contributing to the increased vulnerability of the homeless population. There were also many concerns about the three pop-up shelters that were initially set up by the province. Many service stakeholders thought these shelters were established too quickly, with little consultation from the non-profit sector, and minimal communication with existing shelters. During interviews, the pop-ups were critiqued for being “expensive,” “undignified,” and “unsafe” for staff, clients, and community. There also were discrepancies between staff pay at the new pop-up shelters and what existing shelters could offer; established shelters were concerned that staff would leave their positions to work at the pop-ups for increased pay. Last, issues such as PPE shortages and inexperienced staff were real concerns for many. A Halifax service stakeholder explained,

*You know there was violence in the shelters, there were folks showing up in severe mental health distress and the folks that were hired just had no understanding of that and they were doing their best, but it takes a skilled hand to support vulnerable folks through crisis like that... Well the big one for me will always go back to the popup shelters, I can't stress the worry and concern that I had for those, I think that showed where community consultation can be used in a tokenism kind of way and not an actual way to create change.*

A final challenge noted by service stakeholders with respect to dealing with the federal government in particular was that, while there was appreciation expressed for the funds received and the flexibility surrounding how these could be used, timelines for when the money had to be spent were not in keeping with the long-term nature of the pandemic and the money needed to be spent well before there was a clear sense of when the pandemic would end.

**Letting the Community Down.** Service stakeholders were challenged by the requirements to reduce services; one Halifax service stakeholder felt they were “letting folks down”. Service stakeholders also expressed frustration at not being able to provide services as usual, including not allowing people to enter a building for needle exchange, to use the washroom and have access to the internet, and not providing the opportunity for people to eat meals offered by a community-based program in a communal setting which also provided a chance for human contact and to “get in from the outside.” Participants expressed further frustration regarding being able to conduct street outreach but not being allowed to offer rides, and not being able to provide medical services face-to-face to those without access to telecommunications. Front-line organizations also adapted in ways they found less than ideal, but necessary, in order to continue their programs or services which they knew were vital to those experiencing homelessness, including providing needle exchange at the door, and switching to take-out food programs.

**Caught Off Guard.** Those experiencing homelessness were not the only ones who articulated strong emotions when the pandemic hit. Sentiments such as “We were all caught off guard by this pandemic” were iterated by almost all service stakeholders in both CBRM and Halifax. This Halifax service stakeholder explained that it was “pretty chaotic just where things were changing really quickly, and the organization as a whole was trying to figure out what critical pieces they need to be doing.” The vast majority of service stakeholders spoke about feelings of “fear,” “upheaval,” “stress,” “uncertainty”, and “confusion” that made up the early days. Service stakeholders expressed a sense of “chaos”, “shock” and at first “not knowing what to do.” These were extremely “challenging times” with “lots of moving parts” that “changed consistently.” One participant was clear to say that the early days were best characterized as “a shit show.” A Halifax service stakeholder highlighted the uncertainty when they shared, “You know, we just never knew what tomorrow would bring. The fear of being sick, the fear of your loved ones being sick, the fear of your staff being sick, the fear of...” In part because of limited information on how the virus was spread, there was a lot of fear around contracting the virus and what would happen if there was an outbreak:

*You know, constant fear of... if staff, our employees get sick, do we have enough people to keep the shelter open? The constant fear of if one guest has COVID, is positive, what does that mean for the rest of the population and their risk? (Halifax service stakeholder).*

Many front-line service stakeholders also expressed fear that they would unknowingly pass the virus along to the community as they were providing services. Some service stakeholders also noted that their organizations lost volunteers, particularly when volunteers were older. For example:



*What really hurt us were the older volunteers that we had left. They didn't want to come back because they were in lockdown. We kind of got hurt on that end too, so we started out with 2-3 people here, that's it. And we are used to have 10-11 here (Cape Breton service stakeholder).*

