



# WINNIPEG'S PANDEMIC RESPONSE

*SUPPORTING PERSONS AT RISK OR  
EXPERIENCING HOMELESSNESS*

Jino Distasio, Madeline Mesich, Joe Hatch, Dave Quanbury

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## EXECUTIVE SUMMARY: KEY FINDINGS

Across North America, the initial public health measures put in place during the early stages of the pandemic severely impeded the delivery of services to vulnerable populations including those experiencing or at risk of homelessness.

The 2022 count estimates that on any given night, an average of 1,200 people experience homelessness in Winnipeg. For every individual experiencing absolute homelessness, another three individuals can be considered part of the hidden homeless population.

The disruption to the spaces and patterns of urban mobility also greatly altered the everyday lives of persons at risk of or experiencing homelessness. This situation is also thought to have contributed to the rise of urban encampments and the use of public spaces such as bus shelters for emergency dwelling.

As we discovered, the COVID-19 pandemic required swift intervention by Winnipeg's homelessness-serving sector to address emerging needs. At the outset of the pandemic, much of the effort occurred within the constraint of uncertainty about transmission and the impact of increased closures of public spaces used by persons experiencing or at risk of homelessness.

An Indigenous perspective has proven invaluable in the homeless sector's response to COVID-19. As raised by End Homelessness Winnipeg (EHW), this position informed the model of grassroots decision making in the coordination of a COVID-19 response, with an emphasis on working together instead of in silos (as was done pre-pandemic) and ensured a level of trust from the community.

For participants looking for housing, the ability to connect with service providers (non-profit,

public, or private) remains a challenge with many persons feeling disconnected from the supports and pathways to securing homes (see *Section Three*).

The factors preventing access to housing and supports remain numerous and go beyond a "lack of supply" to include inability to find quality, safety, and suitability units.

While the pandemic exacerbated the situation, many issues, including the lack of identification, poor credit history, and rental discrimination, remain systemic and have prevented ready access to housing for some time.

The profile of those attempting to secure housing reflects many personal factors including participants aging out of care, participants residing primarily in shelters, participants released from health care or corrections to participants looking for more suitable or adequate housing.

Accessing affordable and suitable housing in Winnipeg for participants exiting homelessness remains especially problematic, with many persons feeling effectively shut out or expressing feelings of being trapped within the shelter system.

Reducing absolute and hidden homelessness requires careful attention to ensure those seeking housing are aware of the supports in place and must go beyond simply using internet searches or relying on word of mouth.

Ongoing roadblocks to housing access such as lack of ID, poor or no rental histories, lack of a credit history, no guarantor, must be addressed to ensure all Manitobans have equal ability to secure the right type of housing.

*To all who endured this terrible pandemic and to the agencies who sought to help, let us hope this does not occur again.*

## INTRODUCTION

The Covid-19 pandemic disproportionately impacted people experiencing poverty, marginalization, and homelessness (Gaetz, 2020; Koziel et al., 2021; Perri et al., 2020). Globally, homeless advocates stressed that sleeping rough, or in congregate living situations such as emergency shelters placed individuals at higher risk of transmission while compromising access to basic hygiene amenities (FEANTSA, 2020; Flatau et al., 2020; Gaetz, 2020; Koziel et al., 2021; National Alliance to End Homelessness, 2020; O'Shea et al., 2021a; Perri et al., 2020; Tsai & Wilson, 2020a). Additionally, populations experiencing homelessness often suffer pre-existing health conditions, placing them at greater risk of contracting and/or experiencing life-threatening outcomes from COVID-19 (Koziel et al., 2021; O'Shea et al., 2021b; Perri et al., 2020).

Across North America, the initial public health measures put in place during the early stages of the pandemic severely impeded the delivery of services to vulnerable populations including those experiencing or at risk of homelessness (Canadian Poverty Institute [CPI], 2020; Tsai & Wilson, 2020b). The early stages of the pandemic were also particularly difficult as many public spaces such as libraries and food courts closed. These closures, along with the reduction in the use of cash in favor of credit cards, very much hurt unsheltered persons and those who participate in the informal economy as normal routines and livelihoods were upended (CPI, 2020; Pursaga, 2020).

The disruption to the spaces and patterns of urban mobility also greatly altered the everyday lives of persons at risk of or experiencing homelessness. This situation is also thought to have contributed to the rise of urban encampments and the use of public spaces such as bus shelters for emergency dwelling. In a large study of persons experiencing homelessness in North America and Europe, Corey et al., (2022) reviewed 96 studies published

during the pandemic. Their work found that persons experiencing homelessness were hit hard by restrictions and closures. They further noted that the impacts went well beyond the disruption of access to shelters and permanent housing and extended to personal well-being related to fear of exposure including the inability to access personal protective equipment (Corey et al., 2022).

This study is set in Winnipeg, Canada, a mid-sized city with a population of 750,000, including 91,000 persons identifying as Indigenous. Winnipeg has one of the highest rates of urban Indigenous homelessness in Canada with approximately 68% of individuals experiencing homelessness identifying as Indigenous, despite comprising only 12% of the urban population (Homeless Hub, 2021d; Statistics Canada, 2021f; Brandon, 2022). A key focus is to examine the processes used by the agencies that mobilized in the early phases of the pandemic to direct and manage the response to persons experiencing or at risk of homelessness in Winnipeg.

As we discovered, the COVID-19 pandemic required swift intervention by Winnipeg's homelessness-serving sector to address emerging needs. At the outset of the pandemic, much of the effort occurred within the constraint of uncertainty about transmission and the impact of increased closures of public spaces used by persons experiencing or at risk of homelessness. As well, Winnipeg faced the reality of an absence of specific provincial guidelines for vulnerable persons at the onset of the pandemic. This made the initial delivery of services a challenge including the lack of coordination amongst outreach teams, delayed guideline development, and Public Health directives that did not speak to the experiences of Indigenous persons experiencing or at risk of experiencing homelessness. It was at this juncture that EHW, an Indigenous organization responsible for coordinating federal funding and resources, stepped forward to assume a coordinating role.

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## A GLOBAL TIDAL WAVE OF CASES

The COVID-19 pandemic began December 2019, in Wuhan, China where a cluster of pneumonia cases with unknown origin arose but were later diagnosed as a novel coronavirus by Chinese representatives (WHO, 2021). The World Health Organization's (WHO) stated on January 30, 2020, that the COVID-19 outbreak be considered a public health emergency of international concern after the virus diffused to five of the six WHO regions within a month – Africa was exposed to COVID-19 in late February 2020, making it the last WHO region to be infected (WHO, 2021). The accelerated rate of transmission on a global scale and the severity of the virus prompted the World Health Organization to announce on March 11, 2020, that COVID-19 be classified as a pandemic – the first coronavirus pandemic recorded (WHO, 2021). The United States of America was the first country in the Western Hemisphere to encounter COVID-19 within its borders: Washington State and Illinois State both received homebound travellers from Wuhan who obtained COVID-19 overseas (WHO, 2020b).

In late January 2020 Canada became the second country within WHO's region of the Americas to experience a positive COVID-19 case (WHO, 2020a). Canadian residents returning home from international and domestic travel were deemed as the cause for Provincial and Territorial origins with the exception of Nunavut having been exposed to COVID-19 from non-Nunavut residents working in the mining industry (DeClerq, 2020). Provincial and Territorial governments declared their first respective emergency initiatives to enhance political assertion, funding, and resource accessibility to combat COVID-19: Quebec capped a nine-day frenzy of emergency declarations on March 13, 2020, it concluded on March 22, 2020, when Nova Scotia enacted their emergency protocols

(Turnbull, 2020). Provinces and Territories were initially provided with \$500 million dollars to support response protocols as part of the Federal government's multisector collaboration to provide clear and coherent communication regarding COVID-19 (Harris, 2020).

The pandemic in Canada resulted in cities and communities quickly moving to stem transition through the closure of many public and private spaces (Turnbull, 2020). Gatherings were limited or banned, and extensive lockdowns were put into place (Turnbull, 2020). At this juncture, what became apparent for those persons at risk of or experiencing homelessness, was problematic. This greatly reduced or eliminated access to both formal and informal spaces, it also altered normal access to health and social supports. In a 2020 report, Canada's Chief Public Health Officer (Dr. Theresa Tam) reviewed the ways in which COVID-19 impacted Canadians unequally. A focus was on how the health of people in Canada was not equitable before COVID-19, due to structural determinants of health – including economic and social policies, societal values and norms, and governance structures – and how this shapes health inequalities through the ways money, power, and resources are distributed in society.

As well, Dr. Tam raised the presence of systemic racism, discrimination, and colonialism in Canada – saying that the resulting racism that BIPOC (Black, Indigenous, and People of Colour) experience results in poorer health. In addition to this, Dr. Tam stated that people experiencing homelessness (PEH), racialized and Indigenous peoples, immigrants, people with disabilities, and peoples living with low-income (among others) face greater vulnerability and exposure to COVID-19, while also being less able to access basic needs such as shelter, food, clothing, washrooms, and communications.



## RESEARCH OBJECTIVE

The primary intent of this work is to chronicle how End Homelessness Winnipeg and over sixty local organizations came together during the early stages of the pandemic to respond to the needs of persons at risk of or experiencing homelessness. As well, we assess the challenges and successes experienced by a sector unprepared for the complex health and socio-cultural needs of persons experiencing homelessness during a pandemic. This is examined by focusing on the local governance model used to provide supports and services.

Unique to Winnipeg's response was the advancement of an Indigenous leadership model to coordinate the homelessness sector in Winnipeg and ensure the needs of the population were addressed in a culturally responsive manner (Bingham et al., 2019; Distasio et al., 2019; Goering et al., 2011; Nejad et al., 2019; Thistle & Smylie, 2020). In the end, we examine whether the efforts and strategies put in place in Winnipeg during this period may influence and improve policies and practices not only in a future health crisis but in the day-to-day urgency of addressing homelessness.

The following five research objectives guided this effort:

1. Document the process of planning and implementing a local COVID-19 response within the homelessness-serving sector of Winnipeg using data collected and developed by the working groups and the leadership team;
2. Describe the leadership model that emerged to support the needs of the wider community to help guide local organizations support those in need;
3. Describe front-line service provider experiences, challenges and successes;
4. Engage persons at risk of or experiencing homelessness during the pandemic to share their housing journeys;
5. Offer thought on overall outcomes of the approach with a focus on long term planning.



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## METHODOLOGY AND FOUNDATION

The research in this report was conducted using a variety of approaches and methodologies. It is important to note that our work began during the height of the pandemic and progress was repeatedly interrupted by escalating cases and restrictions. The outcome is a methodological approach that needed to be nimble and flexible. For example, for interview with agencies, we shifted from in-person to a self-administered survey that could be completed when there was time. Our view was to respect the volatility and uncertainty of daily work patterns of many agencies that had to deploy a variety of work scenarios (e.g., hybrid, in-person, remote). As such, we developed an online research instrument that included both short and open-ended questions. We deployed this survey using a Qualtrics Cloud based platform that was secured by the University of Winnipeg. The survey was distributed to the sixty-five agencies that were part of the local response group.

Interviewing persons at risk of or experiencing homelessness was delayed by many months as a result of the challenges of safely meeting with persons either in public places or at various agencies. As restrictions lifted, we conducted 54 interviews with persons at risk of or experiencing homelessness. Interviews were conducted in partnership with ten agencies that assisted the research team with finding participants. The survey instrument focussed on exploring the housing journey over the pandemic. In return for participation, we provided a takeaway meal and a small honorarium of \$20 dollars. The survey protocols for the agencies survey and individuals were reviewed and approved by the University of Winnipeg's Ethics Committee.

While this work is set within the context of how one city responded to those experiencing homelessness during the Covid-19 pandemic, it is critical to offer a broader theoretical underpinning for the positionality of the policy and

program responses during the pandemic, which often failed to consider the deep impact on marginalized communities.

While there are numerous explanations of how the pandemic disproportionately impacted low-income communities, the earlier work of Madden and Marcuse (2016) offer an important perspective in discussing the false assumption of the state being well-meaning in solving affordable housing problems – calling it the “myth of the benevolent state”. They discuss how this myth assumes government’s primary concern is ensuring the welfare of all its citizens and that policies are geared toward solutions to social problems. They further posit the belief that the only way government could fall short is due to lack of knowledge, incompetence, selfish interests, or lack of courage. As well, Madden and Marcuse (2016) argue that the term “housing policy” exposes the motivations of the state, which is often directed at maintaining economic and political order – without consistent efforts to solve root causes of housing instability. Certainly, this was exposed during the pandemic as most cities struggled to find alternative housing options for persons without permanent shelter.

Further to this perspective, we also situate our work within the context of intersectionality, a term coined in the 1980's by Crenshaw who argued that a single axis of identity fails to capture unique experiences of discrimination. For example, race, gender, socio-economic status, health, and age can be considered different ‘intersections’ to one’s identity and thus contribute to different experiences of discrimination (Giannini, 2017). Within this contention, the intersectionality of homelessness can be expressed through its preconditions such as social exclusion, historical stigma, social profiling, and prejudice (Giannini, 2017). Additionally, marginalized groups are disproportionately represented in homeless population, as seen in the overrepresentation of people who

are Black, Indigenous, and People of Colour (BIPOC), Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning (2SLGBTQQIA+), have mental illnesses, or are disabled in homeless populations (Giannini, 2017).

The work of both Madden and Marcuse and that of Crenshaw should be viewed as providing a foundation for explaining the dispositioning of homelessness within the context of the

pandemic response. This means that meeting the needs of this diverse group, who were at risk of or experiencing homelessness, faced additional and systemic barriers in being supported. This positioning further exposed the local responsiveness by various organizations who faced early limitations in making the case for swift support and funding, while acknowledging that making such a case is fraught with challenge.



## ORGANIZATION OF THE REPORT

This document is divided into four sections, beginning with the first section that includes a brief review of responses to homelessness in Canada pre-pandemic, then a review of the global and local literature related to addressing the needs of persons at risk of or experiencing homelessness during the pandemic. This is followed by an assessment of the outcomes of a local agency survey. In the third section, interviews with persons at risk of or experiencing homelessness are presented and discussed. The report ends with a summary of findings and recommendations. The intent of the final section is to offer thought on moving forward both within the context of emergency planning and more generally in dealing with the systemic issues and barriers

that continue to prevent ready access to long term housing.

A background document and literature review were also completed to assess the local and national approaches to addressing the needs of persons at risk of or experiencing homelessness in Winnipeg and Canada, and the complexities within this system. This work was foundational in guiding the research team and in developing the various survey instruments. This included a scan of select Canadian cities to assess how Edmonton, Calgary, Regina, Saskatoon, and Thunder Bay responded to people experiencing homelessness during the pandemic (see *Appendix A*).



# PART 1

## HOMELESSNESS IN CANADA: THE ROOTS OF A NATIONAL CRISIS

The following section provides a brief context with respect to homelessness in Canada, drawing on both contemporary and historic views, policies, strategies and programs. We also examine the early impact of the pandemic and End Homelessness Winnipeg (EHW)'s role during the first three waves.

For decades, Canada has struggled to understand and meaningfully address homelessness, its root causes and prevention. While the pandemic further exposed these deep wounds, much of what is currently being experienced extends back decades. In fact, many have routinely classified homelessness as a national disaster. For Evens et al. (2021), they framed this period as stemming from neoliberal policies that restructured the welfare state in the early 1980s. This includes deep cuts to federal social housing and the transfer of the portfolio to the provinces in the mid 1990s. They also frame homelessness as a social catastrophe which became normalized, leaving Canada in a permanent state of emergency.

In the 1980s and 1990s, responses to homelessness were often characterized as community based, delivered by non-profits and faith-based groups who created and expanded overnight shelters and drop ins to meet the needs of people experiencing homelessness (PEH) (Evens et al., 2021). While this approach was effective in addressing the symptoms of homelessness (hunger and lack of shelter), there was little focus on root causes or enough resources to adequately sustain the growth in numbers of persons at risk of or experiencing homelessness in Canada (Gaetz, 2010; Piat et al., 2015). For many, 1999 is a watershed year in federal involvement in helping cities address homelessness. It was in 1999 that the National Homelessness Initiative (NHI) was unveiled by the federal government and sought to direct some \$750 million toward addressing growing issues in Canadian cities. This national strategy helped shape the Canadian response to homelessness but through a 'disaster management' lens – mostly providing capital funding for shelters that resulted in the

“shelterization” of homeless populations, and chronic homelessness (Evens et al., 2021).

In some ways, the pandemic kick-started an alternative response and awareness to homelessness. For example, Parsell et al. (2020) stated that the pandemic changed the view of homelessness in Australia as being a public health crisis. They noted this as being a fundamental shift from homelessness viewed as a point in time emergency– which treated homelessness ineffectively with short term services like food and temporary shelter as opposed to evidence based solutions like permanent affordable housing. However, they write that the changes in response to homelessness implemented during the pandemic likely will be redacted as conditions return to 'normal' in a post pandemic world, where public health risks are no longer imminent.

## HOUSING FIRST

As Canada entered the mid 2000s, responding to homelessness would take a substantial shift. Much of this stemmed from growing interest in considering root causes and evidence-based solutions. In fact, the largest single effort began in Canada in 2008 with the establishment of the Mental Health Commission of Canada which launched the At Home Chez Soi (AHCS) project in five Canadian cities - Moncton, Montreal, Toronto, Winnipeg, and Vancouver (Distasio et al., 2014). The AHCS project was established to assess an American intervention known as the Pathways to Housing Model. This approach originated in New York City in the early 1990s and had proven to be effective in ending homelessness for persons with co-occurring disorders (often mental health and addictions). During the first 18 months of the AHCS, more than 1000 Canadians were transitioned to housing using the Housing First model developed by Pathways to Housing but modified for Canada (Katz et al., 2017; Macnaughton et al., 2015).

