DOI: 10.5206/ijoh.2022.2.14968 | ISSN 2564-310X

ORIGINAL ARTICLE
International Journal on Homelessness, 2023, 3(1): page 61-82.

A Scan of Ontario Cities' COVID-19 Policies and their Impacts on People Living in Homelessness

Kayla May, MSc* [1] | Jacob Shelley, SJD [1] |

[1] Health and Rehabilitation Sciences, Western University, London, Ontario, Canada

Corresponding Author: Kayla May
Affiliation: Health and Rehabilitation Sciences, Western University, Email: kmay24@uwo.ca

Received: 15 May 2022
Accepted: 21 Aug 2022

Abstract
This article summarizes findings from a scan of COVID-19 policies in Ontario that impact individuals experiencing homelessness. We collected and analyzed policy data between March 2020 and August 2020, from 10 cities, including all municipal-level restrictions and public health measures implemented in response to COVID-19. From our scan, we found that 161 policies had direct or indirect implications for people living in homelessness. These policies were organized into categories that describe 'where' effects were seen – which most often relate to requirements for physical distancing. Some of the most obvious impacts relate to reduced access to needed services and supports in light of non-essential business closures and other service disruptions. Other key impacts relate to the use of public spaces during the pandemic - including access to sanitation facilities, encampment bylaws, changes to public transit services, quarantine and isolation mandates, and the impact of a province-wide stay-at-home order.

Overall, in reviewing local responses to the pandemic, it is critical to consider the disproportionate impacts of restrictive public health measures on already marginalized groups and continue to learn about strategies that aim to protect all members of society.

Keywords
Homelessness; covid-19; policy scan; public health measures; lockdowns; municipal policy

Introduction

The COVID-19 pandemic shed light on existing societal inequities and provided evidence affirming that society's most marginalized groups often face the greatest risks. Individuals experiencing homelessness comprise one of the highest-risk groups, both for contracting the virus and experiencing serious complications. Their increased risk of serious illness or death from COVID-19 is linked to high rates of chronic conditions such as hypertension, diabetes, chronic respiratory disease, and cardiovascular disease (Cumming et al., 2020; Lima et al., 2020; Wiessing et al., 2021). Factors such as poor nutrition, underlying mental health conditions, isolation, and barriers to accessing proper health care also impact this population and increase their health risks associated with COVID-19 (Ha et al., 2021; Lima et al., 2020; Nichols & Mays, 2021; Parsell et al., 2020).

Perhaps the most critical factor influencing health risks experienced by unsheltered individuals during the COVID-19 pandemic is their living conditions. For example, for individuals that sleep in crowded emergency shelters or who couch-surf or camp with others, requirements to limit social interactions are near impossible to meet, and the risk of person-to-person spread is consequently increased. Thus, it is especially difficult for this population to follow public health recommendations regarding social distancing, personal hygiene, or quarantine and isolation.

Beyond immediate health risks associated with COVID-19, there is a broader *social* reality experienced by unsheltered individuals during a public health crisis. The initial global response to COVID-19 largely focused on asking the public to "stay home," where personal space can be created and where isolation is possible. Across jurisdictions in Canada, rigorous social distancing, quarantine, and other public health policies were implemented to prevent and slow community transmission. While such restrictive measures and policies were key to the federal, provincial, and municipal governments' responses to COVID-19, it is important to examine the social and economic implications of these policies and specifically consider their disproportionate impacts on marginalized groups, such as those living in homelessness.

During the first wave of the pandemic, an evolving body of literature and emerging news began highlighting how public health restrictions may negatively and inequitably impact homeless populations. For example, Cumming et al. (2020) discussed the closures of food relief centres, crisis shelters, and social services, and Oudshoorn et al. (2020) captured stories from precariously housed individuals who were affected by the closing of dine-in spaces in fast food restaurants (generally considered a safe, public space to access). Moreover, rules for physical distancing required most emergency shelters to reduce their intake capacities if they could not find ways to adequately separate shelter guests.

In the context of introducing and strengthening public health measures to prevent the spread of COVID-19, a comprehensive strategy to protect *all* members of society was often lacking. In reviewing the government's evolving response to the pandemic, it is critical to contemplate the intended and unintended consequences of policy measures that, while intended to prevent the spread of COVID-19, can cause social and economic harm to an already vulnerable group.

This paper examines how policies and measures implemented by municipalities in Ontario that aimed to reduce the spread of COVID-19 during the initial stage of the pandemic impacted individuals experiencing homelessness. The impetus for this project stems from the recognition that COVID-19 policies have not impacted people equally nor have been used consistently across jurisdictions (however, we do not focus this paper on a comparative analysis of policies). This study is part of a larger program of research that examines the policy landscape of restrictive public health measures in Ontario, with a focus on the ethical, legal, and policy dimensions of these measures. We identify and analyze policies from 10 municipalities between March 13th and August 31st, 2020. This time period covers the bulk of social distancing and COVID-19-related policies implemented during the first wave of the pandemic before the policy narrative began shifting to the provision of vaccines. Similar to this project, Public Health Ontario (PHO) conducted an environmental scan of pandemic response measures used across the province. PHO's report specifically discusses the unintended consequences associated with service disruptions and closures that impacted unsheltered individuals' access to health and income supports, emergency shelters, harm reduction care, outreach services, and public washrooms (PHO, 2021). Our policy scan complements the PHO report, providing a broader survey of the full suite of social and economic policies.

In addition to the policy scan, we conducted a review of academic and grey literature to explore how homelessness researchers and advocates discussed COVID-19 policies in relation to the social and economic vulnerabilities of individuals experiencing homelessness. This literature review provided an opportunity to more critically examine the policy landscape in Ontario with the 'lens' of known impacts, as discussed by experts in the field. Thus, in this paper, we are able to draw comparisons between 'what happened' in terms of the policies implemented – and what *ought to* have happened,

according to experts and advocates, to effectively protect homeless individuals. The broader analysis of how restrictive public health measures can impact homeless populations was informed by the primary researcher's prior knowledge about the unique challenges that these individuals face on a daily basis and in times of crisis.

Methods

Our team collected policy data between March 13th and August 31st, 2020, to record federal, provincial, and municipal-level restrictions and public health measures implemented in response to COVID-19. This data collection involved hand-searching government websites and online databases of news articles to locate real-time information about current policies, bylaws, and other government actions that imposed restrictions on Ontarians. We supplemented these policy collection strategies by searching for further information in press releases from municipal governments as well as on the social media accounts of public health agencies and where available, city or agency publications outlining responses to homelessness during the pandemic.

From this dataset, the current project purposively sampled policies from 10

Figure 1

Map of Ontario showing 10 surveyed municipalities

Label	Municipality	Population Estimate (2021)	Point-In-Count (year of estimate)
1	Windsor	351,116	251 (2021)
2	London	556,397	406 (2018)
3	Kitchener-Waterloo	600,304	1,085 (2021)
4	Wellington-Dufferin-Guelph	284,461	325 (2018)
5	Toronto	2,794,356	7,347 (2021)
6	Simcoe-Muskoka	504,249	697 (2018)
7	Kawartha Lakes	82,401	64 households (2019)
8	Peterborough	131,608	264 (2021)
9	Ottawa	1,125,306	1,400 (2018)
10	Thunder Bay	125,247	221 (2021)

Sources for point-in-time counts: **https://www.homelesshub.ca/CommunityProfiles;** *and* **https://www.kawarthalakes.ca/en/living-here/resources/Housing-Rental-Listings/20190417-Housing-Homelessness-Assessment-Report---FINAL.pdf** *(Kawartha Lakes)*

municipalities, including Windsor, Wellington-Dufferin-Guelph, Toronto, Thunder Bay, Simcoe-Muskoka, Peterborough, Ottawa, London, Kitchener-Waterloo, and Kawartha Lakes. We aimed to have a diverse sample of municipalities, including large metropolitan centres as well as smaller communities in Ontario. Figure 1 provides a map of Ontario with the approximate location of each municipality, and the accompanying table contains population data and point-in-count estimates of the total number of individuals experiencing homelessness in those locations.

A total of 846 municipal-level policies were collected for this policy scan. The researchers who collected the policy information coded policies by "impacted groups", specifically coding some as *directly* impacting individuals experiencing homelessness. These coded policies were extracted for further analysis. Additionally, the primary researcher reviewed the larger dataset to identify other policies that may have *indirect* impacts on homeless populations and therefore should be added to the purposive sample. We included all policies that had clear impacts (e.g., emergency shelters being required to reduce their capacities) as well as policies that had potential social and economic implications for individuals experiencing homelessness.

