

Isolation, Physical Distancing and Next Steps Regarding Homelessness:

A scan of 12 Canadian cities

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Abstract

In Canada's major cities, homelessness officials have partnered with health officials and others to respond to the COVID-19 pandemic—arguably this sector's greatest challenge since the Great Depression. Typically, local officials have done so by creating more physical distancing at existing shelters, opening new facilities, and creating facilities for both isolation and quarantine. Most cities have continued to move persons directly from emergency shelters into permanent housing. Networks of cooperation have generally improved during this crisis; this is especially true with health officials. It has been common, however, for local homelessness officials to express frustration with officials in nearby correctional facilities for discharging inmates without housing plans and without reaching out to homelessness officials to coordinate a transition into emergency shelter. Across Canada, a surprisingly large number of newly-created spaces for the homeless are staying open or re-locating—put differently, the new physical distancing arrangements put in place during the pandemic appear to be having a remarkable amount of staying power. However, the state of this 'new normal' will vary by city—e.g., most emergency shelters in Calgary and Edmonton do not expect to be able to comply with a two-metre requirement. While the current situation varies across Canada, the following challenges remain in the sector as a whole: outdoor sleeping; shared bathrooms and other common areas (and the additional costs of cleaning associated with these areas), and increased homelessness resulting from the economic downturn. This report recommends that Canada's federal government permanently enhance funding support for both Reaching Home and the Canada Housing Benefit.

Executive Summary

Across Canada, officials in the homelessness sector have responded to the COVID-19 pandemic in different ways. Given the rapid pace at which events are currently unfolding and the lack of publicly available information about what is happening nationally, Calgary Homeless Foundation has commissioned the present report, which provides an overview of what is happening in the following cities: Toronto; Montreal; Vancouver; Calgary; Edmonton; Ottawa; Winnipeg; Quebec City; Hamilton; Regina; Saskatoon, and St. John's.

Across these cities, homelessness system-planning entities have partnered with health officials and others to respond to the COVID-19 pandemic—arguably this sector's greatest challenge since the Great Depression. Typically, local officials have done so largely by creating more physical distancing at existing shelters, opening new facilities, and creating facilities for both isolation and quarantine. Toronto and Vancouver are noteworthy, as both cities have secured large numbers of hotel rooms for persons experiencing homelessness.

Throughout this challenging time, many cities have continued to move persons directly from emergency shelters into permanent housing. There have also been important innovations across homeless-serving systems during the pandemic. These have included:

- Toronto's Quality Assurance Team, which now visits all local shelters to ensure proper physical distancing and good public health practices.
- Montreal's recent use of the old Royal Victoria Hospital as a "welcome centre," where staff place people into permanent housing.
- Vancouver's new Navigation Centre, which focuses on finding permanent housing for persons experiencing both serious health challenges and chronic homelessness.
- A new partnership between Calgary Homeless Foundation and the Calgary Drop-In Centre, which uses a hotel to transition people into permanent housing.
- Edmonton's use of a hotel where active housing work is done on site.

These are but some of the innovative practices adopted by Canada's major cities' homeless-serving sectors during the COVID-19 pandemic. They are elaborated upon in the body of the present report.

Networks of cooperation have generally improved during this crisis; this is especially true with health officials. It has been common, however, for local homelessness officials to express frustration with officials in nearby correctional facilities for discharging inmates without housing plans and without reaching out to homelessness officials to coordinate a transition into emergency shelter (Quebec City is an exception in this respect).

The Government of Canada has provided important financial support for the homelessness sector during the pandemic. The Government of Canada's COVID-19 Economic Response Plan, announced on March 18, includes an additional \$157.5 million in one-time funding for Reaching Home. This funding enhancement comes with much more flexibility than previous Reaching Home funding, a feature welcomed by local homelessness officials. Further, on September 21, the Government of Canada announced an additional \$236.7 million for Reaching Home, along with \$1 billion for modular housing, the acquisition of land, and the conversion of existing buildings into affordable housing. It is important to note, however, that all of these funding enhancements are one-shot deals. There has been no enhancement to *permanent* federal homelessness funding since the start of the pandemic.

Most cities reported there will almost unquestionably be a 'new normal' with respect to improved physical distancing. A surprisingly large number of new spaces

are staying open (or re-locating). Put differently, the new physical distancing arrangements put in place during the pandemic appear to be having a remarkable amount of staying power. However, the state of this 'new normal' will vary by city, and most emergency shelters in Calgary and Edmonton do not expect to be able to comply with the two-metre requirement.

While the current situation varies across Canada, the following challenges remain in the sector as a whole:

- Encampments (i.e., outdoor sleeping).
- The existence of shared bathrooms and other common areas (and the additional costs of cleaning associated with these areas).
- A dwindling workforce in the homeless-serving sector.
- Increased homelessness resulting from the economic downturn.

All of these challenges are elaborated upon in the body of the present report.

As policy recommendations, this report proposes:

1. A collective commitment to a new normal in Canada's homelessness sectors.

This includes stipulating and supporting a minimum of two metres between beds at emergency shelters.

2. A permanent enhancement to federal Reaching Home funding.

This could support local officials in holding the line on improved physical distancing. Such funding could also assist in transitioning more people from both emergency shelters and outdoor encampments into permanent housing. It could further help pay for increased cleaning costs and staffing needs.

3. An intergovernmental commitment to provide collaborative support across departments to support such an effort.

This must include working towards the development of plans to deal with future outbreaks at emergency shelters. It must also involve provincial correctional officials coordinating with local homelessness officials when discharging inmates without housing.

4. Enhanced support for the Canada Housing Benefit.

Central to the National Housing Strategy is the recent launch of the Canada Housing Benefit (CHB), providing financial assistance to help low-income households afford the rent. It is expected that half of this money will come from the federal government, and the other half from provinces and territories. The CHB was supposed to launch nationally on 1 April 2020; however, at the time of this writing, just five provinces (British Columbia, Nova Scotia, Ontario, Quebec and Saskatchewan) had formally agreed to terms regarding the CHB. The federal government could increase the value of this benefit, which could both prevent more homelessness and also encourage provinces and territories to sign on. For example, the federal government might offer 2/3 or 3/4 cost-sharing.

Introduction

Across Canada, system-planning organizations in the homelessness sector have been responding to the COVID-19 pandemic in different ways. Given the rapid pace at which events are unfolding and the lack of publicly-available information about what is happening nationally in the homelessness sectors, Calgary Homeless Foundation has commissioned the present analysis of what has been happening in the following 12 cities: Toronto; Montreal; Vancouver; Calgary; Edmonton; Ottawa; Winnipeg; Quebec City; Hamilton; Regina; Saskatoon, and St. John's.

The present report begins with a discussion of what each city has been doing with respect to the creation of increased physical distancing and isolation in its respective homeless-serving sector. It then discusses efforts in all cities to move persons experiencing absolute homelessness directly into permanent housing during the pandemic. This is followed by a discussion of the roles played by Community Advisory

Boards. The report then discusses cooperation across sectors and perceived successes in each city's homelessness sector. A discussion of the role of each order of government during the pandemic (as it relates to homelessness) is followed by a review of recent staffing challenges in the sector. The report then provides a review of outstanding challenges, followed by a brief consideration of policy recommendations.

Physical distancing and isolation

In most Canadian cities surveyed, various physical distancing measures have been put in place for persons experiencing homelessness. These measures include improvements at existing facilities, the addition of new buildings (typically repurposed), the separation of persons without symptoms from those who are symptomatic, and the isolation of persons who have tested positive. Each city's experience is now discussed in turn. It is important to emphasize that information presented in this report was current as of the most recent interview conducted in each city (see Appendix 1 for a list of dates of each interview). Recent developments in October and November—and in some cases September—are not captured in this report.

Toronto

Most of Toronto's previously-existing emergency shelters have reduced total bed space. Some reduced it significantly (e.g., some of the older ones with large congregate settings). With COVID, bunk beds are no longer allowed. Two metres are now required between beds in emergency shelters (the requirement used to be 0.75 metres). This new space requirement was imposed by the City of Toronto, which has issued a directive to its emergency shelters telling them to keep this physical distancing until they are told otherwise. The City also has a Quality Assurance Team that visits all shelters and measures distance between beds. The team has a check list re: Infection Prevention and Control (IPAC). It includes the monitoring of screening.

As of early September, approximately 30 new program locations were being operated, 20 of which are located in hotels. Some are in other types of centres—in some cases, community centres had initially been used before being 'handed back to community' in June. Most of these new locations are for persons who have been moved from shelters. Three or four of the locations are for people from encampments.

Approximately 3,500 people in total have been moved from the start of the pandemic, including 1,500 into permanent housing through a variety of housing programs. The others went into hotels. As of early-September, 2,300 persons had been moved from the singles shelter sector alone into hotels and other sites,

resulting in an approximately 50% reduction in the singles shelter sector.

With the closing of the Canada-US border, Toronto has seen a 1,000-person reduction in persons experiencing homelessness in hotels. With this reduction, City officials were able to reduce the number of spaces in their refugee program (i.e., hotel rooms, mostly for families). Many of those hotel rooms are now being used by other people in the shelter system.

Other measures introduced in Toronto have included: extended hours at some emergency shelters, which allows them to remain open during the day; a 200 room hotel designated for isolation (with medical staff and harm reduction, for persons waiting for test results); isolation space for persons who have travelled in the previous 14 days, and a recovery site for persons who have tested positive for COVID-19.

Health vulnerability plays a role in determining who moves where in Toronto's new configuration. Persons with vulnerable health tend to remain in place and receive healthcare services there. The Toronto shelter database system helps local officials make this determination. Individuals who can live more independently are being moved into new spaces, such as hotels.

More toilets and hand-washing stations are now being provided near encampments. The City of Toronto has also opened showering facilities for persons living outside. Also, two new programs have been opened specifically to move people from encampments into

shelter (and then maybe housing, where possible). Sometimes people are even moved directly from encampments into housing. For approximately the first month of the pandemic, the City also suspended its bylaws dealing with rough sleeping. However, that suspension has since been lifted.

There has been no loss of overall beds since the height of the first wave of the crisis. According to a well-placed official: *"We're planning to maintain them, as long as we get authority to spend money from City Council. We do not want to close them. There is no plan to close them."*

Montreal

In Montreal, provincial health officials have helped shelter officials with physical distancing. According to one key informant: *"They had space design experts. They physically went around in our shelter and made practical suggestions. They also gave us four options, as an architect would do. I was very impressed with how complete their analysis was."*

Increased physical distancing in existing shelters initially resulted in 300 beds being left empty. However, five temporary shelters initially opened, accounting for the opening of 450 new beds (making for a net addition of 150 beds in the early days of the pandemic). The new locations included the following: a local YWCA for women (which had been sitting empty); a gymnasium at a local YMCA; a former farmers' market; a community centre (with space for all genders, including some space just for women), and an arena. On the whole, there was a mix between people having their own rooms (including in some hotels) and people in congregate areas with decent physical space between them. However, in almost all of these cases, there was some sharing of bathrooms, and that has been a problem. Likewise, shower facilities have been lacking in a lot of these new facilities.

The method of prioritization for new physical spaces has varied across Montreal agencies. At one organization, persons with vulnerable health were identified, removed from their original locations, and taken to new locations (in that case, a new floor in the same building).

Other measures introduced in Montreal have included: one hotel for people who had been tested and are awaiting results; another for persons have tested negative; and an isolation site in an old hospital for people who have tested positive.

In the summer, the City of Montreal began closing temporary sites. In one case, a summer camp needed a community centre, and the City did not want to cancel the daycamp. Arenas were wanted back as well. The health emergency also expired, meaning the City of Montreal no longer had as much power to keep some facilities open.

Shelters have managed to reconfigure themselves to take back more than half of the people originally put into temporary spots. One shelter created more spaces (adding 35 spaces). A few other facilities did the same (i.e., adding some beds while also maintaining health-related protocols). Most of the major shelters were also able to create additional spaces.

A bioarchitect who used to work for Médecins du Monde (and who had experience working with the Ebola outbreak in Africa) and now works for the local health authority advised shelter officials on physical distancing. According to a key informant: *"He walked through some facilities with staff and gave us helpful advice."*

Regrettably, as of early September, Montreal had seen a net loss of approximately 300 shelter beds since the height of the first wave of the pandemic, and most of those beds were occupied. According to one well-placed official: *"That's partly why there's a new encampment [see below]. There was a net loss of beds. Many beds just shut down without a plan."* In one case, however, officials moved between 60-90 people from a hotel into a variety of locations (mostly to existing shelters).

Vancouver

New physical distancing guidelines at existing emergency shelters were made by Vancouver Coastal Health. They developed protocols for shelter operators and those protocols have since evolved. Every two weeks in the initial period, there was a phone call involving representatives from shelters, Vancouver

Coastal Health, BC Housing and the City of Vancouver to discuss the protocol. According to a well-placed official, the new physical distancing guidelines were quite general.

Two community centres with a total of 143 beds were initially being used to help create increased physical distancing, and attempts have been made to ‘thin out’ existing shelters. According to one key informant: *“In some of our shelters, we could create more space. In others, we couldn’t.”*

Occupancy in these new facilities happened via referral from Vancouver Coastal Health. At these community centres, there were health supports and safe supplies, as well as a health outreach team which can prescribe pharmaceutical-grade drugs (keeping in mind the current overdose crisis, which remains a major challenge in Vancouver). Both community centres had rooms for self-isolation (but not for COVID-19 positive individuals). Pets were allowed at both community centres.

These community centres targeted people residing in shelters with complex health concerns or people coming out of hospital who were asymptomatic. Initially, there were some challenges with respect to referrals, as some shelters were referring their most challenging clients (in terms of behaviour). However, BC Housing subsequently provided direction allowing better management once people got to community centres.

During the summer, the community centres closed, as they had to revert to their original functions. People were relocated to shelters and other housing.

Also during the summer, public health officials went into every shelter and helped staff identify ways to create more spaces within their sites (while still maintaining good physical distancing).

