

Homelessness during a pandemic

Learning lessons for disaster preparedness
in Nova Scotia

Jeff Karabanow, Kaitrin Doll, Catherine Leviten-Reid,
Jean Hughes, Haorui Wu





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Introduction

This report summarizes a study exploring the homeless sector in Nova Scotia. The study involved those experiencing homelessness and those working around housing and homelessness, such as shelter providers, health clinic workers, outreach personnel, housing advocates, staff from non-profits providing essential services to low-income households, public health workers, policy makers, and government representatives. The study focused on the two largest municipalities in the province of Nova Scotia, Canada, namely, Halifax Regional Municipality (hereafter referred to as HRM) and Cape Breton Regional Municipality (hereafter referred to as CBRM).

This study represents only a snapshot of the homeless sector and a snapshot within the COVID-19 pandemic, with data collection having taken place between February and mid-April 2020. We asked participants to reflect on their experiences from the time that the pandemic was declared to the time they sat down to be interviewed.

While the pandemic is not over, we are aware of the ethical drive to share participants' stories—which are marked by survival, suffering, confusion,

passion and strength. Indeed, many research participants expressed gratitude for the opportunity to share their experiences with the research team and stated that this endeavour is needed to assist ongoing work and inform future disaster planning and responses. What follows are the key findings and lessons learned from a group of individuals experiencing homelessness throughout the pandemic; and those tasked with developing, supporting, innovating, and funding the disaster responses in two Nova Scotian communities. Their words are integrated throughout this report.

We conducted interviews with 24 service stakeholders and 28 individuals experiencing homelessness (direct quotes from participants are indicated in parentheses). Interviews with most service stakeholders were conducted by phone or video conferencing, while interviews with those experiencing homelessness were conducted in person at two community-based sites following all provincial health protocols and once approval from research ethics boards were obtained. Interviews were transcribed and analyzed by the research team, using an approach called ‘the constant comparative method’ which finds common themes in the data.

Homelessness is a long-term systemic disaster

The first important dynamic at play here, and perhaps the most significant contextual item that must shape the way in which we understand and make sense of our data, is that homelessness itself is a disaster. Homelessness, a systemic disaster in Nova Scotia, is rooted in legacies of racism, marginalization, discrimination, and colonialism. Homelessness exists across the province, as regional point-in-time and period-prevalence counts show.¹ The experiences of homelessness are intensified by the intersectionality of marginal identities (such as gender, ethnicity, race, ability, sexual orientation), a lack of political attention and skeletal social support systems including insufficient social assistance rates, low minimum wage, lack of affordable housing, and limited employment opportunities. One service stakeholder explained that the homeless population face disproportionate barriers: “...systemic injustices, you know, oppression, discrimination, violence, and certainly a high burden of illness and disease” (Halifax service stakeholder). Homelessness continues to be a complex systemic issue that disproportionately affects the most marginalized groups, pushing them further to the fringes and we believe it is important to contextualize the research through this lens.

Thus, even before the COVID-19-triggered lockdown, shelters were full and people were couch surfing, squatting and/or living rough. They were outside in all kinds of weather: in parks, on sidewalks, and in the woods; anywhere they could find a space to lay their head. Then COVID-19 hit and the world shut down. We were told to “stay the blazes home!”, wash hands, wear masks and physically distance. Many indicated during interviews that there was a lack of consideration given to those who may be without a home, or to those whose housing situation was unsafe, and expressed that people experiencing homelessness were basically abandoned.

Many participants described that the impact on service provision for the sector was enormous. Shelters had to reduce the number of beds; services like drop ins, health clinics, detoxes, counseling, and soup kitchens had to close. Even common hang outs, like libraries—where one could use a washroom, get a glass of water, use a computer, meet a support worker, get some food, and socialize with peers—closed their doors. Some non-profits had to work too hard to get the funds they needed to move quickly to offer help. The impact was real; all in all, interview data reveal that those experiencing homelessness felt abandoned, exposed, and isolated, and that they were left behind.

Those experiencing homelessness during the pandemic told us that they were more stressed and anxious, with major impacts on physical and mental health. The general strain and stresses of living through the pandemic are heightened considerably when you just do not have a safe space to be. While being homeless is hard enough, adding a pandemic put people in survival mode every single minute. To make things even worse, there was just no available housing to get folks off the streets. Some people tried couch surfing, but people were scared of each other because we needed to distance and stay in bubbles, so that didn’t work. They tried being outside but that didn’t work either because even outdoor public spaces were off limits for a while.