This sample of policy data was analyzed for themes relating to the types of policies implemented and the nature of their impacts on individuals living unsheltered or precariously housed. As mentioned, we also conducted a literature search and searched the websites of known repositories for homelessness research to seek insights from experts and advocates about how COVID-19-related policies should be designed to protect homeless groups or about how restrictions can have critical implications. Outside of electronic databases, we searched the websites of the Canadian Alliance to End Homelessness (CAEH), Built for Zero, the Canadian Network for the Health and Housing of People Experiencing Homelessness, Recovery for All, PHO, and Health Canada. This literature review provided important context for our analysis of the unfolding events and policy activity in Ontario jurisdictions.

Results

From our scan of COVID-19-related policies implemented across Ontario, we found that 161 had direct or indirect implications for people living in homelessness. These policies were organized into seven categories. The categories describe 'where' effects were seen as a consequence of restrictive public health measures or policies, which were most often related to requirements for physical distancing. Outlined below are relevant city policies and their impacts relating to: access to services; public spaces and sanitation; encampments; shelter capacities; mobility considerations and public transit; infrastructure to help individuals comply with mandatory isolation; and overall implications of a stay-at-home order. The tables below highlight examples of restrictive measures and policies that pertain to each category.

As initial responses to the COVID-19 pandemic centred around the closing of businesses and public establishments, most common in our sample were policies that reflected changes to individuals' access to services. Table 1 highlights examples of service closures and service disruptions that were seen across four cities, as well as positive action taken to increase community supports or reopen previously closed services.

Table 1

(Changes to) Access to Services

	Disruptions to Services/Reduced Access to Services	**Positive Action: Increased Services and Supports; or Reopening of Needed Services**
Windsor	March 19: Children's Services and Housing Administration Support begin operating via online and by phone only.	April 24: City opens day program for people experiencing homelessness, offering supports from the Canadian Mental Health Association and Family Services.

		July 21: Library branch opens for public computer use; trial week for customers looking for computer and internet access.
Toronto	March (exact date unknown): *The Works* supervised consumption site is temporarily closed since physical distancing is challenging and individuals on-site comprise a vulnerable group. Harm reduction supplies are still available at this site. Site is working toward having an appointment-based model. March 18: Closure of civic centres, City offices, and help counters, including those for courts, Housing Support, and Employment & Special Services.	April 14: City of Toronto provides an update on COVID-19 supports for individuals experiencing homelessness, reporting that street outreach was enhanced to bring services to people that need them. This includes providing health screening services, advice on public health recommendations, and hygiene kits to those living in encampments. August 4: City of Toronto and Toronto Public Library begin offering free public Wi-Fi in select parks to ensure vulnerable Torontonians can connect online to access important information, social supports, and vital services. Devices will also be available on-site at these locations for those without phones, laptops, etc.
Peterborough	March 17: Community services administration office closes to the public. Social services mainly to take place through phone and mail, with some in-person services to remain.	
Kawartha Lakes	March 28: Health unit offices close to the public except for lab pick up and delivery, needle exchange, and Naloxone (some essential services remain). Most health unit programming is cancelled. Classes, clinics and meetings cancelled.	

While access to services was certainly disrupted for many vulnerable individuals during the early months of the pandemic, communities in Ontario also saw some positive responses related to *increased* access to some supportive services. For example, in mid-March, the Region of Waterloo worked with municipal and community partners to deliver food hampers and meals to people living in emergency shelters and to low-income individuals and families who could not leave their homes. Toronto also worked with community and corporate partners to implement emergency food access for vulnerable residents. Access to food banks became available at Toronto Public Library locations, and food banks were opened in Toronto Community Housing buildings to increase access for tenants. For individuals in Toronto that were living in encampments, services were brought to them through enhanced street outreach services. For example, in mid-April, the City of Toronto announced that health screening, advice on public health recommendations, and hygiene kits would be provided in encampment settings (Canadian Civil Liberties Association [CCLA], n.d.). In Windsor, a new mental health support line was set up for residents in Windsor, offering counselling by professional counsellors registered with the Ontario College of Social Workers.

In addition to public health measures that impacted individuals' access to services, there were several policy changes related to the use of public spaces and sanitation facilities such as public washrooms (Table 2).

Table 2

Policies related to Public Spaces and Sanitation

	Restrictions Around Spending Time in Public Spaces	**Access to Sanitation Amenities**
Toronto	April 2: Toronto Mayor signs emergency order encouraging physical distancing in parks and public spaces. Allows for punitive action if people in those spaces fail to keep a distance of two meters apart from other households. Fine for failing to keep your distance in parks is set at $1000.	April 14: As part of street outreach for supporting individuals experiencing homelessness during the pandemic, the City announces plans to increase the number of portable washrooms and handwashing stations. May 29: Trinity Bellwoods' washrooms now being opened (this is considered a high traffic park and it also became a common space where people set up encampments and were sleeping rough during the pandemic). June 1: Water fountains may reopen with daily cleanings.
Thunder Bay	March 17: All park buildings and recreation facilities close until further notice. May 19: Some outdoor amenities can reopen including outdoor picnic sites, benches, and park shelters.	March 18: Portable washrooms will be installed in the recently closed Centennial Park Chalet. Public can access restrooms in the Terry Fox Visitor Information Centre only from 9am-5pm.
Peterborough	March 13: Facilities closing including Peterborough public library and community areas. March 17: One Roof drop-in centre (offers harm reduction, access to primary health care, and "a safe space to be") is closed to visitors, operating on a takeout-only basis. August 3: Drop-in services at One Roof Community Centre reopen.	June 1: Park washrooms reopen. Public washrooms that are opened seasonally will reopen with enhanced cleaning procedures.
Kawartha Lake	March 15: All library branches close to the public. March 17: Bars and restaurants close with the exception of restaurants that can shift to takeout/delivery mechanisms (i.e., no sit-in option). Churches and other faith settings must close.	March 27: Park amenities close (e.g., washrooms).
Windsor	March 14: Community Centres in the City close and the Windsor Public Library Board implements service level closures. March 20: All City parks remain open to the public for walkthrough access, but reminder to stay home if sick and practice social distancing.	

	April 24: City opens a Day Program that offers a safe, clean space specifically for individuals experiencing homelessness to access as the City recognizes they have few options to go during the day.	

Table 3 summarizes action taken in London, Toronto, and the region of Wellington-Dufferin-Guelph as it relates to temporary permissions or restrictions on homeless encampments during the pandemic.

Table 3

Encampment By-Laws and Related Permissions

London	June 11: London City Hall's Manager of Homeless Prevention says "tent city" can stay in Queen's Park, for now. As long as the tents are physically distanced, and the residents remain respectful of others in the park, the so-called 'tent city' can stay until the pandemic ends. Manager of Homeless Prevention: "It's a compassionate approach, rather than just moving people along".
Wellington-Dufferin-Guelph	March 31: Green spaces in parks, trails, ravines and conservation areas remain open for walk-through access only (suggesting that encampments would not be prohibited in most of these areas).
Toronto	March 25: City closes playgrounds and other park amenities and reminds residents that fresh air and exercise is good but to not use these spaces to "congregate". April 2: Mayor signs emergency order requiring physical distancing in parks and public squares. Any two people who do not live together that fail to keep 2 metres of distance in a park or public square can be punished. April 11: City begins stricter enforcement to help stop the spread of COVID-19. Enforcement team will now move almost exclusively from educational approaches to issuing tickets to people congregating in groups and using closed park amenities. April 14: As part of an update on supports for individuals experiencing homelessness, the City is suspending the clearing of encampments. April 29: It was previously announced that encampment sites would not be cleared; however, a new press release states that clearing of encampments will occur after clients have been approached about moving to available indoor sites (hotels, emergency shelters, etc.) and notices have been posted.

To meet requirements for physical distancing, emergency shelters across Ontario were forced to decrease their capacities and take other measures to create separation between shelter guests. Table 4 highlights examples of these policy changes as well as action taken by cities to expand shelter capacity by opening temporary shelters and acquiring additional spaces in hotel and motel rooms.