As of late August, there were a total of 8-9 hotels in Vancouver being leased by the Province for persons experiencing homelessness. Also as of late August, BC Housing was in negotiations with private hotel owners to discuss how long the leases would continue. The provincial government has also purchased two of these hotels. Some of the hotel rooms were for persons who were ordered to leave Oppenheimer Park and

surrounding areas in early May (approximately 300 people had been camping there and in the surrounding area).

A modular housing site has also opened with about 70 units.

As of late August, public officials were exploring other locations to shelter people in light of the above-mentioned closure of community centres. According to one well-placed official interviewed in late August, BC Housing officials are *“meeting twice a week with the City and Health to discuss new spaces. We can tell you we will have space. That’s as much as I can tell you on specific plans.”*

City officials have put together a proposal for the federal government and BC Housing to fund an SRO Revitalization Strategy to redevelop privately-owned SROs and convert them to social housing. This pertains to approximately 3,000 rooms—some would be redeveloped, while others would be renovated.

Calgary

Physical distancing happened at Calgary’s emergency shelters, though not in an ideal manner. There is just a one-metre requirement in emergency shelters throughout the province (an exception to the province-wide two-metre requirement). This exception for emergency shelters was granted due to space initially not being available in shelters. A two-metre requirement is in place at specific emergency shelters only during outbreaks (i.e., when there is one active case or more at the shelter in question). One key informant indicated that, when shelters suddenly have to reduce their capacity by 50% in such scenarios, they lose residents and do not know where they go. Another noted that the two-metre requirement entails the need both for more floor space and more staffing.

Alberta Health Services drafted specific guidelines for shelters; their staff were then invited to some shelters to provide further guidance. According to one well-placed source: *“Alberta Health Services Environmental Inspectors came and worked with us in very helpful ways, providing helpful suggestions on reconfigurations and how to serve meals.”*

Provincial officials also supported Calgary's largest emergency shelters to create overflow facilities. The Calgary Drop-In Centre initially used the Calgary TELUS Convention Centre for increased physical distancing, resulting in approximately 300 additional spaces. This closed in June, however, and it will not reopen. In its place, a hotel has been used on a transitional basis. Calgary Homeless Foundation (CHF), the System Planner for Calgary's Homeless-Serving System of Care, negotiated the lease and worked in partnership with the Calgary Drop-In Centre on this new initiative. According to a well-placed official, this hotel

was set up to ensure individuals with less complex needs would not necessarily have to go back to shelter. We set this up in response to the closure of the Telus Convention Centre... At the hotel, approximately 25% of the initial residents were identified as medically complex. Nursing staff supported these individuals and continue to work closely with them to ensure appropriate supports are in place before the individuals move into housing. The nursing team also takes the lead on COVID-19 screening for individuals residing at the hotel.

As of September 8, the program had served 144 individuals since June 1, 68 of whom had been transitioned into permanent housing. Persons expressing a strong willingness and ability to be housed were prioritized for placement into housing. Admittedly, there was a net loss in spaces when TELUS closed—it had space for 300 people, while the transitional hotel has space for just 80.

However, in addition to the 144 individuals housed, the Calgary Drop-In Centre has also housed several hundred people through its Go Big, Go Home campaign (funded by Calgary Homeless Foundation). According to a key informant with strong knowledge of the campaign, as of late September, 260 persons had been housed through this campaign since the start of the pandemic:

We partnered with CHF, who provided us with 'client flexible' and diversion funds. This provided short term financial assistance to help with move-in costs. We also had donated furniture. We'd put a call out to private landlords that was

very successful. About 33 of them were housed through CAA [Coordinated Access and Assessment—the triage system in Calgary's homelessness sector]. Almost everyone else was with private landlords. Financial support varied by each person's circumstance, and this financial support mostly one-time only (e.g., utility arrears, moving costs, damage deposit).

As of late September, the Calgary Drop-In Centre still had an overflow space that they lease from the City of Calgary. At one-metre distancing, it has capacity for 56 persons. Future provincial funding for this is uncertain.

Also as of late September, officials at the Calgary Drop-In Centre were still looking for additional overflow shelter space for up to 450 people.

Alpha House Calgary secured a hotel for increased physical distancing early during the pandemic, resulting in 59 additional spaces. This is transitional housing with a focus on high acuity clients (based on a formal assessment). As of late September, 101 unique individuals had been supported in that program, and 53 of them had been housed. Also as of late September, its status was month-to-month.

In addition, The Mustard Seed secured the use of the First Alliance Church for increased physical distancing through their faith-based connections, resulting in approximately 100 additional spaces. As of mid-September, this was still in place.

Shelter officials prioritized individuals who are less complex (i.e., more independent) when referring clients to their respective overflow facilities.

A 100-bed isolation facility was created with funding from the provincial Ministry of Community and Social Services. Additionally, the provincial Ministry of Health and specifically Alberta Health Services provided medical support funding toward this initiative, which one key informant described as "a great example of co-ministry collaboration." This can be accessed by persons who have symptoms, are awaiting results, have come in close contact with a COVID-19 positive individual, or who test positive for COVID-19 themselves. This is a hotel, secured with assistance from the City of Calgary. CHF organized the system response, which included bringing together community agencies for

collaboration (e.g., working with AHS, HomeSpace and The Alex). The Alex, a community health agency, has taken the lead on staffing, and program funding for the medical response has been provided by Alberta Health Services. CHF has been supplementing many of the costs (as of early May, CHF had provided an additional \$800,000 by using Reaching Home funding enhancements). According to a well-placed official interviewed in mid September, Alberta's provincial government was "reviewing options for this facility that might be more cost-effective. It's now on a month-to-month basis. In late October, they are looking to transition this facility into a more cost-effective option." It is important to emphasize that, as of mid September, Calgary's emergency shelters were still not able to maintain two metres of distance between beds.

Edmonton

In the initial days of the pandemic, officials from Alberta Health Services (AHS) inspected each of Edmonton's emergency shelter sites to ensure physical distancing compliance. New AHS Shelter Standards were also created during COVID (previous shelter standards in Alberta were very basic—e.g., health and safety, fire, cleaning, etc.). According to one key informant: "This was the first time AHS brought in their own shelter standards."

The 500,000 ft² Edmonton Expo Centre was initially used for day sleeping (but not as an overnight shelter), with about 100,000 ft² of it being used as an isolation centre for persons who were symptomatic, being tested or being treated. Another part of the Expo Centre was used as a day service area during the pandemic, as all drop-ins throughout the city were closed.

Three overnight shelters also opened in the spring. One had 60 beds, another 100 beds, and the third had 180 beds. Each site screened for symptoms, and staff could contact officials at the isolation shelter when there were concerns. Symptomatic people were referred there directly after a screening; depending on their condition, they could be transferred by EMS or a 24/7 outreach team.

Two of the above shelters were closed during the summer; as of early September, public officials were looking for other locations.

A church overflow space opened during the summer.

According to a well-placed official interviewed in early September: "We've probably lost approximately 100 beds since height of the pandemic's first wave. We have not been able to completely replace the lost spaces. We have seen a net loss of beds since April. Having said that, our current facilities are not completely full."

Most Edmonton shelters will not be able to maintain two metres of distance between persons for the foreseeable future. According to one key informant: "We can maintain one metre, but we're not at two metres and can't maintain two metres. We've not gotten to two metres in most Edmonton shelters."

Ottawa

A physical distancing site for up to 140 men from the emergency shelter system was opened in a community centre in the spring. City staff were redeployed to staff this centre and referrals came from the men's emergency shelter system with a focus on low-acuity men. During the summer months, this site transitioned from one community centre to another. The new site is smaller.

Up to 50 hotel rooms have been secured for single women in the singles emergency shelter system for physical distancing. On-site supports are being provided by Cornerstone Housing for Women with redeployed City staff. As of late August, this initiative was still in operation with no plans of closing.

Approximately 140 hotel rooms have been secured for physical distancing, primarily for the up to 450 families that are typically housed in hotels/motels. City officials have moved families and are prioritizing hotels/motels with full cooking facilities. One well-placed official noted: "Trying to secure a new hotel is not easy." The same official noted that hotel operators have been reluctant to take in people who have tested positive for COVID-19, and that many are reluctant to accommodate homeless singles at all.

A site for showers and washrooms will be opened in a recreation centre.

A 40-bed isolation site for singles was opened in partnership with Ottawa Inner City Health, which is operating and staffing the centre with the support of the singles shelter system (i.e., Ottawa Mission, Shepherds of Good Hope and the Salvation Army). In order to make this a success, the City of Ottawa procured a community recreation centre and supplies. According to a well-placed official: *"Rigorous screening and assessment was implemented in all of the singles emergency shelter system, with a mobile van available for COVID-19 testing and nurse consultation available 24/7."* As of late August, this site was still open and *"is staying opened."*

A 21-unit isolation space for families that tested COVID-19 positive has also been opened. The University of Ottawa provided a former student residence that had been used for storage until the pandemic. The building had to undergo physical upgrades in order to be used for residential accommodations (e.g., for fire safety); the building was also outfitted with furnishings and household amenities for stays of up to 14 days. In addition, a 28-unit hotel contract is being negotiated for additional capacity for both COVID-19 positive families and physical distancing in the family sector. As of late August, both of these family sites were still open and had no plans to close.

As of late August, another site was being prepared for residents of Residential Services Homes and provincial Homes for Special Care, a form of congregate supportive housing. This site will be for tenants who become symptomatic or are waiting for a test results. It has capacity for up to 70 beds. The site will only be operationalized as needed, with positive cases being moved to the isolation centre.

Winnipeg

In the early days of the pandemic, shelter staff were given a certain degree of discretion in figuring out their own physical distancing arrangements. A shelter working group was also formed., Chaired by End Homelessness Winnipeg, it included public health officials and representatives from several provincial departments. According to one key informant:

We were meeting daily at one time. The physical distancing efforts of shelter staff were supported through those working groups. We brainstormed about this on a daily basis at first [the group now meets monthly]. Shelters then shared their plans with each other (e.g., cleaning protocols). Shelters were sharing PPE with each other too.

Another well-placed official added: *"Local regional health authorities were on regular calls with shelter providers. They would have provided input [into physical distancing decisions]."*

In order to increase physical distancing in Winnipeg, a 30-bed winter shelter continued to operate until the end of June; it closed for most of the summer and is expected to re-open in November or December (funding notwithstanding). Additionally, a new pop-up shelter has opened to serve up to 20 individuals with mental health and disability issues in the city's North End.

Further, a low-barrier space that operates 24/7 was expanded from 80 beds to 190 beds by temporarily moving into a bigger space.

A 24-hour facility is also being created for approximately 120 persons. Staff are encouraging lower-acuity persons to relocate from existing shelters into this site.

A 39-unit isolation site was also created in an empty apartment building. It is for persons who have been swabbed and are awaiting test results, or who have tested positive.

In the youth sector, 60 youth experiencing homelessness were placed into a hotel (an initiative that benefited from federal Reaching Home funding), and 43 of them were permanently housed as of June 1. The Manitoba government funded this with the help of 20 units of Manitoba Housing stock.

As of early September, local officials expected increased spaces created during the pandemic to be maintained for the foreseeable future.

Quebec City

In Quebec City, physical distancing rules were brought in by provincial health officials and communicated at the regional level. According to one key informant: *“The rules weren’t terribly rigid. Rules weren’t super strict compared with other parts of Canada.”*

Across the city, 20 new spaces had been created for daytime use shortly before the pandemic. During the pandemic, nine additional overnight beds were created for persons with flu-like symptoms or other health problems. Spaces are offered on a first come, first served basis. A well-placed official noted: *“There’s not enough staffing to create more spaces than that.”* The same official noted that, over the past several years, there has been very low unemployment in Quebec City, making it especially challenging to secure staffing at emergency shelters and street outreach, even pre-pandemic.

Existing shelters in Quebec City have worked hard to improve physical distancing. Some shelters have limited new admissions, meaning that nightly occupancy at existing shelters has seen a small decrease since the start of the pandemic.

A women’s drop-in (for 10 persons) has extended its hours of operation from 14 hours per day to 23 hours per day, for the upcoming winter.

A 60-bed isolation centre has also been created for the pandemic. This is both for people experiencing absolute homelessness and for persons who are marginally-housed; it is for persons who have either tested positive for COVID-19, are waiting for test results or whose symptoms have given cause for concern. Persons are referred by agencies, based on symptoms. The isolation centre is operated by health authorities with harm reduction expertise, and clients can consume cannabis inside.

During the summer months, testing sites were opened downtown for vulnerable persons. According to a key informant: *“So now we have testing inside of shelters and at a day centre where people can come and take a nap, receive treatment, food, etc.”*

More outdoor washrooms and shower options were also created during the summer months, along with

more drinking water distribution—water bottles were purchased and disturbed to non-profit organizations, who in turn distributed them to persons experiencing homelessness.

As of late August, all physical distancing changes brought into Quebec City’s homelessness sector as a result of COVID-19 were expected to remain in place for the foreseeable future.

Hamilton

In Hamilton, physical distancing improvements took place at emergency shelters early in the pandemic. According to one key informant:

We used the whole Infection Prevention and Control (IPAC) approach with public health officials. Assessments happened with public health officials—these are our municipal public health officials. They worked in partnership with those providing shelter.

Approximately 150 hotel rooms have been secured in three hotels. Hotel rooms have been secured both for overflow (with a focus on people with health vulnerability) and for families where there is a member who has symptoms but not tested positive. City staff have arranged for food delivery to hotels. The City has also arranged staffing at hotels (initially, this included redeployed city staff; by end of summer, staffing was provided by community agencies). A referral process is in place where priority is given to persons with the fewest requirements for support (i.e., lower acuity). According to one well-placed official: *“We actually have more rooms than we have staff to support this.”*

Early in the pandemic, an ice hockey arena was converted into a 60-bed shelter (which then became a 75-bed shelter). This was deemed necessary when the requirement for physical distancing was increased at existing shelters. Public health officials helped City staff determine what physical distancing ought to look like in existing shelters. The three existing men’s shelters did some coordination in terms of who would go to this temporary shelter; there was a commitment to have mixed acuity levels.