While this study describes the events, actions, and experiences while living through COVID-19, the back story, the underlying foundation, is that homelessness itself is stigmatizing, dehumanizing, unforgiving and dire and yields such devastating consequences. COVID-19, for the most part, amplified the suffering of being homeless. Overall, nearly every homeless participant expressed experiencing decline in both physical and mental health during the initial phases of the pandemic.

Homelessness can be so unbearable that this Cape Breton homeless participant explained how they would rather be committed as an involuntary psychiatric health patient so that they could have somewhere to sleep and

access supports: “I begged the doctors put me down involuntary, so they can’t throw me out every time.”

Equally important to note, some homeless participants also demonstrated significant determination and resilience and spoke of the lessons they’ve learned, plans they’ve made, and were positive and hopeful about their future. To use the words of one interviewee “Well, I’m kind of resilient... Yeah, I’m too stubborn to lay down” (Cape Breton homeless participant). Other participants noted with pride that you need specific skills to survive on the street and that “it teaches you quite a bit”. Clearly, individuals were focused on getting through the pandemic and were making plans as noted in the following excerpt: “I am going to plan that next summer is going to be great because the heat is going to start and it’s not going to be as worse” (Cape Breton homeless participant). Despite all the hardship and agony of experiencing homelessness during the pandemic, some participants remained surprisingly “positive” and were determined to “fight, fight, fight” to make it through.

Affordable Housing is an Ongoing Crisis

The hardships lived by those experiencing homelessness were exacerbated by the reality that Nova Scotia is experiencing a housing crisis like it has never seen before. Rents have increased dramatically, affordable housing stock is scarce, and expensive condo development is exploding.

Many homeless participants and service providers spoke of the tightening real estate market, the plethora of high-income development, the role of short-term vacation rentals, and the loss of rent-geared-to-income units. Access to affordable housing is a crisis in Nova Scotia; this was iterated by those experiencing homelessness and service stakeholders and became a core theme of this study. Many participants expressed how desperate the housing situation is in Nova Scotia: “Well we don’t have housing, we have a real lack of affordable, safe housing” (Cape Breton service stakeholder). Others asserted how the situation has escalated, “yes, housing is a crisis... housing’s a big crisis” (Halifax homeless participant). A service stakeholder in Cape Breton echoed this sentiment “...the lack of affordable independent housing in our communities is at a crisis level.” In Halifax, housing is being built but little to none is dedicated as affordable housing: “Sure as hell wish I could figure that out, cause there’s more fucking cranes in Halifax than I’ve seen in my lifetime and the housing situation is the shittiest I’ve

seen since I started work” (Halifax service stakeholder). Increasing the availability of affordable housing is the most humane and indelible solution to homelessness: “...people just need a place to live. Like give the most vulnerable, marginalized, highest acuity person a place to live, a safe place to rest their head, and just watch them grow” (Halifax service stakeholder). This Halifax service stakeholder expanded on the need for intentionality around affordable housing:

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

The reality is that this is not just a supply issue, it is also about inadequate government income support. Most participants noted how limited income through social assistance contributed to their inability to break the cycle of homelessness. The need to increase social assistance rates became even more pertinent during the height of the pandemic; however, people need an adequate income to be able to survive regardless of the pandemic. Social assistance rates are well below the monthly costs for renting an apartment; this Halifax service stakeholder questioned if affordable housing is within reach for those on social assistance: “Is it affordable to people who are receiving \$535 on income assistance?” Recently, the income assistance rates in the province increased by \$100. However, this increase is too little, too late. Nova Scotia historically has the lowest income assistance rates in three of the four income assistance categories in Canada, keeping people well below the low-income cut-off level.²

The disaster of homelessness has been exacerbated by limited resources and political attention; based on interview data, those working in this sector are acutely aware that the needs of those experiencing homelessness well exceeds existing infrastructure and social services' offerings. A Cape Breton stakeholder explained, “the bigger problem is why don't we have adequate income support in the first place”. Those working in the sector are torn between responding to immediate needs and structural work; many noted how the crisis nature of the sector prevents them from systems work and advocacy and that the sector spends so much time “putting out fires” to the detriment of “higher-level policy work”. There was broad recognition from stakeholders that there needs to be more resources directed to the systemic nature of homelessness and that emergency responses will not fix

the root causes of homelessness. What's more, homeless participants we interviewed felt trapped in the vicious cycle of poverty and the revolving door of homelessness and pleaded for systemic change: "Not just putting band-aid patches on shit, but you know really changing the way things are...homelessness is more symptomatic of a larger problem" (Cape Breton homeless participant).