Table 4

Policies and Measures Related to Capacity Limits in Emergency Shelters

Peterborough	March 24: City will use the Peterborough Sport and Wellness Centre to provide more space in the existing emergency shelter network. This will help with spreading out existing beds and allow for social distancing.

	July 16: Emergency shelter and the overflow shelter bed program relocates back to regular locations after having been temporarily moved to the Peterborough Sport and Wellness Centre in March. Dividers being installed between beds at shelters as a safety measure to support the return to the regular locations.
Kitchener-Waterloo	March 25: Region and community partners will open temporary shelter at the YMCA in Kitchener. The shelter will provide access to amenities including showers and will be able to accommodate individuals who have been accessing overflow spaces at various locations.
Ottawa	May 2: City opens a new emergency shelter and physical distancing centre at Jim Durrell Arena for single homeless men. Using the rink surface, this temporary shelter space will accommodate and feed up to 140 men at a time. The purpose of this is to alleviate pressure on the shelters in Downtown Ottawa.
Toronto	April 14: City reports that 1000 people experiencing homelessness during the pandemic have been moved to programs that meet a range of needs, including shelter spaces, hotel rooms, and permanent housing. Eleven new emergency shelter spaces have been mobilized since March 16, allowing for increased capacity. April 29: The City is providing interim housing to people living in encampments through the leasing of two vacant apartment buildings which offer laundry, free cable, and Wi-Fi. These spaces are primarily for those in encampment sites that are chronically homeless and who are at high risk for COVID-19. July 2: City finished moving 200 homeless residents into hotels who were previously staying in temporary sites in vacant community centres. City indicates that it continues to open sites at hotels and community centres. July 15: As part of facilitating physical distancing in the shelter system, the City of Toronto is utilizing vacant units in four Toronto Community Housing Corporation buildings to provide temporary accommodation for refugees and asylum seekers.

Changes to public transit services were seen across the province as cities began noticing reduced transit ridership and the need to protect patrons and staff during the first wave of the pandemic. Municipalities including Peterborough, Thunder Bay, Kitchener-Waterloo, London, Windsor, Guelph, and Toronto reduced their public transit services by suspending routes or changing service schedules to have later start times and/or earlier end times (e.g., using a modified Sunday schedule; Table 5). In addition, the collection of fares was halted in most cities, to prevent the exchange of payment and to permit rear door boarding to support physical distancing.

Table 5

Mobility Considerations and Changes to Public Transit

Thunder Bay	March 20: Service update from Thunder Bay transit states that it will not be collecting fares or paper transfers from any passenger until further notice. This change is in place to increase the distance between passengers and bus operators, promote social distancing, and help keep the community safe from the spread of COVID-19. March 27: City announces that, beginning Monday, April 6, Thunder Bay Transit will operate on an enhanced Sunday service schedule that will maintain early morning start times on all routes six days per week, Monday – Saturday. Also, all citizens are reminded that using transit for purposes other than travel to essential workplaces, medical

	appointments or grocery shopping is being discouraged. Riders are expected to travel directly to their essential destination drop-off. Do not use transit for non-essential travel. June 17: Effective July 20, front door boarding and fare collection will resume on all transit buses. Transit will continue to operate on a reduced schedule with additional service added to busier routes.
Kawartha Lakes	March 23: To increase safety measures as well as further implement social distancing, Lindsay Transit has suspended their regular transit operations. LIMO Specialized Transit will operate on an as-needed emergency schedule only, prioritizing rides for those who require transportation for medical purposes such as appointments. May 6: Lindsay Transit is offering residents an "On Demand" temporary service for essential travel only (such as travel for grocery, medical or work-related purposes) until normal operations can resume. Riders can access this no charge service by calling into the transit scheduling office.
London	March 19: London Transit Commission (LTC) announces measures to better protect bus drivers and passengers: fare collection will be halted, and riders will be allowed to board at rear doors. Riders are asked to limit trips on public transit to essentials only. April 14: LTC announces service reductions, effective April 19, 2020. This includes route cancellations and lessened hours of operation for routes that will continue. Specialized transit continues to operate with service levels being matched to demand. May 27: LTC announces Rear Door Boarding Extended until June 30, 2020. July 15: As part of facilitating physical distancing in the shelter system, the City of Toronto is utilizing vacant units in four Toronto Community Housing Corporation buildings to provide temporary accommodation for refugees and asylum seekers.
Windsor	March 20: Transit Windsor implementing a new protocol to keep passengers and drivers safe. In addition to a reduced schedule, all passengers are to board at the rear door to limit interactions (except elderly, those with mobility issues, and persons in wheelchair). Public transit only to be used if absolutely necessary. March 26: Transit Windsor to be temporarily suspended as a precautionary measure. March 27: The Windsor-Essex County Health Unit announces that it does not recommend the discontinuation of transit services. Under the right circumstances, such as employing appropriate cleaning practices and managing the number and space between passengers, public transit can serve as an important means of transportation for those who may not have a private vehicle or other options. April 27: Transit Windsor to resume city services seven days a week on a reduced schedule with enhanced safety measures; plan to take gradual and methodical steps to re-opening. May 1: Transit services to resume, reminding passengers not to use transit if experiencing symptoms and to use only for essential trips. Reminder to maintain physical distancing while waiting for and riding the bus. There will be a limit of 10 passengers at a time. There are changes to usual services, with not all routes running. Fares are not required. June 18: Transit Windsor Update on Adjusted Routes and Services: Transit Windsor has been directed to continue with enhanced Sunday service only, until at least July 26.

In addition to expanding emergency shelter capacity to allow for physical distancing among residents, it was critical for municipalities to consider how they would help individuals experiencing homelessness comply with mandatory isolation. Table 6 highlights action taken by some cities to ensure access to isolation facilities and other supports for unhoused individuals who show symptoms of, or test positive for, COVID-19.

Table 6

Measures to Ensure the Availability of Infrastructure to Help Individuals Comply with Mandatory Isolation

Peterborough	July 16: An update on shelter services reports that as the overflow shelter bed program is relocating back to its regular locations, there will be dedicated space for anyone experiencing homelessness who requires a COVID-19 test.
Kitchener-Waterloo	March 21: Announces the opening of a fully-staffed isolation space for people who are homeless and showing symptoms of COVID-19.
Ottawa	March 23: Ottawa Inner City Health (OICH) opens a COVID-19 isolation centre for people experiencing homelessness in Lowertown who would otherwise have nowhere else to go to safely isolate. The centre is starting with 10 beds with a goal of eventually hosting 40 people. The space will include a common area where people will have to be 2 metres apart. Nurses will be on staff as well as a physician known for his work with caring for the city's homeless population. April 21: Kids Come First Health Team has opened an isolation centre for youth ages 16-21 who are experiencing, or at risk of, homelessness and do not have space to self-isolate while awaiting test results.
Windsor	May 13: City announced its investment in two isolation and recovery centres to provide individuals experiencing homelessness, and presenting with COVID-19 symptoms, the opportunity to self-isolate. A medical team has also been established to provide supports to these individuals who must self-isolate.
Toronto	March 17: As Toronto works to strengthen its response to COVID-19 within the emergency shelter system, the City says it will seek additional isolation spaces for those seeking shelter who are also being tested. The City will then work with provincial authorities to provide appropriate services to those who test positive. April 14: City has secured 1200 spaces at 12 hotels for isolation spaces. April 25: In partnership with City Health Associates, the City has opened a 200-bed recovery facility for people experiencing homelessness who have tested positive for COVID-19.

Table 7 highlights examples of municipal-level stay-at-home orders enacted in March and April 2020.

Table 7

Stay-at-home orders in Ontario

Kawartha Lakes	April 14: The Haliburton, Kawartha, Pine Ridge District Health Unit today issued a Class Section 22 Order that will require anyone who has been diagnosed with COVID-19, is considered a probable case, or has had contact with a confirmed case, to self-isolate in their home for 14 days.
Kitchener-Waterloo	March 17: Region authorities recommend that anyone who begins to feel unwell with relevant symptoms should return home and self-isolate immediately.
London	March 20: The Middlesex-London Health Unit calls on residents to physically distance by staying six feet away from others. Dr. Chris Mackie, Medical Officer of Health and CEO of the Middlesex-London Health Unit states, "We absolutely need people to keep up those physical distancing measures. The safest thing to do is to stay home to stay safe."

