



**CCGHR CCRSM**  
Canadian Coalition for Global Health Research  
Coalition canadienne pour la recherche en santé mondiale

CCGHR Knowledge Translation Summer Course

## 2020 CASE STUDY

**“Stay Home. Stay Safe.”  
Only Works If you have a Safe  
Home to Stay In**

### PREPARED BY

Emma McDermott  
Saida Fathima  
Nikita Boston-Fisher

Sabina Iqbal  
Mithila Orin  
Calson Ambomatei

### SUPPORTED BY

Shawna O’Hearn  
Katrina Plamondon  
Alexandra Otis

# “Stay Home. Stay Safe.”

*Only Works If You Have A Safe Home To Stay In*



## WHAT IS THE KTA PROBLEM?

Stay at home orders during the COVID-19 pandemic were a necessary public health measure implemented to limit the spread of disease. These orders were based on the assumption that every person has a guaranteed safe place to call home. Therefore, when international bodies started promoting “Stay Home. Stay Safe.” and countries across the globe started enforcing mandatory stay at home orders, many already marginalized populations were put into an even more vulnerable position without adequate recognition or support.

## WHO DOES IT AFFECT?

Stay at home orders have the potential to negatively affect a wide variety of populations, specifically those who do not have a safe space to call their home. These populations can include victims of domestic abuse, those experiencing poverty, older adults, people living with mental health issues, Indigenous populations, and individuals experiencing housing insecurity including homelessness. In this paper, we will focus particularly on women experiencing housing insecurities, their challenges, and approaches to mitigate it.

According to The State of Homelessness in Canada 2016 report at least 235,000 Canadians experience homelessness in a year, and 27.3% are women.<sup>1</sup> In this case study, we will explore the effects of quarantine and lockdown orders on individuals experiencing homelessness, specifically women. The objective is to raise awareness and encourage the creation of policies and programs that will adequately support this group, and other marginalized populations, throughout the remainder of the current pandemic and in preparation for future public health crises.

## HOW DOES IT AFFECT THEM?

Recommended public health measures can be difficult to adhere to for individuals who are experiencing homelessness during the COVID-19 pandemic. Additionally, the COVID-19 pandemic has disproportionately affected women with housing insecurities including women experiencing domestic abuse, joblessness, chronic medical conditions, mental health issues and occupational issues.

# DESCRIBE THE “K”



## WHAT DO WE KNOW ABOUT THE HOMELESS POPULATION’S EXPERIENCES WITH THE COVID-19 QUARANTINE MEASURES?

Due to a lack of sufficient shelter as a result of quarantine measures restricting indoor capacities, some individuals experiencing homelessness have been forced to stay outdoors. Remaining outdoors poses additional constraints on these individuals including exposure to unsafe drinking water, insufficient nutrition, and lack of protection from extreme weather conditions<sup>2</sup>.

Those who are able to secure indoor shelter do not fare better, with these individuals placed at a higher risk of contracting and spreading various diseases due to overcrowding and difficulty adhering to public health directives<sup>3</sup>. Faced with these considerations, some individuals opt to remain outdoors. Neither of these options present ideal conditions, which further complicates the experiences of individuals faced with precarious conditions such as domestic abuse. For the sake of consistent shelter and lower infection risks, vulnerable populations such as women and other gender minorities have opted to continue living in unsafe and abusive environments<sup>4</sup>.

For those individuals who may wish to escape abusive circumstances, reports have shown that the COVID-19 pandemic has provided unique opportunities for manipulation and control to force them to stay with their abusive partners<sup>4</sup>.

## WHAT DO WE THINK WE DON’T KNOW?

Perhaps the most telling sign of the particular neglect facing the female homeless population is the scarce data available to illustrate their experiences. Poignantly, we were unable to find any information on the challenges women faced with homelessness during the COVID-19 pandemic. To recommend appropriate intervention programming and resource allocation, more information is required on geographic, ethnic, and social distribution of women experiencing homelessness at this time.

Public health measures and economic constraints have severely impacted community organizations’ operational capacity to support vulnerable populations. An exhaustive database illustrating available resources has yet to be released. Government-led initiatives have focused primarily on emphasizing adherence to quarantine measures and releasing economic support, with a visible gap in support for neglected communities<sup>5</sup>. For individuals with null resources, an additional barrier exists limiting access to knowledge of available support systems.

# PROMISING PRACTICES



## RECOMMENDATIONS

We recognize that the COVID-19 pandemic was a public health emergency that required a quick intervention and implementation of policies to limit the spread of disease, and that vulnerable groups were often not intentionally disregarded or targeted by public health decisions. Rather, we see this as an opportunity moving forward to do better and we are proposing the following recommendations to ensure that appropriate supports are in place should similar measures need to be taken in the future.