As Goering et al. (2011) state, “Housing First involves providing homeless people with immediate access to subsidised housing, together

with supports. No pre-conditions, such as bringing substance abuse under control or being stabilised on medications, are imposed” (p. 2). They find that along with remaining housed, the primary outcomes of this model enhanced quality of life, housing stability, and social functioning. However, they also mention the need for inclusion of the broader homeless population that receives fewer intensive services. They discuss how this system largely focuses on potential fiscal savings, by housing about 10-15% of the homeless population whose complex needs place the highest costs and strain on public systems.

## **SUPPORTING PEH IN CANADA**

With the context of the neoliberal approach to homelessness in Canada in mind, it is encouraging to look at the ways in which PEH have been supported in Canada. The Rights Based Approach to Housing, Canada’s National Housing Strategy, and the Reaching Home initiative are all examples of progression in the goal of supporting PEH in Canada.

### ***Rights Based Approach to Housing***

The term "rights-based approach to housing" refers to the processes, policies, and programming that have been put in place to achieve adequate housing in conformity with the various international and domestic laws (Biss & Raza, 2021). The right to housing is seen as the right of a person to live somewhere in peace, security, and dignity (Biss & Raza, 2021). The Rights to Adequate Housing was first seen in the 1948 Universal Declaration of Human Rights (United Nations, 1948). The 1966 International Covenant on Economic, Social, and Cultural Rights then expatiated on these rights during the Committee’s general comments No. 4 (1991) and No. 7 (1997) on the right to adequate housing and forced eviction respectively.

The right to adequate housing as adopted at the Sixth Session of the Committee on Economic, Social, and Cultural Rights on the 13th of December, 1991, contains protection from forcible

evictions and arbitrary home damage and demolition; right to be free of arbitrary interference with one's home, privacy, and family; as well as the right to select one's residence, choose where one lives, and enjoy the freedom of movement (United Nations, 1992). Right to adequate housing also contains entitlement like equal and non-discriminatory access to adequate housing, land, property, and housing restitution (Biss & Raza, 2021).

### ***Canada’s National Housing Strategy***

The federal government launched Canada’s first National Housing Strategy (NHS) in November 2019 with the goal of ensuring that everyone in Canada has access to housing that they can afford and that meets their needs. The NHS Act (passed in Parliament in 2019) presents Canada’s housing policy, which recognizes that the right to adequate housing is a fundamental human right (National Housing Strategy [NHS], 2019). This strategy works to improve housing outcomes for those in greatest need through a long-term vision for housing (NHS, 2019). The NHS Act (2019) highlights the need for a diverse National Housing Council to meet this goal through input of persons with lived experience of housing needs and homelessness, civil society, stakeholders, and vulnerable groups in housing policy discussions. The Federal Housing Advocate’s work includes “examine and recommend to Canada Mortgage and Housing Corporation and the responsible Minister, solutions to systemic barriers that Canadians face in accessing affordable housing” (NHS, 2019, pg. 8). This inclusion and human rights focused attitude to housing through Rights Based Approach to Housing is important in the shift in view on housing – from a commodity that must be earned to a fundamental right (NHS, 2019).

### ***Reaching Home***

Reaching Home was launched by the Federal Government in April 2019 with the goal of preventing and reducing homelessness across the country by 50% by 2027-28 (Government of Canada, 2022b). The program provides

funding to urban centres, rural and remote communities, and Indigenous communities to implement local solutions to homelessness (Government of Canada, 2022b). Reaching Home is informed by a Right's-Based approach to housing, and supports the National Housing Strategy's aims, particularly the goal of assisting the most vulnerable Canadians in retaining secure, stable, and affordable housing (Government of Canada, 2022b). The program is also consistent with the 2007 United Nations declaration on the rights of Indigenous peoples in that it recognizes the rights of Indigenous peoples to be involved in the creation and administration of social programs which affect them (Government of Canada, 2020a; United Nations, 2007).

Through the Designated Communities Funding stream of Reaching Home, local Community Entities (CEs) are responsible for holding and distributing funds and providing administrative support and advice (Government of Canada, 2022b). Community Advisory Boards are responsible for deciding which programs receive funding (Government of Canada, 2022b). This requires each community to implement a Coordinated Access System (CAS) whereby a database such as the Homeless Individuals and Families Information System (HIFIS) is used to evaluate an individual or family's need and prioritize them for housing support services (Government of Canada, 2022b). EHW currently uses Service Prioritization Decision Assistance Tool (SPDAT) but will be switching to an Indigenous Path after it has been developed. In keeping with the Reaching Home Strategy's Integrated systems and Outcomes-Based approaches, Coordinated Access is intended to shift service providers from delivering services to clients they know to clients that the community has prioritized (Government of Canada, 2022b).

The above section was intended to highlight that our response to addressing the needs of persons experiencing homelessness has changed over the last number of decades. Our goal was not to be exhaustive nor critical but

to simply note that changes have taken place and the factors that influenced policy direction are varied. At present, Canada and most nations find themselves in a period of time like no other. The pandemic's crushing impact has been felt by all. For this work, we now shift to a more focused examination of the Winnipeg model used during the pandemic and the manner in which agencies struggled, but often succeeded, in providing support and hope.

### **A CLOSER LOOK AT THE WINNIPEG NETWORK OF HOPE**

The following section examines the characteristics of PEH in Winnipeg and how organizations provide support. As shown below, PEH face significant challenges and barriers that can often be exacerbated by simply being homeless. As well, the pandemic's toll was catastrophic in upending lives and daily routines while exposing many vulnerable persons to added health risks. It is important to note that the intent of this section is not to further expose the difficult socio-economic factors present among those who experience homelessness in Winnipeg but more so it is hoped that presenting these facts will make it clear as to the scale and tremendous need that exists for additional intervention, funding, and coordination among service providers.

Winnipeg is a mid-sized city with an estimated population of 750,000 (Statistics Canada, 2021f). Geographically, Winnipeg is viewed as a divided city. These divisions are most often exposed along economic and social lines that separate parts of Winnipeg. Most prominent is the division between Winnipeg and its Inner-City, a concentrated area of poverty and urban decline but equally an area of resilience and community resilience. With respect to housing market activities, CMHC noted that the 2020 vacancy rate was 3.1% with average rent at \$1070 (CMHC, 2020). For Winnipeg, the rental market has been challenging for those seeking affordable rents and for persons looking to access subsidized or public housing which is difficult to find. Often persons who are

desperately seeking housing find it tough to afford the average market rent and access supported or subsidized units that are all in demand but short in supply.

Urban decline has deep roots in Winnipeg and started in the 1950's due to the rapid suburbanization and the subsequent movement of wealth outward and into bedroom communities (Distasio & Kaufman, 2015). This led to the deepening of urban decline within many of the most central neighbourhoods in the city. Additionally, the area along Main Street and Higgins Avenue remained the central gathering point for many of the services and supports geared toward persons in poverty. This included shelters, missions, drop ins and other formal and informal services. The inner city has also sustained a long period of slow growth, marked by a decline in neighbourhood population, many of which remain lower today than their numbers in the 1960s (Distasio & Kaufman, 2015).

The Inner-City of Winnipeg was also the site of Canada's largest urban intervention project – the Core Area Initiative – beginning in 1980 and contributing to 30 years of top-down and bottom-up policy intervention programs from all three levels of government (Distasio & Kaufman, 2015). Since the 1960's, Community Based Organizations (CBO's) have played a role in neighbourhood resilience in Winnipeg's Inner-City, with a strong and entrenched network of CBOs that strive to embrace the principals of citizen engagement, community economic development and supportive service provision (Distasio & Kaufman, 2015). This sets the Inner-City of Winnipeg apart from the rest of the city, and the presence of CBOs has proven to be invaluable in the coordination of the homeless sector in light of the COVID-19 pandemic.

While urban decline and intervention efforts remain focussed on addressing complex economic, physical, and social issues in Winnipeg, few offered comprehensive solutions to end homelessness. As well, housing

on its own is not enough. In some instances, many experience housing instability and require additional support to remain in stable housing over the long term. This too can range from complex interventions such as Housing First to less intensive supports that focus on supporting tenancies such as supportive housing and community assistance.

A key aspect of this project was to conduct an inventory of services, supports, and housing options for PEH. This was undertaken in May 2022, in collaboration with EHW in an effort to map Winnipeg's support system for PEH. *Table 1* shows a number of types of housing and programs that exist in the city. While not all the programs focus exclusively on PEH, a significant number do offer housing. Yet, in Winnipeg, this still has not resulted in a meaningful reduction in the total number of PEH. One of the factors discussed in the coming section offers further thought on this table in describing how the various organizations in Winnipeg mobilized during the pandemic to better coordinate services and avoid duplication.

What the table clearly shows is that there is a strong mix of housing types from emergency, transitional, supportive to more permanent and independent options. As well, there were eleven agencies working to help refer clients into units and eleven specialized teams providing Housing First support. However, for those both at risk of or experiencing homelessness in Winnipeg, the services and supports seem to continue to not reach those in need, which has led to an increasing number of PEH. Often, the challenge is stretching the available stock of affordable housing to meet the demand of those looking for units. Like most cities in Canada, the shortage of affordable housing has contributed to the increase in persons experiencing homelessness, regardless of the number of supporting agencies.



Table 1: Housing Programs in Winnipeg, May 2022

Program Type:	Number of Programs:
Housing First	11
Emergency Shelter	11
Transitional Housing	21
Supportive Housing	16
COVID-19 Isolation Units	1
Non-Profit Housing	16
Non-Profit Housing: Seniors	40
Non-Profit Housing: Indigenous Peoples	3
Non-Profit Housing: Newcomer Women and Children	1
Co-Op	17
Co-Op: Seniors	3
Personal Care Homes	21
Supported Living Services for Adults with Disabilities	6
Transitional Housing for Indigenous Peoples Requiring Dialysis	1
Housing Referral Services	11
Additional Supports	78
<b>Total Number of Programs:</b>	<b>257</b>

**A Demographic Snapshot of PEH in Winnipeg**

With respect to the population experiencing homelessness, counts and estimates are often flawed in accurately identifying the number of individuals experiencing homeless. Yet, under the federal government’s funding requirements, cities receiving federal funding must undertake counts (Echenberg & Munn-Rivard, 2020). For Winnipeg, this began in 2015 at the Social Planning Council of Winnipeg (SPCW) (Maes Nino et al., 2016), followed by the Winnipeg Street Health Survey in 2018 (Isaak et al., 2019), then the Street Census Point in Time Count (PITC) in 2021 (End Homelessness Winnipeg [EHW], 2021) and most recently the 2022 Winnipeg Street Census again in partnership with the SPCW (Brandon, 2022). The 2022 count estimates that on any given night, an average of 1,200 people experience homelessness in Winnipeg (Brandon, 2022). Furthermore, researchers believe that for every individual experiencing absolute homelessness, another three individuals can be considered part of the hidden homeless population (Isaak et al., 2019). It is important to note that the hidden homeless population in Winnipeg and

prairie cities is remarkably diverse and complex, requiring very specific types of programs and supports to help persons into more stable and long-term housing (Brandon, 2022). As well, the experiences of Indigenous persons must be understood to be distinctive, requiring culturally developed and led support and services (Distasio et al., 2005).

All Winnipeg surveys concluded that men outnumbered women by a factor of more than two to one, and adults aged 30- 50 years were the largest age cohort (Isaak et al., 2019; EHW, 2021; Brandon, 2022). 2SLGBTQQIA+ individuals accounted for 10.8% of the 2022 sample, up from 1.5% of the 2021 sample (Brandon, 2022; EHW, 2021). Individuals identifying as Indigenous are account for 12.2% of the population of the City of Winnipeg (Statistics Canada, 2021f), yet remain overrepresented in the homeless population accounting for 71.4% of the 2018 survey respondents, 66% in 2021, and 68.2% in 2022 (Isaak et al., 2019; EHW, 2021; Brandon, 2022). In 2021, those experiencing chronic homelessness accounted for about 15% of all emergency shelter users, and in 2022 nearly half of

participants had experienced homelessness for more than 18 months in the past three years (EHW, 2021; Brandon, 2022). While unique pathways into homelessness exist amongst different subgroups,

such as intimate partner violence for women and intergenerational trauma among Indigenous peoples, the most common causes of homelessness can be seen in *Table 2*.

*Table 2: Causes of Homelessness in Winnipeg (from Brandon, 2022)*

Cause	Percentage
Not Enough Income for Housing	29.2%
Conflict with: Partner, Friend, Family, CFS, other	25.5%
Substance Use Issue	18.3%
Conflict with: Roommate, Landlord/Complaint/Building Sold, Renovation	17.3%
Unsafe Housing	7.7%
Mental Health Issue	6.3%
Incarceration	6.0%
Left the Community/Relocated/My Choice/End of Lease	6.0%
Physical Health Issue	3.3%
Experienced Abuse By: Partner, Family	2.7%
Pandemic	2.5%
Hospitalization/Treatment Program	1.7%
Experienced Discrimination/Intergenerational Effects of Residential Schools	1.5%

Trauma and mental health struggles were common experiences amongst those surveyed. In the 2018 survey, 76.6% of participants said they had experienced serious depression, anxiety, or tension in the last year, and nearly half of participants said they had seriously contemplated self-harm or suicide – with 66.8% of these individuals having tried to end their life or hurt themselves. One participant said “suicidal ideation and depression are a huge part of being homeless. People need to understand that”, and yet many PEH reported challenges relating to access to mental health services and delivery- including not knowing what services were available, and other various financial and administrative barriers (Isaak et al., 2019, pg. 25). In 2022, it was found that 85.4% of youth experiencing homelessness have symptoms of mental health distress, and that experiencing homelessness cuts 7-10 years off a person’s lifespan (Brandon, 2022). An additional barrier to securing housing is lack of identification or a health card, with 35.5% of participants not

having any form of identification, and 29.6% not having a health card (Isaak et al., 2019). These factors are similar to findings from Winnipeg’s AHCS project that also examined the local population experiencing homelessness (Distasio et al., 2014).

### END HOMELESSNESS WINNIPEG

While much of the discussion thus far has painted a difficult portrait of the approaches and characteristics of those persons struggling with the lack of housing, there is reason for hope and optimism. EHW was established in 2014 in response to a community mandate to serve as the backbone organisation for implementing Winnipeg's 10-Year Plan to End Homelessness (Sanders, 2019; EHW, 2022). In 2019, a significant change was implemented as EHW restructured its governance model and approach to become an Indigenous based organization. In addition, EHW also took on the role of Community Entity [1] for Winnipeg (Sanders, 2019). As such, EHW

[1] Community Entity is a term used to designate the organization as being responsible for the management and distribution of federal programs and funding under the Research Home Strategy. For more information see: <https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html>

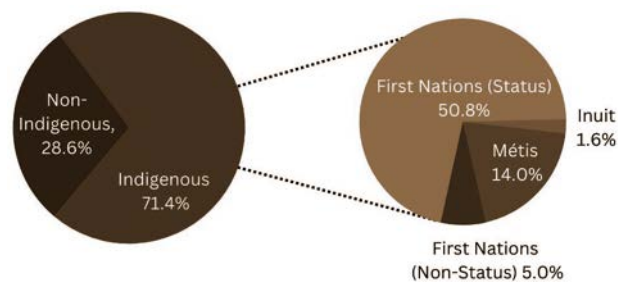
works with community agencies and funders in the private and public sectors to coordinate local approaches to end homelessness while administering the federal funding under Reaching Home, as discussed previously.

### **An Indigenous Approach**

As noted, EHW restructured its operations and mandate to become an Indigenous organization in 2019. This evolution was described by former EHW CEO, Lucille Bruce, within the context of the overrepresentation of Indigenous people who comprise nearly 70% of the homeless population in Winnipeg. The contention was that the organization must work directly with, and more clearly reflect, Indigenous people to find “long-term solutions that will make a difference from a culturally relevant perspective” (Rosen, 2019, para 5). Bruce also stated that the organization embraced the principle of Truth and Reconciliation from the Missing and Murdered Indigenous Women, Girls, and 2 Spirit people and the United Nations Declaration on the Rights of Indigenous People. This ensures that EHW is culturally grounded in all its operations. This critical change comes after nearly four decades of non-Indigenous led organizations providing and managing funding for homelessness, despite the overrepresentation of Indigenous persons.

To further place the importance of the transformation of EHW, Caplan et al. (2020) described how challenges faced by Indigenous people in Canada, including those who are homeless, must be conceptualized through the lens of oppression and colonization. As such, the intentional attempt to disconnect Indigenous peoples from their cultures through colonization manifests in present and historic trauma. As well, many Indigenous people have rich belief systems that seek to embrace the interconnectedness of all elements of creation, which is reflected in holistic thinking, mental, physical, spiritual, and emotional balance through mindfulness, reflection, awareness, and identification of healing journeys. Caplan et al. (2020) threads this through the interconnectedness to Indigenous homelessness, saying that, in Canada, this issue is not only interlaced with systemic issues, but intentional displacement, disconnection, and disruption from webs of “all my relations” (as cited in Caplan et al., 2020, pg. 2756). The authors go on to say that because of this, cultural healing and reconnection remains at the forefront for many Indigenous PEH – traditional education, ceremonial participation, culture keepers, and community cohesion are identified as important parts of this process. As such, EHW’s position as an Indigenous organization ensures that these deeply rooted principals are implemented in the response to Indigenous homelessness in Winnipeg.