Wellington-Dufferin-Guelph	April 7: A statement from the Mayor of Guelph on COVID-19 enforcement states that people need to stay home and that Guelph Police and City bylaw staff are proactively monitoring and responding to reports from the community of non-compliance.
Toronto	April 1: City of Toronto releases a list of measures to stop the spread of COVID-19, including that all individuals with COVID-19 are ordered to stay home under the Health Protection and Promotion Act for 14 days. Also, all individuals who have had close contact with someone who has COVID-19 are ordered to stay home for 14 days. Anyone who is not ill or has not travelled is strongly encouraged to stay home except to access healthcare or medication, shop for groceries once a week, walk their dogs, or get daily exercise. People who have travelled must stay home by federal order. Anyone over 70 should stay home as much as possible.

Discussion

Access to services

In light of social distancing requirements and priorities around protecting service staff and service users from contracting COVID-19, many businesses and service offices initially closed across the province. As a result, individuals experiencing homelessness may have suddenly been unable to access services and supports they previously relied on, including those related to food relief, crisis supports, safe injection sites, and other community and social services (Cumming et al., 2020).

The closure of services deemed "non-essential" was common practice in Ontario cities, while services that met the criteria for "essential" were permitted to remain operational. What closed varied across the province. For example, Ottawa quickly identified social assistance to be an essential service, while Housing Support and Employment Services offices in Toronto were initially closed. Where possible, health and social services moved to online or phone-only appointments, and clients were encouraged to connect with service providers through these methods. In light of business closures, Babando et al. (2022) discuss barriers created for individuals who previously relied on free internet available in coffee shops and stores. With widespread shutdowns and the move to online/phone modalities, there is a need to ensure equitable access to phone and internet services – for example, by providing them in emergency shelters and isolation facilities (Wasilewska-Ostrowska, 2020).

In a framework for pandemic response and recovery published by the CAEH (2020b), an action priority for prevention and containment includes avoiding service restrictions, if at all possible. The Alliance made this recommendation, given that abrupt service closures can disrupt daily life for many people and contribute to food insecurity as well as mental health and substance use issues (CAEH, 2020b).

Moreover, individuals experiencing homelessness may rely on food programs such as those available in drop-in centres (CAEH, 2020a). While some food programs remained open during the first wave, others did not. Nichols and Mays (2021) find that lockdowns have led to exacerbated food insecurity. Importantly, where drop-in and other food services close as a response to restrictive public health guidelines, there is a need to pay closer attention to food insecurity and survival needs, particularly among those who are experiencing (or at risk of) homelessness. According to Farha (2020), food banks must be included in the list of essential services. It is recommended that pre-packaged meals be made available instead of buffet style meal service in order to ensure continued access to meal programs.

The closing of drop-in services and community centres has also been discussed as negatively impacting mental health and disrupting individuals' social relationships and support (Perri et al., 2020). In addition, the stress associated with these service closures may lead to increased drug and alcohol use. For those who are opioid dependent, there is an increased risk of overdose with safe consumption site shutdowns and a greater risk of harm if the

availability of sterile equipment is reduced. Moreover, a reduced supply of opioid products used for managing opioid dependence may result in individuals losing tolerance and becoming further at risk of overdose.

Kouimtsidis et al. (2021) highlight the unprecedented changes to services for people with alcohol use disorders, nothing that individuals living in homelessness may have unique experiences of alcohol dependence. For example, they discuss restrictions around hospital liaison services, reduced specialist services, and rehabilitation centre closures. Moreover, for people with alcohol use disorders, not seeking needed services due to concern of infection from entering a healthcare space exacerbates pre-existing fragmentation in service provision and can lead to poor health. They reiterate that an access barrier for individuals managing an alcohol use disorder while experiencing homelessness is the potential inability to use virtual services that are only offered by phone or with internet software (e.g., Zoom, phone apps; Kouimtsidis, 2021).

Farha (2020) describes the closing of services that are essential to those in precarious living situations as violations of "international human rights obligations, including the right to food and the right to an adequate standard of living" (p. 3). Similarly, Leung et al. (2008) point out, in lessons from SARS, that, "decisions to close homeless service sites in the event of an outbreak must balance infection control concerns [with] homeless people's essential need for food and shelter" (p. 405). To address some of these concerns, Conway et al. (2020) recommend that, rather than simply shut down services because practicing social distancing becomes challenging, the quality-of-service provision can be retained and improved upon by expanding the number of service sites throughout a region.

Some of the impacts are secondary to specific access issues arising from closures. Several authors have commented on economic shutdowns leading to fewer donations for nonprofit organizations and disruptions to revenue-generating initiatives (Babando et al., 2022; Ha et al., 2021; Nichols & Mays, 2021). For example, business closures may result in sharp declines in monetary and material donations made to nonprofit organizations, and these organizations rely on such philanthropic efforts to sustain their operations and continue to offer services to vulnerable groups (Babando et al., 2022).

Public Spaces and Sanitization

In addition to service disruptions, the pandemic caused the immediate closure of public facilities such as libraries, community centres, churches, and other faith-based settings, most of which are normally open to the public for daytime use. As individuals experiencing homelessness already have limited options in terms of places to go during the day (when many emergency shelters are closed), reduced access to public spaces disproportionately impacts these groups (Iwundu et al., 2020; Perri et al., 2020). Likewise, not all drop-in or day services stayed open across the province, many of which are specifically geared toward people who need access to services and a safe place to spend time during the day (CAEH, 2020a; De Jong, 2020). Recognizing this need, some municipalities, like Windsor, opened up a day program in late April for people experiencing homelessness, where physical distancing could still be practiced.

At the end of March, a province-wide order to close outdoor recreational amenities was enacted, although some cities such as Ottawa had already begun closing city park facilities such as benches and picnic tables. Generally, most green spaces, including parks and trails, remained open across Ontario for "walkthrough" and bicycle access, with cities reminding their residents to adhere to physical distancing requirements when accessing these spaces. Kitchener-Waterloo authorities specified that "some outside activity" was allowed, for example, "flying a kite, playing catch, and personal fitness exercises" (Region of Waterloo, 2020). Loitering bylaws were still, if not more, enforceable in this context of limited permitted 'reasons' to be outside.

A review of the announcements made by municipal leaders across Ontario shows there was often a focus on "getting fresh air" and exercise but using the spaces for other reasons and/or to congregate was restricted. Under the outdoor recreational amenity closures, benches appeared to have been 'closed', further limiting the options of acceptable spaces and places that homeless individuals could occupy. In light of Ontario's stay-at-home order and restrictive

policies around physical distancing, it was increasingly difficult for individuals *without* homes to locate spaces where they were able to legally spend time – both during the day and at night.

A research team from the University of Toronto mapped neo-vagrancy laws across Canada or "anti-homeless" legislation (Hermer et al., 2020). These legal tools represent ways to punish people who are homeless and remove them from public spaces. These types of laws pose a threat to homeless individuals and are especially pertinent in the context of COVID-19. For example, 'loitering', which is defined as "lingering or standing around somewhere without an apparent purpose", becomes almost unavoidable, especially in areas where businesses, fast food restaurants, or day-use shelters have closed (Hermer et al., 2020).

Indeed, the removal of dine-in options within fast food restaurants also impacts individuals experiencing homelessness as they are – when they buy food or drinks – allowed to spend time sitting in those establishments. Normally, sitting in a fast-food restaurant can help people escape the cold (or heat) for some time. These places are also typically high-traffic and therefore are considered safe, especially among women and girls.

Public washrooms and handwashing stations are public facilities that individuals rely on when living unsheltered, with their importance elevated during a pandemic where ensuring personal hygiene is of great concern. Ha and colleagues (2021) confirm that the shutting down of local businesses "significantly reduced the homeless population's access to restrooms and showers with soap and water" (p. 52). Prior to May and mid-June, many cities had kept park washrooms closed. In some cities, such as Toronto, city-operated facilities with showers, washrooms, and drinking water had been opened earlier in the Spring as part of a public health response to protect individuals living on the streets and in encampments.

Homelessness advocates and researchers emphasize the importance of ensuring that those sleeping rough or living in encampments have access to hand washing stations or hand sanitizer, so they can practice good hygiene (BC Centre for Disease Control, 2020; Farha, 2020; Wu & Karabanow, 2020). Indeed, Conway et al. (2020) explain that "recommendations for hand washing, surface disinfecting and physical distancing cannot be applied to people without adequate housing" (p. 1). Farha (2020) reiterates that these individuals do not have access to private facilities. In encampment sites, or in areas where people experiencing homelessness have appeared to congregate, there is a general need to expand the means of hygiene and sanitation (Farha, 2020). This can be done by ensuring nearby access to running water and soap for handwashing as well as access to well-maintained showers, laundry facilities, and toilets (BC Centre for Disease Control, 2020; Conway et al., 2020; De Jong, 2020; Farha, 2020).