1. **Increase the funding and resources available to groups aiding individuals experiencing homelessness**  
Increased funding when possible to NGOs and local organizations will help them continue and expand their supports, such as shelters, financial assistance, relocation aid, medical and mental health support. Further, an increase in resources to provide housing and economic support would be beneficial when possible, in addition to creating jobs with guaranteed minimum income.
2. **Affordable housing strategies to accommodate larger numbers of people with adequacy and suitability.** Affordable housing can include housing options in any part of the spectrum from emergency shelter to homeownership. Canada needs to focus on the creation of affordable housing units through new construction and property acquisition, increase rental supports, and increase the number of emergency shelters, supportive housing, and social housing.
3. **Implementation of national performance metrics to analyze the effectiveness of the shelter programs**  
This will strengthen accountability and monitor progress in terms of both quantity and quality of improvement in homelessness. Many jurisdictions recommend including civil society, NGOs, and persons who lived and experienced housing insecurity in the decision making process, though this is not consistent across all jurisdictions.
4. **Implement an equity based data collection process that is up to date and person specific.** People experiencing homelessness can be from different population groups based on geography, education, socioeconomic status, number of dependents, gender, and medical conditions. In order to address the challenges and solutions to all the different groups, we need to identify a data collection process that individualizes the root cause. Women experiencing homelessness might have challenges pertaining to their safety, dependent children, and special health consideration (pregnancy and menstruation).
5. **Promote increased awareness among people about the different causes of homelessness and how the impact can differ from person to person.** This increased awareness can help focused groups and policy makers to address home insecurity with a different perspective and address issues that are more individualized.

## ADAPTATION FOR LOW-RESOURCE SETTINGS

1. Considering the current Covid-19 situation, shelters can be categorised based on the screening tests for the virus. This can increase the accommodative capacity in some shelters for people who have been tested negative for the virus.
2. Since one of the perpetuating factors for homelessness is poverty, focusing on creating opportunities for women to increase their income in their local communities may help. This could take the form of support services with options for developing life skills, occupational skills, education, counselling, crisis help, home repair services, etc. Additionally, separate supportive housing with accommodations for women and their children with additional occupational opportunities can be made to address housing insecurity for women escaping domestic abuse.





The issue of housing insecurity requires careful attention particularly as the current pandemic has amplified the complexity of issues surrounding housing at an individual, household and community level. In moving forward, we need a collective effort to understand the problems associated with housing insecurity, particularly for women. Understanding the problem through a determinants of health lens and the experience of housing advocates will prepare public health officials to communicate policies and protocols in an inclusive manner.

As of 2018, around 8% of Canadians have experienced homelessness at some point in their lives. Among these people around 18% experience homelessness for more than a year<sup>6</sup>. In addition, there is 'hidden homelessness', which is a term used when a person has had to temporarily leave their home and stays with friends, family, or in long-term shelters. Quarantine measures in this population can be particularly challenging, as during a pandemic there may be less options to stay with others and may drive them to the extremes of homelessness where they have to stay outdoors. This will be additionally challenging as the colder months approach.

Homelessness can be due to multiple factors including job loss, home loss, domestic abuse, immigration issues, marginalisation of certain communities, disabilities, mental health issues and the stigma around them, among others. Unfortunately we don't always have accurate data available to fully illustrate the vast array of people, especially women, who are currently experiencing homelessness at a given point in time.

While the recommended public health guidelines implemented in the Spring of 2020 were evidence-based interventions and saved the lives of many Canadians, the needs of people who were experiencing housing insecurity were not adequately addressed. Throughout this course, many of our discussions centered around the challenges faced by some women to follow quarantine guidelines and public health measures through out the pandemic. We highlighted the additional uncertainty the COVID-19 pandemic brought to the situation. Not only were there concerns of finding shelter and fulfilling basic human needs (especially with the reduced operations of the usual supports), but those experiencing homelessness were now faced with the challenge of trying to reduce their risk of infection. Beyond not having a private space to distance themselves from others, they potentially didn't have access to the appropriate personal protective equipment, or to facilities to regularly wash their hands, as public health was recommending. Further, many of those experiencing homelessness may also have comorbid health complications that may make them increasingly susceptible to infection.

Across Canada, there is an increasing demand for emergency shelters especially for women, girls and gender diverse people since the pandemic began. The rates of violence against women and gender diverse people has increased, as in the Greater Toronto Area alone, domestic violence related police calls have increased by 18% compare to 2019. Sadly, this number is low, as according to the United Nations, the predicted increase in violence against women and gender diverse individuals over a quarantine period of 3 month worldwide is 20%.<sup>7</sup> Our team was concerned that the realities of the COVID-19 pandemic may be further reducing a women's ability to leave an unsafe home situation, due to risk of becoming sick if she left the home.