*Figure 1: % of Indigenous vs. non-Indigenous PEH in Winnipeg (information from Isaak et al., 2019).*

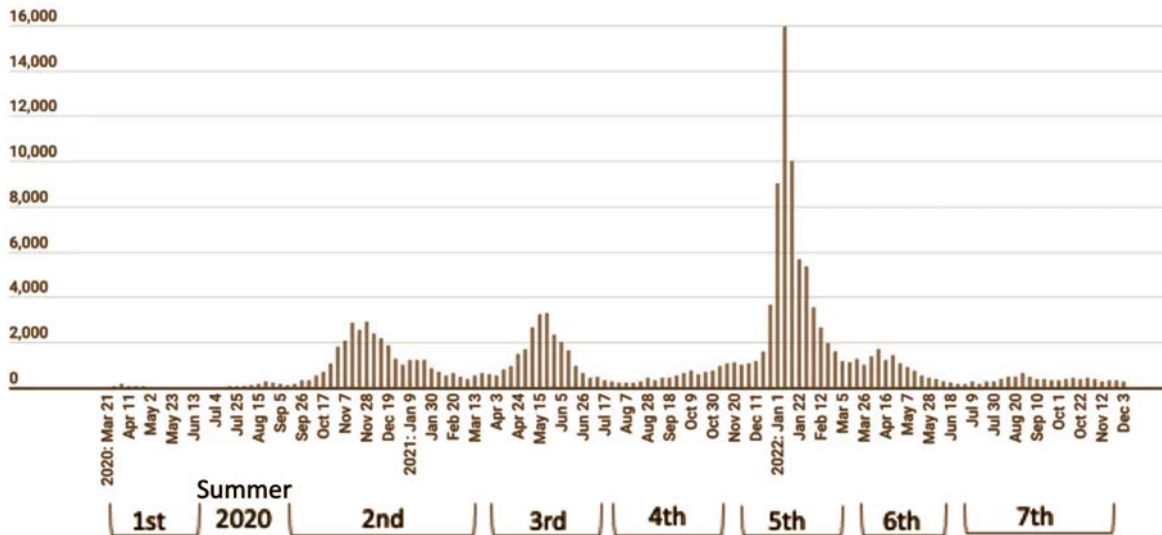


An Indigenous perspective has proven invaluable in the homeless sector’s response to COVID-19. As raised by EHW, this position informed the model of grassroots decision making in the coordination of a COVID-19 response, with an emphasis on working together instead of in silos (as was done pre-pandemic) and ensured a level of trust from the community. For example, testing and vaccine sites took place at many local Indigenous organizations, such as the Manitoba Metis Federation, Thunderbird House, Aboriginal Health and Wellness, the Ma Mwi Chi Itata Centre, and the Aboriginal Council of Winnipeg. The Indigenous approach led to a collective impact

model that respected the principals of truth and reconciliation and towards Indigenous led services. In practice, this was a holistic experience – with staff at sites to

greet individuals and make them feel more comfortable, a welcoming environment, and an emphasis on connecting those in need with services.

Figure 2: Weekly Cases of COVID-19 in Manitoba as of December 2022 (from Winnipeg Free Press, 2022, as reported by provincial and federal health authorities)



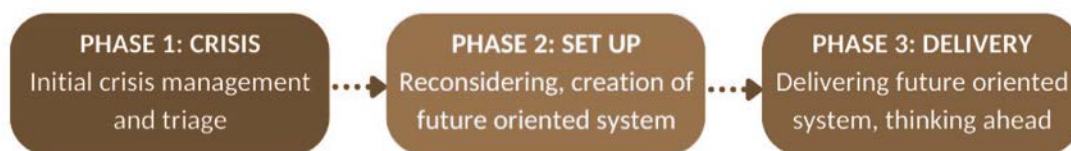
### WINNIPEG’S LOCALIZED RESPONSE TO THE PANDEMIC

In discussion with former EHW President and CEO Lucille Bruce and Director of Housing Supports Betty Edel on EHW’s role in the response to COVID 19, Bruce contemplated the ways in which the pandemic brought the issue of homelessness in Winnipeg to light for the broader public. The visibility of people sleeping in bus shelters due to lack of perceived safety in emergency shelters meant that people could “no longer turn a blind eye”. Bruce said this led the media, the private sector, and the public to ask questions about why people were in bus shelters and why more housing is

not being built. This media coverage brought the issue of homelessness back into public discourse.

The following focusses on Winnipeg’s response to the first two waves of the pandemic. It centres on how Winnipeg organizations came together in unprecedented times to create a strategy during the first year of the pandemic. We have structured the response into three categories: Crisis, Set Up, and Delivery (*Figure 3*). These three phases coincide with the first wave of the pandemic in spring 2020, the summer of 2020, and the second wave in fall/winter 2020.

Figure 3: Phases in Winnipeg’s Homeless Sector COVID-19 Response



**The First Wave (March - June 2020): Crisis**

In March of 2020, the board of EHW was made aware that they would be shifting priorities and coordinating the COVID-19 response in Winnipeg, as per the Winnipeg Regional Health Authority’s (WRHA) request. On March 17, 2020, EHW had its first meeting with approximately 60 local stakeholders, made up of CBO’s, city officials, and provincial and regional health agencies, to discuss strategies (Plaut, 2020). This quickly resulted in six sub-groups being formed: Youth, Shelter, Housing First, Food Security, Drop-ins, and Harm Reduction. The groups initially met twice a week, with the management from EHW meeting twice a day. On March 20, 2020, the province of Manitoba declared a state of emergency which mandated the closures of schools, wellness centres, public spaces, limiting gatherings, and restricting the operation of non-essential businesses (CBC News, 2020). EHW was considered non-essential, so staff shifted to working from home.

It is critical to note that all of this happened in a matter of weeks, with the sector working together to share knowledge, resources, information, and even physical space. The Working Groups organized by EHW allowed

for information sharing on governmental responses to COVID-19, what resources were available locally, and gaps in services. This had been done pre-pandemic through a shared Google Spreadsheet, but up to date information sharing became critical during the early weeks of the pandemic. EHW also communicated public health directives and guidelines, which were changing almost daily to ensure that all agencies were operating within the changing mandates and in the best interest of those experiencing homelessness.

Additionally, EHW took on the role of coordinating incoming COVID-19 funding. In anticipation of the federal governments COVID-19 response funding, EHW decided to put together a plan to be able to flow money to essential services at this critical time. Bruce discussed how the working groups were utilized for this plan, asking them to identify emerging needs and where investments were needed. She said that this approach was very successful, and they were able to pull in the entire sector to work with EHW, informing, engaging, and assisting to keep people safe. Edel also discussed the importance of communicating “who was funding who”, to ensure no one was missed. Bruce and Edel attributed the success of this effort partially to

Figure 4: EHW Working Groups



being a not-for-profit, saying this allowed them to bypass bureaucracy and act quickly and efficiently.

However, EHW was not only coordinating the dispersal of incoming money. At this point in the pandemic response, Personal Protective Equipment (PPE) such as face masks, face shields, gloves, gowns, etc. was in high demand and low supply. EHW took on the role of securing and distributing PPE and cell phones to agencies so they could be given to people who needed them, as a result of building closures and the change to remote work. EHW also helped Main Street Project and the Winnipeg Regional Health Authority work to establish an isolation shelter for PEH awaiting test results or who had tested positive. This was supported by securing space from the City of Winnipeg and support from Manitoba Housing (Plaut, 2020).

By the end of April 2020, then premier of Manitoba, Brian Pallister, announced a plan to reopen the province (CBC News, 2020). This was met with criticism from the public and public health officials, due to the epidemiological evidence that the pandemic would continue and measures such as masks and social distancing had to be implemented, not removed so as to not overload the healthcare system (Plaut, 2020). Bruce and Edel also discussed how EHWs role as the coordinating body for the homeless sector's response to COVID-19 helped the community recognize and coordinate key services and supports. This approach was felt to demonstrate the value of EHWs leadership by working together instead of in silos, helping a lot of previous skeptics realize the importance of this collective impact model. They also talked about how this allowed the organization to demonstrate the ways in which EHW respects the principals of Truth and Reconciliation and moving Indigenous led services forward.

### **Summer 2020: Set Up**

The downturn of cases in May 2020 sparked

Phase 2 of Manitoba's reopening plan on June 1, 2020, allowing restaurants, gyms, pools, and a large variety of businesses to reopen (CBC News, 2020). On June 21, 2020, Phase 3 was initiated, increasing gathering sizes, returning to full capacity at daycares, and lifting some travel quarantine requirements (CBC News, 2020). On July 14, 2020, Manitoba accomplished a full week with no new reported cases in the province (CBC News, 2020).

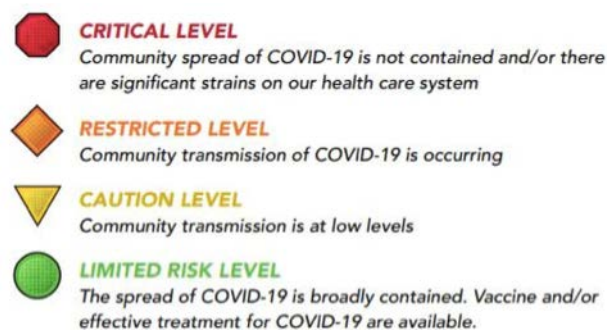
During this time, EHW had invested a large amount of the COVID-19 funding they had received, in addition to their usual Reaching Home funding, resulting in \$20 million within less than a year. With lower cases and less immediate crisis management their attention turned to returning to "normal" work in this sector. What was the plan going to be, especially with winter approaching?

In the interview, Edel discussed how EHW quickly realized that simply "throwing millions into crisis" was not going to be helpful in the long term. CBOs had also identified a lack of public and governmental awareness on the needs of PEH, and although many praised the City of Winnipeg and Province for providing resources and funding to expand shelters, CBOs agreed that this thinking was short term and did not address the larger demand for good quality, safe, low-cost housing (Griff & Cooper, 2020). Therefore, EHW pivoted to putting funds they were receiving into capital costs, with the knowledge that if people had homes, issues such as lack of shelters would not exist. They also started to prepare for extreme weather through investing money into warming spaces and engaging those in the sector that had provided warming spaces the previous year. They utilized their network to ask what the anticipated needs were: what needed funding? Although the city had now "opened", they anticipated another shut down, so access to daytime spaces with computers, washrooms, and food had to be planned for. Bruce and Edel emphasised the importance of outreach and supporting organizations that did for wellness

checks in encampments and offering to help PEH to find housing and connect to resources. Outreach services recognized that this needed to be 24/7 to ensure the safety of PEH at this time of access to limited resources.

At the end of July 2020, as EHW's planning was ongoing, Manitoba announced Phase 4, despite an upturn in cases (CBC News, 2020). In August, cases soared – setting single-day records nearly every day (CBC News, 2020). In the middle of August, the province implemented a new colour-coded system, as shown in Figure 5 that allowed the government to implement COVID-19 restrictions within specific regions, communities, or industries in the province.

*Figure 5: Manitoba Risk Levels for COVID-19 (CBC News, 2020)*



### ***The Second Wave (September 2020 to March 2021): Delivery and Thinking Long Term***

In September 2020 with the return to school pending, the province of Manitoba had an increase in cases, leading to the City of Winnipeg being placed into orange “restricted level” effective September 28, 2020 (CBC News, 2020). As part of the new restrictions, a mask mandate also came into effect in Winnipeg, making masks mandatory in indoor public spaces (Unger, 2020). In addition to the stricter guidelines that now needed to be adhered to, many other issues that impact PEH came to light with the colder weather.

These challenges included a lack of safe consumption supplies and strict naloxone distribution regulations, which contributed to the

increase of drug use alone and overdoses in Manitoba and Winnipeg (Plaut, 2020). Additionally, physical distancing and reduced access to services like in-person support groups had an impact on social isolation – putting additional strains on persons with substance use disorders (Tam, 2020). CBOs who offered services to people who use drugs had to modify their services, delivering safe consumption supplies and information to individuals – a situation that many CBOs say was not ideal due to the lack of conversations and connections taking place (Plaut, 2020). This led to a huge increase in the use of naloxone. As of October 13, 2020, 1,189 individuals had been administered naloxone by the Winnipeg Fire Paramedic Service that year, in comparison to 789 people in 2019 (Klowak, 2020, as cited in Plaut, 2020). The interruption in interactions with CBOs due to almost certainly contributed to this huge increase in overdoses.

With the start of cold weather, there was a huge influx of people sleeping in bus shelters and encampments. Bruce and Edel stated that EHW was receiving phone calls from the city asking them to do something about this, so they gathered outreach experts, asking them to make connections with people living unsheltered to learn why they were choosing to sleep here despite other places to sleep being available. They quickly learned that people did not want to stay in emergency shelters due to fear of contracting COVID-19, so they felt safer sleeping in bus shelters or tents. They also learned that it was not just people who were homeless who were gathering in these spaces, but other people who had previously utilized public spaces for socialization that were now closed. So, EHW invested in daytime spaces – as they had anticipated needing to do over the summer.

To discuss other issues that were taking place at this time, a published letter from a local Winnipeg organization, Make Poverty History Manitoba (MPHM), provides some good context into the broader needs that were being felt. It was MPH M that spoke to needing to

avoid a humanitarian and poverty crisis in Manitoba due to the impacts of COVID-19 (Plaut, 2020). MPHM stated their concern about the Manitoba government implementing policies that exacerbate poverty and homelessness, as well as the spread of COVID-19. They cited three key examples. The first was the Employment and Income Assistance (EIA) claw back for those who received the Canada Emergency Response Benefit (CERB), despite the federal government's intention of the CERB building on provincial income support programs. Second, they brought the need for a Livable Basic Needs Benefit to replace EIA. Finally, they discussed the eviction ban that the Manitoba government implemented in March 2020 but then lifted on October 1, 2020 (when many still struggled with housing).

By the beginning of 2021, there was hope that the COVID-19 vaccines would result in the end of the pandemic. As previously discussed, EHW was involved in ensuring that vaccines could be offered by Indigenous organizations. As of April 27, 2021, all Indigenous persons aged 32 and older in Manitoba, and all non-Indigenous persons aged 52 and older, became eligible for their first vaccine (MacLean, 2021). In April and May of 2021 various Indigenous-run vaccine sites that were staffed with elders, traditional knowledge keepers and traditional ceremonies were opened in Manitoba, with the intent of providing a safe, trusting, and welcoming space for people who may be hesitant about the vaccine (MacLean, 2021). The immunization site at the Aboriginal Health and Wellness Centre is located next to Winnipeg's three largest homeless shelters, and immunization teams were soon also visiting shelters - making vaccinations accessible for PEH, catering to the large Indigenous portion of this population (MacLean, 2021).

Also in 2021, EHW became involved in The Village project – now called Astum Api Niikinaahk (meaning “come sit at our home”) - an idea that came from people living in encampments who wanted small private spaces that were not typical one-bedroom apartments

(DePatie, 2021). This project is a 22-unit communal housing site, with a lodge, gathering space, garden, outdoor area, access to guidance from Elders, laundry facilities, a medical clinic, commercial kitchen, and 24/7 supports (Rutgers, 2022). It was originally expedited due to COVID-19 and the impact on PEH, but faced delays due to costs of building materials, so is currently still under construction with plans to open in late 2022 (MacLean, 2022).

Although the work EHW and the broader homeless sector has done in response to COVID-19 did not end at the one-year mark of the pandemic, there was a sense of a “new normal”. The work EHW led in coordinating efforts in this sector proved invaluable. In reflecting on the effectiveness of this response, Bruce pondered how such a response could be used to end homelessness in Winnipeg, as it was so effective in the response to COVID-19.

### **INTERRUPTION OF PLACES AND SPACES USED BY PEH**

Within the first year of the COVID-19 pandemic in Winnipeg, there were a variety of turning points, where issues being faced by PEH and CBOs adapted as conditions shifted. The interruption of places and spaces used by PEH emerged as a central issue that was made worse by closures from public health guidelines. This contributed to problems with access to food and communication through phones and internet that are often available for use in many community spaces. The informal economy of PEH also changed during the pandemic. These times of adaption showed the communication, trust, and support exists among CBOs and the inner city of Winnipeg – as one manager said, “our network of CBOs are fuckin’ rock stars.” (Plaut, 2020, pg. 20). The following section will look at some of the situations where adaptations to services had to be made, and how a community of “rock stars” took this on.



As mentioned, public health measures enacted to combat the transmission of COVID-19 had a severe impact on Winnipeg's vulnerable population, many of whom rely on access to CBOs and public spaces such as libraries, malls, and food courts to get a cup of coffee, escape the weather, and use the washroom. However, many of these spaces were closed starting in March 2020 due to COVID-19 health guidelines deeming such spaces "non-essential" (CBC News, 2020).

Winnipeg CBOs identified access to shelter (which has already been discussed), food, internet/phone, safe (drug) consumption supplies (including Naloxone), and washrooms as being the most pressing need during the pandemic (Plaut, 2020). Although these needs were not new, there was an increase in the number and urgency of people who effectively became shutout of their normal patterns of interacting within the community.

### ***Access to food***

Due to public health guidelines, food courts and fast-food outlets across Winnipeg first closed in March 2020 (CBC News, 2020). This meant that PEH could no longer use these spaces to warm up, hang out, or use the bathroom. Local food-bank network Harvest Manitoba received \$1 million in funding from the Federal government and were then involved in providing monthly hampers to families connected to schools, CBOs, soup kitchens, and other places providing meals (Plaut, 2020). They also worked with City of Winnipeg to open food distribution sites, and the West Broadway Community Organization's "Good Food Club" increased distribution of food to those with underlying health conditions and seniors (Plaut, 2020). At the same time, other CBOs that had soup kitchens and food pantries continued and often modified services – for example, through providing "to-go" meals, or delivering meals to those who could not access them otherwise (Plaut., 2020). The coordination of this effort and subsequent assurance that organizations and individuals

were receiving the resources they needed demonstrated the way in which the CBO network was essential in the local response.

### ***Disconnect through lack of access to phones, computers, and internet***

One of the most fundamental challenges raised by the community was the disconnect many PEH had in accessing vital technology to be able to connect virtually. As we became aware, much of the early information released on COVID-19 health guidelines such as how to stay safe, and resources and supports was shared on websites. As well, most appointments with doctors, banks, parole officers, EIA and social workers etc., also moved online or to phones. This situation, while intended to keep people safe, also had the indirect impact of exposing the huge technological divide that existed with many not able to consistently connect online or even by phone as normal community access points had closed.

With the increasing closures of public drop-in spaces, many PEH did not have access to Wi-Fi, phones, or computers (Plaut, 2020). This led to CBO's filling this gap in services by allowing people to use their phones, computers or Wi-Fi in ways that followed public health guidelines (Plaut, 2022). CBOs also provided phones, iPads, computers, and Wi-Fi boosters, and helped PEH or people who were precariously housed sign up for the federal government "Connecting Families" \$10 internet program (Plaut, 2020). Again, we see CBOs stepping up to provide these essential services to those who required them.