**Broader Awareness of the Crisis of Homelessness.** Service stakeholders unanimously agreed that the pandemic shed light on the crises of homelessness, lack of affordable housing, poverty, food insecurity, dearth of employment/income, and social connection. The pandemic exacerbated the trauma that those experiencing homelessness endure not having anywhere to live and access basic needs. A Halifax service stakeholder expressed how dire the situation is becoming: “the exit from homelessness is getting narrower and narrower, that pipe is getting smaller and smaller in terms of actually trying to place people in housing that they can sustain.” Despite the province initiating rent control for current tenants (meaning vacated units were not included in this measure), many participants reported the cost of housing increasing during the pandemic. One participant framed the housing situation as “desperate.” A housing worker in Halifax explained that the pandemic made their job “impossible” noting that the vacancy rates before the pandemic were 1% and now there is essentially little available. Further, the pandemic affected employment opportunities which became even more limited, and many participants who lost employment because of lockdown and closures found themselves facing homelessness. One Halifax service stakeholder believed that: “...there were more experiences of domestic violence as a result of people staying home in high stress environments.” Finally, it is important to recognize that this population often struggles with mental health issues and substance use, as discussed earlier; therefore, it is not surprising that most homeless participants noted how the pandemic negatively impacted their mental health and many people coped by using substances. Hence the need again to draw attention to these more extensive, more structural issues that are intricately tied to those sleeping rough, in shelters, in unstable housing, and for those “living close to the edge” of losing housing.

Despite the challenges and tensions between service stakeholders and different levels of government, the frustrations related to limited-service availability layered with the uncertainty of navigating the pandemic, and enormity of systemic issues, core findings of our study are that some outcrops to the pandemic were unintentionally beneficial to the homeless sector.

### **Unexpected Positive Outcomes**

**Improvements to Living Spaces.** For those participants who were able to access shelters, they spoke during interviews about the fact that shelters for the most part were less crowded, provided more individual space, were cleaner, less violent and more “home-like.” Participants in Cape Breton were pleased that they “got their own room” during the initial stages of the pandemic and got to stay in the shelter all day whereas pre-pandemic they would be required to leave for the day. Further, new programs to support food access meant that some people in Cape Breton would get “...four big boxes of non-perishable food delivered to your door” (Cape Breton homeless participant). Small, community food cupboards mounted on trees also emerged in a handful of places in CBRM. Notwithstanding that our data have revealed the grave loss of supports when the province was in lockdown and its devastating toll on those in need, in order to

follow public health guidelines and with financial infusions, some services were able to create more trauma-informed and compassionate spaces of care.

Halifax service stakeholders spoke to changes in the shelter's infrastructure specifically, such as the creation of “snugs”- small private spaces- that provided more safety and dignity for community members. A Halifax service stakeholder explained, “...the side effect of this is that shelters are much nicer, a little bit more humane, you know people have privacy and stuff.” Access to safe supply was another important outcome of the pandemic in Halifax in particular as service providers needed to rethink various harm reduction practices such as access to cigarettes and alcohol and evolve practices in this particular city to support the emerging realities. Furthermore, several service stakeholders in HRM and CBRM noted that the heightened visibility of homelessness created more awareness of the issue; this culminated in increased support for the sector from the greater community: “What I would say is there's more awareness here in Nova Scotia than there's been at least in my 5 years” (Halifax service stakeholder). A Halifax homeless organization leader spoke to how the pandemic resulted in an outpouring of financial support with the organization gaining many new donors (Halifax service stakeholder). This influx of resources from “faith-based operations, service, corporations and private citizens” enabled the organization to hire more staff to respond to evolving needs during the pandemic. Another organization received funds to purchase furniture for families entering new housing, while another organization spoke of receiving a tremendous amount, not only of furniture but also winter clothing; so much so that storage space was required.