Encampments

COVID-19 also impacted the living situations of those experiencing homelessness. In some municipalities, provisions were made to ensure stability. For example, the City of London announced in June that encampments would be allowed in Queen's Park "for now", or until the pandemic ended. The same permissions and adjustments to encampment bylaws were not seen across Ontario jurisdictions. Toronto initially announced on April 14th that the clearing of encampments would be stopped, and its bylaws around sleeping rough had been suspended. However, fifteen days later, the City clarified that encampments *would* be cleared, but only where notices had been posted and where encampment residents had been approached by outreach staff about available indoor spaces in hotels or emergency shelters. Ultimately, Toronto reinstated its bylaws around encampments.

Toronto's approach aligned with recommendations from the CAEH that encampments should only be removed where there has "been sufficient posted notice of the anticipated encampment removal" (CAEH, 2020b, p. 40). Further, the CAEH advises that intensive outreach services be offered to try to address encampment situations without enforcement measures (CAEH, 2020b). Several municipalities aimed to ensure that alternative accommodations were made available and continually offered to encampment residents, including direct housing and non-congregate shelter options (CAEH, 2020b; Farha, 2020; Public Health Ontario, 2021). Moreover, experts

recommended that people living unsheltered (in encampments or otherwise) be supported to directly connect with needed health and social services (Public Health Ontario, 2021), recognizing that these individuals may not have access to phone or internet service (BC Centre for Disease Control, 2020).

Overall, there was widespread agreement among homelessness researchers and advocates that, as an immediate action priority in response to the pandemic, the forced eviction and clearing of homeless encampments must be ceased (CAEH, 2020b; De Jong, 2020; Farha, 2020; Nichols & Mays, 2021; Public Health Ontario, 2021). The BC Centre for Disease Control's "Guidelines and Best Practices" document for responding to encampment issues during the pandemic recommends that local governments consider short-term changes to policies and bylaws concerning overnight sheltering and camping in public parks (BC Centre for Disease Control, 2020). Among the safety and ethical issues identified is the increased risk of disease transmission linked to individuals being forced to move around the community in search of new shelter locations (BC Centre for Disease Control, 2020; Nichols & Mays, 2021). Displacement and being forced to disperse around the community further disrupt the lives of these individuals as they end up losing connections with service providers, including housing support workers or health care providers (BC Centre for Disease Control, 2020; Milne, 2020; Nichols & Mays, 2021).

According to the CAEH (2020b), encampments should not be cleared "unless there is an imperative to address the imminent risk to loss of life and/or all housing and shelter options have been exhausted" (p. 47). Indeed, much of the debate around allowing encampments during the pandemic has surrounded safety or public health concerns related to encampment structures and individuals congregating in the same locations. Guidelines for local governments and organizations can help prevent health and safety risks to people living in encampments (BC Centre for Disease Control, 2020; De Jong, 2020). For example, fire inspectors can assess fire hazards and other safety issues (BC Centre for Disease Control, 2020). In addition, cities should map all known encampment locations and their occupants (De Jong, 2020).

The CAEH reported that "community after community across the country" is seeing a rise in unsheltered homelessness, especially within encampments (2020b). During the early days of the pandemic, people were leaving shelters and choosing to be outside (CAEH, 2020b). Weighing the few options available, including accessing an overcrowded emergency shelter or sleeping unsheltered, it appears that many individuals recognized that a private tent might be safer than a shelter bunk bed (BGM Strategy Group, 2020). Individuals who chose to leave shelters also reported concerns related to violence (BGM Strategy Group, 2020). To mitigate these concerns, the Homelessness Service System in Toronto advised that cities work to address existing issues in shelters. However, if encampments appear to be – or are objectively – the safer choice for people experiencing homelessness, these individuals should not be *expected* to move out of encampments and into any indoor space that is available (Farha, 2020). In the context of a public health crisis, individuals must choose for themselves what they believe to be in the best interests of their health and safety (Ha et al., 2021).

In addition to policies specifically related to encampments, many of the restrictions around the use of parks and "congregating" in public spaces could effectively be used to "police" homelessness. For example, individuals who occupy encampments in these spaces could be issued tickets for "congregating", failing to keep a distance of two meters while using the space (especially if camping with others), or using park amenities such as park shelters or benches. Also, where bylaws were enacted that restricted parks use to walk-through access only, it would be expected that loitering, resting, or sleeping would be prohibited. The policing of homelessness is neither a new practice nor relevant only during a pandemic. However, many of the public health measures and policies implemented during the early stages of the pandemic created a situation that left unsheltered individuals in greater conflict with the law. Indeed, Kaakinen (2021) reports that some cities *had* been fining people living in homelessness.

Shelter Capacities

One of the most significant impacts of public health measures on the homeless-serving sector and the people it supports was the "new operational reality" of reduced shelter capacities (CAEH, 2020b, p. 6). Guidance for the homeless-serving sector, released by Health Canada in March, included a recommendation to work with community networks such as public health agencies (PHA) "to secure additional shelter spaces in order to accommodate the requirements of social distancing" (CNH3, 2020, p. 2). Further, service providers were advised to identify alternate shelter sites that could be used for isolating individuals suspected to have COVID-19. Notably, CNH3 responded to and challenged this guidance from Health Canada, arguing that PHAs, rather than homeless-serving providers, should bear the responsibility to "deliver minimally acceptable space for health protection" (p. 2) and work to ensure that all people experiencing homelessness with suspected cases of COVID-19 be given access to appropriate isolation facilities. They further suggested that, in an infectious disease outbreak, this responsibility of PHAs should be made more explicit (CNH3, 2020).

At any rate, emergency shelters did have to decrease their capacities to meet requirements for physical distancing, which Conway et al. (2020) warned would result in increased rates of unsheltered homelessness. The CAEH (2020b) also advised that shelters continue to operate as "low barrier as possible", for individuals to access, while still respecting public health guidelines (p. 47). Communities in Ontario and across the world responded to this reality of reduced shelter capacities by opening additional shelter spaces, including non-congregate accommodation in recreation facilities, community arenas, empty offices, vacant residential buildings, motels, and hotels. Within these newly created spaces, cities indicated that they would be implementing increased health protocols such as regular health screening, enhanced cleaning procedures, and more space between shelter beds to decrease the risks of COVID-19 transmission. The City of Peterborough announced they were also installing "dividers" between beds. In addition, some cities stated that they would implement staggered mealtimes and that shelter guests would be transferred to isolation spaces should they present with symptoms of COVID-19.

Initially, it was reported that the Greater Toronto Area saw shelter bed capacity decrease by up to 50 percent (Beddall, 2020). In a lawsuit against the City of Toronto initiated by the Canadian Civil Liberties Association (CCLA), the Ontario Superior Court found that the City had failed to create physical distancing between beds and therefore had been enabling overcrowding in its emergency shelters. In response, the City promised to better protect the lives of shelter residents and the health of employees and ended up utilizing a number of vacant buildings and hotel rooms to expand shelter capacity (CCLA, n.d.).

Recognizing the same need due to reduced capacity, the City of London also reserved empty hotel rooms to temporarily house people. Funding from the Ontario government allowed for the non-profit organization, *Unity Project*, to expand from 37 shelter beds to 45 hotel rooms. Parsell et al. (2020) explain that, "following the outbreak of COVID-19, governments have spent unprecedented sums of money to accommodate people experiencing homelessness, often in underutilized hotels" (p. 1). Optimistically, Liz Beddall (2020) of the Toronto Star observed that private rooms in hotels have led to people feeling "a greater degree of safety, of dignity and of privacy and it's enabled many of them to settle themselves and to refocus on what's next".

Actions to create an alternate, non-congregate accommodation space – given facility closures and public health orders to "stay home" and stay two meters apart – are commendable (Farha, 2020; CAEH, 2020b), but there were gaps. Schwan et al. (2020) highlight concerns about reductions in services for girls who are "unhoused or otherwise vulnerable during the pandemic" (p. 155). The closure of youths' drop-in programs and the inability of shelters or secured hotel spaces to accept new clients, combined with fears about contracting COVID-19 in a shelter, left women and girls at risk of seeking or returning to homes where they experience violence or sexual exploitation (Schwan et al., 2020).