All previously-existing emergency shelters in Hamilton have one to two rooms each where people can isolate while waiting for test results. This is for people who are

very high-acuity. High-acuity people can also be referred to hotels in the event that these extra rooms are proving inadequate.

In March, a recreation centre was converted into an isolation centre for people who had tested positive. Since such a facility is not ideal for families, families with a member testing positive can go to available social housing.

During the summer months, drop-in hours were extended for City-funded drop-ins, and outreach to encampments increased. According to a key informant interviewed in late August: *"We've transitioned the isolation centre to a non-profit, and that site has now moved. We're working on moving the downtown arena site."*

According to another well-placed source interviewed in early September:

We've created 20% extra capacity vis-à-vis traditional systems... Improved physical distancing will remain in place, one way or another...We expect shelters to look different in the future...We're now looking to find more cost-effective approaches to physical distancing. So now it's about making it less expensive, while maintaining the improved physical distancing.

Saskatoon

Physical distancing measures have been taken with Saskatoon's two existing shelters. One shelter created additional physical distancing by repurposing other existing space. This also resulted in fewer total spaces for that shelter. Officials with the other shelter reopened space they own at a different site. In this case, the shelter's net number of beds remained the same.

For the pandemic, an unspecified number of hotel rooms have been acquired in Saskatoon for persons who need isolation—specifically for persons experiencing homelessness who are waiting for test results. Case management and medical staff support are provided at the hotel.

According to a well-placed official interviewed in mid August: *"We believe [the above] improvements will*

continue to be in place. They'll stay like this for the foreseeable future."

The provincial Ministry of Social Services, through the Saskatoon Housing Authority, also designated 10 units in their low-income housing stock to house persons experiencing homelessness. These were for people after they have been in hotels; indeed, once people received a negative test result, they went from hotels into these transitional housing authority units. Sixty days later, some would go into permanent housing (however, some returned to shelter). As of late September, these 10 transitional units were no longer available to persons experiencing homelessness. According to one key informant interviewed at that time: *"We are working with the Saskatoon Housing Authority to secure a new group of transitional units."*

Regina

The Salvation Army originally closed its emergency shelter but has since reopened it with improved physical distancing (and reduced capacity). The shelter went from 12 emergency beds to four. As of early September, there were no plans to revert to the original physical distancing arrangement.

People who are symptomatic and/or COVID-19 positive (and who have no other safe place to stay) are referred by provincial officials to a hotel room for up to 14 days. The local Red Cross makes accommodation arrangements for these individuals, provides meals, and provides daily virtual wellness checks. The provincial government funds this initiative.

At the height of the first wave of the pandemic, the City of Regina also reopened its public washrooms at City Hall seven days a week in recognition of the lack of public washroom facilities downtown. These washrooms returned to regular hours in early June.

St. John's

The physical distancing context in St. John's is quite different than in other cities under consideration in the present report, as the city does not have a recent history of congregate shelters. Its emergency shelter system has primarily consisted of rooms in houses,

some with private bathrooms. In that respect, its emergency shelter system was relatively well-prepared for the pandemic—it had rather good physical distancing from the outset.

Having said that, at the start of the pandemic, non-profit shelters in St. John's started to reduce new intakes in cases where it could not be guaranteed that the person was symptom-free or had not travelled. Some non-profit shelters also forbade people from leaving the shelter or from moving around within the house in which they were living.

Individuals who were refused admission to non-profit shelters were referred to for-profit shelters (also rooms in houses). In other words, there has been increased use of for-profit shelters as a result of the pandemic. No additional shelter space was actually acquired in St. John's for the purpose of physical distancing.

Local officials have secured hotel rooms in the event that people staying in shelters test positive for COVID-19. Four of those hotel rooms are being paid for, even

as they sit vacant—another 11 are ready in the event that they are needed. Eastern Health (the local health authority) has committed some health-related resources in the event that any of these hotel rooms get used. Put differently, there will be nurses ready (as well as other medical supports available) as needed. Harm reduction will also be available for persons using the hotel rooms. According to a local homelessness official interviewed in mid August: *"We want to keep the designated hotel site until end of the current calendar year."*

During the summer, the provincial government announced they would start to fund a low-barrier congregate shelter, to open in September. This will consist of 30 beds at The Gathering Place. The intent is that this low-barrier shelter will replace some for-profit shelter spaces (i.e., rooms in houses). Many well-placed officials in St. John's homelessness sector consider this an ill-advised move in light of the current pandemic. According to a key informant interviewed in mid-August: *"Our current shelter system was well designed for pandemics. Now, we're moving backward."*

Pathways to permanent housing

Many cities have continued to provide permanent housing to persons experiencing absolute homelessness, much as they did before the pandemic. In some cases, new models have been developed for the pandemic.

Toronto

A considerable number of persons experiencing absolute homelessness in Toronto have been housed during the pandemic. This includes approximately 300 persons who have been housed from emergency shelters through ‘rapid housing.’ These individuals have been prioritized into vacant Toronto Community Housing units, and these units have been allocated through Toronto’s Coordinated Access system.

It has also included approximately 1,250 persons who have been housed with assistance from the Housing Allowance Program—housing workers in shelters access this fund to help people move into private-market housing. This initiative is funded with federal and provincial housing dollars; eligible tenants receive up to \$600/month in rent supplements until 2024.

According to a well-placed official: *“We are prioritizing clients who can live independently with low supports. Appropriate case management supports are being provided to help ensure successful long-term tenancies.”*

Montreal

In Montreal, a ‘welcome centre’ has been created in the old Royal Victoria Hospital. Staffed 24/7, it seeks to place people into permanent housing. This opened in mid July and will have a capacity of 140-150. The goal is for people stay for a limited amount of time and then, hopefully, get moved on to permanent housing. Some will require some additional financial support, and some will require staff support. This will be in place until at least March 2021.

In terms of flow into the ‘welcome centre,’ persons expressing a desire to go into housing are prioritized.

The Old Brewery Mission is operating the day services at this site, while the Welcome Hall Mission operates the night-time component.

Vancouver

The provision of permanent housing for persons experiencing absolute homelessness in Vancouver has continued as before the pandemic. According to a well-placed source: *“We have a pretty robust CAA [Coordinated Access and Assessment] table. That was happening before, and that continues to happen through the crisis. This has slowed a bit though.”*

Vancouver now has a Navigation Centre, being led by BC Housing and Vancouver Coastal Health. While this site offers emergency shelter, it has more staffing than a regular shelter to assist with housing searches. It focuses on finding permanent housing for persons with serious health challenges who are experiencing chronic homelessness. It focuses on high-need individuals (25-30+ on the Vulnerability Assessment Tool) and chronic homelessness experience. Individuals can stay up to 60 days at the centre; then, they must go somewhere else.

Calgary

In Calgary, moving people on to permanent housing via Coordinated Access and Assessment (CAA) has continued as before the pandemic; however, intake has slowed. CAA has also been moved to a virtual format (i.e., no in-person meetings). Additionally, there is an important new partnership between CHF and the Calgary Drop-In Centre whereby 83 rooms at a hotel are being used as transitional housing for up to 150 persons experiencing homelessness (in place from 1 June 2020 until 1 January 2021). Clients are being triaged into this transitional space and provided with 24/7 care at the hotel that includes a blended model of

health and social supports. Each person is then placed into appropriate housing and programming (mostly scattered-site housing). Some of the eligible tenants will be moved directly out of the Calgary Drop-In Centre; but most were moved directly out of the Calgary Drop-In Centre's aforementioned overflow facility, the Calgary TELUS Convention Centre. Once moved on to appropriate housing, program participants will have first and last month's rent paid, as well as furniture. An effort will also be made to expedite applications for income support (e.g., for Assured Income for the Severely Handicapped benefits). This initiative is being funded by CHF with approximately \$3 million from Reaching Home.¹

The hotel secured by Alpha House (discussed in this report's previous section) has a strong housing focus. According to a well-placed official: *"Every single person has a housing plan."*

As of mid September, 53 people had been housed through this initiative.

Additionally, some families are being moved from Calgary's only emergency shelter for families (Inn from the Cold) into units that had been identified by shelter officials before the pandemic; staff at Inn from the Cold have simply continued to refer families directly to those units (as they were doing before the pandemic). The provincial Ministry of Community and Social Services has been *"very hands-on"* with this initiative.

Edmonton

In Edmonton, a 98-unit hotel has been rented in its entirety, and very active housing work is being done on site. People can stay up to 21 days, and after that have to pay rent. To gain admission, they must go through the local CAA process. All residents must have a housing plan and must be actively searching for housing. This is a modified version of a model that had been developing before the pandemic. Edmonton's homeless-serving system of care continues to house persons through CAA. Across all housing programs,

135 people were housed in March, and 138 people in April. This is comparable to pre-pandemic levels.

Ottawa

Moves into permanent housing remain a priority in Ottawa's homeless-serving sector; however, progress on this front has been limited in light of current pandemic conditions. According to a well-placed source: *"There is little movement in the social housing portfolio, as many people are not moving on and choosing to pay market rent. The pandemic has only exacerbated this."* Many social housing landlords have not shown the limited available units recently, in light of both a lack of PPE and their attempts to adhere to physical-distancing requirements. Some Housing First staff have not been meeting with clients in person; however, services continue to be offered. City officials are monitoring units in the community housing portfolio and will be using the new provincial Canada-Ontario Housing benefit (portable housing allowance to move people into private market housing). The City is also actively pursuing hotel/motel leasing/acquisition in addition to exploring modular/container options.

Winnipeg

Twenty units of permanent housing are being provided to some of Winnipeg's youth experiencing homelessness, in partnership with Manitoba Housing. The housing and support model was already in place with a local non-profit (Resource Assistance for Youth) prior to the pandemic. It is anticipated that case management will accompany the units. For other age groups in the sector, case workers continue to house people as they were doing before the pandemic. Having said that, Housing First organizations and others have struggled with challenges posed by the pandemic and the lack of safe, affordable housing.

¹ It should be noted that the health aspect of this initiative is not being provided by Alberta Health Services (AHS), and that it is only thanks to the flexibility of federal Reaching Home funding that full supports are

being provided. A local official expressed that there is future opportunity for more collaboration with AHS.

Quebec City

Persons have not been moved out of Quebec City's emergency shelters directly into housing as part of the pandemic response. According to a well-placed official: *"We'd like to see the provincial government invest more in staffing support for people once they're housed. This is currently a gap in Quebec City."*

Hamilton

Early in the pandemic, moving people from emergency shelters directly into permanent housing was not a major policy response in Hamilton's homelessness sector. According to a City of Hamilton official interviewed in April, there is very little social housing available for singles right now, in part because there are several large projects being redeveloped (and are not available to take people in).

However, City officials have recently begun to leverage the recently-created Canada-Ontario Housing Benefit, an existing portable housing benefit created just before the pandemic (it officially took effect April 1). It supplements a person's social assistance benefits, helping them to secure a private unit. During the summer months, Hamilton officials had considerable success with this benefit. According to one well-placed official interviewed in late August, the

allocation of this benefit in the middle of the pandemic—which required people acquiring housing—has been great. Staff at non-profit organizations worked very hard on this. We got it all out the door in 6-8 weeks (about 200 of them).

Saskatoon

The provincial Ministry of Social Services has designated 10 units in their low-income housing stock to house persons experiencing homelessness. These are for people after they have been in hotels; indeed, once people test negative for COVID-19, they go from hotels into housing-authority units. Sixty days later, some will then go into permanent housing (however, some will likely go into shelter).

During the summer months, local officials used some of Saskatoon's Reaching Home enhancement dollars to help support people move from hotels into transitional housing and then to permanent housing. Additional case managers have been hired. As of mid August, 20 persons had received permanent housing through this approach—some through the Saskatoon Housing Authority and some via the private market.

There is also a local organization called STR8 UP that helps people in corrections. According to one key informant:

They knew there would be discharges into homelessness, and they helped with transitional housing...[T]hey got about \$75,000 to \$85,000 of Reaching Home funding to do this. Within six months, they were hoping to move 20-24 persons into transitional housing and then out into permanent housing. This was a brand new initiative. STR8 UP took the initiative with this. They would have helped all participants to get income assistance.

One recent success in Saskatoon pertains to a low-cost hotel in the community that had been housing hard-to-house and homeless persons for several years (well before the pandemic). It was shut down by the city's fire department in July. According to a well-placed official in the homelessness sector: *"In one day, we had to house 125 persons who had to leave the hotel. Some people had been there 5-7 years. About 80 were placed into permanent housing. Others went to a shelter or another hotel."*

Going forward, a hotel may be purchased for conversion into permanent housing with appropriate programming. According to a key informant interviewed in mid August:

We hope it will have multiple funders (all orders of government). We hope there will be operational dollars from the province. The hotel currently has between 150-175 rooms. A local non-profit has drafted the plan. So far, there have been no formal funding commitments for this project. This has been a major focus of the local homelessness sector...A specific hotel has been identified (it's the one that was closed). It was actually identified before the closure.

Regina

Regina's YWCA has secured some vacant apartments with a private landlord. It has moved some of its families experiencing homelessness into those apartments in order to improve physical distancing.

In addition, the Saskatchewan Housing Corporation announced that 10 of its vacant social housing units would be made available for persons who have to self-isolate but have no space place to do so. Through this process, the Saskatchewan Housing Corporation has also relaxed its application process (e.g., if someone is in arrears in one of their units, they can still become a tenant) conditional upon the tenant receiving

continued support from a community agency to help them remain housed.

St. John's

Homelessness officials in St. John's already had an initiative in place (called HomeConnect) that they have accelerated in light of the pandemic. This involves working with for-profit landlords to secure scattered-site rental units. Some of the units will have rent supplements, and all of them will have 'light touch' case management (i.e., monthly check-ins) provided by local community agencies.