**Increased Public Support.** Aside from financial and infrastructure contributions, another important positive development of the pandemic was that there seemed to be increased public receptivity to issues facing the homeless community. One Halifax service stakeholder emphasized how the pandemic created new opportunities for the sector:

*...opened up people's kind of willingness to break the mold, think outside the box... so some of those projects that were put on hold, I will say they were struggling to get traction. Since they've been rebooted in the context of COVID, they seem to have far more momentum behind them.*

Finally, some landlords in Halifax came forward agreeing to work with the sector around affordable housing, expressing “really wanting to be part of a solution”. Thus, while there were challenges, there were some exciting opportunities, particularly in Halifax, that resulted from the increased visibility and awareness of homelessness and the challenges experienced during the pandemic.

**Limited Community Spread.** In reflecting on the first and second wave of the pandemic, many service stakeholders noted how lucky it was that there was very little spread of the virus within the homeless community: “So everybody's tested, and miraculously, and very great for us, there's only one positive case” (Halifax service stakeholder) – testament to not only luck but some very significant actions taken by members of these Tables. There also was a tremendous effort by front line staff who adjusted their duties to increase sanitization practices, use PPE, and work extended hours to ensure the safe provision of services. For a time not even considered essential service workers, shelter workers were on the front lines of the pandemic: “These are

unsung heroes...shelter workers were unsung heroes in this, they had a whole lot dumped on them” (Halifax service stakeholder).

**Collaboration with Public Health.** Interviews revealed that it was not uncommon for discussions around the social determinants of health to surface in Table meetings. Because COVID-19 was a health issue, public health was brought to these discussions – somewhat as a first for those working in this arena, although public health has been involved in affordable housing working groups in both HRM and CBRM. Members of both Tables would later acknowledge the vast “learning curve” experienced as all sectors shared their expertise. For example, shelter operators shared that their clients were picking up cigarette butts which was extremely risky during the pandemic. In Halifax, public health offered nicotine replacement supplies which shelter workers knew would not have buy-in from their clients. Thus, providing cigarettes to those in the homeless community who smoked became an important practice that was eventually recognized by public health as a necessary harm reduction practice. Both sides believed that there was mutual learning here. The involvement of public health at the Tables was seen by the vast majority of participants as a significant addition – providing a health lens to the discussions. In Cape Breton, one stakeholder explained the partnerships between different organizations and the Health Authority as beneficial, with everyone collaboratively coming together for weekly meetings to share information and develop promising practices. As provincial health protocols developed and changed, public health members were available to provide the Table members with supports and guidance: “I think one of the things, too, during the first part is that we did daily calls with the shelters and with Public Health” (Halifax service stakeholder). In Halifax and CBRM, public health officials visited shelters to explore ways in which collective spaces could adhere to new protocols. This led to the office of the chief medical officer developing a guidance document with protocols for symptomatic cases and for screening, masking, and cleaning.

Moreover, public health was instrumental in developing the health isolation phone line (HIP) and isolation spaces for those infected. If anyone staying in a shelter became sick, they could call the HIP line and speak to a nurse who could arrange testing. This process was quicker than using the 811-line set up for the general population and prioritized testing and isolating shelter residents. One service stakeholder explained the necessity of providing hotel isolation spaces so that people could successfully isolate without the risk of the virus spreading throughout the shelter. Food, transportation, and hotel stay were all arranged through the HIP line.

What seems interesting here is that before COVID-19, public health focused less on the homeless sector and as one Halifax service stakeholder participant noted, “homeless populations tended to be ignored by public health.” In Cape Breton, one participant explained that public health was only assigned to support their working group because they “raised such a fuss” and “fought tooth and nail” (Cape Breton service stakeholder). The pandemic forced public health to pay attention to homeless populations as a key public health issue. This eventually fostered a deeper partnership between homelessness and health – with each sector learning from the other. Importantly, adding public health to the Table allowed for discussions of homelessness to be understood as a health issue. It’s important to note, however, that public health responses became provincially driven and coordinated, rather than local, meaning that service stakeholders in the Cape Breton context lost access to people in the region with decision-making authority:

*So all the local staff has been assigned to provincial teams. So there is no one at the local level that you can go to to discuss your situation anymore. They have no power. They have all been split up, and they to respond to whoever the provincial lead is for the that part of the team, you know, so if it's immunization, if it's testing or contact tracing or if it's homelessness or whatever, vulnerable populations, there's no decisions made locally. So, you can keep knocking at that door all you want and then they just tell you, we can't really help you. You know, we don't have capacity anymore. I can bring that information to my lead in Halifax. So that was a really big problem for us (Cape Breton service stakeholder).*

**Coming Together.** Despite these challenges, one of the critical findings of our study is the importance of collaborative partnerships. Most stakeholders noted the benefit of working closely together; this meant that the sector had more capacity to identify issues, problem solve, and “do what we need to do, and just make it work.” The two Tables signify the coming together of various organizations and players – some from the formal system, others from the informal, community, non-profit sector: “And we were all in regular constant communication about new information that's coming, and how we respond to folks from a health and safety perspective” (Halifax service stakeholder).

In Cape Breton, one stakeholder described the various collaborations as “working within the system as well as, you know, with community-based organizations.” The working group in Cape Breton provided a united voice for advocacy to draw attention to both the challenges that the sector was experiencing during the pandemic and to call for more support from municipal and provincial governments:

*You know, we went to the media about all kinds of stuff. We used the media a lot to try and push, you know to have a better response, which is too bad, you know that that's what we ended up doing (Cape Breton service stakeholder).*

A member of the Halifax Table described their group as having a “real working together mentality” grounded by the fact that they felt they “were all in it together.” Another Halifax service stakeholder described the collaborative nature of the working group as well:

*...So there was a partnership developed really early with... Like there were regular calls that started taking place weekly where [name] was involved. ...And we were all in regular constant communication about new information that's coming, and how we respond to folks from a health and safety perspective.*

Despite feeling unprepared, most of the stakeholders knew they needed to rally quickly to serve the community's needs. Both systems (government and non-profit) held key expertise and deliverables. Service stakeholders spoke eloquently of the importance of such collaborations and how COVID-19 made for deeper and more trusted relationships. Data analysis shows that another important outcome of the working groups was that the partnerships yielded more effective dialogue across different sectors:

*There has been improved communication, and both between shelters and across other different systems, like public health and DCS and Housing Nova Scotia. We all communicate a lot more and are all on the same page with a lot of things (Cape Breton service Stakeholder).*

While these relations were seen as complicated at times with some tensions and critiques, every participant spoke to a sense that the whole sector had become “more collaborative,” “more collegial”, vast learning spaces, knowledge transfer sites, and deeper trusting environments. As noted above, having diverse lenses from diverse departments/environments created deeper understanding and learning of homelessness. The importance of such collaboration was evidenced in how several participants noted that the way in which the sector mobilized and rolled out activities effectively was based on trust. It is important to note that one participant believed that the success of the sector had much to do with the partnerships and trust built over the past decade between individuals and organizations. Moreover, the sector being small also helped in creating more intimate collaborations and efficient and effective teamwork.

**Frustrations.** While communication and sharing were key ingredients to how the entire sector responded to the pandemic, some participants also spoke to several important frustrations. First, community organizations situated within informal systems were seen as the initiators of bringing partners together as they were “on the ground” and witnessing the shifting landscape. Communities were beginning to lockdown and essential services and common spaces were beginning to close. These were extremely shocking and frightening times. All service stakeholders expressed that they were deeply concerned for their individual and collective clientele, staff, families and themselves. [One of the authors speaks to this in a reflection article written during the first wave (see Karabanow 2021)]. One service stakeholder expressed much guilt for “abandoning clients” when her service shut down. As the pandemic soared, there was a growing sense around the Tables that there was no leadership and no action plans (besides several organizations having particular disaster guides/policies). Service stakeholders expressed the following sentiments: “No plan was ready for this” and “no clear ‘here’s what you’re gonna do’”. As such, many members around the Tables thought that the non-profit community organizations stepped up and became the driving force of the initial response and, as expressed earlier, there were tensions between service providers and government who believed that government was slow in action and at times needed to be “strong armed” to engage deeper.