In Toronto's final report on the City's COVID-19 Interim Shelter Recovery Strategy, there is a recommendation to minimize the flow

of people into the emergency shelter system (BGM Strategy Group, 2020). Certainly, any homelessness prevention-oriented efforts would help alleviate pressure on the system at this time, as shelters continue to struggle with balancing a high volume of clients. As the report highlights, shelter and respite programs have gone from "life-saving" to "life-threatening" due to overcrowding and the consequent risk of disease transmission (BGM Strategy Group, 2020). The shelter system, as a whole, must continue to evolve and adopt alternate models whereby capacity is increased while clients' and employees' health remains protected.

Of course, another way to respond to shelter capacity limits is to eliminate the need for shelter capacity at all, which can be addressed by moving more and more individuals into permanent housing. Advice from the homelessness service system in Toronto includes repurposing shelter spaces that are no longer financially viable – due to being operated at reduced capacity – to create more transitional and permanent housing options (BGM Strategy Group, 2020). It is anticipated that newly created supportive housing could be specifically used to house individuals with high needs, while the building of modular housing should also be prioritized to serve individuals who have resided in encampments during the pandemic (BGM Strategy Group, 2020). Farha (2020) recommends that governments continue to increase their public assets through the purchase of vacant buildings and privately-owned housing units, to use for housing its homeless populations during and after the pandemic.

Mobility Considerations and Public Transit Changes

In considering widespread changes to public transit services, Hermer et al. (2020) found that fare suspensions during the first waves of the pandemic had a positive impact on unsheltered individuals across the country. However, other changes to public transit services have mobility-related implications for individuals experiencing homelessness.

During the initial public transit changes, cities were encouraging residents to only use public transit when absolutely necessary, for the purpose of travelling to "essential" workplaces, medical appointments, or to go grocery shopping. It was also strongly recommended that individuals travel directly to and from these "essential" destinations, without making additional stops or riding transit any longer than needed. Some cities that considerably reduced their public transit services started offering services to facilitate essential trips until normal public transit operations could resume. For example, in Lindsay, residents could call the transit office to schedule a pick-up for grocery, medical or work-related purposes.

On March 26th, 2020, Windsor announced the temporary suspension of its transit services, but the local health unit responded, noting it did not recommend the discontinuation of transit services given its importance and in light of the fact that it could operate safely under the right circumstances (i.e., enhanced cleaning, managing the number of patrons, etc.). The City nevertheless continued with its plan and transit services did not resume until May 4th. By implication, Windsor did not consider public transportation an essential service.

In its pandemic response and recovery toolkit, the CAEH identifies creating and applying safe transportation options as an immediate priority action that communities should take (CAEH, 2020b). As discussed by Hermer et al. (2020), moving around the city one lives in is a basic need. While cities tried to restrict access to public transit for reasons other than those deemed "essential" (i.e., essential work, medical appointments, or grocery shopping), there are a multitude of reasons an individual experiencing homeless may need to take transit, including to access community services, to see support workers, or for sheltering needs including accessing emergency shelter spaces and amenities (Hermer et al., 2020). In particular, where individuals were evicted from encampments or required to move their encampments, public transit is essential. Reduced or suspended public transit services, therefore, directly impacts individuals experiencing homelessness in ways that disrupt their lives and threaten their survival needs. It is recommended that communities identify public transit as an essential service. Hermer et al. (2020) discuss riding public transit as "an act of citizenship" and argue that, in addition to the purpose of getting to where they need to go,

individuals experiencing homelessness should be able to access public transit as a safe space, where they can be "seen by others, safe from harassment, and… escape from isolation and loneliness".

Ensuring Availability of Infrastructure to Help Individuals Comply with Mandatory Isolation

While the 'housed' population is generally able to comply with required isolation in their own homes (even if they still end up sharing space with family members), unsheltered individuals do not have this ability. As a response, cities across the province secured spaces in vacant and public buildings, as well as in hotel rooms, to designate as isolation and recovery sites for people living in homelessness.

The need for isolation sites was known. As Leung et al. (2008) remind us, a lesson learned from SARS was the need to develop a plan – early on – for where and how homeless individuals who get sick will be isolated and treated. Nichols and Mays (2021) reviewed approaches used by urban health departments in the U.S. for promoting health, well-being, and housing stability among people experiencing homelessness and during the COVID-19 pandemic. Notably, they found that within city-run sites for isolation and quarantine, over half the occupants identified as experiencing homelessness, whereas the other half had been unable to isolate themselves elsewhere for other reasons. Fuchs et al. (2021) also reported several jurisdictions in the U.S. using hotel rooms to temporarily house people experiencing homelessness who required isolation or quarantine. In one example of a designated isolation/quarantine hotel in San Francisco, eligibility to stay was based on self-reported inability to self-isolate and "inhabiting a shelter or shared living space where physical distancing more than 6 feet from others was not possible" (Fuchs, 2021, p. 3). Cumming et al. (2020) describe self-isolation as "near impossible" for those living in shared accommodation or on the street.

Where governments and public health agencies require mandatory quarantine or isolation, there is a need to increase the number of non-congregate shelter options available for those who have difficulty complying (CAEH, 2020b; Cumming et al., 2020). Researchers also recommend ensuring effective coordination between shelters, community housing providers, and isolation facilities, which should involve transportation programs to safely move individuals between these sites (CAEH, 2020b). Karabanow (2020) explains that affording homeless individuals the same rights to stay home and isolate or simply protect themselves "protects us all", and he adds, "that's public health" (p. 440).

On the other hand, it is pertinent to consider the potential health and safety risks for homeless individuals associated with isolation and quarantine. Isolation can remove individuals from their natural supports and regular service providers, especially if they have been transported across the city. There may be an increased risk of overdose where individuals are placed alone in a hotel or motel room, whereas congregate living typically provides some protection against this risk (Public Health Ontario, 2021). Considering that heightened risk of alcohol dependence or substance abuse is associated with the experience of homelessness, there is a further need to ensure harm reduction approaches are used in isolation and quarantine facilities (Perri et al., 2020).

More generally, Hermer et al. (2020) and Conway et al. (2020) explain that it is almost impossible for individuals experiencing homelessness to avoid infractions related to physical distancing orders where they must line up for emergency shelter access, meal programs, or at offices distributing social assistance cheques. Hermer et al. (2020) found that there have been reported fines of $500 to $10,000 given to people experiencing homelessness in the U.S. and Canada for not complying with physical distancing. This fact contradicts guidance from housing and homelessness advocate Leilani Farha (2020), who stresses that individuals experiencing homelessness must not be "criminalized, fined or punished in the enforcement of curfew or containment measures" (p. 2). Lastly, while hotel-based strategies can help to mitigate the social and health implications that arise where individuals do not have a safe space to isolate, further ethical issues arise where hotel guests have been discharged back into homelessness upon completing their required isolation (Fuchs et al., 2021).

Considering the Implications of a Stay-at-Home Order

Beginning in March, several jurisdictions across the province announced recommendations for their residents to stay home if they felt sick or unwell. Cities strengthened this recommendation, referencing Ontario's *Health Protection and Promotion Act*, by requiring individuals to isolate in their homes or an isolation facility for 14 days and not go outside if they had been diagnosed with COVID-19, experiencing symptoms, or were awaiting test results. Additionally, individuals were required to isolate if they had been a close contact with a confirmed case. During this time, everyone else who was not presumed to be sick had been directed to stay home under a "stay-at-home" order. However, as Karabanow (2021) notes: "Our folks just can't go home… why do we think it's ok for homeless populations to not be afforded the same opportunities to follow core [public health] protocol (i.e., stay home and self-isolate)?" (p. 440).

As described earlier, overall, the stay-at-home orders brought with them service and business closures, decreased opportunities for panhandling or bottle/can collecting (De Jong, 2020), and increased isolation from the community. Importantly, these changes can lead to a greater risk of mental health issues as well as substance abuse and overdose (BGM Strategy Group, 2020). Schwan et al. (2020) also note that requirements for residents to stay home can result in an increased risk of violence in homes, especially for women and girls. An increase in violence against women and girls experiencing homelessness overall was reported, likely related to disappearing pedestrian traffic and, therefore, the undermining of 'community watch' as a protective factor against street violence (Schwan et al., 2020).