Role played by Community Advisory Boards

Due to the time-sensitive nature of pandemic-related planning, federal Reaching Home funds earmarked for the crisis were expedited. Community Advisory Boards (CABs) have therefore not always played their typical roles in determining their use. Having said that, the roles of CABs have varied across Canada during the pandemic, and many CAB members have continued to play other important roles in homelessness planning, often outside their formal roles as CAB members.

Toronto

A City of Toronto official indicated that the Toronto CAB, as well as the Indigenous CAB, have been engaged in all homelessness pandemic planning. However, the CAB has not held formalized votes. According to the same official: *“Most of our engagement has been directly with providers.”*

Montreal

A well-placed official in Montreal noted: *“There’s not really a CAB here.”* The Community Entity for Reaching Home funding is the provincial Ministry of Health and Social Services. Federal Reaching Home funding therefore goes to the provincial Ministry of Health and Social Services, which decides what to do with the money.

Vancouver

Vancouver’s CAB still meets and makes decisions on Reaching Home funding (which has historically been a rather small amount of money compared with provincial funding from BC Housing). The March 2020 Reaching Home enhancement was provided just as Vancouver was transitioning to a new Community Entity.² The City of Vancouver has no formal connection with the CAB.

The Reaching Home enhanced funding helped set up the community centres discussed earlier in this report;

it also helped increase handwashing stations around Vancouver (especially in the Downtown East Side). It also helped with a peer support initiative that assisted with information sharing on COVID (e.g., where to get COVID-related assistance). It further helped with outdoor toilets.

Vancouver also has an Aboriginal CAB, but key informants interviewed for the present report did not know how active it had been during the pandemic.

Calgary

Calgary Homeless Foundation (CHF) is Calgary’s Community Entity for Reaching Home funding. CHF has gone to its regular CAB with proposals on how to use its Reaching Home enhancement and asked them for approval. Typically, there would have been more deliberation on how to use Reaching Home funds, but because of the pandemic, the process was fast-tracked. With respect to Calgary’s Indigenous CAB (the Aboriginal Standing Committee on Housing and Homelessness), CHF asked its Chair to take the lead on the Indigenous response in Calgary’s Homeless-Serving System of Care. The Chair of Calgary’s Indigenous CAB did just that, and then made recommendations to CHF (mostly for prevention strategies). CHF has moved forward on these recommendations and, as the Community Entity, facilitated the deployment of those payments.

During the pandemic, Calgary’s regular CAB met via email rather than in person. CHF was *“in constant*

² In the context of federal funding for homelessness in Canada, a Community Entity (CE) is a body that takes on the legal and financial

responsibilities associated with the funding for a specific community. The CE is also accountable for high-level service outcomes.

contact” with their regular CAB via email. Proposals were circulated via email, and voting/approvals took place via email as well. Calgary’s Indigenous CAB has met regularly throughout the pandemic via Microsoft Teams.

Edmonton

Edmonton’s homeless-serving sector does not use formal CAB language as much as some other Canadian cities; but they do have three bodies that provide the community engagement and oversight required by CABs. They are: the Project Review Committee; the Indigenous Advisory Council; and the Community Plan Committee. At the outset of the pandemic, Homeward Trust Edmonton’s Board of Directors delegated authority to their Administration (i.e., CEO and staff) to approve funding decisions more quickly than usual. The Administration has been briefing all three of these bodies about the decisions made throughout the pandemic. According to a well-placed official: *“The Administration continues to follow community priorities, and decisions considered to have greater risk and sector-wide implications are reviewed with stakeholders.”*

Ottawa

Ottawa’s CAB has been kept up to date on major happenings, and a list of Reaching Home funding allocations was vetted and approved by them prior to being officially communicated. In addition, representatives from the CAB were part of an allocation group (with other community partners) regarding funding from the provincial Social Services Relief Fund.

In late August, a well-placed official in Ottawa estimated that the local CAB had *“probably met two or three times in the past four months.”*

Winnipeg

End Homelessness Winnipeg has been coordinating with direct service providers and government to develop the local pandemic response plan, and to allocate resources based on urgent needs and filling gaps not served by other funding sources. The CAB

was notified of the additional Reaching Home funding when it was announced. The CAB was also provided with a list of the funding recommendations and final decisions from the Community Entity (End Homelessness Winnipeg) via a virtual meeting.

Quebec City

According to a source in Quebec City, CABs do not exist in the province of Quebec. Having said that, the Regroupement pour l’aide aux itinérants et itinérantes de Québec (RAIIQ) is a network of 40 organizations that partners with the City of Quebec and provincial ministries. Advice from RAIQ is taken very seriously by provincial officials when making funding decisions. RAIQ has been very active through the pandemic.

Hamilton

Hamilton’s CAB was not very involved with the creation of additional physical spaces discussed above. It is important to keep in mind that City of Hamilton officials started their planning well before any additional funding was secured, and that many CAB members were a part of these meetings while wearing other hats (so to speak).

Saskatoon

In Saskatoon, CAB members delegated decision-making to a smaller group that included both CAB co-chairs. In addition, individual members of the CAB are serving on the Saskatoon Inter-Agency Response to COVID-19 in various capacities, either as staff or leaders of their organization, or as individuals.

According to a well-placed official interviewed in mid August: *“We have consistently had CAB meetings every two weeks.”*

Regina

Regina’s CAB, which meets monthly, directed the city’s Reaching Home enhancement. Also, CAB members in their day jobs are involved in other types of coordination pertaining to the pandemic—some have been on regular calls with people from the local

homeless-serving sector, facilitated by City of Regina officials.

St. John's

The St. John's CAB has not been formally engaged a great deal with respect to the pandemic. However, local homelessness system planners do discuss

advocacy with them. According to one local homelessness official: *"It's been informal CAB engagement for the most part."* Having said that, CAB members, wearing other hats, have been extensively engaged in pandemic-related planning outside of the CAB. For example, CAB members sit on pandemic-related planning committees (including a housing and homelessness committee) and are very much engaged in discussions.

Cooperation across sectors

Cooperation from other sectors has varied across Canada and has generally improved with time. Interview respondents tended to speak positively about cooperation from health officials, but critically of the lack of cooperation from justice officials. It has been common through the pandemic for inmates to be released from corrections facilities without housing plans and without communication between justice officials and homelessness officials (with some exceptions).

Toronto

A Toronto official reports positive partnerships with both Toronto Public Health and the formal health care system. Further, a City-Community Response Table meets daily and includes representation from more than 30 agencies across Toronto. Daily phone calls have been held with the local health authority, and the City of Toronto has had constant contact with the Ministry of Municipal Affairs and Housing.

Another Toronto official noted that there have been very strong partnerships between the City of Toronto and provincial health officials, who have helped the City set up the aforementioned recovery site. The same official also praised the “*very strong partnership*” between the City of Toronto and Inner City Health Associates, the latter having helped with all of the mobile testing.

Having said this, a well-placed official noted that there was initially a lack of dialogue with several withdrawal management programs and organizations running crisis beds who closed their services, which had negative implications for Toronto’s homelessness sector. Further, people have been released from incarceration without housing, and not in a coordinated way.

Montreal

According to a senior homelessness official in Montreal, “*the provincial government controls purse strings and final decisions,*” and the provincial public health entity exerts considerable control over decisions related to pandemic preparedness, particularly with

regards to testing. Further, the City of Montreal has been perceived as being top-down in this planning—they seek input, but after coming up with ideas themselves. However, another well-placed source noted that, at the lower levels of both the provincial and city health care networks, there is good cooperation.

The source also noted: “*We’ve been getting tremendous cooperation from our police force. There’s been a massive improvement in Montreal in this regard in the past three years. Some officers are even handing out food and water to people experiencing homelessness.*” The same official stated that police have also reduced ticketing.

Vancouver

A well-placed official in Vancouver noted the following partners mobilized very quickly and dedicated resources: the provincial government; Vancouver Coastal Health; BC Housing; and income assistance officials. The same official noted: “*They were as nimble as government can be.*”

The same official also provided praise for BC’s Ministry of Children and Family Development (MCFD), which is responsible for child protection. Officials from that Ministry got quite involved in the relocation of Oppenheimer Park youth. When a youth (aged 16-20) was identified, MCFD staff would approach them to meet and get them connected to child protection services (and possibly connected back to their foster families). According to that official: “*It was the first time I’ve seen them get engaged like that. This was a positive.*”

Also, Vancouver Coastal Health has provided additional resources to help support persons in hotels (e.g.,

mental health and addictions support). They also set up harm reduction supports in the southern area of the city where the hotels are located; they set up a mobile trailer to support that. These additional supports were not expected; they were a very pleasant surprise to local homelessness officials. According to one key informant: “COVID seemed to nudge them into action.”

Calgary

A well-placed homelessness official in Calgary praised the City of Calgary for being very engaged from the outset. The official further noted: *“It has been energizing to see them this engaged with Calgary Homeless Foundation and with issues experienced by the homeless population.”* The same individual noted that City of Calgary staff worked diligently to advocate for the needs of the homeless-serving sector, including for operating dollars. The official further praised the provincial Ministry of Community and Social Services for also being *“very engaged from the outset.”*

However, the same official in Calgary expressed that there was a missed opportunity at the beginning of the pandemic with Alberta Health Services (AHS), stating:

AHS has always done an exceptional job at crisis response and acute care for the general population. However, at the beginning of the pandemic, some AHS decision-makers did not appear to understand the severity of the cognitive, mental health or behavioural challenges faced by some persons experiencing homelessness. For example, they did not initially understand how hard it was to get people in this population to self-isolate, and that a medical response should be paired with a social supports model to respond appropriately to this vulnerable population.

The official further noted that, with the support of Calgary's grassroots medical community, a lot of education has been done with the broader AHS medical community, which has in turn allowed for a better collaborative experience for all stakeholders. During the months of April and May, these same AHS decision-makers developed a deeper appreciation of the complexity of homelessness and of the challenges

encountered by persons experiencing homelessness when navigating Calgary's healthcare system.

One important response provided by AHS was the deployment of medical personnel to the Calgary Drop-In Centre to do a ‘health assessment blitz’ on 45-50 individuals. According to a local source: *“I hope AHS considers changes in the way they deliver healthcare to persons experiencing absolute homelessness. We need to see this kind of dedicated response continue even after this pandemic.”*

The official further noted that provincial justice authorities have not been engaged with the local homelessness sector to the same degree as Ministry of Community and Social Services authorities. Having said that, one key informant indicated that staff from correctional facilities do sometimes call shelter staff about inmates who are being discharged without housing.

Edmonton

A well-placed official in Edmonton's homelessness sector praised staff at Expo Centre, the City of Edmonton and several local non-profits for their cooperation early on in the pandemic.

The same official noted that the role of Alberta Health Services (AHS) with respect to persons experiencing absolute homelessness improved during the pandemic:

During COVID, AHS has played more of a role with homelessness than pre-COVID. This has been very important. They've provided advice and guidance, though have not provided the resources we would have hoped. They're now exposed to how complex the homelessness system is. I'm concerned about AHS's recent retraction though. They may be inclined to go back to doing their jobs the way they did pre-COVID. I don't want that to happen. They need someone from the top to direct them to stay at the table.

Finally, the official expressed concern about the corrections sector, noting:

There's been very little communication between justice officials and homelessness officials in Edmonton. We've heard about increases in the number of people being discharged into community without housing plans in other communities; and we cannot determine whether this has been happening in Edmonton, as we had had no formal discussions—just third-hand information.

Ottawa

City of Ottawa officials have worked closely with Ottawa Public Health officials, more so recently than at the start of the pandemic. Ottawa Public Health has been especially helpful during outbreaks.

There has also been significant local coordination and cooperation with community agencies, other community funders, and City departments through the establishment of a City-led Human Needs Taskforce. Additionally, the Ontario Municipal Social Services Association has provided significant leadership in convening Service Managers³ and Ontario government ministry representatives through weekly conference calls in the areas of social services, housing and children's services, providing information updates, opportunities for questions, the sharing of ideas/resources and discussions about emerging issues.

Having said that, a well-placed official in Ottawa indicated that the City's Housing Services Branch has not had conversations with provincial officials from either justice or child welfare. According to the official: *"Those folks haven't 'reached in' to us, and no one from corrections has talked to us about the release of people from correctional facilities."* The same official indicated that it would be desirable *"to see the identification of needs and plans from justice and child welfare. What are their plans, and what do they need?"*

³ In Ontario, a Service Manager is the entity responsible for delivering and administering social and affordable housing and homelessness

Winnipeg

Winnipeg officials spoke in relatively positive terms about cooperation received from health officials. Specifically, they noted that health officials have been engaged and flexible with respect to triaging, pathways, communications, the provision of personal protective equipment (PPE) and the expediting of matters. One official praised the development of a low-barrier testing site being opened in partnership between Aboriginal Health and Wellness, the Winnipeg Regional Health Authority, End Homelessness Winnipeg, and the Thunderbird House. This testing site is located in a part of the city where there are many people experiencing absolute homelessness.

However, one well-placed official offered the following nuance: *"We received great collaboration with the local health authority (Winnipeg Regional Health Authority). Yet, it was a long time before [provincial health officials] took on developing homeless-centered plans, despite the pandemic being a public health crisis."*

Winnipeg officials also noted that there has been no engagement from justice officials in the homelessness sector, with one Winnipeg official noting: *"Justice doesn't ever seem to be at the table, ever."* Another official (interviewed in late April) expressed frustration over PPE procurement early on in the pandemic, stating: *"PPE was a real disaster. It wasn't clear which authority was in charge of this? Was it Winnipeg Regional Health Authority? Was it Shared Health? Was it Manitoba Health itself? We couldn't figure out which supply chain to use."*

Quebec City

A key informant with strong knowledge of homelessness in Quebec City noted that cooperation across sectors, including communication, has been fairly good through the pandemic. The official noted: *"There's good cooperation with the Ministry of Health. But we do feel we have to sometimes remind health officials about the unique situations of persons experiencing homelessness; we have to constantly remind them of that perspective."*

prevention services in a specific community. The Service Manager for Ottawa is the City of Ottawa.