There is some evidence in the data to argue that organizations on the ground (shelters, drop in sites and health clinics) were more flexible, adaptable, and efficient in responding to particular needs in the community and these will be explored in the *outcome section*. The community organizations were the ones that truly mobilized to support the needs of those experiencing homelessness. It also was noted that the non-profit sector responded to the call for support from the community even before the government:

*So after you got the conversation going, there was definitely an uptake no doubt in the response from the community concerned. Which was good, from community people, the government is another story, but for citizens, they responded” (Cape Breton service stakeholder).*

Organizational literature supports such claims that non-profit, community-based organizational settings are more adaptable and responsive than formal government systems due to their less bureaucratic, less hierarchical, more informal, more mission-oriented and more flexible make up. At the same time, there is evidence in our study to show how some government officials redefined themselves as service providers in order to deal with the crisis and support those experiencing homelessness. Linked to this notion is also the common sentiment amongst participants that the informal sector is rarely supported, or praised, for their work.

**Homeless Sector as Deeply Strained.** This leads to another significant, yet not surprising, theme of the study. The homeless sector is deeply strained and exhausted. Participants described the system as “broken” and “in crisis.” Moreover, the sector was “close to collapse” prior to COVID-19 and has been such a key ‘on the ground’ player that it is currently running on fumes. While several service stakeholders spoke of the non-profit system’s “resilience” during the early days of the crisis, others noted that there needs to be a system reinvention. The much-needed reprise for the homeless sector is not on the horizon as many service stakeholders noted an increase in the homeless population which they attributed to the pandemic: “...the numbers of people seeking shelter was increasing at the same time that the beds were decreasing” (Halifax service stakeholder). Further, a Halifax service stakeholder exclaimed that their list of known homeless people has “quadrupled since the start of the pandemic.” Although the study highlighted the influx of resources and funding, more people are living on the fringes: “...for as many people as we are housing, there's people losing their housing” (Halifax service stakeholder). The pandemic has affected many sectors in the community and front-line community organizations providing services to the homeless are to be counted as one of them!

Service stakeholders in Cape Breton also noted that there’s a lack of very basic infrastructure in their community, such as a MOSH team (Mobile Outreach Street Health) or supportive housing, which allowed for critical harm reduction services to people experiencing homelessness during the pandemic, which they articulated needs to be built up. One participant noted: “there are a lot of really good examples around that [managed alcohol], and supply and supporting people with those types of supports, which we weren’t doing, but would be wonderful to be able to provide” (Cape Breton service stakeholder). Another service stakeholder noted that “there wasn't any access here for any sort of managed alcohol program that I'm aware. We did have some discussions provincially with public health about that, but it didn't come to fruition” (Cape Breton, service stakeholder).

## **Pandemic Responses**

**Comfort Sites and Washrooms.** The Tables produced some very significant responses to the pandemic. In Cape Breton, about a dozen public outdoor washrooms in three urban centres and four “comfort sites” were created to provide for the physical and social needs of those experiencing homelessness. The comfort sites were spaces where those experiencing homelessness could take a shower, access the internet, do laundry, get a snack and/or coffee, and have some human contact. Five people could access the comfort sites at one time and during the peak of the pandemic the comfort site was open seven days a week from 9am- 8pm. There were also 2 staff on site, thus the comfort sites also provided an opportunity for the community to connect with support staff. The comfort sites were important hubs where people could “get

information about COVID..., and other information” (Cape Breton service stakeholder). With the province in lockdown, these initiatives were crucial for those without access to washrooms and/or a safe space to warm up, receive food, and connect with workers.

