

Frequently Asked Questions (FAQ): Housing & Homelessness Services and COVID-19

Territorial Program Department

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Revisions and new additions will appear in RED

Preamble

As a guiding principle, **The Salvation Army will adhere to directives issued by government health authorities.** This document should also be read in conjunction with directions issued by The Salvation Army's leadership.

This FAQ document is provided to support MUs in the delivery of service while promoting health and safety for staff, volunteers and service users. The information must be seen and applied through the lens of the values of The Salvation Army, especially that of dignity. Challenges created by the COVID-19 virus and the necessary changes in service delivery methods themselves may create heightened anxiety levels. Living out the values of The Salvation Army is vital in all interactions with service users and with each other.

Hope: We give hope through the power of the gospel of Jesus Christ.

Service: We reach out to support others without discrimination.

Dignity: We respect and value each other, recognizing everyone's worth.

Stewardship: We responsibly manage the resources entrusted to us.



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The Basics

Residential centres such as emergency shelters, transitional housing and addiction treatment are critical services in times of emergency and pandemic.

COVID-19 is a crisis for Canada's health system, the spread of which may amount to serious calamity for people experiencing homelessness. We have a window of opportunity to respond aggressively to blunt the impact of the virus. Actions we take now aim to save lives, and may therefore be very unusual, counterintuitive to our ordinary policies and practices.

Studies of previous pandemics (e.g. SARS, H1N1) have shown that people experiencing homelessness are at dramatically elevated risk for infection and adverse outcomes. It will be important for the homelessness sector to be proactive in helping to contain and mitigate the spread of COVID-19. Public Health authorities have jurisdiction in times of pandemic and **while The Salvation Army's social services have an important role to play, we need to be consistently responding to local Public Health directives** and advocating for community plans that take into consideration the vulnerable populations we serve.

The National Alliance to End Homelessness has prepared the following tips:

Be prepared by staying informed about your local COVID-19 situation and establish relationships with public health partners in your community

Communicate with staff and clients about facility preparedness and policy updates (i.e. modified hours, non-urgent care by telephone, etc.), and consider using social media to do so

Expect the homelessness services sector workforce to be impacted, and anticipate modified service delivery based on staff capacity

Protect your workforce by screening clients, staff, and visitors for acute respiratory illness, ensuring use of personal protection equipment, and encouraging sick employees to stay home

Protect your clients by separating those with respiratory illnesses, and implementing prevention strategies to minimize exposure (i.e. encouraging frequent hand washing, increased surface cleaning/disinfection, etc.)

Take inventory of supplies (hand soap, food, etc.) and order more if necessary

(Source: <https://endhomelessness.org/>)



We don't have a pandemic plan. What should we do?

A template is available on salvationist.ca under the COVID-19 Resources page to give guidance in the creation/customization of your own plan. The Social Services Department also has samples and can be of support to you, via your Regional Consultants.

Is there more guidance locally or specific to our program?

Where applicable, review your government contracts and connect with your local public health unit and your funders for their latest guidance. Check with your community partners and any sector committees in your local area. They may have guidance or best practices that are applicable to your local setting. And it will be critical to attend those meetings by email and telephone to ensure local social services are coordinated and resources are shared.

The Government of Canada has set up a website with '**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>

The **Canadian Network for the Health and Housing of People Experiencing Homelessness (CNH3)** has compiled a list of important resources: <http://cnh3.ca/resources/>

Check both often.

Should we close our residential program?

The decision to close a residential program should only be made with your DHQ **and** in consultation with your funder, local public health authority and/or in line with your community pandemic plan. First, attempt to ensure there is a community plan to meet the health and housing needs of your clients during the pandemic. DHQs are responsible for taking the necessary steps to communicate with THQ.

I've got questions that aren't answered here. Who should I contact?

Resources and advice are available to you from your Divisional Employee Relations Department, your Area Commander/Divisional Social Services Secretary and from the Territorial Social Services Department:

Regional Social Services Consultants:

- David Reid (BC, AB&T, NL&L)
- Charlotte Dingwall (PRA, ONGL, MAR)
- Dahlia Sherif (ONCE, QC, BR)

Specialist Consultants:

- Amy Fisher (Housing & Homelessness)
- Milo Mitchell (Addictions & Mental Health)



Prevention Measures

What role can we play in preventing the spread of COVID-19?

Enhance cleaning protocols

Boost sanitization and cleaning efforts, even while you attempt to limit movement beyond a person's own room or within designated areas. Regularly disinfect commonly touched surfaces, including washrooms, common areas, elevators, doors & handles, light switches, etc. For sample protocol, see here: <http://cnh3.ca/wp-content/uploads/factsheet-covid-19-environmental-cleaning.pdf>.