These challenges are further complicated when the women experiencing homelessness are experiencing symptoms of COVID-19. The spaces available to self-isolate safely are limited, and many shelters just don't have the capacity to isolate individuals. Further, the dependency on public facilities like restrooms and food services increases the chances of further spread to others in the community.<sup>8</sup>

The economic impacts of the pandemic have also disproportionately affected women. While the initial data in early Spring 2020 showed equal rates of job loss between men and women, later numbers have shown that men were hired back at a faster rate than women<sup>9</sup>. This leaves a predicted gap of one million fewer women rehired compared to their male counterparts who had similarly lost their jobs at the start of quarantine. This is significantly different from prior recessions, where historically more men have been laid off than women, due to the different industries that have been affected. It has been hypothesized that this inequality in rehiring may also be due to an increase in childcare responsibilities when schools shutdown and daycares closed, as society typically sees this as a task for women<sup>9</sup> (a topic large enough to warrant an entire case study of its own).

Increasing rates of homelessness due to the economic impacts of the pandemic, and the limited housing alternatives available during a pandemic, will increase the need for access to shelters. This will put a further strain on a system that was already experiencing capacity issues before they needed to reduce their available spaces to accommodate for public health measures.

Canada's initial response to the COVID-19 pandemic instated appropriate protocols to ensure the safety of as many Canadians as possible, and was widely successful. Unfortunately, these initial public health measures did not include additional supports for marginalized communities, including but not at all limited to women experiencing homelessness. Now that it is clear that we are in it for the long haul, it is time to take action to ensure these overlooked populations receive the support they need to protect themselves in future waves of COVID-19. Further, we need to put policies and plans in place to continue to protect them from any future pandemics in the years to come.



1. Gaetz, S., DeJ, E., Richter, T., & Redman, M.(2016). *The State of Homelessness in Canada 2016*. Toronto: Canadian Observatory on Homelessness Press
2. Centers for Disease Control and Prevention (2020). Interim Guidance on People Experiencing Unsheltered Homelessness. Available here: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
3. Perri, M., Dosani, N., & Hwang, S.W. (2020). COVID-19 and people experiencing homelessness: challenges and mitigation strategies. *CMAJ*. 192(26): E716-E719. DOI: <https://doi.org/10.1503/cmaj.200834>
4. Godin, M. (2020). As Cites Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out. *Time Magazine*. Available here: <https://time.com/5803887/coronavirus-domestic-violence-victims/>
5. Ferreira, J. (2020). The toll COVID-19 is taking on Canada’s homeless. *CTV News*. Available here: <https://www.ctvnews.ca/health/coronavirus/the-toll-covid-19-is-taking-on-canada-s-homeless-1.4950722>
6. Rodrigue, S. (2016). Insights on Canadian Society – Hidden Homelessness in Canada. *Statistics Canada*. Available here: <https://www150.statcan.gc.ca/n1/pub/75-006-x/2016001/article/14678-eng.htm>
7. Women’s National Housing and Homelessness Network and Community University Policy Alliance on Women’s Complex Homelessness at McMaster University (2020). COVID-19 is worsening homelessness and insecure housing for women. *Behind the Numbers*. Available here: <https://behindthenumbers.ca/2020/08/04/covid-19-is-worsening-homelessness-and-insecure-housing-for-women/>
8. Knollinger, C. (2020). “How Can I Self Quarantine?” The Unseen Effects of the Coronavirus on the Homeless Community. *West Virginia Public Broadcasting*. Available here: <https://www.wvpublic.org/news/2020-03-23/how-can-i-self-quarantine-the-unseen-effects-of-the-coronavirus-on-the-homeless-community#stream/0>
9. Deschamps, T. (2020). “Women’s participation in labour force reaches lowest level in 3 decades due to COVID-19:RBC”. *CBC News*. Available here: <https://www.cbc.ca/news/canada/toronto/women-employment-canada-covid-19-1.5652788>

## OTHER SOURCES

**Knowledge Translation Curriculum:** Campbell, S. (2012). Knowledge Translation Curriculum. Canadian Coalition for Global Health Research: Ottawa.

**Knowledge Translation Classes:** Plamondon, K. (2020). CCGHR Knowledge Translation Summer Course. Canadian Coalition for Global Health Research: Virtual.

**Housing on the Brink – COVID-19 Panel 3:** MacEachen Institute for Public Policy and Governance. (2020). Virtual Panel. Available here: <https://www.dal.ca/dept/maceachen-institute/events/Housing-COVID-19.html>