The same official stated that cooperation between homelessness officials and corrections officials has also been very good: *"We are well coordinated with provincial correctional facilities. We therefore knew at a regional level when people were being released from corrections without housing. So we coordinated."*

Hamilton

Officials in Hamilton spoke in positive terms about cooperation with both health and child welfare officials. Health officials who work at local hospitals helped City officials plan for space, noting that hospital officials have been looking for hotel rooms and calling City staff to ensure they are not in direct competition for the same space. However, Hamilton officials also indicated that there is room for improvement in terms of cooperation with corrections officials. Detention centres, for example, have released individuals without coordinating with municipal officials responsible for homelessness responses. One official noted: *"Municipal staff weren't getting advance notice or numbers."⁴*

Saskatoon

One homelessness official in Saskatoon noted: *"There are representatives from each relevant provincial ministry on the inter-agency response group. They attend the calls. That's important."* According to another well-placed official in Saskatoon: *"We have seen a lot of support and cooperation from health at all levels. We have a good relationship with our local income assistance office and their managers."*

However, the same official expressed frustration with respect to the fragmented approach taken by various provincial ministries, noting: *"They all are offering different levels of support and in a siloed way."* As an example, the official noted: *"The Ministry of Justice has been pretty absent from the work we are doing despite many concerns being raised with people who are being released [from corrections facilities] during the pandemic without proper support plans."* Another official

highlighted a lack of cooperation from the Ministry of Community and Social Services, noting: *"They initially closed their income assistance office, and this created problems for the rest of the sector."*

Regina

Local officials indicated that the Saskatchewan Health Authority has been *"very good"* through the pandemic, and *"very collaborative with the homelessness sector."* In terms of the justice sector, the John Howard Society has worked with Regina Housing Authority to open six additional units, so some newly-released inmates are going directly into housing. Saskatchewan's Minister of Social Services is very engaged personally. For the more recent phase of the pandemic, he has been on weekly calls with Regina officials that focus exclusively on homelessness in Regina in light of the pandemic. According to a local official: *"The Minister is personally engaged on these calls, and he's very sincere."* However, the same local official noted that matters are very fragmented at the provincial level in Saskatchewan when it comes to the pandemic and homelessness: *"From what we can tell, officials from different provincial ministries are not talking to each other. Provincial ministries don't seem coordinated as a group. They seem disjointed."*

St. John's

Homelessness officials in St. John's noted that provincial officials from health, child welfare and justice participated in pandemic-related planning committees with community members. According to a well-placed official, relationships between local homelessness officials and officials from the regional health authority have seen significant improvement during the pandemic. However, according to the same official, corrections officials *"did not engage at all"* with End Homelessness St. John's (EHSJ), the local system-planning organization, regarding the release of inmates. Moreover, there has been *"no engagement"* from provincial child welfare officials with EHSJ.

⁴ The same official noted: *"Some of this is structural. In Ontario, when a judge rules that an inmate can be released, the detention centre doesn't have the power to hold the person."*

Major successes

All officials interviewed for this report provided examples of successes that have occurred in the homelessness sector through the pandemic. Most examples had to do with newly-strengthened partnerships. However, this has varied by city.

Toronto

An official in Toronto's homelessness sector praised hospital officials, noting: *"The hospital sector has really stood up. They kept people in who were positive but asymptomatic until we had the COVID-19 Recovery Site opened."* The same official also noted that hospitals also kept people who were waiting for test results.

Toronto's Quality Assurance Team, discussed earlier in the present report, was also praised. This consists of six City of Toronto staff that have a roughly 10-point check list. This team has previously been monitoring shelter standards; now, their function has refocused onto validating physical distancing and infection prevention methods.

One Toronto interviewee praised the role of Inner City Health Associates, a group consisting mostly of physicians. They have led the testing at the recovery program (which is connected to the shelters). They also developed the model for the recovery site. They coordinate all referrals to the recovery program from hospitals. They also provide on-site health support at shelters.

Montreal

An official in Montreal praised the fact that the homeless-serving sector in the city has also demonstrated that it can move quickly (e.g., opening spaces). Rapid action on the part of City of Montreal officials was also cited as being a success, with one key informant noting that *"they were very helpful in helping us to find new spaces for physical distancing."*

According to one source: *"Inside of three weeks, we opened five new temporary spaces, and we did this without much conflict or delay. In fact, some players were probably making decisions too quickly, and in a way, that was refreshing to see."*

Key informants have also praised the manner in which local non-profits collaborated with health officials to launch the 'welcome centre,' citing that cooperation as a major success.

One well-placed official in Montreal stated:

We now have COVID experience. We're much better prepared for a second wave than we were for a first wave. We have well-developed protocols. We've created distancing. We know the max number of people we can have in each facility.

Vancouver

One official praised the role of partnership with local public health officials, noting: *"They've really knocked it out of the park. They've made excellent presentations on utilization of PPE gear. They've done great education on the virus and screening."*

Speaking about partnerships between the City of Vancouver, Vancouver Coastal Health and BC Housing, one key informant noted:

We all had to adapt and find new ways of doing things quickly. We all had to become more flexible, nimble in terms of responding. We've also faced greater insight into each other's organizations; we [now] understand better what constraints they face. At our end, we've learned

more about how each entity works—who specifically needs to give the go-ahead on matters, for example.

Another well-placed official, speaking in late August, noted: *“It doesn’t feel as panicky and as scary as it did six months ago. We know more about the virus now too.”*

Calgary

According to a local official in Calgary, the provincial Minister of Community and Social Services has gained a deeper appreciation of the role played by Community-Based Organizations (CBOs)—such as Calgary Homeless Foundation, Homeward Trust in Edmonton, etc.—in facilitating and strategizing multiple stakeholders in each respective city across the province. According to the same official: *“Without the expertise of CBOs being leveraged across the province, the ability and capacity to manage multiple stakeholders [e.g., city officials, AHS, community partners] to organize and project-manage the response to serve the homeless population may have been a challenging experience to navigate.”*

Edmonton

A well-placed official in Edmonton noted that people experiencing homelessness continue to be housed, almost on the same scale as before the pandemic. The same official, interviewed in early September, noted; *“In the past 6 months, there’d been some months when they’ve housed 140 people.”*

Ottawa

A well-placed official in Ottawa praised the establishment of a Human Needs Task Force. Chaired by the City, its membership includes staff from various community agencies and other City departments. This body undertakes strategic planning and implements

initiatives to meet the needs of at-risk people and communities during the pandemic; its focus is on outreach, food security, isolated seniors (e.g., wellness checks), shelter and temporary housing options. The Task Force feeds into the Emergency Operations Centre. The same official also praised their local public health unit, along with the existence of healthcare providers (especially Ottawa Inner City Health) in the emergency shelter system.

Winnipeg

A local official praised the provincial government’s lack of resistance on several initiatives, noting that the provincial government approved a community proposal for the aforementioned isolation site without any required changes. The same official noted that, with the increased physical distancing (there are now at least six feet of space between persons at all Winnipeg facilities) many rough sleepers have been more keen to come inside.

Key informants also noted that one of Winnipeg’s major successes through this crisis has been a transportation network that is moving people around. It initially consisted of a van run by the local Salvation Army. Persons experiencing homelessness who test positive for COVID-19 (or who seem symptomatic) got moved by this van.⁵

Quebec City

An official in Quebec City spoke highly of the mobilization and collaboration that has happened during the crisis, noting the strong collaboration with City of Quebec, RAIQ (discussed above), the provincial Ministry of Health and local police. The official praised cooperation received from both the provincial Ministry of Health and City of Quebec in setting up the isolation centre (also discussed above).

⁵ This resource ended in June, and the sector is now relying on transportation through the local health authority’s contract with a taxi company.

Hamilton

Hamilton has the Shelter Health Network, consisting of physicians, nurse practitioners and nurses working in the shelters. They are much like a Family Health Team with an alternative payment plan. They know harm reduction very well and can prescribe accordingly. They have handled all of the testing of persons experiencing homelessness in Hamilton. The testers have been going to people in homeless facilities so that people do not have to go to distinct sites. According to one official: *"They've been able to get 'hospital speed testing' [4-8 hrs] rather than assessment centre testing [4-5 days]. They also work in tandem with peer volunteers, which provides them with a great lens."*

Further, the company that manages the aforementioned hockey rink *"has been excellent,"* according to a City of Hamilton official. He noted: *"They see it as a way to keep some of their staff working and they have been very solution-focused."*

One well-placed official in Hamilton also noted that local officials managed to open an isolation centre in a few days, and a temporary shelter in just a week.

Saskatoon

An official in Saskatoon stated: *"Getting the testing centre open in our core community was a huge win and motivated the movement on the staffing in the hotels that we have."* Another noted: *"People experiencing absolute*

homelessness are now getting more attention in policy discussions."

Regina

In Regina, the City has been facilitating conversations related to homelessness and COVID-19, and such city-wide homelessness conversations were not happening before COVID-19. A local official in Regina praised the regular dialogue on homelessness as *"a new thing."* The official continued: *"The local homelessness sector has become more cohesive and deliberative through this process. When this is over, I hope we can continue to meet at least monthly."*

St. John's

Two main successes were highlighted by officials in St. John's. First, the emergency shelter model, which consists of rooms in houses, has been quite good for physical distancing. As a result, local officials did not have to create additional space to meet physical distancing requirements. Second, very good procedures related to homelessness and the pandemic have been developed with the Downtown Health Care Collaborative. This consists of seven physicians, as well as RNs and community health professionals. Previously, members of End Homelessness St. John's (the local homelessness system-planning organization) did not engage much with them; now, their relationship is stronger.

Support from each order of government

Research participants consistently noted that the federal government is playing a role as a funder, but not as a planner. Indeed, the Government of Canada's COVID-19 Economic Response Plan, announced on March 18, includes an additional \$157.5 million in one-time funding for Reaching Home. This funding enhancement comes with much more flexibility than previous Reaching Home funding.⁶ On September 21, the Government of Canada announced an additional \$236.7 million for Reaching Home, along with \$1 billion for modular housing, the acquisition of land, and the conversion of existing buildings into affordable housing. Reaching Home figures provided in the subsections below include a detailing of each city's share of the March 18 funding enhancement, but not of the September 21 funding enhancement. The specific dollar amounts of pandemic-related homelessness funding enhancements from provincial and municipal governments were typically not known by local officials at the time of writing.

Toronto

The City of Toronto has received a Reaching Home enhancement of \$22.2 million.

The City of Toronto has also received large sums of money as part of the Ontario provincial government's Social Services Relief Fund. As part of this, the City of Toronto received a \$39.2 million enhancement to the Community Homelessness Prevention Initiative (CHPI)⁷ in the spring. And then in mid August, the provincial government announced another large sum of money as part of a larger bailout for municipalities; the city's mid August CHPI installment from this decision amounted to \$118 million. This fund is mostly for homelessness. Communities have some flexibility in how they deal with it. In Toronto, this funding is being used almost exclusively for persons experiencing absolute homelessness. It can be used for capital, but it is one-time funding ending 31 March 2021.

It is not known how much additional own-source funding has been provided by the City of Toronto; having said that, their officials are leading the response on the ground.

Montreal

Montreal was initially allocated \$7 million from Quebec's \$21 million Reaching Home funding enhancement (announced in March). Montreal officials complained about this being insufficient in light of the city's homelessness needs, and this resulted in Montreal getting an additional \$3 million.

The provincial government has stated it will cover the costs of new spaces; it may use Reaching Home funding to pay for this.

The City of Montreal's declaration of a state of emergency made it easier to open new spaces initially, with the city's Mayor saying that the homeless population is her biggest priority.

⁶ These flexible measures are outlined here:

<https://www.canada.ca/en/employment-social-development/programs/homelessness/directives.html>

⁷ More on CHPI can be found here:

<http://www.mah.gov.on.ca/AssetFactory.aspx?did=15972>

Vancouver

Vancouver's Reaching Home enhancement was approximately \$10 million (i.e., for Metro Region, comprising 21 municipalities). This does not include the funding enhancement for the Indigenous stream.

The provincial funding contribution toward pandemic-related homelessness planning has not been estimated, but it is significant—indeed, the provincial government has leased thousands of hotel rooms across the province. Provincial officials have been active in the pandemic planning process across Vancouver as it relates to homelessness. BC Housing in particular is very involved, having led the acquisition of recreation centres and hotels.

The City of Vancouver has dedicated a significant number of staff towards these efforts, including the setting up and resourcing of the recreation centres; there has been some municipal funding as well.

Calgary

Early in the pandemic, Calgary received a Reaching Home funding enhancement of \$13 million (including additional funding for their Indigenous stream). In response to a subsequent call for additional Reaching Home funds, Calgary received another \$3.2 million.

On August 5, Alberta's provincial government announced \$48 million for shelters and community organizations—an extension of the \$25 million announced in March to help with homelessness during the pandemic.

The City of Calgary's Affordable Housing branch has been particularly helpful to the homelessness sector; City officials helped identify sites for overflow spaces, for example. A local official noted: *"The City of Calgary has been more attentive to the homelessness file than before."* There has been no formal quantification of additional municipal funding related to the pandemic and homelessness in Calgary. During the summer, the City provided \$660,000 (from the Federation of Canadian Municipalities) for Calgary Homeless Foundation to administer; this funding was used to extend the aforementioned transitional space (for

people who have finished isolating) until the end of March 2021.

Edmonton

Edmonton's Reaching Home enhancement amounted to \$6.4 million + \$1.1 million for the Indigenous stream. This has been used for the aforementioned hotel and other initiatives to be announced, including isolation kits (e.g., food for people in housing) and increased rapid rehousing.

The provincial government has provided \$4 million for the Expo Centre and has also funded new shelter sites (though the total cost of those initiatives has not been quantified). Provincial officials are engaged at various planning tables related to homelessness and the pandemic—the Ministry of Community and Social Services has been especially engaged, more so than other provincial departments.

The City of Edmonton has been incurring considerable expenses associated with Expo Centre, including for security and transit support.