### ***Access to Bathrooms***

With so many closures, access to bathrooms for PEH became a major issue. CBOs connected with each other to share information on who had open, accessible bathrooms and how to fill any gaps in services – and this information was then shared with the community (Plaut, 2020). On December 22, 2020, the City of Winnipeg announced the first phase of

Places to Go – Public Restroom Strategy which saw the opening of three temporary public washrooms in the downtown area for those experiencing homelessness, and plans to open four more (City of Winnipeg, 2020). The locations were determined through consultations with CBOs and End Homelessness Winnipeg (Plaut, 2020). The City of Winnipeg allocated \$670,000 in funding from Community Response Fund for Vulnerable Populations grant for this project, with \$50,000 going towards the planned seven temporary washrooms and the remaining \$620,00 towards building permanent washrooms in 2021 (City of Winnipeg, 2020). The permanent public bathroom located next to Thunderbird House at 715 Main Street was opened in May 2022, with the goal of harm reduction and dignity (Asselin, 2022). While this took some time to build, it represented a long effort by many organizations pushing for more dignity by offering people clean, accessible bathrooms.

## SUMMARY

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This section of the project sought to review some early steps taken to address many complex issues that have been faced by persons at risk of or experiencing homelessness for decades. These systemic issues have exposed Canada's ongoing failure to adequately support those most in need. However, as the pandemic and the many restrictions were enacted, the work of local organizations, supported by EHW's leadership in coordinating funding and actions, helped stave off what could have been a devastating outcome for many.

The following sections focus on the experiences of service providers and people with lived experience with homelessness during the COVID-19 pandemic, discussing what worked, didn't work, and what was needed. We conclude the work by summarizing the approach and offering thought for moving forward in a post-pandemic environment.





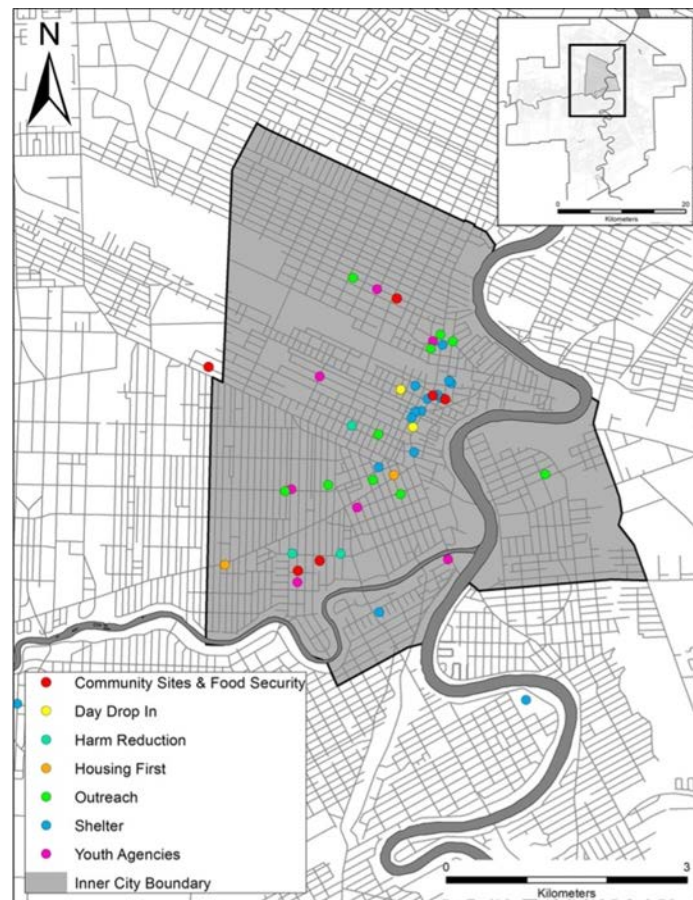
# PART 2

## ANALYSIS OF SERVICE PROVIDER SURVEY DATA

In 2021, surveys were conducted with Winnipeg service providers to gather information on how the coordinated response worked and how each organization adjusted operations during the height of the pandemic. The service providers included in the survey were members of the EHW working groups, as discussed in *Section 1*. Their work was

foundational in the success in coordinating the pandemic response. A map of the organizations can be seen in *Figure 6*. It is important to note that many of the providers included in the study had their primary location within Winnipeg's inner city and in close proximity to the clients they served.

*Figure 6: Map of Service Providers Mobilized During Pandemic*



From the initial request for participation from the roughly 60 agencies involved in the EHW working groups, we received 35 completed surveys. Respondents represented agencies who delivered services such as shelter services (youth, woman, general adult population), housing (transitional, supportive, permanent), drop-in (youth, women, 2SLGBTQ+), safe spaces, basic needs (food or general supports), employment or training, and other

(funding, community development, harm reduction). The majority of agencies identified that their services were targeted towards the general population, yet some specified a service focus on youth, women, Indigenous, and others (seniors, men, children and families, and vulnerable or at risk).

Roughly three quarters of respondents reported that they included an Indigenous or Newcomer

lens to the services they provide. When elaborating on the nature of these culturally sensitive services, agencies described the hiring of Indigenous and diverse staff, the delivery of information translated into various languages, and the use of traditional medicines and ceremonies such as smudging. Other agencies stated that their mission statements reflected Indigenous teachings and that they offered cultural awareness and anti-oppression training.

*Table 3: Survey results: Would you consider any of the services provided by your organization to use a cultural lens such an Indigenous or Newcomer lens?*

Answer	%	Count
Yes	72	18
No	24	6
Not sure	4	1
Total	100	25

*Table 4: Survey Results: In which groups did your organization take part in the EHW-facilitated COVID-19 Working Group meetings to help coordinate local resources/responses to COVID-19?*

Answer	%	Count
Shelters and Isolation Supports	15.56	7
Coordinated Response	15.56	7
Outreach/Unsheltered	15.56	7
Housing First	11.11	5
Community and Food Security	11.11	5
Day Time Drop Ins	11.11	5
Harm Reduction	8.89	4
Staffing	6.67	3
Youth and Safe Spaces	4.44	2
Total:	100	45

The majority of survey respondents were part of the EHW-coordinated working groups and helped coordinate local resources and responses to the pandemic. Respondents belonged to agencies which represented all the EHW working groups including, Youth and Safe Spaces, Housing First, Community and Food Security, Shelters and Isolation Supports,

Daytime Drop-ins, Coordinated Response, Outreach/ Unsheltered, Staffing, and Harm Reduction. The working groups with the highest representation among survey respondents were Shelters and Isolation Supports, coordinated response, and Outreach/Unsheltered.

The vast majority of respondents had received federal funding through the Reaching Home program which was administered locally by EHW. Reaching Home monies were used to fund transportation services, drop-in and isolation facilities, shelter expansion, and staffing. Most agencies were also funded by the Winnipeg Foundation and United Way. Some agencies received support from the Canadian Women’s Foundation and Harvest MB. One agency received a Wellness grant from the City of Winnipeg.

## LESSONS LEARNED DURING THE PANDEMIC

When speaking about lessons learned during the COVID-19 pandemic, the single most common theme identified was the need for more temporary, low-barrier shelter spaces which are safe, accessible, and open after business hours. Agencies noted that there is a value to these spaces being flexible in use and that there needs to be more alternatives to the city’s “Big 3” shelters (Main Street Project, Siloam Mission, and Salvation Army), especially for youth. Agencies also pointed out that the pandemic had highlighted the need for permanent and supportive housing options in the local market as well as the need for more public washrooms across the city.

A second theme emerging was the need for stable funding. Agencies noted that funding had been one of the greatest challenges and with the pandemic highlighting the acute vulnerability of agencies operating on small budgets and without adequate staff. Some agencies recommended coordination of the distribution of funds as well as the idea of a pandemic fund going forward.

Agencies also reflected on both the continued relevance of pandemic measures such as coordination and communication between agencies, working from home, PPE to control outbreaks, and success of outreach vans. Many agencies felt that these efforts would continue to serve them well in a post-COVID-19 landscape and had a place in their long-term operation models.

While agencies looked forward to resuming pre-COVID-19 services, such as those involving specific age groups and those involving more contact with their clients, many felt they will continue to use certain protocols and services developed in response to the pandemic. Many agencies felt that the outreach approach taken during the pandemic was worth maintaining. Other agencies noted that they would maintain social distancing in shelters as well as masking for clients and PPE for staff. Several agencies look forward to maintaining the level of coordination established during the pandemic by continuing to meet with other agencies.

### **VIEWS ON COORDINATED EFFORTS DURING THE PANDEMIC**

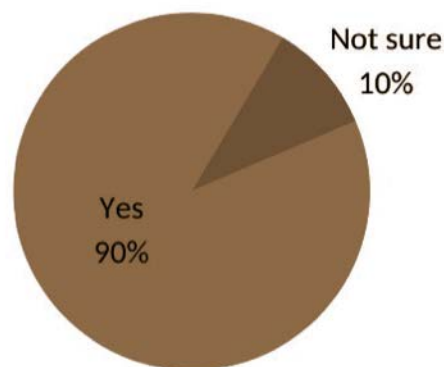
An overwhelming majority of respondents felt that coordinated efforts of the Winnipeg agencies was helpful. Among the responses provided, themes of communication and access to information emerged. Agencies recognized the value of the inter-agency communication which was facilitated by the working group meetings. They reported being able to better align and coordinate the delivery of resources and services, allowing them to avoid duplications. Respondents also communicated the value of having a common goal, and the development of relationships which led to emotional support between and among agencies. With regards to access to information, agencies valued the chance to share information and strategies with each other. Due to changing public health measures, adjustments and adaptations were happening “on the fly” which meant that printed lists of ‘services offered’

were often out of date. Up to date information about services being offered by various agencies made it easier for other agencies to make client referrals. The meetings also allowed agencies to learn how each other were adapting, and the chance to incorporate ideas and creative solutions from other agencies in their working group.

### **Constructive Feedback on Coordinated Efforts During the Pandemic**

When asked about the weaknesses of the coordinated efforts approach respondents offered feedback related to inclusion of agencies, viability of solutions, and uneven cooperation. While several respondents expressed that they saw no drawbacks to the approach, others pointed out that the approach involved a lot of time commitment for meetings and paperwork, and that in some cases, similar committees already existed. At times, agencies felt that there was no clear “go-to” person in charge. One agency noted that the approach resulted in some agencies stepping up, taking on most of the work while others cut back. One agency felt that some groups had been left out of the process, another commented that solutions created during the meetings were less effective in practice, especially when emergencies arose late at night. Finally, feedback on funding included

*Figure 7: Survey Results: Is there a need for a coordinating body in Winnipeg’s vulnerable sector?*



that distribution of funds had been slow at the outset, and that barriers existed where funding models did not work smoothly across provincial and municipal jurisdictions.

### ***The need for a coordinating body***

Of the organizations who responded to our survey, the vast majority (90%) recognized the need for a coordinating body within Winnipeg's homeless sector. When reviewing the responses to the question "what the main focus should be for a coordinated effort?", themes of coordination and communication emerged. Many valued the communication that was facilitated among agencies and valued the chance "find out what is going on in the sector through the meetings." Many looked to EHW for an "action plan" and to coordinate existing services in order to engender a less competitive approach between agencies. Others valued the coordination of resources so that programming could become more sustainable, and agencies could "expand to meet the needs" in the community. Agencies also valued having EHW advocating for them as a group when lobbying the government for policy changes and funding.

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## **SUMMARY**

Themes for the needs of service providers during the COVID-19 response were identified to be: access to housing, stable funding, coordination and communication between agencies, and the importance of outreach. Access to housing was identified as a need that was present prior to the pandemic but was heightened during it due to reasons discussed in *Sections 1* and *4* of this report. Stable funding is a similar issue. Organizations said that it is difficult to provide services with small budgets and without adequate staff – and that this was especially difficult during the pandemic with heightened costs and issues with staff availability due to illness. Communications between agencies was improved during the pandemic and identified as positive.

Up to date information sharing about which agencies were offering which services was identified as being vital to the coordinated response. Finally, is the importance of outreach with organizations having to adapt their services with the closures of their doors. Models of approaching individuals to offer services were seen as effective, with some organizations planning on continuing this model even as their doors open.

The need for a coordinated approach was also discussed, with feedback on EHW's role within this. The view was mostly positive, especially around information sharing, aligning delivery of services, and sharing resources. However, as this approach is new for Winnipeg and was implemented in the context of a global pandemic, there were some issues identified with the coordinated approach. Recommendations from service providers for how to move forward with this system are listed in Section 4. The next section of the report shifts to the interviews conducted with persons at risk of or experiencing homelessness in Winnipeg.





# PART 3

THE HOUSING JOURNEY – A ROADMAP TO FINDING HOMES



The pathway to stable housing is rife with roadblocks and detours that prevent or greatly extend the journey toward finding stable, affordable, and long-term homes. This aspect of the project largely confirmed the challenges and successes encountered by participants seeking a place to call home during the pandemic. In many ways, we did not uncover anything not previously known about accessing housing. However, the hope is that this work reinforces the need to press on with efforts to create more accessible and visible access points along with clearer paths to housing. This needs to be supported by “guides” who know how to navigate the pathway to housing for participants currently having difficulties accessing the system of private, public, and non-profit housing. It is certainly important to state that during the pandemic, the ability to easily access supports and find housing changed significantly. Early in the pandemic, the shutdowns and service interruptions were particularly problematic, catching everyone off guard. However, as the pandemic progressed, people and agencies adapted and services reopened, making it easier to access support.

As noted in the methodology, the ability to meet with persons at risk of or experiencing homelessness was delayed due to the restrictions and safety protocols that prevented in-person research. As such, this aspect of the project was delayed until spring of 2022. The approach used was to detail a typical “housing journey.” This housing journey was undertaken with participants with lived experience who were recently housed or in the process of being housed. The following is based on interviews held at various agencies in Winnipeg with the intent of exploring how individuals framed their journeys toward home. We break down the journey into steps and overall, we found:

*Participants accessing housing continue to face many obstacles, roadblocks, and setbacks.*

*Navigating such barriers is often enhanced by guides who support persons in meaningful ways. In the end, crossing the final hurdle to home*

*remains the hardest step of the journey and one where “gatekeepers” of housing are not easily found nor trusted.*

*Ultimately, far too many people remain unsheltered due to a system that is difficult to navigate without additional supports.*

Most important to this work were the 54 people who took time to share their housing journey with us. These stories speak to a mix of experiences and outcomes. We are grateful to have been entrusted to share their stories and words in these pages. Our hope is that the following section captures the spirit and intent of their words. Also, we acknowledge the eight agencies that assisted in bringing people to the table to participate, a gesture that was immeasurably helpful. As you will read, there are many inspiring “guides” at various agencies who work tirelessly to connect individuals with housing. As well, far too many have not been able to access the housing system due to continually facing roadblocks and not receiving assistance in navigating them. We thank all who have trusted us to share their stories.

## **THE PROCESS: JOURNEY MAPPING**

The intent of this work was to use a process known as Journey Mapping to work with participants in sharing their story. Often, Journey Mapping involves the use of base maps of cities and asks participants to sketch their experiences through the steps taken to find housing. For this project we broke the housing journey into six steps:

1. The Start or Referral Phase
2. The Endless Search
3. The Legal Process(es)
4. Moving Time
5. Finding Home
6. How It’s Going

To support participants in telling their stories, we examined two options: the first was to visually map each step with the participants we met with as noted above. This normally involves

using graphics to illustrate how participants went from place to place or person to person to find housing. We decided against using this visual approach to map or sketch each person's journey due to the complexity of each person's life events. As well, it took away from our ability to simply listen to each person in a respectful manner. Thus, we choose to adjust the process and walk each person through their journey using the six steps noted above and to pause after each for reflection and to gauge how they felt (stressful, challenging or rewarding). Turning the visual aspect of Journey Mapping into a story telling/listening exercise better fit the personal experiences of those we met with and the agencies that provided support.

The final outcome is based on meeting with 54 participants in eight agencies in Winnipeg's Inner City in April and May 2022. Among those we spoke with, 34 indicated that they were currently in housing while 20 indicated that they were not housed. The agencies represented a cross section of the places where many have sought help in finding housing or were being used for temporary shelter. Staff at each agency found participants that the research team could interview. Housing Journey mapping sessions at each agency normally lasted 90-120 minutes and were facilitated by one-on-one interviews with researchers. Each housing journey story with individuals with lived experience was about 10-15 minutes. The total number of participants interviewed at each agency ranged from four to ten. In return for sharing, we offered each person a small

honorarium of \$20 and a bagged meal for take away. We followed basic safety protocol for COVID- 19 and practiced social distancing or masking as required. Our project's approach was approved by the University of Winnipeg's Ethics Committee.

### FINDING HOME: THE JOURNEY STARTS IN MANY WAYS

Among the people that we spoke to, many took on the challenge of finding housing on their own. For most, finding housing was about perseverance and patience. It was also about immense hardship and hurt. Over our eight sessions, we met with participants struggling to find a way home. Some seemed trapped within various systems (healthcare, Child and Family Services, government/getting ID, Corrections, etc.) that did not coordinate well with the housing sector. Others had become disillusioned from months or even years of various access difficulties. However, equally hopeful was the resolve of participants looking for housing and the many agencies and key staff that supported the journey.

Figure 8 is a graphic of the four pieces that we used to conceptualize the housing journey. The various starting points led to a variety of different outcomes relating to finding housing or remaining homeless. Figure 9 is a summary of what we classified as "road-blocks" which prevented or greatly delayed access to housing. Figure 10 is a summary of the "bridges" that were identified as helping individuals secure a home.