The Pandemic Disaster

What this research really demonstrated is how the homelessness sector is full of dedicated, resourceful and passionate people from diverse stakeholder groups—shelter providers, social workers, housing providers, health care workers, people from food banks and other non-profits, and government representatives—who met regularly during the height of the pandemic to try and figure out how to best support community. These groups became known in HRM and CBRM as the COVID-19 Working Groups (or simply, Tables). Two of the authors were part of these tables. What becomes very clear from our data was that these Tables involved core first responders for homeless populations throughout the pandemic. Our research team interviewed the majority of participants who took part in these Tables—discussions focusing upon their organizations' experiences during the pandemic and what we have learned throughout this disaster.

Despite service stakeholders being stressed, scared, confused and generally anxious, with no road map or tangible plans to navigate the pandemic, everyone really mobilized to keep people safe. The shelters reworked their spaces and some even moved folks into hotels. In Cape Breton Regional Municipality, they opened four comfort centres to provide basic needs like washrooms, showers, laundry, and a bit of human connection. In Halifax, some hotels were used as safe havens; a harm reduction initiative was piloted where they provided regular doses of alcohol to individuals with alcohol addiction; and a dedicated public health line was created for organizations across the province. It was consistent, trustful partnerships among different organizations that really made the difference. These are all good outcomes, but we need a lot more of this action, not just during the pandemic, but to plan for the future rather than waiting for another crisis.

The Imperative to Continue Systemic Work

This study also shows how increased awareness of those experiencing homelessness during the pandemic led to changes in services and practice. Frequently, service stakeholders expressed concern that when the pandemic was over the new support for the homelessness sector would cease and things would return to “status quo” and that “everyone will just forget about people who don’t have homes” (Halifax service stakeholder). They also expressed belief that the increased support for the sector was in part due to people experiencing homelessness being perceived as a threat to public health. Some questioned if resources and supports would continue for housing, food security, domestic violence, and income security when the threat to the average person’s survival is over. Others noted that the Tables had more partners and traction than any poverty coalition and that these partnerships needed to remain after the pandemic to continue working on the systemic issues of homelessness, such as affordable housing. Last, there also was fear that the lessons learned around harm reduction initiatives, specifically the managed alcohol program, would be lost if the pilot was not continued post pandemic. Many service stakeholders were concerned that post pandemic attention would shift to other priorities and the sector would go back to being largely ignored and under-resourced.

Key Findings and Lessons Learned

Below are some of the key findings and lessons learned from the first and second waves of the pandemic and it is hoped that they will inform change going forward:

- The pandemic exacerbated the trauma that those experiencing homelessness endure due to not having anywhere to live and lack of access to basic needs. Future disasters will do the same unless more is done to address the crises of homelessness, lack of affordable housing, poverty, food insecurity, dearth of employment/income, and social connection.
- In the end the creative, thoughtful actions of the Tables involving diverse stakeholders supported the unique needs of homeless individuals and allowed some respite, safety and shelter away from the pandemic. The spread of the virus within the homeless communities was abated by quick actions of service stakeholders and service

providers to offer individual living spaces. Many service stakeholders spoke about the unique opportunity that COVID-19 presented in terms of being able to “think outside the box”, “not to worry about details” and experiment with solutions. These views were no doubt shaped by environments in which there were increased amounts of federal and provincial financing as well as less bureaucratic processes to receive funds. While resources were made available quickly in Halifax communities, they needed to be made available at a much faster pace in Cape Breton.

- The hotel model used in HRM worked and provided a more dignified, healthy, quick, and efficient way to house individuals in a pandemic. Clearly, safe housing is the crucial element in such a disaster. Affordable, supportive (if needed), and sustainable housing has been lauded as the only way forward.
- The pandemic put a spotlight on the need to rethink various harm reduction practices. For example, the Halifax hotel plan also added a harm-reduction service which was adapted from a similar operation in Guelph, Ontario, which proved to be very positive. Importantly, another lesson was that harm-reduction services, such as managed alcohol programming and Mobile Outreach Street Health (MOSH) teams, were of critical importance, but also unequally available in our two research sites.
- To manage the pandemic, it became more recognized that in preparation for, and when responding to, disasters, the government should adopt a Social Determinants of Health approach as well as when developing policies to address housing and homelessness.
- As the pandemic soared, there was a growing sense around the Tables that there was little leadership and no action plans (besides several organizations having particular disaster guides/policies), and that it would be important to use the lessons learned during this pandemic to create these guides/policies.
- Holistic partnerships and collaboration were critical to responding to the pandemic and that work needs to continue to build safe, trustworthy, and collegial landscapes among sectors, including *Public Health* and *First Voice* (those with lived experience). The experiences of those working in the sector in Cape Breton are distinct from Halifax

and the resources and mobilization to support the sector were very different in each community. There were sentiments that it took longer to negotiate programs and resources in Cape Breton, including from the local municipality, and that supports were not filtering out of the HRM. The lesson learned is that all levels of government need to respond more quickly during disasters, and that the province needs to ensure that resources and responses are similarly available across Nova Scotia.