**Hotels.** In Halifax, we saw the use of hotels to house those on the street and/or in crowded shelters. Initially, hotels were used by the province to house couples and those with immune compromised health issues. Soon after, a few shelters moved their operations into hotels in order to provide their clientele with safer and healthier living arrangements during the pandemic. Later, hotel rooms were used for clients waiting on test results or quarantining. Although most participants noted the hotels as the most dignified and safe way to support those experiencing homelessness during the pandemic and the greater community, the transition to hotels was not without challenges. Arrangements needed to be made to support basic needs, transportation, and in some cases, harm reduction supplies. Also, quarantining in hotels was noted as a particularly isolating experience and many people who already struggled with mental health issues required additional supports. The Halifax hotel plan also added a harm-reduction service which was adapted from a similar operation in Guelph, Ontario which proved to be very positive. One Halifax service stakeholder commented on the difference they noted in the homeless population who stayed at the hotels:

*I remember the first night we stayed at the hotel as a shelter, like you saw the clients get up in the morning, and like all of them showered. And like most days at the shelter, like no one showers, no one gets out of their pajamas, no one does! But having...People were like ‘Oh my God, I actually have my own shower. I don’t have to share it with 20 people. I have my own space, a comfortable bed. Like I don’t have to worry about someone reaching out and stabbing me or whatever the case may be.’ So, like proving to government like ‘look at what this dignified space for people has done’. No one ...like people were like ‘Oh, they’re going to burn the hotel down. They’re going to stab people. They’re going to rob people in the hotel’. Like none of that happened! And everyone survived...and so that was, I think, a huge take away for me, is like - what were we saying all along was actually true!*

Finally, albeit the hotel stay was a much kinder environment than the shelters, some research participants noted there was a lack of communication and clarity on how long people would be able to stay in hotels and participants noted this as causing stress and anxiety, not knowing when they might be out on the street again.

**Renovations.** In both municipalities there was funding for renovations to, for example, existing shelters and supportive housing complexes in order to make these spaces adhere to public health ordinances. As discussed earlier, the vast majority of participants spoke very highly of these new arrangements – speaking to how services were more “dignified,” “less crowded,” “more trauma informed” “safer” and “healthier.”

**Pop-up Shelters.** In Halifax, the provincial government took to front line operations by setting up three “pop-up shelters” in order to accommodate the reduction in bed numbers at existing shelters. As discussed earlier, there were numerous critiques around the staffing, coordinating, training and collective nature of these sites; while they served the important purpose of allowing

existing shelters to reduce numbers, there also were key challenges. Indeed, some participants noted how the pop-ups caused stress for an already overwhelmed sector who believed they needed to step up and support the pop-up shelters on top of their other responsibilities.

**Harm Reduction and Public Health Line.** On a more positive note, Halifax also saw a trial managed alcohol initiative that was highly successful. Further, the dedicated public health phone line that was developed to support shelters in directing clients to testing, waiting and quarantining spaces was perceived by several service stakeholders as very beneficial.

**Gratitude from Homeless Participants.** The recognition that the sector was working hard to assist people experiencing homelessness was not lost among homeless participants and many expressed sincere gratitude during interviews for the supports they received during this trying time. Homeless participants spoke highly of the services they accessed throughout the pandemic. Most of the homeless participants recognized the efforts that service providers put in to support them despite the intensity and uncertainty of the pandemic and public health restrictions. Participants noted how the services available contributed to meet their basic needs:

*I did get clothing. A bed at a shelter eventually. They do have meals there; or food that you can make meals with or have a snack. They have coffee and stuff that you can have a drink. Water. Access to a shower and a washer and drier so I can clean my laundry. That stuff is pretty good (Cape Breton homeless participant).*

Another participant explained that the supports they received were a “turning point” for them: “when I didn't have nowhere to go at all, and then one person actually helped me and they found me a place and got me assistance and got somebody to actually help me” (Cape Breton homeless participant). This homeless participant explained that there were many supports available to them in Cape Breton when they shared, “I have nothing bad to say really. Everything is positive on my end. I've seen so much help” (Cape Breton homeless participant). Halifax participants also expressed appreciation for the supports they received: “there was a lot of help through the shelters”, “we had a good place to sleep, we have lots to eat” and regarded the services as “a godsend.” Another participant exclaimed, “...I'd be still on the street right now probably in the same clothes smelling like shit to be honest with you, but if it wasn't for these guys [shelter workers]...” (Halifax homeless participant). Despite limitations in shelter capacity which meant people often had no place to sleep, participants noted how other organizations stepped up to provide supports:

*There is a lot of help like through the shelters... And I found the soup kitchens ramped and were serving out more meals and more...they have more volunteers and things. So in terms of even though sleeping... You know what I mean? Like you're sleeping outside because you can't get in. We still were able to eat, and still, you know, places that you can come here and shower, and you don't even have to be a resident (Halifax homeless participant).*

Further, a participant who needed to quarantine recalls how quickly they were put into a hotel. They explained, “...you know what, I actually really didn't have to navigate, someone navigated



for me” (Halifax homeless participant). It’s evident that participants were able to recognize how the sector was mobilizing to provide relief.

**Resilience and Determination.** Moreover, through conversations with participants experiencing homelessness, another theme became unmistakable. Despite the disaster of homelessness in Nova Scotia and the serious systemic issues we described earlier including lack of affordable housing and income assistance rates which keep people in deep poverty, layered with the trauma of the pandemic, participants demonstrated significant determination and resilience and spoke of the lessons they’ve learned, plans they’ve made, and were positive and hopeful about their future. To use the words of one interviewee “Well, I’m kind of resilient... Yeah, I’m too stubborn to lay down” (Cape Breton homeless participant). Other participants noted with pride that you need specific skills to survive on the street and that “it teaches you quite a bit”. Many explained were struggling with substance use and expressed plans to get clean and get into detox. Another homeless participant spoke to how being with their children was motivating them: “I want to get clean. I’ve been trying to. I have been trying to get in detox... I wanted to see them [kids] more” (Cape Breton homeless participant). Clearly, individuals were focused on getting through the pandemic and were making plans as noted in the following excerpt: “I am going to plan that next summer is going to be great because the heat is going to start and it’s not going to be as worse” (Cape Breton homeless participant). Despite all the hardship and agony of experiencing homelessness during the pandemic, some participants remained surprisingly “positive” and were determined to “fight, fight, fight” to make it through.

## Study Participation

**Participating in the Research as a Meaningful Experience.** Last, many people noted during interviews that participating in the research was meaningful and hoped their participation would contribute to change: “I think it’s good that you are collecting all the data and putting it into something so then you hopefully can make changes” (Cape Breton homeless participant). Another participant was happy to contribute in the hope that there could be improvements in services: “using the data collected to improve services and programs that you know, people like myself depend on. All I can say about that it is, it is a good thing” (Cape Breton homeless participant). The majority of participants noted feeling comfortable and heard, they appreciated they were not being “drilled for answers” (Halifax homeless participant) and that they were allowed to say “whatever the fuck I want to say” (Halifax homeless participant). Some homeless individuals noted being especially comfortable with the interviewer who took time and consideration with their questions. One participant reiterated the importance of trust with the interviewer, “...just make sure you’ve got somebody that people are comfortable with...” (Cape Breton homeless participant). A homeless participant in Halifax explained how they are not often asked to speak about their experiences and that “it actually helps me a little bit to share this with you so that I know that someone else knows.” Another participant noted how the interview process was challenging and at a few points they were “hit with sadness” (Cape Breton homeless participant). Service stakeholders also identified the interviews as being positive and important for the province to build a “roadmap” to support the next disaster. Also important, one stakeholder reported that the process of the interview made them realize how they were still “pretty angry” about the early days of the pandemic.

Homeless participants were also asked how the interview could be improved; a few participants noted that there were a lot of repetitive questions. An important concern was raised by one homeless participant about the accessibility of the information once it was collected and how the results of the study would be shared with the community especially given academic articles can be hard to access. The participant joked, “Print the ten-page paper and staple it to a telephone pole” (Halifax homeless participant). Accessibility of the data collected for the homeless population has been an important consideration for this study and in addition to this lengthy report, we have developed a short executive summary in plain language to be shared with all participants and a 5-minute graphic facilitated short to be disseminated widely through social media.

### **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). Some participants expressed sentiment 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.

### **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.

### 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 in providing 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.

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