Ottawa

The City of Ottawa has received three installments of Reaching Home funding since the start of the pandemic. First, it received a \$1.65 million funding enhancement for 2019-2020. It then received \$4.8 million for 2020-2021 for extraordinary expenses related to COVID-19. More recently, the City of Ottawa responded to an additional call for Reaching Home funding and received approximately \$1 million as a result.

During the spring, the City of Ottawa also received an additional \$13.2 million in provincial dollars from the Social Services Relief Fund through the Community Homelessness Prevention Initiative (CHPI); this will help pay for physical distancing and isolation centres, hotels, and support social services agencies (including housing and homelessness service agencies) with expenses incurred responding to COVID-19 (e.g., additional staffing, security, enhanced cleaning, transportation, food security, IT needs, etc.). In August, the City of Ottawa received an additional \$17.8 million

from this same funding source. Speaking about this second announcement, a well-placed official stated: *"It's mostly for homelessness, but it can be used more broadly in the community sector (e.g., food security, mental health)."*

While the City of Ottawa did not provide additional, own-source funding, City staff have undertaken coordination and planning in collaboration with community partners.

Winnipeg

In Winnipeg, \$2.9 million in enhanced Reaching Home funding has been provided.

The provincial government initially provided \$1.2 million to the city's isolation centre and expansion of spaces discussed above. In late September, the provincial government announced an additional \$1.5 million to maintain this support until 31 March 2021.

Both Provincial and City officials are involved with Winnipeg's COVID-19 response planning process. There was no expectation of new funding from the City of Winnipeg, but municipal staff have participated in phone calls (and therefore can be said to be providing in-kind support). One local official noted that municipal staff have been helpful, stating: *"They've helped get cots to the shelters, by accessing the federal emergency stockpile. They got city staff to help set it up too."* Another local official noted that the City deployed social work/crisis response staff to help manage day-time drop-in spaces, and that the City has expedited occupancy at newly-established sites.

Quebec City

An official in Quebec City expressed concern about the Reaching Home funding enhancement, noting that it went through a slow administrative process in Quebec and that even well-placed local officials did not know for several months where or how that funding would flow.

The provincial health ministry has been covering most of the costs associated with the isolation centre, with the City of Quebec paying for its security. The City of Quebec has also played a role with respect to food

security (which helps with shelters). Further, the City of Quebec has provided resources for hand washing.

Hamilton

In Hamilton, the Reaching Home funding enhancement was \$2.2 million.

Hamilton's share of the provincial Social Services Relief Fund, delivered as a CHPI funding enhancement, was of \$6.8 million for Phase 1 (during the spring) and \$11.3 million for Phase 2.

The City of Hamilton is providing extra, own-source funding to pay for staff. Municipal officials have been doing almost all of the local planning, with the City's Emergency Operations Centre having to approve all major decisions.

Saskatoon

Saskatoon has received \$1.5 million in enhanced Reaching Home funding.

Meanwhile, the provincial government announced \$171,000 for emergency shelters in Saskatoon. Provincial officials have also participated in a lot of planning phone calls pertaining to the pandemic and homelessness.

One official described the local municipal government as being very supportive, adding: *"They are part of the collaborative response."* The same official noted that Saskatoon's Mayor has been on some important phone calls during which time he has advocated for additional provincial resources for the local homelessness sector. The municipality has also had staff on several planning calls; some of these staff have helped reallocate some funding streams for the COVID-19 response.

Regina

Regina received a \$1.14 million Reaching Home funding enhancement.

Saskatchewan's Ministry of Social Services announced \$171,000 for supplies for shelters. The same Ministry is also paying for the hotel rooms discussed earlier. In a

planning capacity, provincial officials have been very engaged in ways discussed above.

The City of Regina has been procuring PPE and supplies for non-profits (this will be further discussed later in the present report). City officials have also been very engaged in planning. Finally, City staff have been using their role to ask tough questions to provincial officials (i.e., to advocate) on behalf of community agencies.

St. John's

St. John's received \$979,034 from the March 2020 enhancement to federal Reaching Home funding.

Provincial officials in St. John's have been *"very engaged"* in pandemic-related planning. The extent of increased provincial spending was not known by local homelessness officials, but it is expected that there has been extra provincial spending in light of the aforementioned increased use of for-profit shelters.

Municipal officials have not been very engaged in local homelessness planning, largely because homelessness in St. John's has historically come under the purview of the provincial government. Having said that, one local official noted: *"We do see a role for the City of St. John's for post-pandemic and/or long-term planning and they've already been working with us on that."*

Staffing

There are staffing-related challenges in the homelessness sectors in all cities discussed in this report. The designation of staff as essential workers has varied, as has access to both personal protective equipment (PPE) and additional remuneration.

Being deemed essential

Toronto

The Ontario government has deemed social services related to homelessness as “essential.” For Toronto, this means some shelter workers have the option to work from home when recommended by Toronto Public Health as part of outbreak management.⁸

Montreal

Front-line services in Montreal’s homeless-serving sector have been designated as “essential services.” This declaration was made by the provincial Ministry of Health. It meant that, during the confinement period, the services they deliver needed to be provided and the staff had to report to work.

Vancouver

Front-line staff in Vancouver’s homeless-serving sector have been declared essential by BC’s provincial government. The City of Vancouver has also made a similar designation. In the former case, it means additional funding for organizations funded by BC Housing, as well as front-line staff getting more access to PPE and PPE training. In the latter case, it means additional PPE and training for front-line staff; it also means front-line staff are spared/deferred from impending city layoffs.

Calgary

Front-line staff in Calgary’s homelessness sector were deemed essential by the Government of Alberta. The main implication was that front-line staff were able to go to work. According to a well-placed official: “*The deployment is at the discretion of agencies, with an expectation to provide 24/7 support to the best of their abilities in all permanent supportive housing buildings.*” The same key informant, interviewed in mid September, noted that “*burnout, distress and challenges do remain. These are some of the lowest-paid workers in the sector.*”

Edmonton

Senior officials at front-line agencies have the discretion to determine their level of community delivery, with some agencies supporting work-from-home-only policies.

Ottawa

The Ontario government deemed shelters an essential workplace or service—this applies to non-profit agencies that support the provision of food, shelter, safety, and/or social services and other necessities of life to economically-disadvantaged and other vulnerable groups. This means there is some flexibility in allowing staff at such organizations to go to work, rather than requiring them to remain at home. A similar declaration was not made at the municipal level in Ottawa. According to a well-placed official

⁸ More information on this provision is available here:

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-covid-19-work-self-isolation.pdf?la=en>

interviewed in mid-September: *“Much of the City’s workforce was instructed to work from home and that continues to be the message. However, staff that were employed in front-line delivery of services that were employed by the City (shelters, Long-Term Care etc.) continued to come into the workplace. They are deemed essential services.”*

Winnipeg

In Winnipeg, homeless-serving agencies were essentially deemed essential. According to one well-placed official, *“at that early stage it meant they were allowed to stay open and operate and serve their clients.”*

Quebec City

In Quebec City, homelessness services have been identified by the provincial government as being *“priority.”* At the regional level, shelters and outreach services have been targeted specifically by the regional division of the provincial Ministry of Health and Social Services. Additional resources (e.g., childcare spaces) were originally provided for staff providing services in the homelessness sector.

Hamilton

The Ontario government has deemed social services related to homelessness as *“essential.”* In Hamilton, it was initially unclear what this meant with respect to

staff in the local homelessness sector. Thus far, the City of Hamilton has interpreted staff in their homeless-serving sector as essential, and this allows staff in the sector to congregate in larger numbers and travel with more flexibility.

Saskatoon

Agencies providing support to homeless populations have been deemed essential by the provincial government. This means they have the capacity to go to work and are not forced to work from home. It also means they have preferred access to PPE. One local official noted: *“Our front-line case managers get access to PPE from the local health authority. This has been very helpful.”*

Regina

Agencies providing support to persons experiencing homelessness have been deemed essential by Saskatchewan’s provincial government. As is the case with Saskatoon, this means they have the capacity to go to work and are not forced to work from home. It also means preferred access to PPE.

St. John’s

At the time of this writing, staff in St. John’s homeless-serving sector had not been deemed essential by any formal regulatory body or by any order of government.

Additional pay

Toronto

Early in the pandemic, the City of Toronto directed a \$2/hr wage increase to staff working for non-profits in the homeless-serving sector, but not for City employees. More recently, the provincial government enacted a wage increase that includes staff working in shelters. This will enhance the previous announcement from the City; however, it is not clear how exactly this

funding will flow. The provincial announcement will translate into a further \$4/hr, as well as a monthly top-up (depending on total hours).⁹

Montreal

Several of the larger service providers in Montreal’s homelessness sector announced a \$3/hr COVID-19 bonus payment for front-line employees for the period

9 More details on the provincial program are available here:

<https://www.toronto.ca/wp-content/uploads/2020/07/8edd-Temporary-Pandemic-Pay-QAs-General.pdf>

covering March 15 to June 30. These service providers expect that the provincial government will cover this cost.

Vancouver

On April 27, BC Housing announced a pay premium of up to \$5/hr for staff across the province doing front-line work with persons experiencing homelessness. BC COVID-19 Temporary Pandemic Pay provides premiums for *“employees that delivered in-person, front-line care in health, social services and corrections during the 16-week period of March 15 to July 4, 2020.”* It is targeted to staff currently making under \$26/hr, and is intended to bring those staff up to (but not over) \$26/hr. All non-profit organizations in the province that have operating agreements with BC Housing are eligible for the premium. It applies to staff in the following sectors: shelters; supportive housing; homeless outreach; and transition houses.¹⁰

Calgary

Calgary Homeless Foundation provided a 10% premium on staffing budgets for agencies they fund, covering 1 April 2020 to 30 June 2020. Emergency shelters in Calgary are funded directly by the Government of Alberta and did not receive additional funding for staff remuneration; however, several non-profit organizations running shelters in Calgary were successful in applying for the Canada Emergency Wage Subsidy.

Edmonton

In Edmonton, staff delivering direct services to persons experiencing homelessness will be given additional pay. The staff in question must be directly interacting with clients. According to a well-placed official: *“Contract amounts can be exceeded by a total of 10%, with agencies determining individual levels or essential service premiums, as team structures vary.”*

Ottawa

In Ottawa, several community agencies in the homelessness sector have used additional money from both Reaching Home and CHPI to pay staff (a measure not formally endorsed by the City of Ottawa). The Province of Ontario also rolled out a temporary pandemic pay program. On 25 April 2020, they announced the COVID-19: Temporary Pandemic Pay initiative, aimed at helping front-line staff who are experiencing severe challenges and are at heightened risk during the COVID-19 outbreak. The Temporary Pandemic Pay will provide an additional \$4/hr. for eligible front-line workers, effective for 16 weeks from April 24, 2020 to August 13, 2020. Eligible workers who work at least 100 hours in a designated 4-week period will also receive an additional lump sum payment of \$250 per 4-week period, for a possible total of \$1,000 over the 16-week period. The City of Ottawa administered the Pandemic Pay Program, both for its own internal staff that qualify for it and for eligible staff working at external agencies.

Winnipeg

In Winnipeg, staff in the homeless-serving sector have not been offered additional pay per se. However, some agencies decided to do this on their own. The provincial government also implemented a ‘hazard pay’ program, which was a one-time payment for which sector staff were eligible.¹¹

Quebec City

It was agreed that bonuses could be granted to front-line workers through Reaching Home funding. If senior leadership of non-profits request it, they will be able to obtain a bonus of 4%. Some non-profit organizations in the homelessness sector have already requested this. These bonuses will be offered until 31 March 2021.

¹⁰ More information is available here:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-recovery/covid-19-provincial-support/temporary-pandemic-pay>

¹¹ Information on this initiative can be found here:

<https://www.gov.mb.ca/covid19/restartmb/mrrp.html#:~:text=Frequency%20Asked%20Questions-,Program%20Overview,of%20the%20COVID%2D19%20pandemic>

Hamilton

There was initially a \$2/hr increase in pay for front-line staff in the homelessness sector and the residential care facilities sector (housing with supports). The provincial government subsequently enacted a wage increase that includes staff working in shelters. This has enhanced the previous announcement from the City. This enhancement was provided to municipalities with guidelines as to what types of worker could be included; payment was then provided through the employers. The provincial announcement translates into \$4/hr plus a monthly top-up (depending on total hours).

Saskatoon

In May, Saskatchewan's provincial government introduced a temporary wage supplement for workers making less than \$24/hour "at an eligible essential care facility." Staff in emergency shelters are eligible. "For each eligible worker, the temporary wage supplement is

\$400 for each four-week period, up to 16 weeks, for the period from March 15, 2020 to July 4, 2020."¹² According to a well-placed official: "Individual agencies may be doing things, but that is not public knowledge."

Regina

In addition to the provincial wage supplement announced directly above, some non-profits in Regina's homeless-serving sector have increased staff pay on their own. For example, the Salvation Army has used some of its reserves for "risk pay." Street Culture, likewise, has increased front-line workers' pay by 15%.

St. John's

There has been no additional pay for homeless-sector workers in St. John's. However, a premium is available for front-line persons who end up staffing the aforementioned hotel rooms. This would be for front-line staff (not for health professionals).

Personal Protective Equipment

Toronto

A well-placed official in Toronto indicated there was insufficient PPE in the city's homeless-serving sector early during the pandemic, in part because the City of Toronto's supply had been prioritized for first responders. To help compensate for this gap, a charitable foundation in Toronto distributed some PPE across the non-profit sector in Toronto. As of mid September, however, City officials have been directly providing PPE to support universal use of masks for staff in shelters for several months. They have also been distributing more than 100,000 pieces of PPE on average per week to the sector. Further, they have recently made client use of masks or face coverings mandatory in common areas and are working with all providers to ensure they have adequate supply of masks. In terms of training, Toronto Public Health has helped produce a video with the City. Some public

health staff are offering training at certain sites (but not all sites). There are online modules that staff in the sector can access.