Figure 8: Winnipeg's Housing Journey Puzzle



Starting points for PEH positions when beginning their housing journeys are as follows:

Youth aging out of care	Youth in care but able to seek independent housing
Discharged from health centers or corrections facilities	Arriving in Winnipeg from out of province or from rural or Indigenous Communities
Participants staying in shelters or living unsheltered and seeking housing	Participants precariously housed (and in difficult circumstances)
Participants "couch surfing" with friends and/or family	Participants awaiting medical treatment, such as an assessment of health and wellbeing

Figure 9: Pathways to Homelessness

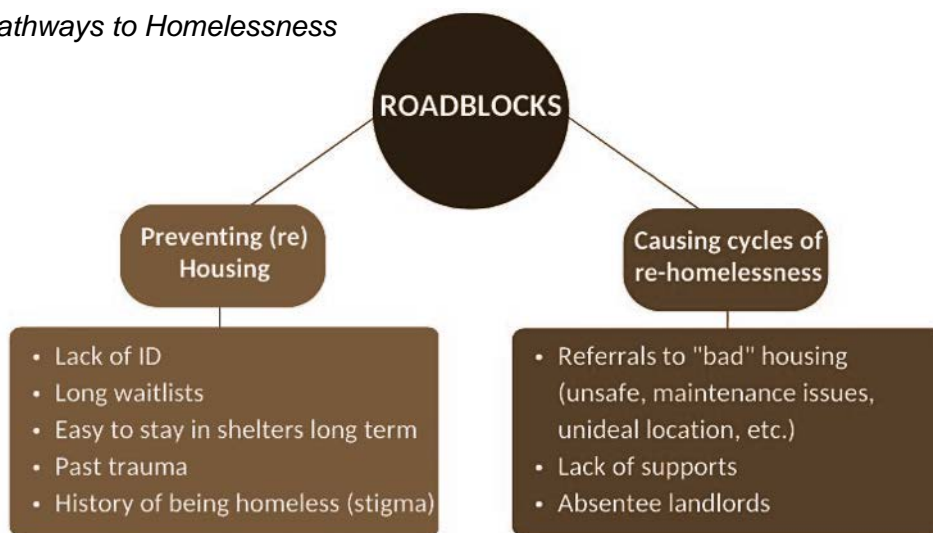
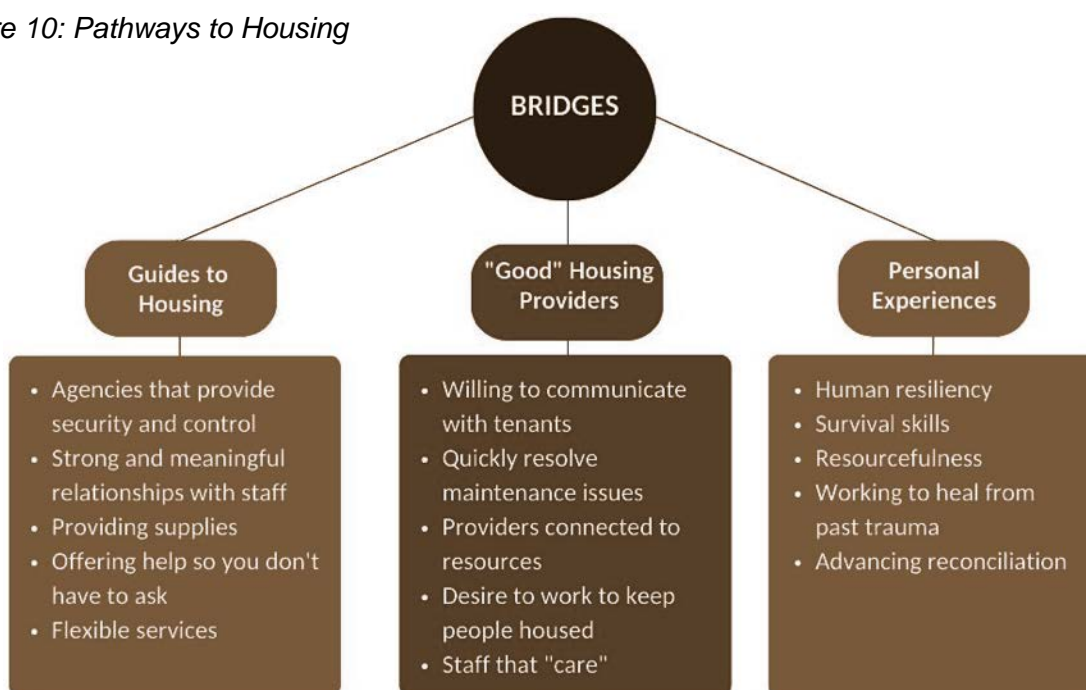


Figure 10: Pathways to Housing



The following sections walk through the various steps of the housing journey:

### **1. The Start or Referral Phase**

Each discussion began by asking whether participants were currently housed. People were housed in a range of accommodations, including rooming houses, own place, couch surfing, and staying with friends or family. Others stated that they were currently living in temporary short-term housing such as shelters or transitional housing. What was clear in most stories told is that the housing journey itself was difficult and often involved many steps to find a home. These steps are further described below but often included multiple agencies who either helped or blocked the process.

Participants' housing journeys were unique from one another while also reflecting many common and shared experiences. However, the outcome was not always safe and affordable housing. It was a mixed bag of continued instability, poor and short-term housing, and for some, the lack of a consistent means to find shelter or an individual who could be relied on for such.

We asked participants if an agency or individual helped or was helping when they first started to look for housing, and how they felt about this process. Most people had reached out to an agency for help. There was a divide in reflections about the process of asking for help with some having no problem doing so and others finding it very uncomfortable. For example, one person stated that a worker at an agency helped with the search process of finding their place, and that they were also able to connect them with resources, general networking, and support circles. They talked about how these connections were very useful during that time, and how they are still useful today. Another person talked about how it can be challenging asking for help when you are experiencing homelessness. They shared experiences about how their mindset while

homeless was individualistic and focused on survival. Others stated that people experiencing homelessness did not like to ask for help due to stigma. A handful of participants talked about how agencies reached out to them and offered help. They stated this outreach made it easier to accept help and be connected to resources as opposed to them needing to reach out individually. As well, trust was critical for many. Participants expressed a strong need to develop trust with agencies and to be seen for who they are and where they are in their own journey. This observation points to the importance of building and maintaining meaningful relationships in order for those experiencing homelessness to feel comfortable asking for help. What was clear, is that there are agencies and people willing to help, willing to see people for who they are and where they are in their overall journey.

*Outreach and building and maintaining meaningful relationships so people are offered help so they do not need to ask is identified as being an effective way to connect people with housing.*

### **2. The Endless Search**

The search process was explored by asking how each person's current or most recent housing was found. Agencies and individuals had differing experiences on what was helping or blocking the process. We also talked to participants about how long it took to find a place, how many places they viewed, if they looked in a variety of areas, and how this process felt. Some waited months or years and expressed feeling trapped by multiple systems that had simultaneously failed them.

For example, we spoke to a very young mother with a newborn whose current housing instability was the direct result of multi-system negligence. Her story of not having stable housing was about not having identification nor the ability to connect to the right supports to ensure she had a safe home for herself and child. Her journey was made more challenging

by the pandemic, where ready access to supports and timely responses for identification were hampered. For youth like herself, not having a rental history and or employment record also plays a role. However, this young mother's path out of housing instability may be partially the result of this research project. She attended the interview with a family member and was immediately connected to a service worker. This serendipitous connection exposed the ongoing challenge of creating awareness of existing supports.

For most, time became the cruelest factor. The time that it took to find housing largely varied, with some languishing on Manitoba Housing waitlists for years before being offered a place and others securing housing in a matter of weeks. Many participants sporadically searched for housing and did not have any success finding a place until they were connected with an agency that could help. Similarly, there was a range of experiences in the number of places people viewed. Some took the first place they could, while others could not find a place that would meet their needs. Some simply did not hear back about viewings or applications. Agencies were identified as being useful in this issue. Many stated that having a staff member to vouch for them helped with barriers such as poor rental history or lack of references.

The importance of location varied among the participants. Although most people simply wanted a place to live, for others, location was considered to be important. Many participants discussed how location had become more important to them after they were housed, resulting in a clearer preference about where they wanted their next home to be. This will be discussed further in the *How It's Going* section.

Many agency staff members were singled out as being vital to the success of the search. Even if their search occurred some time ago, participants talked fondly of staff members who went the extra mile to help them find housing. One person reminisced about a staff member at Mainstreet Project, saying *"they were very helpful. I wouldn't be where I am without them. We went to visit the places together; I am very thankful"*. They talked about how having a worker that could assist with tasks such as looking up places on Kijiji, driving them to viewings, and providing additional supports during the process to take other stressors out of their lives helped them find a place. Many talked about personal connections with staff, feeling they could trust them and how important it was that they were committed to helping them. They also talked about agencies that are willing to meet people where they are at without any preconditions for finding housing, and how this makes it easier for people to access resources. One individual talked about a staff member picking them up from a corrections facility, bringing them a meal, and then driving them to a home. They talked about how this direct support ensured that they did not fall through the cracks after being released. This action had a deep and lasting impact on this individual who said they now give back and try to support others in the same manner.

In contrast to this, many gaps were identified in the search process. Lack of identification was singled out as a major roadblock for individuals working to find housing or access services. ID is needed for EIA, and many participants discussed how their lack of ID meant they couldn't get EIA, which in turn resulted in them not having money for rent. Many people did not know that they had a month to get ID

*One individual talked about a staff member picking them up from a corrections facility, bringing them a meal, and then driving them to a home. They talked about how this direct support ensured that they did not fall through the cracks after being released.*

after applying for EIA, resulting in them not engaging with this system. Lack of access to phone or email was also identified as a roadblock in getting ID. There is a need for clarity and public information on the process of getting EIA as well as continued help to sustain EIA through steps such as securing ID.

Many roadblocks to finding housing were also identified in the Child and Family Services (CFS) and Healthcare Systems. Some youth who had aged out of care discussed how they were put in apartments but were not given the tools to succeed living there alone. Some were evicted and have not been able to reconnect with CFS to find a new place. Similarly, a handful of individuals were discharged from the hospital without a plan, and due to losing their housing while they were admitted, found themselves experiencing homelessness. It is clear that these systems are not functioning how they should be, as these individuals should be receiving continued help to ensure that they remain housed.

*Finding housing is not just about the home, it's about the bundle of necessary steps and pieces that need to come together for success.*

A further set of individuals struggled with overall wellbeing and mental health. It is clear that there remains a gap in supporting persons with mental health issues. While we didn't specifically explore people's mental health as part of our interviews, many talked about struggling with their overall wellbeing and mental health. For one participant working with an agency for housing and support, having these supports and services offered in a non-judgmental manner was noted as being particularly helpful. Throughout the interviews, it became clear that there remains a gap in supporting people with mental health challenges. It is important to note that one agency, who was housing and supporting participants with mental health issues, was noted as being there for them with a mix of supports and services in a non-judgmental manner.

### *Impact of the COVID-19 Pandemic*

We asked participants if they secured their current or most recent housing during the COVID-19 pandemic. Many participants had and talked about the difficulties that the pandemic had posed. These struggles included landlords not wanting to rent to unvaccinated people and difficulties getting in touch with staff. Many found that the pandemic generally made connecting to resources more challenging, presumably due to office closures. Longstanding and systemic issues around access to housing were intensified by the COVID-19 pandemic.

*There is not a clear path to point toward how people found or accessed housing during the pandemic, nor by what means they were able to find support.*

### **3. The Legal Process(es)**

The next step in the housing journey which we asked participants about concerned signing leases, completing forms, and applications such as EIA. We asked participants about their experiences completing these documents, and whether they'd received any help from individuals and agencies. The majority of participants reported having no issues with this aspect of their journey, but many mentioned receiving help from various agencies during this process.

Some participants reported not seeking help from agencies because they had applied for units and signed leases before and were confident in their ability to do it independently. They mentioned personal resources such as friends or family members with experience in property management whom they felt they could turn to if they had questions. Others said that they knew they could ask for help from a specific agency if needed but preferred to do it on their own.

Those that did ask for help were very glad to have someone to guide them through the

process. They named specific staff members that had helped them. Typically, these were the same staff members who had helped them with the search.

Some participants were nervous about applying for housing because they had an imperfect rental history with a particular landlord, Manitoba Housing, or the Residential Tenancy Branch (RTB), resulting in arrears. Having staff members who could vouch for them and help them with this process, reduced the stress. One person recounted their journey saying *“I was looking online, and then went through Doorways. Before that I was staying in a hotel, then got kicked out, and then stayed with my parents. A month after contacting Doorways I was partnered with Eagle Urban. They’ve been able to vouch for me and put in a good word.”*

A theme that arose at this step of the housing journey was the preference for month-to-month arrangements due to their perceived low commitment. Participants talked about how signing a yearlong lease was not appealing, especially after living a transient lifestyle. One person said, *“I like the month-to-month rent because I don’t have to commit for a full year”*. Here we can see that being able to pay month-to-month increased participants’ sense of security, yet it is important to note that hotels and rooming houses often do not have leases in place, leaving people vulnerable to eviction.

#### **4. Moving Time**

We asked everyone about how they moved their belongings and got furniture. Participants indicated that there was good amount of support from a range of agencies for those who required it. Some talked about staff or case workers who helped them through this process. One person said *“I didn’t have a transition worker so that made moving a bit more difficult. But I had someone at Siloam that used their truck to help move furniture”*.

Those who left on their own found a way to accomplish the move, often with help from friends or family, while those with no supports at all often moved their belongings using whatever means at hand, including shopping carts or simply carrying items. About half of the people we talked to said that they had very few belongings, so moving was not an issue.

Those who relied on family or friends to help them move identified these interpersonal relationships as being very helpful in the process, even for those with few belongings. Some people talked about family or friends using their vehicle to help move belongings or gather items that were needed in their home. One participant reflected that although having friends and family help them move this time worked out well, next time they will need help with downsizing and organizing their belongings. It is clear that having some level of support through moving was important to most people.

Many participants were renting furnished units and told us that they did not have any of their own furniture to bring into their new home. In times of need, family and friends were again relied on to help with gathering furniture. Agencies also referred individuals to resources for free furniture, as most people did not have much money for this. Many people talked about how this helped reduce the stress of moving, and how they were very glad they could get a lot of their furniture for free when needed.

One issue that arose in the moving process was that of eviction. Often, participants expressed that they had little notice about having to move which resulted in them having to quickly gather their possessions. This point reflects the need to ensure that persons know their rights on eviction.

#### **5. Finding Home**

We asked participants how they felt when they finally secured a home and most discussed feeling excited, relieved, proud, and happy

*“I was afraid I would get kicked out. When you are homeless you are always hyperaware, you can only trust yourself. Staff here told me they’d never kick me out. It took me a few years to realize I have control over my own space. A base and a place. I was worried it was going to be taken away because of my self-preservation mindset.”*

with one stating they had cried “tears of joy”. People in both independent and supportive housing had many positive experiences. Several participants spoke about the feelings of safety and security brought on by having their own place. Others described feelings of independence and control, with one participant stating their home represented a place “where no one will tell me what to do.” In many cases, these feelings of security and independence translated into positive momentum in participants’ lives, allowing them to build momentum and take on personal goals such as finding a job, or working to regain custody of their children.

One participant spoke about how being housed has helped them distance themselves from drug use, saying, “I am very aware of my surroundings in this area. Meth is devastating. I can see the change in people – I don’t do that.” Another talked about how being in supportive housing has helped them stay sober. They said “Things are way better now. It’s good not being on the streets. I can actually get stuff done. The staff helps you stay sober. I make bath bombs and natural products, it’s hard to do that stuff on the streets. I hope to stay here for a while.”

For some participants, the transition to being stably-housed was less smooth, and feeling settled in their home took a bit of adjusting. A few mentioned how living on their own was overwhelming at first, as they had never lived alone before. Others discussed trust, and how being homeless for so long put them into a mindset where they had trouble trusting staff members or landlords. However, in these situations, relationships with staff or support workers and sufficient time have all resulted in them feeling settled and happy in their current

homes. One person in supportive housing reflected on finding a home saying “I was afraid I would get kicked out. When you are homeless you are always hyperaware, you can only trust yourself. Staff here told me they’d never kick me out. It took me a few years to realize I have control over my own space. A base and a place. I was worried it was going to be taken away because of my self-preservation mindset.”

One youth who had aged out of care discussed how CFS had put him in a unit that was clean and good, in a nice location, and with kind neighbours. He said that at first it was good. However, he had never lived alone, and he found this aspect very challenging. In times of feeling isolated, he started drinking and developed an addiction. He had someone checking up on him every week and would be sober for that amount of time, so his support worker did not know that he was struggling. Eventually there was an incident that resulted in him being evicted from the unit. Since then, he has been living in shelters and receiving supports from local agencies. This individual discussed how the CFS system did not help him when he needed supports, and that his support worker has not followed up with him since he was evicted. This participant’s experience demonstrates the need for various types of housing where complex needs could be met. An overview of the experience of ‘finding home’ is as follows:

*Being stably housed elicited a sense of safety and security along with a range of positive emotions including joy and pride in most participants.*

*Being stably housed generated positive momentum in many participants’ lives, allowing*



*them to focus on personal goals such as securing employment, family reunification, and overcoming addiction.*

*Living independently posed challenges for some participants who struggled with feelings of isolation and loneliness.*

*Some participants required ongoing supports to remain housed.*

## **6. How It's Going**

Finally, we asked people how their place is working out. We asked if their place met their needs in terms of the type of place and location. Following their initial positive feelings at the time of moving in, participants' experiences tended to fall into 3 categories:

1. They continued to be pleased with their home, stating that they hoped to stay for a long time.
2. They were generally pleased with their home, but due to personal situations in which they required more support, they either left or were evicted.
3. They became dissatisfied with the home due to issues such as the area, affordability, or the unit itself, which motivated them to move out – thus starting the search for housing once again.

Safety, security, supports, cleanliness, and being located near resources were the main themes among those who continued to be pleased with their home and wanted to stay for a long time. Many participants expressed happiness about having their own space that they could have control over and having their own bathroom and kitchen. Many explained that when they were experiencing homelessness, they often felt unsafe and constantly had their possessions stolen and therefore having walls and a lock on their door to keep them safe and secure was a huge relief. Some who felt good about their current home still talked about moving on eventually, such as working towards finding a place of their own (instead of with a roommate), or plans to ask their landlord to

transfer them to a different area of the city. This future thinking shows that these individuals connected to resources to support them and committed to staying housed.