There was also a potential to be fined for not "staying home" (CCLA, n.d.). As seen in Guelph and other jurisdictions, messaging from police and bylaw departments highlighted their plan to monitor and respond to reports of non-compliance. And while Ontario's stay-at-home order appeared to exempt individuals living in homelessness, Hermer et al. (2020) emphasize the need to clarify that all individuals who are unsheltered, emergency sheltered, or precariously sheltered would be exempt from the order and its related fines. Otherwise, this expansion of policing powers may result in disproportionate attention turned towards vulnerable groups (Luscombe & McClelland, 2020).

As Farha (2020) notes, "[h]ousing has become the frontline defense against the coronavirus". Yet, as Conway et al. (2020) observe, "[s]tay-at-home orders are incongruous for people without a home. Lack of housing perpetuates social inequities" (p. 3). Moreover, as Nichols and Mays (2021) explain, stay-at-home orders are particularly challenging to implement within emergency shelters and encampments.

Some have spoken out about government responses, responsibilities, and the political implications of a national stay-at-home order. On one hand, Iwundu et al. (2020) found that local governments *did* recognize the challenges faced by individuals experiencing homelessness and, as a response, sought to find these individuals temporary accommodation. On the other hand, Leilani Farha was critical of the federal government's response to addressing homelessness during the pandemic (Below the Radar, 2020). She argues that the government failed to adopt its own policy, since a stay-at-home order is essentially a housing policy, and therefore the political implication of a national stay-at-home order should be governments stating a commitment to ensuring that citizens have a home. She reiterates, "[f]or sure stay-at-home policy should have meant ending homelessness in the country" (Below the Radar, 2020).

Conclusions and The Way Forward

Restrictive public health measures and policies relating to social distancing, isolation, and quarantine have been critical for Ontario municipalities' responses to controlling the spread of COVID-19. However, measures and policies have not been implemented consistently across the province and have been known to present social and economic implications for vulnerable populations such as individuals experiencing homelessness. Some of the most obvious impacts are related to reduced access to needed services in light of "non-essential" business closures and other service disruptions.

Other key impacts relate to the use of public spaces during the pandemic, including access to sanitation facilities, encampment bylaws, changes to public transit services, quarantine and isolation mandates, and the impact of a province-wide stay-at-home order.

It is important to note that lockdowns and other restrictive measures discussed in this paper were considered critical early responses to the pandemic to stop the spread of COVID-19 and protect high-risk groups. However, as experts previously learned from SARS, restrictive policies and public health measures should not inadvertently cause further harm to already marginalized groups. Thus, to effectively protect *all* members of society, it is necessary to consider the full range of impacts – including unintended ones – associated with public health measures and policies introduced during emergencies. Moreover, failing to protect the health of high-risk populations, such as those experiencing homelessness, can lead to further health and economic consequences for the wider population.

Interestingly, the federal and provincial governments demonstrated that they can, when necessary, access the resources to provide direct financial aid to citizens in this country (i.e., Canada Emergency Response Benefit). Additionally, during the initial stages of the pandemic, the provincial government allocated more money to the homeless-serving sector than ever before (Butler, 2020). Such speedy and drastic changes to social assistance programs and poverty relief investments prove that change is possible where political will exists (Antonacci, 2020). However, some are skeptical about how countries have addressed homelessness during the pandemic – for example, Parsell et al. (2020) point out that prior to the pandemic, the Australian government had been "largely unmoved" by research demonstrating the severe health consequences of homelessness (p. 2) and that its COVID-19 policy responses were driven by concern for risk of spread among their housed population.

The pandemic response has provided further opportunities to learn about how systems and sectors exacerbate the problem of homelessness and, conversely, how they can be restructured to solve it. Specifically, and in relation to the mobilization of governments and their resources, collaboration across government departments and between government and non-governmental organizations is possible. This is important for implementing comprehensive strategies for solving homelessness, as silos and gaps between government departments and non-profit sectors have continually been recognized as contributing to systems-level risk factors (Gaetz & Dej, 2017). Parsell et al. (2020) found that government and non-profit sector workers described COVID-19 as the "impetus to overcome siloed practices that had [previously] characterized their work" (p. 7).

Moreover, the rapid rehousing of individuals living in congregate shelter settings has never been more critical. Moving forward with a vision of moving unsheltered individuals into permanent, non-congregate housing, there is an opportunity – due to changing market conditions – for governments to secure additional housing infrastructure (BGM Strategy, 2020). Further, governments should work to retain the buildings purchased or leased for isolation and quarantine purposes, to eventually repurpose into affordable housing (Conway et al., 2020). Cities should also continue to use community centres and fund motel/hotel spaces as a means of increasing (or at least redistributing) emergency shelter capacity.

Overall, light has been shed on existing inequities and health vulnerabilities experienced by individuals living in homelessness during the COVID-19 pandemic. Encouragingly, this has created momentum for strengthening rehousing efforts and prevention strategies that must persist in our post-pandemic world. And, for now, while communities still grapple with the impacts of COVID-19 while concurrently facing crises of homelessness, we must continue to be mindful of – and proactive towards – the severe health, social, and economic implications of health policy on people living in these circumstances.

Acknowledgements

We would like to thank the article reviewers for their time and contributions to revising and enhancing this manuscript. In addition, we thank Bailey McMaster, Brendan Weiler, Thomas Petrella and Justine Dryburgh who collected all policy data used in this study. The project was funded as a Western Research Catalyst Grant, Surviving Pandemics: Multidisciplinary Approaches to Resilience and Recovery, entitled

"Ethical, legal, and policy dimensions of scaling back social distancing and restrictive public health measures for the COVID-19 pandemic" (2020), led by Drs. Jacob Shelley and Maxwell Smith.

References

Antonacci, J. (2020). '*Rents are rising in an enormous way': New anti-poverty coalition calling for 'just recovery' in Ontario*. https://www.thespec.com/news/hamilton-region/2020/09/06/rents-are-rising-in-an-enormous-way-new-anti-poverty-coalition-calling-for-just-recovery-in-ontario.html

Babando, J., Woodmass, K., & Graham, J. R. (2022). COVID-19 and the homelessness support sector: Perspectives on a small community's early response to a public health crisis. *International Journal on Homelessness, 2*(1), 1–16. https://doi.org/10.5206/ijoh.2022.1.13830

BC Centre for Disease Control. (2020). *COVID-19: Joint provincial program framework for emergency response centres*. http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_EmergencyResponseCentresJointProvincialProgram.pdf

Beddall, L. (2020). *Even harder to be homeless*. https://www.thestar.com/news/gta/uniteddway/2020/11/21/even-harder-to-be-homeless.html

Below the Radar. (2020). *The human right to housing - with Leilani Farha*. [Podcast]. https://podcasts.apple.com/ca/podcast/the-human-right-to-housing-with-leilani-farha/id1359315967?i=1000491613750.

Bertram, F., Heinrich, F., Fröb, D., Wulff, B., Ondruschka, B., & Püschel, K. et al. (2021). Loneliness among homeless individuals during the first wave of the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *18*(6), 3035. https://doi.org/10.3390/ijerph18063035

BGM Strategy Group. (2020). *COVID-19 Interim shelter recovery strategy: Advice from the homelessness service system*. https://www.toronto.ca/legdocs/mmis/2020/ph/bgrd/backgroundfile-156419.pdf

Bogdan, S. (2021). *Proposal seeks to extend winter response program to help more people get housed in London, Ont*. https://globalnews.ca/news/7763072/proposal-winter-response-program-london/

Butler, C. (2020). *The coronavirus pandemic seems to have exposed a widening economic inequality in London, Ont*. *CBC News*. https://www.cbc.ca/news/canada/london/london-ontario-poverty-covid-homeless-pandemic-1.5814165

Canadian Civil Liberties Association [CCLA]. (n.d.). *Fighting for safe shelter*. https://ccla.org/major-cases-and-reports/coronavirus/fighting-for-safe-shelter/

Canadian Alliance to End Homelessness [CAEH]. (2020a). *Pandemic response and recovery toolkit for homeless system leaders in Canada Appendix A-5. Drop-in and day service considerations.* https://cnh3.ca/wp-content/uploads/Response-and-Recovery-Toolkit-Version-2-Nov-16-2020.pdf