Montreal

A well-placed official in Montreal expressed general satisfaction with PPE, noting: "It took awhile, but now it's pretty good." The same official noted that the PPE stock in the city's homeless-serving sector is quite good now, keeping in mind that this does vary across agencies. Some of the PPE stock was donated directly by a company that manufactures it. The same official noted that there has been decent training on how to use it as well. For example, as of April 22, a public health physician had gone to all major locations to conduct a training session on mask use and visor use. Public health officials in Montreal have also identified a

12 More information on this initiative can be found here: [https://www.saskatchewan.ca/government/news-and-media/2020/may/15/temporary-wage-](https://www.saskatchewan.ca/government/news-and-media/2020/may/15/temporary-wage-supplement#:~:text=People%20with%20questions%20about%20the,2020%20to%20July%204%2C%202020)

[supplement#:~:text=People%20with%20questions%20about%20the,2020%20to%20July%204%2C%202020](https://www.saskatchewan.ca/government/news-and-media/2020/may/15/temporary-wage-supplement#:~:text=People%20with%20questions%20about%20the,2020%20to%20July%204%2C%202020)

YouTube video for mask and glove use, and this has been circulated to staff.

Vancouver

Access to PPE for Vancouver's front-line staff was initially *"a struggle, even among city staff."* The first three weeks were especially challenging. A well-placed official praised Vancouver Coastal Health for their work on this, noting that they have excellent online sources at their website. The same official noted that Vancouver Coastal Health has given webinars and been on conference calls pertaining to PPE. There was a priority ranking determining who received supplies, and shelter staff were near the top (though not at the very top). After initial challenges, BC Housing has been able to access supplies of PPE for front-line staff who work in shelters. According to a well-placed source interviewed in mid September: *"I think the first three weeks were a challenge as everyone was trying to source PPE from the same places. BC Housing then created a centralized PPE storage and distribution system for shelter and outreach teams (the City of Vancouver has its own) that worked well."* Another key informant, also interviewed in mid September, noted: *"The current position is that there's sufficient PPE supply for front line shelter and supportive housing staff."*

Calgary

All agencies funded by the provincial Ministry of Community and Social Services have been ordering their PPE through a portal. Training on the use of PPE in Calgary's homeless-serving sector has involved mostly virtual training and the emailing around of documentation. A well-placed official in Calgary, interviewed in April, described the PPE situation in the city's homeless-serving sector as *"painful and inadequate."* However, when the same key informant was interviewed again in mid September, they noted very substantial improvement in the situation to the point where there are no further challenges of any serious magnitude.

Edmonton

A well-placed official in Edmonton, interviewed in April, indicated that access to PPE in the city's homeless-

serving sector was inadequate at that time. The same official also noted that it had not been clear how much was needed, nor was it clear how to order it in the initial weeks. For example, Alberta Health Services had been providing it directly to shelters, the City of Edmonton coordinated procurement of it for Expo staff, some PPE donations had come via the Edmonton Community Foundation, and Homeward Trust Edmonton had been ordering it directly for permanent supportive housing teams (but under-estimated how much was needed). All told, the official noted: *"This was quite a scramble!"* Alberta Health Services has provided some PPE training to staff at both shelters and at Expo; however, it is challenging to do this in Edmonton, where there are 1,000 FTEs in this sector. The official noted that AHS also has helpful online resources.

Ottawa

In Ottawa, both availability and training in PPE varies across the sector. One official in Ottawa did not mince words when interviewed in April: *"I don't think anybody's got adequate PPE, and I don't think everyone who wants PPE would get adequate PPE. This is an area for improvement."* As of September, the City of Ottawa Human Needs taskforce had issued two separate surveys to housing, homelessness and the broader social service sector to assess the PPE needs of agencies that delivered front-line services. This resulted in two rounds of funding (totaling \$116 million) to support PPE. According to a well-placed official interviewed in September, the City of Ottawa is planning to provide another \$1 million in late December to cover 5-6 additional months of need in 2021. The actual funding source for all of this has been the provincial Social Services Relief Fund.

Winnipeg

According to well-placed officials, staff in Winnipeg's homeless-serving sector have received PPE, but not enough of it in the early months of the pandemic. As well, training on how to use it was initially quite spotty. However, access to PPE improved during the summer months. According to one key informant, attention is now being turned to encouraging staff in the sector to use PPE in the same way.

Quebec City

In Quebec City, some staff in the homelessness sector, especially shelter staff, have received good access to PPE. A well-placed local official noted: *"When there's a demand, it's satisfied...though it is rationed."* However, the same official noted that front-line staff do not appear to use it much, noting *"it's used selectively."* Training on the use of PPE has been considered decent, but with room for improvement. *"Documents have been provided, but there has been no formal training by health professionals."*

Hamilton

Access to PPE in Hamilton was initially *"constrained,"* but became less so during the summer months. City officials follow public health recommendations, and public health officials have been providing training/education. Public health officials in Hamilton have not been going to every operator to provide the training, but they have been on a lot of phone calls. A local official described it as *"a very good, iterative process, with lots of Q&A."* Guidelines are then sent around to community agencies by City staff.

Saskatoon

In Saskatoon, there were *"some struggles"* with respect to PPE early on; however, coordination has since improved. There are regularly occurring phone calls, some dedicated solely to health, and those calls have involved considerable discussion regarding the use of PPE. According to a local official: *"Public health professionals are on those calls. These are video calls, so they're demonstrating into videos. But it's hard to say if it's*

adequate training; it seems so." As of late September, front-line agencies were receiving weekly deliveries of PPE.

Regina

The City of Regina has been procuring PPE and supplies for non-profits (and passing on the costs to non-profits). According to a well-placed source, most non-profits are now *"finding better prices elsewhere and opting to source through their own suppliers."* City officials are now maintaining an up-to-date list of suppliers for community agencies. As of early September, another key informant noted that Saskatchewan's provincial government now has *"a process where if someone (worker or client) within a [community-based organization] is suspected to have or tests positive for COVID-19, that organization can make an emergency request to the Province for additional PPE to last them a few days at least."* The local Red Cross began offering a PPE training program in July that provides a 60-day supply of PPE to individuals who complete it.

St. John's

In St. John's, all emergency shelters have been provided with PPE by End Homelessness St. John's (the homelessness local system-planning organization), NL Housing (which provided kits for \$35/each), or through their own purchasing. Eastern Health (the local regional health authority) provided training on how to use it properly; they shared some webinars and videos. As of late September, senior homelessness officials in St. John's considered the local PPE situation to be generally sufficient.

Outstanding challenges

Outstanding challenges remain in all cities, with encampments (i.e., outdoor sleeping) being the major one. Since these challenges are common to most cities, the present section groups them by theme, rather than by city.

Encampments

Cities report facing a considerable level of awkwardness with respect to encampments.

According to one key informant:

An encampment began in Montreal for the first time ever [during the pandemic]. This is the first time there've been more than a few people sleeping outside. It's almost a mini-city. This has never existed before in Montreal. It's very visible and making quite a media splash.

Yet, two well-placed officials in Montreal stated that, as of early September, they were unaware of any plan to deal with this encampment.

As of late August, Vancouver had an encampment at Strathcona Park with 350 tents. According to a well-placed official:

A large encampment has essentially moved from Oppenheimer to Strathcona. They raised money. They've rallied the community. There are volunteers doing people's laundry. Food and medical supplies are coming in. Brand new tents are provided. And the camp leader has been resistant to having City of Vancouver officials on site.

However, as of late August, Vancouver City Council had not provided clear direction to City staff on how to respond to the matter.

One well-placed official in Calgary estimated that roughly 160 people were sleeping rough in Calgary on

a nightly basis in August 2020. That's about twice the number that were sleeping rough in August 2019.

As of early September, Edmonton has approximately double the number of rough sleepers it had one year previously. A well-placed official noted: *"We think about 560 now, up from 250 at this time last year. Many of them are afraid of going into shelters and getting sick, I believe. This fear is amplified during a pandemic."*

A key informant in Quebec City, interviewed in late August, stated that rough sleeping has seen elevated levels there as well: *"More than we've ever seen before in Quebec City."* As for the complexity, the same key informant noted: *"The City wanted to take down encampments right away, but community workers wanted to give the people time to talk and discuss needs."*

With respect to Winnipeg, one official stated that a strategy to respond to unsheltered individuals and encampments was released in June, outlining when municipal officials can issue an eviction notice.¹³ However, another well-placed source in Winnipeg interviewed in early September stated:

It's pretty controversial. Some people are advocating for rough sleeping, freedom and the ability to be on the land. Service providers, meanwhile, are trying to keep the rough sleepers safe. They're unsafe; fires get set. Several fires were set in the encampments before COVID. There's a lot of garbage in these camps that can catch fire very easily. They're like tinder boxes. When the City came in hard on one encampment earlier this year, it just moved the problem to a new location. I understand there's now an encampment on a school ground.

¹³ That strategy, called Kikininaw Oma, is available here: <https://endhomelessnesswinnipeg.ca/kikininaw-oma-unsheltered-strategy/>.

As of early September, an injunction forbade the clearing of encampments throughout Hamilton, which had the effect of encouraging rough sleeping. According to one key informant: *“It’s an incredibly contentious issue in Hamilton. A court injunction was sought to prevent the City from clearing encampments, which is still making its way through the courts. It’s a real struggle to figure out the answer to this.”*

Another well-placed official in Hamilton stated: *“We can’t have a full plan [to deal with encampments] here until the court matter is resolved.”*

Cleaning

Several key informants interviewed for this report expressed concern about the additional costs of cleaning. It is worth noting that, in most cities, facilities for persons experiencing homelessness have shared bathrooms, which is a public health concern. Likewise, shower facilities are still lacking in many of the newly-created physical spaces.

In Montreal, cleaning and laundry services for new facilities has been outsourced, and that is proving to be more expensive than in-house.

As of mid September, Calgary Homeless Foundation had committed \$700,000 in additional funding for professional cleaning in its permanent supportive housing buildings.

Lack of coordination with corrections sector

Most persons interviewed indicated that corrections officials in their respective cities typically do not communicate with homelessness officials when an inmate is about to be discharged into homelessness (Quebec City was an exception). This brings on a new sense of urgency during COVID-19, as corrections facilities across Canada discharged a very large number of inmates quickly. Between February and

April of this year, the adult custodial population in Canada declined by one-sixth.¹⁴

Dwindling workforce

An official in Ottawa noted the limited staffing among local non-profits, stating: *“Non-profits are at their limits in terms of what they can provide (e.g., food, case management, etc.). They have limited staffing. People are taking leaves of absence.”* Similarly, an official in Winnipeg expressed concern about sick staff, noting that this may be more of a *“looming”* challenge, especially for smaller front-line service providers that cannot afford to pay for replacement staff.

The end of the crisis

An official in Toronto, interviewed in early September, noted that it will be challenging for the city’s homelessness sector to maintain this *“expanded staffing footprint.”* Indeed, more than 400 City of Toronto staff have been redeployed to operate the new facilities. Many have now been recalled back to their positions, leading the official to ask: *“So how do we maintain these new shelter sites?”* It was also noted by an official in Montreal that emergency powers will not be in place forever, adding additional challenges to future work.

Increased homelessness as a result of the recession

It is highly likely that the COVID-19 Recession will result in increased inflow into homelessness systems of care across Canada, as people continue to experience challenges in low-paying jobs and have difficulty remaining housed. While several key informants interviewed for the present report expressed concern about this, that was not a major focus of the present exercise. Having said that, it is the major focus of a forthcoming report commissioned by Employment and Social Development Canada.¹⁵

14 Statistics Canada. (2020, August 12). Changes in federal, provincial and territorial custodial populations during the COVID-19 pandemic, April 2019 to April 2020. Retrieved from Statistics Canada website: <https://www150.statcan.gc.ca/>

15 Falvo, N. (Forthcoming). The long-term impact of the COVID-19 Recession on homelessness in Canada: What to expect, what to track, what to do. Report is currently being finalized.

Policy recommendations

“The Calgary Drop-In Centre’s CEO has made it clear she does not want nightly capacity at 700 again. One has to wonder if there will be a review of how shelters are funded in Alberta. It’s probably time that we move away from having shelters funded on a per-person basis, and instead adopt a Housing First focus. Luckily, both the Calgary Drop-in Centre and Alpha House, through strong leadership, have adopted this philosophy already; however, that may not be the case for all emergency shelters in Alberta. More strategic funding approaches could yield better outcomes, including cost savings.”

- Interview subject

There was a strong sense among those interviewed for this report that it is important to not only endure this pandemic, but also seize an important opportunity. While physical distancing has improved in response to the pandemic, it should now be viewed as effective prevention, in addition to an important crisis response.

With that in mind, the report now turns to four policy recommendations aimed at supporting Canadian cities moving into the pandemic’s so-called recovery phase.

While these recommendations are specific to Canada’s homelessness sector, they need to be supported by strong social investment in other sectors. Such investment is especially crucial in the realms of affordable housing and income support.

The report’s four policy recommendations are as follows:

1. Collectively commit to a new normal.

The physical distancing measures put in place in homelessness systems of care across Canada should not be viewed as temporary arrangements. Persons in overflow spaces need help in moving into permanent housing with appropriate staffing supports. For this to happen, all orders of government must agree to work collaboratively so that no community’s homeless-serving system returns to pre-pandemic conditions. This means two metres between individuals should be considered an absolute minimum.

2. Permanently enhance Reaching Home funding.

In March, the Government of Canada announced an additional \$157.5 million in one-time funding for Reaching Home as part of its COVID-19 Economic Response Plan. This came with much more flexibility than previous Reaching Home funding, a feature that has been welcomed by local homelessness officials. In September, the Government of Canada announced an additional \$236.7 million for Reaching Home, along with \$1

billion for modular housing, the acquisition of land, and the conversion of existing buildings into affordable housing. All of these are very important steps forward. However, in order to sustain a new normal, it is crucial that enhanced Reaching Home funding be made permanent, a measure that would support local officials in holding the line on improved physical distancing. Specifically, the funding could assist more people with the transition from both emergency shelters and outdoor encampments into housing with appropriate staffing (e.g., social work) supports. It could also help pay for increased cleaning costs. Finally, such funding could pay for more staffing in cases where regular staff have to self-isolate, and in cases where municipal staff are being re-deployed back to their day jobs.