For participants who were generally satisfied with their homes but did not remain housed, accessibility and affordability, and access to resources and supports were themes. A few mentioned how they liked their place and its location, but that affordability meant that they had to leave. Some discussed how location or accessibility concerns such as stairs up to their unit, resulting in them leaving. Others mentioned how despite enjoying living in their unit, they decided to leave due to needing more supports with, for example, their health and addictions.

Finally, participants who were dissatisfied with their homes and left cited pests, mold, bad landlords, and the geography of gangs and drugs as reasons. Landlords who did not fix issues and who seemed to just want cheques were discussed as being reasons people left. Others discussed difficulties living in areas and buildings with gangs and drugs. Living in these areas was especially difficult for those who struggled with addictions, as they did not want to be in that environment. One participant who was referred to a specific landlord for housing and help with addictions and recounted how the units were in terrible shape and there were no supports. The participant ultimately left when their building caught on fire. These types of homes are clearly not what these people were looking for, resulting in them leaving.

Participants who were currently not housed talked about their plans for the future. Many mentioned plans to stay homeless over the summer and then start looking for housing in the fall when it starts to get colder. Others had plans to stay at shelters such as Siloam Mission and continue to look for housing with various staff members or support workers. Some felt more urgency about finding a place – such as those who were working to get their children

back. Others spoke about the steps they needed to take before finding a place like waiting for EIA, getting ID, or paying off arrears. Participants who were precariously housed also spoke about future plans. One participant expressed the need for a place of their own to work on their mental health and addictions saying, “now I am back at my mom’s house sleeping on the couch and I don’t like it. I love my family, but they aren’t very supportive”. This insight demonstrates that good housing is more than a simple roof over someone’s head, and that depending on the situation, different supports and types of housing are needed. An overview of experiences is as follows:

*Safety, security, supports, cleanliness, and being located near resources, were themes among those who continued to be pleased with their home and wanted to stay for a long time.*

*Accessibility, affordability, and access to resources and supports were themes among those who left homes they were otherwise satisfied with.*

*Bad landlords and the geography of gangs and drugs were themes among those who became dissatisfied with their homes and left.*

*Being housed in poor quality homes and/or cut off from supports resulted in further experiences of homelessness among participants.*

*Participants’ experiences demonstrate the importance of securing high quality, affordable housing, with supports available, in good areas.*

*There was a split on positivity of experience in the reflections of those who talked about the place they were living now – some liked their places and wanted to stay for a long time, and others had plans to leave due to various reasons.*

*Those who were unhappy with their current housing but who were connected to resources were less likely to leave their current, undesirable, housing without a plan to move somewhere else. This results in an increase of*

*people staying housed, instead of falling into the cycle of homelessness once again.*

*Many people who were not currently housed but who were connected to some resources talked about their plans for the future.*

*Stigma around asking for help often leads to people trying to navigate the housing system by themselves. However, navigating this complex and often ineffective housing system alone can be extremely difficult, with many roadblocks. Guides are needed to help navigate this system and ensure that people do not become homeless due to system failures.*

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## SUMMARY

This phase of the research confirmed much of the existing knowledge related to the barriers and successes people face when trying to access quality, affordable housing in a range of locations. There can be little doubt that the pandemic greatly exacerbated roadblocks in the system by which people seek help for housing. However, many of these issues remain systemic and have prevented ready access to housing for some time. As well, the starting point of that journey greatly influences the outcome. Having the right help is key and includes agencies and staff that can see each person as who they are and where they are.

Clearly, there is no single model to help us move forward. There is, though, the need to be willing to work alongside people and to understand their circumstances. Systems need to change to address the current problems that have persisted for decades. It is truly unfathomable that lack of ID continues to be a barrier that is preventing people from accessing housing and supports. It is disheartening that participants travelling into Winnipeg from rural, northern, and remote communities continue to struggle as treatments extend over longer terms and jurisdictional wrangling can result in homelessness and housing instability, along with disconnection from home and community.

Finally, what was observed is that many people benefited from the support of staff whose guidance has impacted the lives of people seeking housing. Guides were able to help navigate and coordinate the complex and time-consuming systems involved in finding housing. Yet more work needs to be done to simplify the process of connecting people directly to safe, affordable housing that meets individual needs in a timely manner. Access to safe, affordable housing is fundamental to success in lessening the number of people currently experiencing homelessness or housing instability. However, finding housing is only

half the battle. Supports must be readily available to those who need them on an on-going, and potentially long-term, basis. Preventing people from becoming homeless is equally as important, and requires collaboration between community, government, funders, and other stakeholders. We must expect more from the systems that support those seeking shelter and this approach must be one of mutual trust in that there is help, hope, and opportunity to find safe, affordable, and quality housing. Recommendations on how to do this are listed in *Section 4*.





# PART 4

## FINDINGS AND RECOMMENDATIONS

This section provides final thoughts on moving forward within the context of emergency planning and dealing with the systemic issues and barriers that continue to prevent access to long term housing. As stated earlier, many of the issues facing PEH during the pandemic were longstanding and deep rooted but became more acute over the past two years. This includes issues related to affordable housing, increasing income disparities, challenges in healthcare access, interactions with CFS, and the criminalization of poverty. We explore these factors through key informant interviews, local literature, and news articles. This examination reveals the need for larger system change and long-term solutions. As well, we connect the need for systems change to EHW's mission and coordinating role that emerged during the onset of the pandemic, demonstrating the effectiveness of the work this organization is doing.

While our study points to much optimism in the system, we ultimately find ourselves at a crossroad leading either to an increased criminalization of poverty or toward finding a more positive post COVID-19 environment that removes barriers. Finally, we offer recommendations based on the information collected during the course of this study, and in particular, the surveys with service providers and interviews with persons with lived experience of homelessness.

## **FAULTS IN SYSTEMS REVEALED**

The pandemic drew the public's gaze toward many systemic issues in Winnipeg. Perhaps most blatantly was the visibility of individuals sleeping in encampments and bus shelters which exposed a lack of affordable housing and the resources necessary to offer an alternative (safe sheltering spaces and housing etc.). The Federal CERB (Government of Canada, 2022a) and inflation also heightened the conversation about living wages and re-examining social assistance systems. In many ways the pandemic magnified the cracks in Canada's social safety net. As well, it became

apparent that this health crisis affected some more than others.

It is important to note that the intent of this section is not to present an exhaustive overview of the history or impacts of these complex systemic issues on PEH, but rather to explore how they were brought to public attention during the pandemic. It also is meant to illustrate the ways in which these systems affect some more than others. The hope is to highlight the need for broader change in the journey of ending homelessness.

### ***Faults in the Housing System – The Financialization of Housing***

Homelessness during COVID-19 was greatly impacted by the longstanding faults in affordable housing programs and policy. Bruce and Edel were clear in stating that change has been made within the housing system in the wake of the pandemic but there is still much to do. Strikingly, it was the visibility of encampments and persons in bus shelters that heightened the public's awareness of just how expansive the crisis of affordable housing was in Winnipeg. While emergency planning necessitated the need to provide increased emergency shelter spaces, EHW viewed this as a temporary solution, acting only as a Band-Aid to more systemic issues. Thus, a strong effort was made to direct funds into capital costs for securing long term housing for PEH while meeting the emergency needs for temporary spaces lost to lock downs and closures.

Of course, the ability to secure housing and flourish in Canada remains a central objective of policy and planning but this has often fallen short. For example, Madden and Marcuse (2016) stated that we are in the age of hyper-commodification of housing. The outcome of such a situation is that the primary function of a home has become its value - leaving its function as a dwelling secondary. The pandemic also exposed how the real estate industry's drive to be profitable often collides with the social goal of good, safe housing for all

Canadians. Because of this, there are increasingly fewer alternatives to a commodified housing market. This often leaves public, nonprofit, and subsidized housing providers to address the affordable housing shortfall in isolation of the larger economy. This has resulted in PEH being left in the nearly impossible position of finding quality, affordable, and permanent housing (Plaut, 2020). Madden and Marcuse (2016) aptly state that the ability to pay for a place to live is unequal, but the need for a place to live is universal – and thus is the root issue of commodifying housing. A way out is for policies geared toward de-commodifying dwellings, like cooperative or public housing, to ensure housing can be accessed by all.

Moscrop (2021) adds to the conversation of de-commodification by framing homelessness as a policy choice. He says that the so called “struggle” to distribute resources is not due to scarcity, but due to the way the state allocates resources that privileges a few, satisfies the middle just enough, and harms many. He says that ensuring everyone has a safe and permanent place to live should be an obligation of the state – and that the presence of a state or society is pointless if they cannot meet the basic needs of citizens. As well, blame is often put on the individual instead of the system, leading to the false belief that people should work harder while paying little attention to understanding the systemic barriers they face. Yet, too often the help offered only treats the symptoms of homelessness with shelters, soup kitchens, and other temporary solutions, instead of long-lasting change (Evens et al., 2021). The National Housing Strategy (NHS) Act, the Reaching Home initiative, and various Housing First (HF) programs are all promising steps away from this mindset and towards systems change that creates long term answers (NHS Act, 2019; Biss & Raza, 2021; Government of Canada, 2022b; Evens et al., 2021).

*“the so called “struggle” to distribute resources is not due to scarcity, but due to the way the state allocates resources that privileges a few, satisfies the middle just enough, and harms many.”*

But the commodification of housing is a symptom of a larger systems issue: The financialization of housing. August (2022) defines this as the “growing dominance of financial actors in the housing sector, which is transforming the primary function of housing from a place to live into a financial asset and tool for investor profits” (p. 4). August contends this inherently undermines the realization of the right to housing, with financialization effecting housing affordability, increasing harassment of tenants and reducing their quality of life. This leads to displacement and eviction and has negative impacts on health that unevenly impacts marginalized groups. The financialization of housing and subsequent increase in homelessness due to eviction and lack of affordable housing options can be seen in rent increases in Winnipeg. The rise in alternatives to shelters also shows the ways in which the current system does not work for all.

### *Rent Increases*

Rent increases have contributed to a rise in homelessness. Locally, the Inner-City of Winnipeg has a history with both gentrification and ‘renoviction’ through steep increases in rent on previously affordable units that displaced low-income tenants (Kaufman, 2011). During the first two years of the COVID-19 pandemic, Manitoba’s rent regulations were often criticized. For example, in a November 2020 letter, Make Poverty History Manitoba (MPHM) stated their concern about the Manitoba government’s decision to lift the eviction ban (implemented in March 2020) in October 2020 (Plaut, 2020). MPH M called the decision to lift the ban illogical due to an increase in COVID-19 cases and that up to 8,000 tenants and their respective households would be put at risk of eviction or homelessness (Plaut, 2020). As the pressure mounted by local organization, the RTB announced a rent increase

freeze for 2022 and 2023 (Froese, 2021a; Residential Tenancy Branch, 2022).

While rent increases were frozen, Above Guideline Increases (AGIs) remained a concern for tenants. It was felt that the RTB had a record of supporting landlords' requests for increases based on material improvements to the property, despite tenants concerns about rent increases as large as 30% (Froese, 2021a; Rutgers, 2020). As an example, in 2020, 100% of the 310 increases above the 2.4% rent cap were approved by the RTB – with many of the 'improvements' used to justify AGI's being done on common areas of buildings, without consultation with tenants (Rutgers, 2020). AGIs drew public attention through huge rent increases continuing to be approved despite the 2022/2023 rent freeze (Waldman, 2022). The West Broadway Tenant's Committee took a lead on supporting tenants in buildings facing AGIs, through assisting in communications with the RTB, starting online petitions, and sharing information on tenants' rights (Waldman, 2022).

### *Rise in Alternatives to Shelters: Encampments and Sleeping in Bus Shelters*

Some PEH have, for various reasons, avoided sleeping in emergency shelters during the pandemic. Pre pandemic, the previous executive director of Main Street Project Rick Lees attributed this choice to freedom, dignity, lack of privacy, and mental health or addictions that may make abiding by the shelter's rules difficult (VanRaes, 2020). Lees also said that the isolation felt in single occupancy housing and monitoring requirements for social assistance programs made encampments a better option for some (VanRaes, 2020). During the pandemic, contracting COVID-19 was another fear voiced by PEH staying in shelters.

In June 2020, there was a protest at the encampments near the Manitoba Métis Federation headquarters building following the City of Winnipeg announcement that they would be dismantling the camps following multiple fires

(Dacey, 2020; Lefebvre, 2020). The rally was called "No Evictions on Stolen Land" – drawing attention to the high proportion of Indigenous people living in the encampments and the complex intersection of colonialism, city aesthetics, and the COVID-19 pandemic (Dacey, 2020; Lefebvre, 2020). This sparked a conversation about why people would want to live in encampments, given the dangerous conditions. A community member said that he chose to live in the camp because he felt it had better living conditions than housing available through social assistance – citing pests, maintenance, and safety as issues he previously faced (Dacey, 2020). Encampments often help people feel safe because they choose the people that they live with, a sense of community and safety is built together. However, the encampments are also undoubtedly unsafe – with open fires and no means to extinguish them, propane heating, and risk of carbon monoxide poisoning (Lefebvre, 2020). Despite this, dismantling the encampments is not a solution and often new encampments tend to spring up elsewhere.

Without adequate, long-term housing, individuals have continued to choose to live in encampments – as they are viewed as the best of the available bad situations. Edel and Bruce discussed how EHW recognized the importance of outreach in encampments – going and talking to folks and offering help to find housing if they wanted. This connects to EHW's commitment to securing long-term, affordable, and accessible housing for PEH in Winnipeg. Freedoms experienced while living in encampments as opposed to current options for housing must be considered to ensure that these options are more attractive and are meeting the needs of the people who live there.

Another example of the visibility of homelessness is the influx of people sleeping in bus shelters. This was noticed by the public and sparked many media stories. Bruce said that at the start of this, EHW was asked by the City of Winnipeg to investigate why this was. EHW

utilized the community outreach experts to talk to individuals in bus shelters and ask they wanted to stay there. Again, safety and reduced chances of contracting COVID-19 were cited as reasons to sleep in bus shelters. Also, some people who were not homeless were gathering in bus shelters due to feeling isolated because of lockdowns, and lack of public spaces being open. EHW then turned their efforts onto investing in daytime spaces. The Millennium Library and the St. Boniface Library were opened as warming spaces in February 2021 (Froese, 2021b). The Province of Manitoba was criticized for its lack of response on issues of extreme cold and lack of staff available for new shelters and warming spaces (Froese, 2021b).

### Faults In Income Systems

The most common sources of income for PEH in Winnipeg is represented in *Figure 11*. In relation to this, the Canadian Poverty Institute released a report in 2020 showing the impact of the pandemic on the informal economy, which is largely made up of PEH (CPI, 2020). Although this report focused on Calgary, the income sources discussed are largely the same for PEH in Winnipeg. The pandemic greatly upended

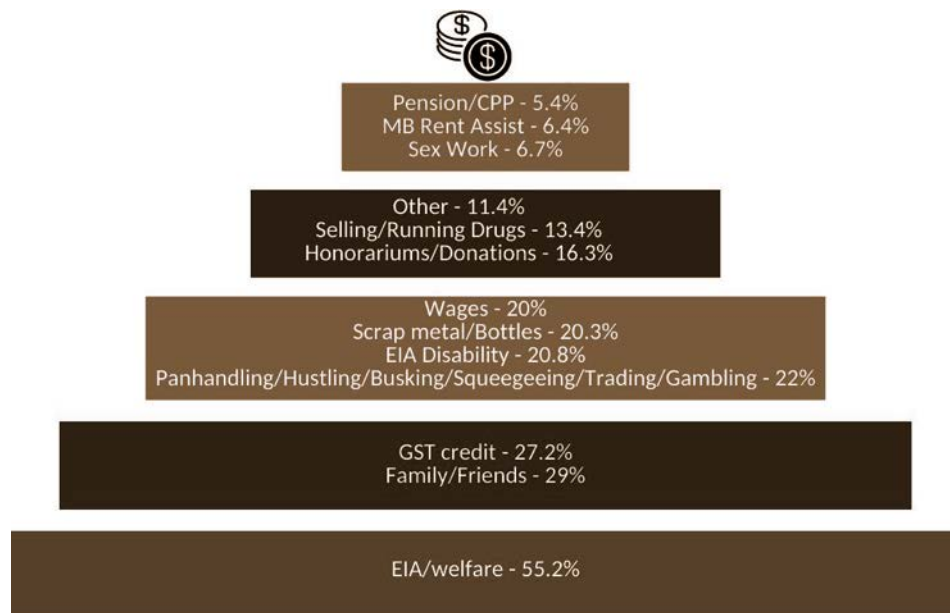
many sources of income for PEH due to lockdowns and physical distancing measures. In response, more PEH turned to other options for income, namely EIA and CERB. However, as discussed in Section 3, many PEH faced roadblocks securing EIA. Staff members at various CBOs have been invaluable through assisting with applications for EIA among many other services. However, many PEH discussed difficulties securing EIA or having to wait for a long time which impacted their ability to find housing and overall wellbeing.

In the letter written to Manitoba Government officials in November 2020, MPHMM stated their concern about policies that exacerbate poverty and homelessness, as well as the spread of COVID-19 (Plaut, 2020). They named several key examples:

*First, the EIA claw back for those who received the CERB, despite the federal government's intention of the CERB building on provincial income support programs.*

With respect to the claw back, they called on Manitoba to classify the CERB as an emergency measure for exceptional times, and to follow other

Figure 11: Most common sources of income for PEH in Winnipeg (Isaak et al., 2019)





provinces in their decision that the CERB should be exempt from social assistance claw backs.

*Second, called for a Livable Basic Needs Benefit to replace EIA.*

EIA rates have been stagnant for too long, with the MPH M letter using the example of a single person on EI receiving \$9,600 annually (\$800 monthly), which is 53% of the Statistics Canada Market Basket Measure poverty line of \$18,272. Adding to this, they bring attention to the fact that most people on EIA rely on other community services to meet their needs, and many were shut down with COVID-19, increasing their financial needs now more than ever. MPH M suggested that EIA rates should be raised to at least 75% of the poverty line and changing the EIA claw back on income earned to 30% from the current 70% of each dollar earned. Little has been done by the government to fulfil these pleas made by MPH M. As there were no agreements in place for how provinces and territories should treat CERB in relation to other support and income assistance programs, provinces were left to answer these questions themselves (Petit & Tedds, 2021).

