The Effect of the Pandemic on Indigenous Housing and Services

SESSION SPEAKERS

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SUMMARY AUTHOR

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THIS SUMMARY
This wide-ranging discussion provides an overview of issues that have arisen due to the COVID-19 pandemic and the policy, program, and administrative responses by Indigenous serving and Indigenous-led organizations.

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Another thanks to the work and information of:
- Aboriginal Housing Management Association
- Vancouver Native Housing Society
- St. John’s Friendship Centre
- Namerind Housing Corporation
- Ontario Aboriginal Housing Services
As a public health measure, Homelessness and Crisis Shelters were temporarily closed.
- At the same time demand for these facilities climbed as the number of homeless and those experience crises such as the need to escape domestic violence increased.
- In response, starting on April 25th, British Columbia opened emergency response centres including hotel rooms as temporary lodging.
  - Provided alternative places where physical distancing, and where needed, isolation could occur.
- For indigenous peoples, cultural-specific supports were put in place.

COVID-19 isolation measures led to numerous closings, and lost employment.
- Indigenous people, particularly in urban areas were hit hard because of a concentration of employment in hard-hit service industries.
- For those experiencing difficulty in paying rent, an emergency temporary rent supplement was established, and processing of applications was expedited.
- Complemented by abatement program for tenants receiving rent subsidies; and worked with the Residential Tenancy Office on policies to assist those falling through the cracks.
- Froze eviction notices.
- Issue: Need for measures to stop spread of COVID-19 virus.

For vulnerable populations (seniors) self-isolation, facility closures resulted in interruption of food supply (for example, closure of food banks).
- Arranged meal delivery services residents living in Single Room Occupancy Hotels, BC Housing owned buildings, and buildings operated by non-profit housing provider partners to those who had lost access to their regular supports or could not venture outside.

Need to implement measures to stop the spread of COVID-19 in the housing sector.
- Acquired and distributed Personal Protective Equipment (PPE) to partners' staff and made provisions for backup supplies in anticipation of a second wave.
- Where persons tested positive, developed, and implemented procedures at shelters, crisis facilities for “Deep Cleaning” of areas of contact.

Need to develop COVID-19 prevention procedures and disseminate, share information about responses.
- Created COVID Operating Manual which was distributed to all providers in the province and made available online at Ministry website’s resources webpage.
- To assure feedback, input, and quick response to changing circumstances, opened COVID-19 specific channels of communication (websites, conference calls etc.) with provincial partners.
She first noted that the situation of inequality facing Indigenous Peoples was exasperated by the COVID-19 crisis. Disproportionate numbers of persons were affected by the temporary shutdown of shelters and safe injection sites. Particularly impacted were women who had faced abuse, domestic violence lost access to safe housing in women’s shelters. Further, stemming from the pandemic and the closure of safe injection sites, there was an increase in Opioid-related overdoses; loss of resources to implement harm reduction strategies.

AHMA developed responses included:

- Providing readily available Information need, procedures needed to organize COVID 19 protections:
  - Online COVID-19 Resource Page including access to own responses; links to related resources
  - Enhanced Regularized consultations with BC Housing to keep up with rapid changes in policy, programs
  - However, issue that emerged in consultations with BC Housing: Focal points on UNDRIP legislation on Indigenous Identity groups have resulted in reduction of voice or urban aboriginal stake holders in responding to this and other issues

- For staff:
  - Provided/distributed PPE equipment and developed implement hygiene-related procedures
  - To reflect additional workload, provided emergency pay per pay premiums and hired additional staff
    - Maintenance/repair staff expressed fear of exposure
      - Developed/implemented procedures, training as well as providing PPE and hygiene measures
      - Eliminated, where feasible face-to-face meetings between staff and with tenants

- General: initially following beginning of COVID-19 emergency, high incidence of break-ins
  - Enhanced surveillance equipment in response to surge

- For Tenants
  - Provided additional rent supplement as need to those who's jobs/salary (particularly hard hit were large proportion working in service industries)
  - Adopted and enhanced provincial meals program for those losing access to regular supports and included laundry services and for those required to self-isolate
  - Set aside temporary emergency housing for those required to self-isolate
Issues at the onset of the pandemic included:

- A shortage of Personal Protective Equipment (PPE) for staff as well as a need to adopt new measures to combat COVID-19 spread,
- Lost rent revenue as tenants lost work, particularly among Low End of Market (LEM) tenants.
- Visitor restrictions meant that tenants were cut off from family, friends and supports.
- Many seniors feared leaving home and lost supports (including the closing of the dining room in a senior’s building, resulting in food shortages.
- Lawlessness increased with an increasing presence of drugs and break-ins.
- Increased alcohol and illicit drug use, and an increase in overdose emergencies. Psychological stresses resulted in an increase in the incidence of self-harm.