- The pandemic forced public health to pay attention to homeless populations as a key public health issue. This eventually fostered a deeper partnership between homelessness and health—with each sector learning from the other. Importantly, adding public health to the Tables allowed for discussions of homelessness to be understood as a health issue. It's important that public health responses not just be provincially driven and coordinated, but that they allow for local responsiveness. It is crucial to also involve people with lived experience (First Voice) as they can add critical insights.
- Some changes that were made to respond to mitigation strategies of the pandemic allowed for services to be positively adapted (again primarily within HRM)—to be less crowded, to have more privacy, to be more trauma-informed. For example, there was funding for renovations to existing shelters and supportive housing complexes in order to provide single rooms or rooms for couples.
- The homelessness sector is deeply strained and exhausted; however, there needs to be infrastructure like that found in Halifax (e.g., Mobile Outreach Street health) available across the entire province.

Recommendations from Service Stakeholders

The knowledge and expertise of those working and supporting the homelessness sector during this time of crisis is invaluable; we believe that it is important to summarize some key recommendations and best practices highlighted by service stakeholders.

- Shelters received upgrades and were the focus of much of the homelessness response during the pandemic. But it was clear to many stakeholders that shelters need continued upgrading and need to

provide emergency spaces that are dignified. More importantly, it was widely recognized that shelters are not permanent solutions to the systemic issues of homelessness. Some clearly argued “we can dump millions of dollars into homeless shelters but what we really need is sustained kind of long-term building of non-market housing” (Halifax service stakeholder).

- It was widely recognized that there was a lack of first voice representation at the Tables where it would have been helpful to hear the perspectives of people experiencing homelessness to shape next steps. Further, many homeless participants noted that it was challenging to be up to speed on new information; first voice representation could have provided some insight on the best ways to disseminate information: “I think like giving a voice to folks who are...experiencing homelessness. I think really adding first voice to the...the decisions and policies we make” (Halifax service stakeholder). Clearly, first voice representation needs to be added to the Tables.
- More funding should be provided to existing organizations embedded in community, as they have established relationships with unhoused populations and more flexibility and fluidity to respond to emerging needs. Additionally, more connections to emergency response groups are necessary to develop comprehensive disaster plans for future unforeseen circumstances.
- The Tables should continue their partnerships but shift efforts from emergency responses to long term collaborative holistic solutions for homelessness; specifically, advocacy for affordable housing, supportive housing, ensuring adequate government income supports and immediately dealing with the gaps in the system and affordable housing development.
- The federal COVID-19 emergency response benefit (CERB), albeit available for those who had a minimum amount of employment income from the previous year, was a good example of the federal government quickly and efficiently rolling out a benefit program. The pandemic has highlighted the importance of universal, broad-based social support programs and universal basic income is a viable federal solution to the systemic nature of homelessness. However, participants also noted that better coordination and development of policy that takes into consideration how different programs interact with others are

required when different levels of government offer income supports so that those who are low-income do not end up losing the financial assistance they need. As one Cape Breton stakeholder explained:

We [know of] 22 [people] evicted because they had received some source of federal pandemic benefits. What ended up happening was they got this money, they spent it on things that weren't rent or food; expecting that they were going to get their income assistance cheque the next month, and then without warning, Income Assistance cut them off and they had spent the CERB...and had no money for rent. Had Federal and Provincial Government counterparts communicated better, I think that all that stuff was avoidable and, had the provincial government communicated better with clients in receipt of income assistance, I think a lot of that could have been avoided.

- Many homeless participants have “deep-seated mistrust” for the healthcare system and were hesitant about vaccination. There was misinformation about the vaccines in the homeless community; therefore, it is necessary that those experiencing homelessness receive clear information from people they trust—such as the MOSH team and staff from harm-reduction organizations.
- Those providing vital public information, making public health decisions and designing communication tools must keep the lives of those who are most marginalized in the province at the forefront. Assumptions and simple statements around ‘staying the blazes home’ caused harm by perpetuating the dominant narrative that those experiencing homelessness are deviant and choosing to ignore public health regulations.
- Since those experiencing homelessness had variable access to telecommunications during the pandemic due to library and business closures, and since having access to a phone and the internet would have allowed those experiencing homelessness to access medical appointments, communicate with friends and family during the lockdown and have up-to-date public health information, this infrastructure needs to be built up quickly, including publicly accessible Wi-Fi. As one stakeholder noted, “So [public Wi-Fi] would be a major thing that we identified and is something that we are going to have to address in future emergencies” (Cape Breton service

stakeholder). Clearly, this is an essential service that governments need to make available for all.