By October 2022 Manitoba's minimum wage increased from \$11.95 to \$13.50, but this wage remains one of the lowest in Canada (Bernhardt, 2022). This fact continues to put many at risk of housing insecurity and deepening income inequality. Research also reveals that compared to ten years ago, Manitoba minimum wage workers are more educated, have established jobs, and are older – working to support their families, instead of the popular assumption that minimum wage workers are teenagers (Apatha et al., 2022). In fact, in terms of a high inflation “post-COVID world”, “[s]urviving on the minimum wage was untenable before the pandemic and it is certainly unsustainable now” (Apara et al., 2022, pg. 4).

### ***Faults In The Healthcare System***

In their chapter on post COVID-19 Canada, Shapiro and Stanton (2022) identify many

shortcomings in the Canadian healthcare system pre-pandemic – among which is the poor service to Indigenous peoples, poor response to the drug overdose crisis, and the neglect of people with disabilities. Furthermore, they note that these issues among others came into “glaring focus” during Canada's first months of the pandemic, due to the stress that was put on the healthcare system and visibility of those who were falling through the cracks.

Personal intersections and social factors shape individual health (Griff & Cooper, 2020). In Manitoba, approximately 9% of the population is Indigenous, yet disproportionately represented 18% of COVID-19 cases, 24% of hospitalizations, 35% of intensive care beds, and 12% of deaths (Ricciardelli et al., 2021). Another social determinant of health is housing (or lack thereof), which puts PEH at higher risk during a global pandemic (Griff & Cooper, 2020). The impact of social determinants of health is further exposed in the differences in experiences during the pandemic highlighted by Tam in her 2020 report. She says PEH living in overcrowded group settings like encampments or shelters have significant difficulties in physical distancing, access to facilities and supplies needed for disinfecting and handwashing, which in addition to higher rates of chronic physical conditions experienced by PEH, heightens the risk of complications if they contract COVID-19. The same is true for overcrowded housing, in which many precariously housed, at risk of homelessness, or couch surfing or hidden homeless people live. Closures of many organizations that provide drop-in services also increased social exclusion among PEH, which in turn led to an increase in drug use and mental health challenges (Griff & Cooper, 2020).

Tam (2020) also discusses differential treatment, discussing how after contracting COVID-19 accessing meaningful, culturally relevant healthcare is difficult for many groups who experience discrimination, such as PEH and especially racialized and Indigenous populations. As over 66% of PEH in Winnipeg identify as

Indigenous, it is clear that these individuals' identities impact the treatment they receive in healthcare (EHW, 2021). Another impact of this is the inter-generational distrust that systemic racism within the Canadian healthcare system creates (Griff & Cooper, 2020).

Another factor that impacts access to health services is identification. In their street health survey, Isaak et al. (2018) found that 29.6% of participants did not have a Manitoba health card. Of this group, 66.4% had been provided health care despite not having a health card. Office closures made getting a new Manitoba health card difficult or impossible during the pandemic. In addition to the issues with accessing healthcare, a pathway into homelessness is being discharged from a healthcare centre without a plan. As discussed in the interviews with PEH in Section 3, individuals who are admitted to hospitals for long periods of time routinely lose their homes, due to stops in rent payments and being unreachable by EIA and other systems that help keep them housed. This fault in the healthcare system is directly contributing to homelessness.

### ***Faults In The CFS System***

As found in the interviews with PEH as presented in Section 3 of this report, youth aging out of care is another pathway to homelessness. Youth found themselves in apartments without the knowledge or the tools to succeed while living alone. Some were evicted due to issues stemming from lack of support – giving them a negative rental record. They were then sometimes unable to reconnect with CFS or find a new place. As a result, many found themselves homeless. This direct pathway to homelessness once again has a racial divide. 53.8% of children in foster care are Indigenous, disproportionately only accounting for 7.7% of children under the age of 14 in Canada (Hobson, 2022). Indigenous families are disproportionately scrutinized by and intervened with by child welfare, due to Indigeneity, class position, and intergenerational involvement with the CFS system or other forms of imposed family

breakdown like the 60s scoop or residential schools (Baskin, 2013). In Manitoba, more children die while in the CFS system than in residential schools (Baskin, 2013). Apprehension of children often leads to negative life trajectories. Child apprehensions are financially incentivized through providing funds to foster families, and removal from culture and language results in Indigenous children lacking access to cultural histories (Baskin, 2013). Youth who have been apprehended are also more likely to experience homelessness, premature death, die by suicide, experience sexual exploitation, have their own children apprehended, or be missing or murdered than children who were not apprehended (Baskin, 2013). There is much more work that needs to take place between the community and the child welfare system to ensure the youth in care are provided a positive life outcome both in care and when they leave.

In 2020, the Trudeau government's legislation on Indigenous child welfare came into effect – promising to affirm the rights of Indigenous peoples to exercise jurisdiction over CFS, with the goal of reducing the number of Indigenous children in care (Hobson, 2022). It is too soon to see what effect this will have, but it is clear that support and resources need to be redirected to keeping families together instead of tearing them apart.

### ***Criminalization Of Poverty And Faults In The Justice System***

As discussed, Canada's current response to homelessness remains largely an emergency response, rather than working to create systems change that eliminate the preconditions for homelessness (Gaetz, 2010). Gaetz (2010) writes that this system includes law enforcement, due to the perceived 'inconvenience' of PEH. He says that these measures often restrict the rights of PEH to be in public spaces, such as parks and streets, through measures such as criminalizing certain activities (like panhandling) or creating bylaws (against loitering, for example). He also points out that legislation

*“intersections of poverty, race, and other factors mean that PEH often face the brunt of criminalization and policing, with ‘privileged rule-breakers’ not being punished the same way, or at least being differently impacted by fining due to the difference in income.”*

that criminalizes homelessness, such as the Safe Street Act in Ontario, have been used to advance ineffective ‘tough on crime’ approaches. During the pandemic, PEH have been fined for being unable to physically distance or not having ID on them (Khare et al., 2020). Khare et al. (2020) discusses how intersections of poverty, race, and other factors mean that PEH often face the brunt of criminalization and policing, with ‘privileged rule-breakers’ not being punished the same way, or at least being differently impacted by fining due to the difference in income. They also connect this to disproportionate rates of incarceration among PEH, which acts as a very expensive, temporary ‘solution’ to homelessness. As discussed in Section 3 of this report, once an individual is released from corrections, they often find themselves homeless again, and thus the cycle continues.

As part of the Criminal Justice Modernization Strategy, the Responsible Reintegration Initiative (RRI) aims to address ‘lost connections’ such as job loss, housing loss, and disconnection from friends and family supports due to incarceration (Government of Manitoba, 2018). Through the RRI, eligible offenders are released to serve a portion of their sentence in the community, with supports, to promote effective transitions (Government of Manitoba, 2018). RRI “ensures that offenders leaving custody have support from probation officers to help address challenges like managing their risk to re-offend, unemployment, and accessing housing” which in turn promotes public safety and reduced recidivism (Government of Manitoba, 2018, pg. 6). There is currently no progress report or data on how this initiative is working. EHW Prevention Manager Janine Bramadat says she has heard anecdotally from EIA and Corrections that corrections officers have received trauma-informed training

that helps inform the planning for release, and that probation officers have been trained in how to ensure inmates access EIA post-release. However, she says that she cannot speak to how culturally-informed this is, nor what type of housing people are released into. Bramadat also identified being told by a community-serving organization that about 50% of Provincial inmates being released exit into a half-way-house; with only a small percentage of those being released exiting into homelessness. She says that the barrier, however, is when folks leave the half-way-home, are without supports and are then at increased risk for homelessness and re-offending.

Another current challenge involves those with unexpected release dates, and concern still exists for those exiting Federal penitentiaries (as RRI is a Provincial initiative). After meeting with FASD Justice, Corrections, Siloam, and EIA, Bramadat says that the consensus seems to be a call for enhanced low-barrier housing, that is open to accepting high, complex needs adults who may have ongoing substance use issues. She says the housing model must have wrap-around supports that are ‘onsite’, and that do not have a ‘discharge’ date. She says the housing must also be safe for tenants, culturally informed, trauma-informed, and promote a healthy ‘community’ model grounded in harm-reduction.

The ‘tough on crime’ approach is not new in Canada. Comack et al. (2015) discuss how after coming to power in 2006, the federal government started implementing policy and legislative changes in Canada meant to ‘tackle crime,’ ‘make communities safer,’ and ‘hold offenders accountable’ – while also enacting budget cuts across the board. As a result, they say the criminal justice system switched from rehabilitation to warehousing prisoners. They

also say that the budget cuts resulted in a lack of supports and resources available upon release, increasing instances of poverty and homelessness and the likelihood of reincarceration. The current Federal Liberal Government has been vocal about being against the ‘tough on crime’ strategy, with the presentation of Bill C-5 which would repeal some mandatory minimum penalties, among other repeals of the former Conservative government (Connolly, 2022). However, former chair of the Truth and Reconciliation Commission (TRC) Murray Sinclair says that the bill will not do enough to address the overrepresentation of BIPOC peoples in the criminal justice system, saying that the government has not provided enough data to justify the minimum penalties they are leaving in place (Forester, 2022). Sinclair also expressed displeasure at the government not explaining its decision to reject TRC Call to Action 32, which urges the federal government to allow judges to impose discretionary sentences (Forester, 2022).

The criminalization of poverty can be seen in many instances in Winnipeg, Manitoba, and Canada. For example, clearing of encampments and removing PEH from bus shelters. Along with being ineffective in ending homelessness, these measures are also expensive. An example of the fiscal cost of homelessness can be seen in the At Home/Chez Soi (AHCS) project, as presented in the literature review. There were many positive outcomes for this project, such as people staying housed, various social and health outcomes such as higher community functioning, better quality of life, social and cultural (re)connections, and improvements to mental health and addictions recovery (Distasio et al., 2014). The fiscal cost for this program was also significantly lower

than the cost of being homeless, as demonstrated in *Table 5*.

Programs such as AHCS were proven to be more effective in ending homelessness than ‘tough on crime’ approaches, as the former tackles systemic issues of securing housing for the long term while the latter imposes immediate temporary solutions that do not create real change. As well as being morally wrong, harassment through the criminalization of poverty costs a lot of money. In the post COVID-19 world we find ourselves at a crossroads in belief for how to

*Figure 12: The Crossroads to Approaching Homelessness in a Post-COVID-19 World*



address homelessness: either by working for long term, systems change, or by criminalizing poverty and homelessness (*Figure 10*).

The following section examines the path of systems change and long-term answers. Following this we shift to recommendations based on the surveys from service providers in *Section 2* and the interviews with people with lived experiences with homelessness in *Section 3*. These recommendations are the fundamental conclusion of this report, and the way towards ensuring long term, systemic change takes place to end homelessness.

*Table 5: Cost per year in Winnipeg, Homeless vs. AHCS (from Distasio et al., 2014)*

Cost Per Year	High Needs Participants	Moderate Needs Participants
Homeless	\$36,367	\$17,390
At Home/Chez Soi	\$18,840	\$12,552

## THE PUSH FOR SYSTEMS CHANGE: LONG TERM ANSWERS

While the pandemic heightened the awareness of the systemic issues facing PEH, Bruce and Edel stressed we will not see meaningful gain without broader system evolution. In relation to this, Shapiro & Stanton (2022) have called for a post-COVID-19 world to be an opportunity for change to ensure all can flourish. This can be seen locally through the innovation and success of Winnipeg CBOs whose response to providing services to PEH during the pandemic demonstrated that a collective and coordinated impact can make a difference.

Yet it must be acknowledged that while strides were made in Winnipeg, Plaut (2020) stated the Province of Manitoba failed to fill in the gaps in services that CBOs could not meet. As well, Griff & Cooper (2020) said “[t]he pandemic exposed how unprepared Winnipeg’s inner city was to deal with a large-scale emergency, primarily as a result of decades of underfunding and policies that increased social and economic marginalization by governments” (pg. 52). With this in mind, can the local community leverage the public attention to help make the case for long-term change?

Long-term change is possible but not without addressing poverty and its effect on PEH. Green (2012) discusses how poverty is the human consequence of inequality. He says that poverty is multi-dimensional and not simply based on wealth, as is often the focus. He says the notion of wellbeing is wider than this, and based on health, meaningful work, physical safety, connection to community, and other non-monetary factors. Additionally, Green contends that development practices should not treat people living in poverty as empty receptacles of charity but instead build on strengths, ideas, and skills of those living in poverty – their assets. This view of development is useful in understanding what is needed to create real systems change for PEH, instead of temporary, emergency-based food and shelter measures that are the focus

of current homelessness responses in Canada (Gaetz, 2010).

In *Sections 2 and 3* of this report we drew on the expertise of service providers and those with lived experience with homelessness. Our final section builds on their experiences to help frame the recommendations and pathway forward towards long term solutions to curbing homelessness in Winnipeg.

## MOVING FORWARD POST PANDEMIC

There is little doubt that the pandemic’s reach has been far, wide, and devastating. As we have demonstrated in this work, COVID-19 adversely impacted marginalized populations around the globe. For Winnipeg, the affect on PEH was immense as daily networks and supports were upended from closures of general amenities such as warm spaces to the more serious disruption of basic health supports. The recommendations that follow are evidence and experience based and recognize that there is no ‘one size fits all’ solution to homelessness. Thus, to find a way forward we might want to first look back at Gaetz (2010):

*Homelessness became a problem in Canada late last century due to structural changes and policy shifts that we well understand. The consequences of these shifts have been devastating to individuals and communities across the country. We know how we created our homelessness crisis, and we also know how to end it. Until Canada commits to a long term, well funded strategy to increase the supply of affordable housing, it is unlikely that we will be able to move away from our reliance on a homelessness strategy that emphasizes emergency services. (p. 25)*

The experiences of the 35 survey respondents from the group of 60 service providers involved in the EHW working groups highlighted the needs of organizations during the COVID-19 pandemic. These recommendations can be used in the continuation of coordinating the response to homelessness in Winnipeg post-pandemic.

## AGENCY BASED RECOMMENDATIONS:

1. Ending and preventing homelessness must be the primary goal for both CBOs and government funding agencies.

*a. A person-centered approach is critical in recognizing that the pathway into and out of homelessness is unique and requires individualized support.*

2. Ensuring access to and the development of affordable, safe, and quality housing is essential and must continue and expand. It is also critical that much of this housing development be led by Indigenous organizations to reflect the current over representation of Indigenous persons experiencing homelessness.

3. CBOs and Government must ensure that range of services and supports are carefully monitored and addressed to maximize the impact and direct attention to the most pressing areas of need and to avoid unnecessary duplication.

*a. The inventory of services conducted in this work can be a starting point for assessing the landscape of services to ensure that there is an appropriate community response network.*

4. Local Leadership is essential in solidifying a community led and coordinated approach. As such:

*a. A Communication strategy must be developed and approved locally to better share information and to direct resources and responses. This is in response to some agencies noted that they were unclear on who they should be communicating with for direction on implementing pandemic requirements or accessing funding. Thus having clearer lines of communication would help ensure information is shared effectively.*

5. As crisis does not only happen between 9am and 5pm, creating a 24/7 network of support is key.

*a. Many agencies spoke about how needs arise at any time of day, and therefore support must be available 24/7.*

*b. This could be achieved by coordination among agencies, ensuring that other agencies and the public are aware of which spaces offer services at all hours of the day.*

6. Equitable participation. Some service providers discussed how there was uneven participation by organizations in the pandemic response. As a result, the needs and concerns of some groups were left out of the process.

*a. It is key to recognize different levels of capacity among Winnipeg CBOs and that some organizations are able to participate more than others. Perhaps, more discussion is needed to ensure that CBOs have an ability to contribute while recognizing varying capacity.*

7. Learning from what has not worked.

*Some service providers felt that solutions offered during meetings was less effective in practice. A fuller review of processes that were both effective and ineffective during the pandemic is needed.*

8. Reviewing the distribution of funding (both emergency and long-term).

*a. Some providers spoke of barriers that exist in the funding models which did not work smoothly across provincial and municipal jurisdictions.*

9. Working toward a local Funding Model Plan.

*a. Providers spoke to the need to rethink the model of the distribution of funding to make it less competitive approach among agencies and effective as possible in the common goal of ending homelessness.*

*b. Perhaps such a review could focus on the model used to distribute and manage federal funding locally.*

10. EHW as an advocate.

*a. Service providers indicated that it would be helpful to have EHW advocating for them as a group when lobbying the government for policy changes and funding.*

*b. This needs to be reviewed in relation to EHW as a Community Entity, perhaps a working group could review how best to balance advocacy and duty to be CE.*

**PERSONS WITH LIVED EXPERIENCE OF HOMELESSNESS RECCOMENDATIONS:**

The experiences of 54 individuals we spoke with described a system with the capacity to support persons in need of housing through a range of related supports. However, this system is fragmented and can be difficult to navigate, especially for those who lack personal resources, and those struggling with mental health and addictions. Despite the existence of housing units and support services, many experiencing housing insecurity or homelessness remain unable to access them.

1. A careful review of the current model for delivering supports and services to persons at risk of or experiencing homelessness is critical

*a. This must include a strong emphasis on co-ordination of services, avoidance of duplication of services, and improving access to quality and affordable housing.*

*b. Individuals are often unaware of resources or are frustrated and search for housing on their own.*

*c. There should be a cross-agency coordinated approach to connecting individuals to available housing.*

*d. The search for housing has become exhausting, complicated and often unsuccessful in finding housing or being offered standard accommodation.*

2. Outreach and building and maintaining

meaningful relationships so people are offered help so they do not need to ask is identified as being an effective way to connect people with housing.

3. There must be further research on the pathways into homelessness to ensure there are adequate supports in place at key points such as youth aging out of care, individuals being released from incarceration, and individuals travelling to Winnipeg for medical care. This work must support and review the existing means by which data is collected, used and managed in respect of ending homelessness.