Canadian Alliance to End Homelessness [CAEH]. (2020b). *A pandemic response and recovery toolkit for homeless system leaders in Canada*. https://cnh3.ca/wp-content/uploads/Response-and-Recovery-Toolkit-Version-2-Nov-16-2020.pd

Canadian Network for the Health and Housing of People Experiencing Homelessness [CNH3]. (2020). *Commentary on health Canada's "Guidance for providers of services for people experiencing homelessness (in the context of COVID-19)"*. https://cnh3.ca/wp-content/uploads/CNH3-Comments-Health-Canada-Guidance.pdf

City of Toronto. (2020a). City of *Toronto accelerates 150 new supportive housing opportunities as part of updated COVID-19 housing and homelessness response plan*. https://www.toronto.ca/news/city-of-toronto-accelerates-150-new-supportive-housing-opportunities-as-part-of-updated-covid-19-housing-and-homelessness-response-plan/

City of Toronto. (2020b). City of Toronto COVID-19 *response for people experiencing homelessness*. https://www.toronto.ca/news/city-of-toronto-covid-19-response-for-people-experiencing-homelessness/

Conway, B., Truong, D., & Wuerth, K. (2020). COVID-19 in homeless populations: unique challenges and opportunities. *Future*

Virology, *15*(6), 331-334. https://doi.org/10.2217/fvl-2020-0156

Cumming, C., Wood, L., & Davies, A. (2020). People experiencing homelessness urgently need to be recognised as a high risk group for COVID-19. *Health Promotion Journal of Australia*, *32*(2), 359-360. https://doi.org/10.1002/hpja.355

De Jong, I. (2020). *COVID19 Response for unsheltered homeless persons: Considerations for practice*. https://cnh3.ca/wp-content/uploads/Street-Outreach-During-COVID19-March-2020.pdf

DiFalco, A. (2020). *The best protection against covid-19 is a home*. https://caeh.ca/covid19-housing/

Falvo, N. (2020). Isolation, *Physical distancing and next steps regarding homelessness: a scan of 12 Canadian cities [Blog]*. https://www.calgaryhomeless.com/isolation-physical-distancing-and-next-steps-regarding-homelessness-a-scan-of-12-canadian-cities/

Farha, L. (2020). *COVID-19 guidance note: Protection for those living in homelessness*. https://www.ohchr.org/sites/default/files/Documents/Issues/Housing/SR_housing_COVID-19_guidance_homeless.pdf

Fuchs, J., Carter, H., Evans, J., Graham-Squire, D., Imbert, E., & Bloome, J. et al. (2021). Assessment of a hotel-based COVID-19 isolation and quarantine strategy for persons experiencing homelessness. *JAMA Network Open*, *4*(3), e210490. https://doi.org/10.1001/jamanetworkopen.2021.0490

Gaetz, S., & Dej, E. (2017). *A new direction: A framework for homelessness prevention*. http://homelesshub.ca/sites/default/files/COHPreventionFramework.pdf

Government of Canada. (2020). *Guidance for providers of services for people experiencing homelessness (in the context of COVID-19)*. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/homelessness.html

Ha, Y. P., McDonald, N., Hersh, S., Fenniri, S. R., Hillier, A., & Cannuscio, C. C. (2021). Using informational murals and handwashing stations to increase access to sanitation among people experiencing homelessness during the COVID-19 pandemic. *American journal of public health*, *111*(1), 50–53. https://doi.org/10.2105/AJPH.2020.305961

Hermer, J., et al. (2020). *Homelessness and public transit guidance*. http://policinghomelessness.ca/transit_site.html

Iwundu, C., Santa Maria, D., & Hernandez, D. (2020). Commentary: The invisible and forgotten. *Family &Amp; Community Health*, *44*(2), 108-109. https://doi.org/10.1097/fch.0000000000000287

Kaakinen, J. (2021). *There is a vaccine against homelessness: It's called affordable social housing*. https://www.oecd-forum.org/posts/65157-contagious-virtue-we-need-a-pandemic-of-compassion-to-end-homelessness

Karabanow, J. (2020). A reflection on living through COVID-19 as a social work professor. *Qualitative Social Work*, *20*(1-2), 439-442. https://doi.org/10.1177/1473325020973296

Kouimtsidis, C., Pauly, B., Parkes, T., Stockwell, T., & Baldacchino, A. (2021). COVID-19 social restrictions: An opportunity to re-visit the concept of harm reduction in the treatment of alcohol dependence. A position paper. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.623649

Leung, C., Ho, M., Kiss, A., Gundlapalli, A., & Hwang, S. (2008). Homelessness and the response to emerging infectious disease outbreaks: Lessons from SARS. *Journal Of Urban Health*, *85*(3), 402-410. https://doi.org/10.1007/s11524-008-9270-2

Lima, N., de Souza, R., Feitosa, P., Moreira, J., da Silva, C., & Neto, M. (2020). People experiencing homelessness: Their potential exposure to COVID-19. *Psychiatry Research*, *288*, 112945. https://doi.org/10.1016/j.psychres.2020.112945

Luscombe, A., & McClelland, A. (2020). Policing the pandemic: Tracking the policing of Covid-19 across Canada. *Open Archive of the Social Sciences*. https://doi.org/10.31235/osf.io/9pn27

Milne, K. (2020). Dismantling tent cities—why choice matters. https://www.policynote.ca/dismantling-tent-cities/

Monsebraaten, L. (2020). Ontario to allow people on social assistance to keep part of emergency benefits. https://www.thestar.com/news/gta/2020/04/20/ontario-to-allow-people-on-social-assistance-to-keep-part-of-emergency-benefits.html

Nichols, G., & Mays, M. (2021). Supporting and protecting residents experiencing homelessness in the nation's largest cities during COVID-19. *Journal Of Public Health Management and Practice*, *27*(1), S57-S62. https://doi.org/10.1097/phh.0000000000001287

Ontario Agency for Health Protection and Promotion [Public Health Ontario]. (2021). *Environmental scan: Health protection actions for people experiencing homelessness during the COVID19 Pandemic*. Toronto, ON: Queen's Printer for Ontario. https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/02/covid-19-homelessness-environmental-scan.pdf?sc_lang=en

Oudshoorn, A., Parsons, C., & "L." (2020). *Beyond the margins: The experiences of those in unsheltered homelessness.* https://crhesi.uwo.ca/margins/homelessness/

Parsell, C., Clarke, A., & Kuskoff, E. (2020). Understanding responses to homelessness during COVID-19: An examination of Australia. *Housing Studies*, 1-14. https://doi.org/10.1080/02673037.2020.1829564

Perri, M., Dosani, N., & Hwang, S. (2020). COVID-19 and people experiencing homelessness: challenges and mitigation strategies. *Canadian Medical Association Journal*, *192*(26), E716-E719. https://doi.org/10.1503/cmaj.200834

Public Health Ontario [PHO]. 2021. *Health protection actions for people experiencing homelessness during the COVID-19 Pandemic*. https://www.publichealthontario.ca/-/media/documents/ncov/he/2021/02/covid-19-homelessness-environmental-scan.pdf?sc_lang=en

Rambaran, P. (2020). *Bond place hotel shelter provides additional space for increased social distancing-the eyeopene*r. https://theeyeopener.com/2020/10/bond-place-hotel-shelter-provides-additional-space-for-increased-social-distancing/

Region of Waterloo. (2020). Area municipalities relax rules at parks and open spaces. https://www.regionofwaterloo.ca/Modules/News/index.aspx?keyword=covid&page=1&newsId=c64037db-51eb-4b61-b3d3-af147c089d83

Schwan, K., Dej, E., & Versteegh, A. (2020). Girls, homelessness, and COVID-19. *Girlhood Studies*, *13*(3), 151-168. https://doi.org/10.3167/ghs.2020.130311

Wasilewska-Ostrowska, K. (2020). Social work with a person in the crisis of homelessness in the context of the COVID-19 pandemic in Poland: Problems and challenges. *International Social Work*, *63*(6), 833-837. https://doi.org/10.1177/0020872820948944

Wiessing, L., Seguin-Devaux, C., & Merendeiro, C. (2021). Could the COVID-19 crisis help eradicate chronic homelessness? *American Journal of Public Health*, *111*(1), 25-26. https://doi.org/10.2105/ajph.2020.306015

Wu, H., & Karabanow, J. (2020). COVID-19 and beyond: Social work interventions for supporting homeless populations. *International Social Work*, *63*(6), 790-794. https://doi.org/10.1177/0020872820949625