The initial response was the setting of a COVID management committee which set up, initiated, and coordinated response including. Inherent in their approach was a need for flexibility in responses—"planning without the constraints of long-term planning":

- Closing of common rooms and enhanced cleaning (3 times per day at all “touch points”, clearing of laundry rooms)
- Subsidies to address rent shortages and allowed for immediate rent recalculations to set new subsidy levels. Requirements for subsidy were new for several tenants. Accessing related BCH programs
- Initiated food support program including preparation, distribution, and delivery. As of the end of August 14,000 Individual portions of restaurant quality food had been prepared/delivered
- Enhanced security safety procedures including 24/7 security at vulnerable places; enhanced security—more 12-hour security shifts
- Key Communication to tenants including circulars, bulletins and letters including information about access to EI, CERB; information about disease prevention practices (guidelines on social distancing; hand washing; self-assessment) and reminding tenants of rent obligations. Reached out to tenants, contacting them through phone calls to discuss problems, issues, changes and what was available
- Operational changes:
  - New remote access capabilities allowed non-front-line staff to work at home
  - Modifying maintenance/repair activities—for example, requiring face masks, gloves disinfecting before and after entering unit
  - Purchase, distribution of PPE and other materials and training in their use. Purchasing required the search of and established of links with new procurement vendors. Inventory of equipment/material: identify needs for re-supply, potential of/responses to shortages
  - Increasing staff levels and re-delegation of staff to new tasks (from cleaning of high touch surfaces; to implementing of changes in accounts, further digitizing records to record, respond to financial impacts of COVID-19 Responses)
  - Review of tenant demographics as a planning tool to estimate potential needs/vulnerabilities
  - Sought and received additional funding for IT changes, additional COVID-19 requirements from: AHMA and the federal government’s Indigenous Community Support Fund and Indigenous Homeless Community Fund. PPE funding from B.C.Housing
The pandemic also impact the organization’s social enterprises which include artist workshops/studios and a hotel/gallery. Both were initially closed, resulting in a significant loss of income. Investments have been made in increasing the online presence of the gallery with new resources for social media support. The hotel, which previously relied on an international market is now also increasingly marketing online to BC residents.

A case study of the operational effects/response to the COVID-19: The effect of the COVID-19 emergency on the annual audit. Delays occurred because of staff losses due to illness and people staying away due to fear of the illness and the possibility of spread to their families. Further, the auditors would also not come onsite, and the existing system was not set up for offsite work. The response was the support of staff/auditors working off-site. This included the purchase of new software and laptops allowing remote access with concomitant enhanced security and the further digitizing of audit materials. Initially, the response was delayed by computer bugs that commonly appear with the introduction of new systems/software. Funding for IT upgrades came from the sector organization, AMHA.

Robert Byers, Namerind

Before giving an overview of some of Namerind's new issues and responses, Robert provided some context on the situation facing Indigenous people in Regina.

In Regina, the response to the COVID-19 pandemic has included a major loss of community resources with the closing of homelessness shelters, drug recovery sites and food banks, and church meal services.

For several persons who were reliant on social assistance (SA), reliance on CERB has resulted in loss of access to SA benefits (including public transit passes and allowances for prescription drugs). For those who lost work and having been using EI and CERB, many will face unemployment and high debt.

These issues disproportionately affect indigenous peoples in Regina because of their very high representation among the homeless, social assistance and those who have lost employment due to the pandemic.

Responses to the pandemic by Namerind include the need for measures to contain COVID-19 spread including:

- Plexiglas at all contact points with the public; continual cleaning of high touch surfaces (doors etc.)
- Maintenance was restricted to an emergency basis only
Responses to the crisis include:

Operational responses
- To quickly respond to issues: a senior staff committee meets daily to develop/modify/re-assess operational procedures; initiate new communications
- All staff except front-line workers, now work from home
- For front line staff: providing service directives concerning health and safety, high level of screening
- Created a website providing information about common COVID-19 issues related to housing; resources available; reached out to tenants to provide information on services available.

Services to tenants
- Short term relief provided to tenants experience financial difficulties:
  - With funding from the Ontario Social Services relief fund: provided up to 50% of rent payments for up to 4 months
  - Evictions for non-payment of rent are temporarily suspended
  - Deferred annual rent increases in April for 3 months

To date, there have been few cases of COVID-19 in the community. Still, a number of services, including the homeless shelter and food bank were temporarily shut and when the shelter was re-opened, no new entrants were admitted. With COVID 19 restrictions, it was hard to get around/meet, making finding available units difficult. Isolation compounded for many homeless who do not have access to a telephone or computer —creating a barrier to access to programs, supports and information concerning pandemic responses. As in Saskatchewan, social assistance recipients who moved to CERB lost access to benefits.

Issue of lost revenue and additional costs to COVID-19 protection measures such as PPE equipment met with additional support from the National Organization of Friendship Centres.

Conclusion

Overall, Indigenous organizations responded quickly to the pandemic and ensured that their services and supports were made available as best they could in the timeframe. The safety of tenants and community members accessing services was paramount. All providers noted significant changes to staff operations, just as many businesses across the country. Organizations were quick to communicate with both employees and those accessing their services, and showed resiliency in the face of a terrible pandemic.