4. There must be a focus on housing people in “good housing” the first time, to prevent cyclical homelessness.

*a. Safety, security, supports, cleanliness, and being located near resources were themes among those who continued to be pleased with their home and wanted to stay for a long time.*

*b. This must include ensuring that tenancy rights are at the forefront and protected.*

*c. Accessibility, affordability, and access to resources and supports were themes among those who left homes they were otherwise satisfied with.*

*d. Bad landlords and the geography of gangs and drugs were themes among those who became dissatisfied with their homes and left.*

5. The stigma around asking for help often leads to people trying to navigate the housing system by themselves. However, navigating this complex and often ineffective housing system alone can be extremely difficult, with many roadblocks.

*a. Supports are needed to help navigate this system and ensure that people do not become homeless due to system failures.*

*b. As well, more direct outreach would further provide better access*

6. The discharge (corrections, CFS, etc.) of persons at risk need a clearly articulated plan for housing, either temporary or permanent along with ready access to a support worker to facilitate this process outside of the discharging entity.

7. The creation of multiple access points for persons seeking supports and or services, and the sharing of real time information about available services and housing between agencies is critical.

*a. Perhaps an agency dashboard of services, supports and housing could be considered and accessible to all agencies.*

8. Supports must be offered in the transition to living independently.

*a. Living independently posed challenges for some participants who struggled with feelings of isolation and loneliness. Some people require ongoing supports to remain housed.*

9. There should be a focus on assisting PEH with securing ID. This has been proven to greatly prevent and reduce homelessness

10. The Legal Process(es) involved in tenancy can delay or prevent access in a number of ways:

*a. There should be more “guides” to help those looking for housing navigate the legal process of securing a home.*

*b. More needs to be done to ensure people know their tenancy rights. This is critical in preventing unjust evictions.*

*c. PEH should be offered better access advocates and the right resources, or a “team” that can help. This is essential to navigate the many roadblocks in the current systems be that past rental history, credit issues or other concerns raised.*

11. There is a need for resources that help people with the physical move.

*a. Information about access to furnishings and help moving should continue to be shared. Roadblocks remain for those who undertake the moving process without the knowledge of these supports or the help accessing them.*





## CONCLUSION

The objective of this report was to look at the manner in which Winnipeg responded to the needs of persons experiencing homelessness during the pandemic. We accomplished this through interviews and review of materials provided. In the broadest context, the global community was ill prepared to address the enormity of the pandemic and its devastating reach and impact. For Winnipeg, it is far too easy to lay blame on government for inaction or to services providers, for that matter, for their shortcomings. More so, we all failed to meet the basic needs of persons experiencing homelessness for decades. In many ways the pandemic amplified the deep faults in a very unequal system.

To truly impact change, we must be decisive with our allocation of resources to focus on preventing homelessness by tackling root causes while also being more responsive to those currently experiencing homelessness. There can be no more excuses for allowing persons to resort to the use of encampments or bus shelters as home. Perhaps most important to this work was to listen to stories of hope and opportunity and of grief and despair. But in all honesty, it is in the latter we find ourselves mired. If we can emerge in a post-covid world it must be to find more ways to help those looking for housing find and remain at home, however such is defined.



## APPENDIX A

The following section is a brief set of “snapshots” of how several Canadian cities addressed issues in the first year of the pandemic. The purpose was to highlight how cities and various organizations tried to do what they could to address the needs of persons at risk of or experiencing homelessness within a restrictive environment that often lacked specific guidance for this population.

Across Canadian municipalities, social services for vulnerable populations were forced to adapt their operations to new public health orders as the pandemic grew in early 2020. As in other sectors, social service providers sent staff home to work remotely, reduced capacity at shelters, and in some cases, shuttered drop-in centre operations. As these changes took effect, organizations began looking for new ways to deliver services to their clients, many of whom now faced additional barriers to accessing services and related supports. For this work, we examined five cities, Edmonton, Calgary, Saskatoon, Regina, and Thunder Bay. Differences in the levels of information provided on each city is due to what was available – with some cities having more and some less.

### EDMONTON

With a population of 1,418,118, Edmonton is the capital of the Province of Alberta (Statistics Canada, 2021b). The 2021 PITC recorded 2,671 individuals experiencing homelessness, 56% of whom identified as Indigenous, despite being 6% of the population (Homeward Trust Edmonton, 2022; Statistics Canada, 2021b). The City of Edmonton took several steps early on to address the needs of vulnerable persons, including opening two emergency shelters – one with drop-in services and COVID-19 isolation units, and the other with 180 beds in a recreation centre for those without COVID-19 symptoms (Evens et al., 2021). Both closed in the summer of 2020 when COVID-19 restrictions were lifted by the

government, despite a rise in cases (Evens et al., 2021).

In July 2020, Camp Pekiwewin, an Indigenous led prayer and resistance encampment formed as response to inadequate supports for people facing homelessness at this time (Evens et al., 2021). At its largest, there were 170 tent homes on site with meals being served, first aid services, and naloxone delivery – funded completely through mutual aid, with no government supports (Evens et al., 2021). On August 28, 2020, former Mayor Don Iveson announced a 10-week plan to “end homelessness” in reaction to the lack of support for people experiencing homelessness in Edmonton, as well as the approaching winter and harsh weather (Evens et al., 2021). The core components of this plan were increased bridge housing, 24/7 shelter at previously closed drop in sites, laundry and shower services, a safe consumption site, and Indigenous and youth support services – all from increased financial support from the province (Evens et al., 2021). However, this plan has been criticized by Evens et al. (2021) due to the model of creating shelters in an effort to “end homelessness”, as living in a shelter still qualifies a person as being homeless – according to the Canadian Observatory on Homelessness. Additionally, this shelter site was not meant to be permanent as it was sent to close in March 2021. Therefore, this plan was said to at best mitigate the impacts of homelessness.

In October 2020, to carry out this plan, the City of Edmonton, Homeward Trust, the Expo Centre, and several key service providers such as Mustard Seed, Bent Arrow, and Bissell Centre were once again looking to open a super site out of the Expo Centre. The result came to be known as Tipinawâw, a coordinated effort between many agencies offering a wide range of services from daytime drop-ins to overnight shelter, to COVID-19 isolation

centre (Edmonton Convention Centre, 2021). Tipinawâw operated 24 hours a day, 7 days a week acting as one stop shop with a capacity for 500 individuals and serving over 5,000 unique individuals between October 2020 to April 2021 (Edmonton Convention Centre, 2021). In response to the over representation of Indigenous individuals amongst Edmonton's vulnerable population, Tipinawâw operated cultural services which included language services and cultural craft programs (Edmonton Convention Centre, 2021). Camp Pekiwewin halted its operations in November 2020, and voiced disappointment in Tipinawâw, saying that it fell short of "ending homelessness" (Evens et al., 2021).

## CALGARY

With a population of 1,481,806, Calgary is Alberta's most populous municipality (Statistics Canada, 2021a). According to the 2021 PITC, 1935 persons experience homelessness in the city, 22% of whom identified as Indigenous, despite representing 3% of the population (Homeless Hub, 2021a; Statistics Canada, 2021a). Just as in Edmonton, the challenge of accommodating physical distancing requirements forced Calgary's shelter operators to open temporary overflow spaces. Early in the pandemic, the TELUS Convention centre was mobilized for use as a shelter with capacity for 350 individuals (Calgary Drop-In, 2021). The temporary super site was coordinated by the Ministry of Community and Social Services, Alberta Health, and several community partners. It was operated by the Calgary Drop-in Centre and ran until June 2020 (Babych, 2020). After the closure of the Telus super site the Calgary Drop-in Centre and the Calgary Homeless Foundation collaborated to open temporary accommodations for Drop-in Centre clients located in a transitional housing building (Calgary Drop-In, 2021). The initiative would run for 6 months (Hudes, 2020). In September 2020, they exceeded their goal of housing 250 people during the pandemic. The Calgary Drop-In Centre

also played a large role in rapid testing and vaccinations for PEH (Calgary Drop-In, 2021).

The question of the role of shelters in ending homelessness and how to self-isolate when you don't have a home arose at the start of public health orders. As chronic shelter users are more at risk of exposure to COVID-19 due to the flow of transitional and episodic users, special thought was given to the way in which PEH could self-isolate while also having their medical needs taken care of (Jadidzadeh & Kneebone, 2020). The result was an Assisted Self-Isolation Site (ASIS) created through a partnership between various local organizations: the Calgary Homeless Foundation, The Alex, CUPS and HomeSpace (The Alex, n.d.). Through the coordination of these organizations, the ASIS was able to open within two weeks of the start of the pandemic – and over time worked not only as a space to isolate with COVID-19, but to receive help with detox, recovery, mental health, and even finding permanent homes (The Alex, n.d.).

Although undoubtedly vital in the response to the COVID-19 pandemic, the temporary aspect of these responses once again brings into question the overall reaction to homelessness in Canada. Although temporary solutions such as isolation units and extra beds for shelters to allow for social distancing were needed, they reasonably will not change homelessness landscape in Calgary post pandemic. However, solutions such as the ASIS which worked with people to find them permanent homes is invaluable. This point of contact with PEH was utilized to help find long term housing solutions, instead of adding to the overarching "band aid solution" response to homelessness in Canada.

## REGINA

Regina is the capitol of Saskatchewan and has a population of 249,217, with 488 individuals experiencing homeless during the 2021 PITC (Statistics Canada, 2021c; Homeless Hub 2021b). Individuals identifying as In-

Indigenous make up almost 79% of those experiencing homelessness despite representing less than 10% of Regina's population, and 50% of all PEH experience chronic homelessness (Homeless Hub, 2021b; Statistics Canada 2021c).

While the pandemic caused disruptions in the vulnerable sector including restrictions and loss of operating revenue, the Provincial Social Services Pandemic response made \$171,000 in new funding available for emergency shelters to leverage existing resources and increase vacant social housing units (Government of Saskatchewan, 2020). The changes included utilizing vacant Saskatchewan Housing Corporation units for shelter overflow and self-isolation, a new Saskatchewan Housing Benefit, and assurance that youth aging out of foster care can stay in their current homes (Government of Saskatchewan, 2020). However, as early as April 2020 this plan was criticized, being called a "band-aid" solution for the impact of COVID-19 on PEH in Regina and the rest of Saskatchewan (Vescera, 2020). The \$171,000 divided across the 10 emergency shelters in the province amounted to \$17,100 per shelter, an amount that was said to not be enough to help the growing number of people were pushed out of housing and could no longer access drop-in centres due to closures – especially in comparison to the \$30 million that Alberta allocated to new funding to support PEH (Vescera, 2020). Questions about testing PEH and PPE for staff were also raised, with capacity already being stretched pre-pandemic – and worries about additional waves and high numbers of people with underlying health conditions resulting in the belief that the province was not acknowledging the challenges being faced by PEH (Vescera, 2020). Another "boost" of \$171,000 was given to emergency shelters in November 2020 (Davis, 2021).

The cold weather in winter 2020/2021 caused challenges for shelters in Regina as well. A warm-up centre called Awasiw (meaning "he or she warms up") opened on December 26,

2020 – originally only being open at night, but quickly transitioning to being open 24/7 due to need that wasn't being met by the government (Davis, 2021). Awasiw was shut down in June 2021 due to lack of funding, and an encampment called Camp Hope went up on October 8, 2021 – operating for 40 days before being taken down (Salloum, 2022). Alysia Johnson from Rally Around Homelessness says that the City of Regina is in its sixth year of its five-year plan to end homelessness and urges people to sign a petition that calls on the city to take action to implement plans to address homeless now, instead of issuing more studies or consultation processes (Salloum, 2022).

## SASKATOON

With 317,480 residents, Saskatoon is the most populous municipality in Saskatchewan (Statistics Canada, 2021d). The 2022 PITC found 550 individuals experiencing homelessness, 82.6% of whom identify as Indigenous despite representing less than 11% of Saskatoon's population – of all PEH, 48.8% experience chronic homelessness (SHIP, 2022; Statistics Canada, 2021d).

In mid-March 2020, discussions hosted by the Safe Community Action Alliance resulted in over 50 community-based organizations and government agencies forming the Saskatoon Inter-Agency Response to COVID-19 (SIRC) (Heimlick & Hoessler, 2020). The SIRC adopted an Incident Command Structure to respond quickly to the needs of those experiencing or at risk of experiencing homelessness, through securing resources, providing support for frontline agencies, sharing safety information, communicating with external partners, and advocating for vulnerable persons (Heimlick & Hoessler, 2020). Long term outcomes of the SIRC included bringing attention to systemic issues, collaboration among community actors, and creating an environment focused on working together towards the greater well-being of the community (Heimlick & Hoessler, 2020). In addition to this, the shelters in Saskatoon received provincial

funding discussed in the Regina case funding (Government of Saskatchewan, 2020).

Once again, weather became a point of struggle for many PEH. In the summer of 2020, there was a heatwave in Saskatoon, and closures of cool-down locations due to COVID-19 caused dehydration and heat exhaustion and heatstroke among many PEH, leading to a city-wide call from outreach group EGADZ for bottled water and sports drinks to be donated and handed out by various agencies (McArthur, 2020). On the flip side of heat challenges is the extreme cold. Warm-up locations had limited capacity in the Winter of 2020/2021 due to social distancing and gathering limits – and COVID-19 outbreaks at various shelters further limited space (Schropp, 2020). This led the Saskatoon Housing Initiatives Partnership (SHIP) to promoting the long term need for permanent housing, instead of just more shelter space (Schropp, 2020). In February 2021, SHIP unsuccessfully petitioned the City of Saskatoon to open public buildings for drop-in services to help keep people warm (Shield, 2021).

Funding, governmental will to provide services, and lack of long-term housing are among the challenges being faced in Saskatchewan, as seen in these brief case studies of Regina and Saskatoon. Despite limited resources, local organizations have stepped up to ensure help is there for PEH during the COVID-19 pandemic.

## **THUNDER BAY**

The City of Thunder Bay has a population of 123,258 (Statistics Canada, 2021e). In 2021, 585 people experienced homelessness, and 68% of PEH identify as Indigenous - despite only 13.7% of Thunder Bay's population identifying as Indigenous (Homeless Hub, 2021c; Statistics Canada 2021e). At least five PEH died in the winter of 2021 on Thunder Bay's streets – all of whom were Indigenous – showing the connection between homelessness, racialization, and unnecessary death in an inadequate

system (Turner, 2021b). Cassie Thornton, spokesperson for local group Not One More Death who fights against police violence and other forms of systemic racism in Thunder Bay, said that these deaths “[speak] to how little value [Thunder Bay puts] on the lives of Indigenous and impoverished people” (Turner, 2021b, para. 30). Thus, a complicated landscape of homelessness exists in this small city, conditions of which were exacerbated by the pandemic.

In terms of resources available for PEH in Thunder Bay, there are two homeless shelters: the Salvation Army and Shelter House. Together, these shelters have 59 beds – resulting in a discrepancy between the number of beds and number of people in need of a place to stay, with shelters often operating at 150% capacity before the pandemic (Homeless Hub, 2021c; Schiff et al., 2021). Weather played a large role in the safety of PEH during the pandemic. A state of emergency was announced in April 2020 in response to the initial threat of COVID-19, but due to the quickly approaching warmer weather, extra shelter space was not a priority at this time (TB-newswatch, 2021). At this time, funding from the federal government, Province of Ontario, and the District of Thunder Bay Social Services Administration Board (TBDSSAB) was announced (Schiff et al., 2021). The TBDSSAB provided extra funding to these shelters at the start of the pandemic to assist with creating 56 rooms for overflow shelter and isolation space (McKenzie, 2021). This extra space proved instrumental especially during the cold winter months, but the TBDSSAB stated that along with expanding short-term emergency shelter options, their goal is to reduce this need by increasing available long-term housing (McKenzie, 2021). In September 2020, Thunder Bay's Community Entities (CE's) received \$500,000 of federal funding to address homelessness and housing security, which was used for more overflow sheltering, purchasing PPE, and hiring social service navigators to support rapid re-housing (Schiff et al., 2021).

Here we can see that the initial pandemic response has focused on both immediate and long-term solutions to homelessness.

On February 2, 2021, Mayor Bill Mauro declared a second state of emergency for the city of Thunder Bay given extreme weather and COVID-19 outbreaks among PEH (TBnewswatch, 2021). Along with this came the City of Thunder Bay COVID-19 Severe Weather Response Plan, which was published in June 2021 which focuses on preventing the impacts of cold and heat exposure on PEH in Thunder Bay (City of Thunder Bay, 2021). This plan alerts those most vulnerable to severe weather, helps them take proper precautions, supports community partners in coordinating responses, and offers information about organizations offering relevant services (City of Thunder Bay, 2021). Following this second state of emergency being announced, the grassroots organization Not One More Death (N1MD) presented a deputation to the city with proposals to better serve individuals who are experiencing homelessness and precarious housing during COVID-19. (N1MD, 2021). Their seven proposals included: isolation spaces, care busses, emergency shelter, reimbursements for costs when shelters are full, no new funding for the role of police, a

longhouse, and coordination and increased transparency in the shelter system (N1MD, 2021). The city responded positively to this report, implementing a city transit “care bus” with harm reduction workers, essential supplies, and free transportation throughout the city – it is estimated that this bus helped people nearly 3,000 times during its operation from early March 2021 to April 16, 2021 (Turner, 2021a). Funding and capacity are cited as a main factor in the lack of implementation of other services, as is the case in many Canadian cities (Schiff et al., 2021).

Schiff et al. (2021) discuss how receiving funding during COVID-19 has been a large problem for smaller cities, as the majority of funding has gone to large urban centres and smaller cities and rural areas have been left to compete for limited resources. They state that cities that act as service hubs for large portions of remote and rural Canada, such as Thunder Bay, often have a large homeless population, with over representation of Indigenous peoples due to migration to access services – creating unique landscapes. Due to this, these cities often struggle with systems level coordination – which, when mixed with disproportionate levels of funding, creates an unideal landscape for pandemic responses.



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