- Staff and volunteers working in organizations supporting those experiencing homelessness need to be considered essential workers, similar to those working in long-term care and hospitals. The level of funding and funding agreements need to consider issues like paying staff a living wage, providing benefits, and providing sick leave.

Voice to Those Experiencing Homelessness

We close by giving the final voice to those experiencing homelessness. They are the experts on the supports and services that would be most beneficial to them, and these voices should be at the center of any recommendations going forward. They raised seven areas of great need:

- universal basic income
- increased addictions services and harm reduction programs
- mental health supports
- places for people experiencing homelessness to get coffee and have a chat
- increased access to shelter
- assistance to find employment
- increased communication around the evolution of the pandemic, public health restrictions, and service availability

Numerous participants explained how income assistance rates needed to be increased, especially during the pandemic, as most people on income assistance were ineligible for CERB: “I mean somebody who has worked and got the hours and got EI or CERB. Why are they entitled to it when there are people on welfare that are struggling?” (Cape Breton homeless participant). Participants also identified that the one-time payment of \$50 from income assistance to help pay for COVID-19-related costs, such as masks and sanitizer, was inadequate. Other participants iterated the importance of implementing a universal basic income as the best support for people experiencing poverty, but also, to improve everyone’s quality of life. Increased addictions services and harm reduction programs were also noted as needing expansion; there

were many calls for full access to detox centres in a timely manner and the establishment of rehabilitation programs. Mental health supports were emphasised again and again by participants as a service to which they needed access. Almost all homeless participants emphasized that there were not enough counselling and mental health services for people in crisis, but also programs and supports where people just had someone with whom to talk. Two participants suggested:

...There should've been a phone number that you can call if you were worried about your mental health during this COVID pandemic; and just get more information about it all right? Kind of vent a little bit. Just to talk to somebody (*Cape Breton homeless participant*).

They could have provided a program or something to teach people and especially addicts, how to deal, cope with being lost and lonely during the pandemic, you know what I mean. Yeah, that's what I would think would have been better for a lot of people. Counselling would have been better, but nobody wanted to do that because of the pandemic, nobody wanted to talk to us (*Cape Breton homeless participant*).

Moreover, participants explained that there needed to be more spaces for people experiencing homelessness to “[h]ave a coffee... Just to sit here and have a chat... Like it makes you feel, makes you feel welcome, right?” (*Cape Breton homeless participant*). Again, most participants highlighted how challenging it was to access shelters and places to sleep during the pandemic and the need for more safe places to stay: “There’s not always a bed available. And it sucks because there’s still a lot of people out there” (*Halifax homeless participant*). In Cape Breton Regional Municipality, several participants mentioned the need for more shelter beds located in Sydney and in smaller towns, like Sydney Mines and North Sydney. One participant explained that:

...We should have more, like open up more shelters, more spaces that people can go and feel safe instead of living on the street freezing to death or having to live in rat-infested grossness. There was nothing (*Cape Breton homeless participant*).

Many homeless participants who lost employment during the pandemic were eager to return to work and wanted assistance finding employment. Finally, almost all the participants highlighted the need for increased com-

munication around the evolution of the pandemic, public health restrictions, and service availability:

I feel like there wasn't enough information about how to not contract the virus. I find people aren't kept up to date on what to do. People need to be more up to date on what is going on with the virus because it is important. It is for everybody's health honestly. A lot of people don't realize how serious this virus is (*Cape Breton homeless participant*).

Conclusion

On a final note, as we strive towards an unknown future, it is important to remember that homelessness was a disaster even before the pandemic. The pandemic magnified existing inequalities and surfaced more. Can we strive for a post-COVID-19 world in which we prioritize dismantling systems that ignore systemic oppression and the root causes of homelessness? Can we work collaboratively with all bodies (homeless people, support services, NGOs, and government sectors) to create a “new normal” in which it is unacceptable for anyone to be left behind? As we move forward, we need to ensure that future disaster responses, such as those related to health and extreme weather/climate change in this province, do not leave out the most marginalized and excluded from society.

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