3. Collaborate across departments to support the effort.

Enhanced federal funding alone will not allow communities to sustain increased physical distancing. It is crucial that officials at all orders of government collaborate to apply Housing First principles to uphold improved physical distancing measures, including in the way that emergency shelters are funded. When this happens, officials from different departments must work together in a coordinated fashion. This includes working towards the development of plans to deal with future outbreaks at emergency shelters. It also means provincial correctional officials coordinating with local homelessness officials when discharging inmates.

4. Make the Canada Housing Benefit flow.

Central to the National Housing Strategy is the recent launch of the Canada Housing Benefit (CHB). This benefit provides financial assistance to help low-income households afford the rent, mostly in buildings with private landlords. The federal government estimates that the average beneficiary will receive \$2,500 in support per year. It is expected that half of this money will come from the federal government, and the other half from provinces and territories. The CHB was supposed to launch nationally on 1 April 2020; however, at the time of this writing, just five provinces (British Columbia, Nova Scotia, Ontario, Quebec and Saskatchewan) had formally agreed to terms regarding the CHB. The federal government could increase the value of this benefit, which could both prevent more homelessness and also encourage provinces and territories to sign on. For example, the federal government might offer 2/3 or 3/4 cost-sharing.

Conclusion

Across Canada's major cities, homelessness system-planning entities have partnered with health officials and others to respond to the COVID-19 pandemic, arguably this sector's greatest challenge since the Great Depression. Typically, local officials have done so largely by creating more physical distancing at existing shelters, opening new facilities, and creating facilities for both isolation and quarantine. Toronto and Vancouver are noteworthy, in that both cities have secured large numbers of hotel rooms for persons experiencing homelessness.

Throughout this challenging time, homelessness officials have continued to move persons directly from emergency shelters into permanent housing. In some cases, new models of service were created to accomplish this.

There have also been important innovations across homeless-serving systems during the pandemic. These have included:

- Toronto's Quality Assurance Team, which now visits all local shelters to ensure proper physical distancing and good public health practices.
- Montreal's use of the old Royal Victoria Hospital as a 'welcome centre,' which places people into permanent housing.
- Vancouver's Navigation Centre, which focuses on finding permanent housing for persons with serious health challenges who are experiencing chronic homelessness.
- A new partnership between Calgary Homeless Foundation and the Calgary Drop-In Centre which uses a hotel to transition people into permanent housing.
- Edmonton's use of a hotel where active housing work is being done on site.

Networks of cooperation have generally improved during this crisis, with important cooperation from health officials. However, there are ongoing challenges. It has been common, for example, for local homelessness officials to express frustration with officials in nearby correctional facilities who are discharging inmates without housing plans (Quebec City is an exception in this respect).

The Government of Canada has provided important financial support. Indeed, the Government of Canada's COVID-19 Economic Response Plan, announced on March 18, includes an additional \$157.5 million in one-time funding for Reaching Home. This funding enhancement comes with much more flexibility than previous Reaching Home funding, a feature that has been welcomed by local homelessness officials. Further, on September 21, the Government of Canada announced an additional \$236.7 million for Reaching Home, along with \$1 billion for modular housing, the acquisition of land, and the conversion of existing buildings into affordable housing.

Most cities reported there will almost unquestionably be a 'new normal' with respect to improved physical distancing. Indeed, a surprisingly large number of newly created spaces are staying open (or re-locating). Put differently, the new physical distancing arrangements appear to be having a remarkable amount of staying power. However, the state of this 'new normal' will vary by city, and most emergency shelters in Calgary and Edmonton do not expect to be able to comply with the two-metre requirement.

While the current situation varies across Canada, the following challenges remain in the sector as a whole:

- Encampments (i.e., outdoor sleeping).
- The existence of shared bathrooms and other common areas (and the additional costs of cleaning associated with this).
- A dwindling workforce in the homeless-serving sector.
- Increased homelessness resulting from the economic downturn.

As policy recommendations, this report proposes:

1. A collective commitment to a new normal in Canada's homelessness sectors.

This includes stipulating and supporting a minimum of two metres between beds at emergency shelters.

2. A permanent enhancement to federal Reaching Home funding.

This could support local officials in holding the line on improved physical distancing. Such funding could also assist in transitioning more people from both emergency shelters and outdoor encampments into permanent housing. It could also help pay for increased cleaning costs and support staffing needs.

3. An intergovernmental commitment to provide collaborative support across departments to support such an effort.

This must include working towards the development of plans to deal with future outbreaks at emergency shelters. It must also involve provincial correctional officials coordinating with local homelessness officials when discharging inmates without housing.

4. Enhanced support for the Canada Housing Benefit.

Central to the National Housing Strategy is the recent launch of the Canada Housing Benefit (CHB), providing financial assistance to help low-income households afford the rent. It is expected that half of this money will come from the federal government, and the other half from provinces and territories. The CHB was supposed to launch nationally on 1 April 2020; however, at the time of this writing, just five provinces (British Columbia, Nova Scotia, Ontario, Quebec and Saskatchewan) had formally agreed to terms regarding the CHB. The federal government could increase the value of this benefit, which could both prevent more homelessness and also encourage provinces and territories to sign on. For example, the federal government might offer 2/3 or 3/4 cost-sharing.

Appendix 1: Method

For the present report, telephone and Zoom interviews took place with key homelessness officials in the following 12 cities: Toronto; Montreal; Vancouver; Calgary; Edmonton; Ottawa; Winnipeg; Quebec City; Hamilton; Saskatoon; Regina; and St. John's.

- The selection of communities included Canada's 10 largest population centres. Saskatoon and Regina were added largely due to their close proximity to Calgary. Finally, St. John's was included in order to help balance regional representation. An official with Housing Services in the Region of Waterloo declined an invitation to participate.
- The researcher sought to identify persons with the most direct knowledge of each city's homelessness system-planning responses to the pandemic. Between one and three persons were interviewed in each community. All told, interviews took place with 25 different officials during two phases. For some cities, the person interviewed for during Phase 2 was different than the person interviewed during Phase 1. All interviews were conducted by Nick Falvo and were confidential.
- Phase 1 interviews took place between April 17 and May 5, while Phase 2 interviews took place between August 17 and September 29. Each interview typically lasted between 45 and 90 minutes.
- Questions had a strong focus on the creation of additional physical spaces and physical distancing, as opposed to medical approaches to screening and then treating the illness. There are two main reasons for this. First, it was important that each interview had a clear focus. Second, the focus of Calgary Homeless Foundation is on housing people experiencing homelessness, more so than providing medical services (which is more the purview of Alberta Health Services).
- In some cases, the researcher supplemented information provided in telephone interviews with both email correspondence and readings.
- All individuals who were interviewed were sent a draft report for feedback after each respective phase of the research.

Phase 1 Interviews

City	Number of interview subjects	Interview date
Toronto	1	April 25
Montreal	2	April 21 and 22
Vancouver	2	April 23, 28 and 29*
Calgary	1	May 5
Edmonton	1	April 25
Ottawa	1	April 23
Winnipeg	3	April 17, 27 and 30
Quebec City	1	April 21
Hamilton	2	April 21
Waterloo Region	Declined to participate	
Saskatoon	2	April 22 and 27
Regina	1	April 24
St. John's	2	April 22

*One Vancouver interview was interrupted and had to be resumed on a different date.

Phase 2 Interviews

City	Number of interview subjects	Interview date
<i>Toronto</i>	1	Aug 17 and Sep 4**
<i>Montreal</i>	2	Aug 18 and Sep 2
<i>Vancouver</i>	2	Aug 18 and Aug 21
<i>Calgary</i>	1	Sep 17, 24 and 28
<i>Edmonton</i>	1	Sep 5
<i>Ottawa</i>	1	Aug 21
<i>Winnipeg</i>	2	Sep 1 and Sep 4
<i>Quebec City</i>	1	Aug 20
<i>Hamilton</i>	2	Aug 31 and Sep 1
<i>Waterloo Region</i>	Declined to participate	
<i>Saskatoon</i>	2	Aug 17
<i>Regina</i>	1	Sep 4 and 29
<i>St. John's</i>	2	Aug 17

***Due to time constraints, the Phase 2 Toronto interview had to be resumed on a different day.*

Appendix 2: Interview guide (Phase 1)

Target

Persons with very strong knowledge of homelessness system planning in each of Canada's major cities

Opening Script

"Calgary Homeless Foundation, in partnership with Nick Falvo Consulting, is seeking to assess what is currently happening on the ground in the following cities: Toronto; Montreal; Vancouver; Edmonton; Ottawa; Winnipeg; Quebec City; Hamilton; Waterloo Region; Regina; Saskatoon; and St. John's.

This is a confidential interview. I will not attach your name to your answers."

Draft Questions

[***A version of each question will be asked, but wording may be modified. Some questions may be skipped. In many cases, there will be probing.]

1. What is your role in relation to the local homelessness response to the pandemic?
2. In the context of COVID-19, what is your city doing for people experiencing absolute homelessness?
3. What kind of new physical spaces are being acquired? How are new spaces being acquired?
4. Which subpopulations are being prioritized/moved to such new spaces, how, and by whom?
5. To what extent are you moving people directly from crowded shelters into permanent housing?
6. Insofar as that may be happening, what does the process look like?
7. What (if any) role is being played by your CAB and your Aboriginal CAB in this process?
8. What kind of cooperation are you seeing across sectors (e.g., health, justice, child welfare, etc.)?
9. What kind of cooperation is lacking across sectors (e.g., health, justice, child welfare, etc.)?
10. What have been the major successes thus far?
11. What are the outstanding challenges?
12. What support (both budgetary and planning) is being provided by each order of government?
13. Have staff in the homelessness sector in your city been deemed "essential?" If yes, when did that declaration get made, by whom, and what does it entail?
14. Have staff in your city's homelessness sector been given additional pay during the pandemic?
15. Have staff in your city's homelessness sector been getting adequate PPE and adequate training on how to use it? Please elaborate.
16. Is it possible that the newly-introduced Canada Emergency Response Benefit is disincentivizing front-line staff from working in your city's homelessness sector?
17. Is there anybody else I should talk to?
18. Is there anything else you'd like to add?

Appendix 3: Interview guide (Phase 2)

Target

Same individuals interviewed for Phase 1 report (i.e., persons with very strong knowledge of homelessness system planning in each of Canada's major cities)

Opening script

"Thanks again for agreeing to take this call. As you'll recall, I'm undertaking a two-part exercise for Calgary Homeless Foundation in which I'm asking select individuals in Canada's major cities what's happening with respect to homelessness planning in light of the pandemic. I will not attribute any comments you make directly to you; in other words, your name will not appear directly beside anything you say in the report I'm writing. So this is a confidential discussion, just like last time."

Draft questions

[***A version of each question will be asked, but wording may be modified. Some questions may be skipped. In many cases, there will be probing.]

1. Since the start of the pandemic, to what extent are you noticing an increase in inflow into your emergency system overall? Is your data suggesting that your overall numbers have remained relatively stable, have increased, or have decreased since the pandemic?
2. Statistics Canada data show a substantial decrease in inmate populations, as people have been released early due to COVID. Are you seeing any of this in your homeless population?
3. How about encampments/rough sleeping rough? Have you been seeing major changes in these numbers? Or do you even track such numbers in a formal manner?
4. Are you seeing any interesting trends with respect to the flux of people between encampments/sleeping rough and other facilities (e.g., emergency shelters, temporary facilities created for COVID, etc.)?
5. Do you think it's possible that your increased physical distancing options may have increased overall flow into your emergency system? In other words, did some people say: "The shelters have better conditions now, so I won't couch surf or sleep rough anymore?" Or, do you think the opposite happened (e.g. "There may be COVID in the shelters, so I'm leaving the shelter I've been staying at for the past few months and will go and couch surf or sleep rough!")
6. You and I probably last spoke in late April. What have been the major developments with your homelessness system planning since that time?
7. What have been the major successes since late April?
8. What are the outstanding challenges now?
9. What are your COVID-related plans for the next 6-12 months?
10. You had increased physical distancing as a result of pandemic. What's happening with that? Are those extra spaces closed now? Are they in the process of closing?
11. Are there new rules now for physical distancing at the emergency shelters you had in place before the pandemic? In other words, are shelters that used to accommodate 100 persons now limited to 50 persons? If yes, who imposed the new rules, when did they impose them, and what do these new stipulations look like? Please be specific.
12. What kind of plan do you have in place to deal with encampments/rough sleeping? Are you engaging in any new types of planning in this respect in light of COVID and the possibility of a new normal?

13. In terms of persons leaving the newly-created physical spaces, where are people moving to?
14. At what pace is this happening? Timeline?
15. How are you prioritizing the flow of people out of those additional spaces?
16. To what extent is your CAB engaged? How about your Aboriginal CAB?
17. What kind of cooperation are you seeing across sectors (e.g., health, justice, child welfare)? What kind of cooperation is lacking across those sectors?
18. What support is being provided by each order of government? What's lacking from each order of government?
19. How have you been tracking homeless deaths from COVID? Who keeps tabs on this and how are they reported to the community?

New normal

20. To what extent do you now feel it's realistic to move to a 'new normal' that maintains distinctly new physical distancing norms?
21. How many people experiencing homelessness in each category (e.g., singles, youth, families) do you need to house in order to maintain current physical distancing? Does this include people in encampments/rough sleeping?
22. What are your budgetary needs for a transition into 'new normal'?
23. To what extent are you falling short of that?
24. Could making the recent Reaching Home enhancement permanent allow you to maintain current physical distancing?
25. What would the ideal funding scenario look like in a 'new normal? Who would need to fund what?
26. Aside from money, what are some of your logistical challenges with respect to transitioning to a new normal?
27. Is there anything else you'd like to say?

Isolation, Physical Distancing and Next Steps Regarding Homelessness

A Scan of 12 Canadian Cities

Report Compiled for:
Calgary Homeless Foundation

Nick Falvo, PhD

December 7, 2020



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