In transitional and second-stage housing, minimize entry into a client's suite unless it's an emergency. Wellness checks can be done but staff should stay in the hallway. Employees should wash their hands before and after visiting a suite to prevent the spread of viruses and in order to protect residents.

Communicate & Educate

Our clients may be scared and skeptical of health care services. Additionally, they may not have access to public health information or mainstream media sources and therefore be functionally illiterate for the purposes of pandemic updates. TSA staff who have relationships with people experiencing homelessness and other vulnerabilities may therefore be a trusted source for important information. Front-line workers should have up-to-date information on COVID-19 and be prepared to communicate consistently, clearly, often, and with a trauma-informed lens during this confusing time. Consider the role of peers/peer workers as well and engage a few clients in outreach and helping to share important information.

Communication & Education with residents should include:

- Prevention promotion – e.g. posters/signage that reminds people to wash hands, increase social distance, refraining from touching, kissing, hugging, handshaking etc., use coughing etiquette [See [sample](#)].
- Awareness about the signs and symptoms of respiratory infections and where to seek medical attention.



- Steps your MU is taking to prevent the spread of COVID-19, signs that promote awareness and answer any questions they have about how to protect themselves, fellow clients and staff.

Where there is equipment to do so, consider making a daily announcement over PA systems.

An accessible and comprehensive information video, “The Coronavirus Explained & What You Should Do” is available on YouTube, [here](#).

Implement Handwashing Protocols.

As public places close, our clients may have less access to washrooms. Consider making handwashing stations available 24/7 both inside and outside your building.

Remind people to wash their hands when they arrive and before they leave; before and after they work with a client; before and after eating. Post signs with the World Health Organization’s correct handwashing procedures:

https://www.who.int/gpsc/clean_hands_protection/en/

Perhaps assign a greeter or add a new task to frontline duties to hand out wipes and hand sanitizer during first point of contact. Ensure that social distance and personal protective equipment are used.

Encouraging people to shower more often may depend on how often those facilities can be cleaned after use. Similarly, whether you increase access to washrooms and showers for people living outside will depend on communication with your local public health/community partners, the layout of your building, and staff capacity for regular cleaning. Finally, can you do this without adding risk to your most vulnerable residents?

Make sure that employees always work with **personal protective equipment** (PPE), both for their own health and to in turn protect clients from further transmission. In shelter contexts, PPE primarily refers to disposable gloves (one pair, one task). Masks should be available to those with respiratory symptoms and to those working with individuals with respiratory symptoms.



Response to COVID-19 includes the recommendation that groups of 10 or more shouldn't congregate in one place. That's not an option for us. What can we do instead?

Consider Risk Stratification Measures

The Canadian Network for the Health & Housing of People Experiencing Homelessness (CNH3) recommends taking risk stratification measures, which is to say assessing your client population for those who may be at the most severe risk of adverse outcomes for COVID-19 infection due to pre-existing cardiac and respiratory conditions (e.g. asthma, heart disease, lung disease etc.). Dr. Aaron Orkin suggests approaching those clients you may already be familiar with who:

- Are 55 years and older, AND
- Have a new cough (rather than someone who always has a cough), AND
- Can't walk up a flight of stairs or down the street without experiencing shortness of breath,

In order to ask them a few simple questions, such as:

- Do you take prescription medication for your heart & lungs?
- Have you had a serious hospital stay for cardiac/respiratory reasons?
- Do you have an underlying health condition of concern (e.g. diabetes, cancer, immunosuppression, diabetes, heart or lung disease)?

Dr. Orkin suggests you use this information to identify those most likely to succumb to COVID-19 and use your facility to “build a moat” around them, wherever possible.

This strategy will involve “cohorting,” ensuring that your most at risk clients can occupy private quarters while your lower risk clients (e.g. younger, more well) share (or are moved to) your more open accommodations (e.g. dorms). If new shelter/mat spaces are eventually opened in large rooms, these would ideally be used for your most well clients, while your least well clients occupy your more private quarters. Such measures are being suggested for the sake of our current urgency only – we have a small window to blunt the spread of COVID-19 among people experiencing homelessness and must be assertive (For more about this, see Dr. Orkin's webinar recording [here](#)).



Other approaches

- Consider limiting access to those who are currently staying at the shelter/residence and essential personnel only (which includes health care staff, support workers, ACT teams, etc.). This question may need to balance the weather/temperature outdoors with transmission concerns.
- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection. See also above notes about [educating clients](#) about preventing spread.
- Assign a staff member (ideally someone qualified in a health profession) to monitor clients and employees for symptoms: fever, cough, difficulty breathing. If a client is showing symptoms of COVID-19, such as coughing, shortness of breath, fever, or sore throat, ask them to wear a mask or use tissues and try to keep them separated from other clients by 2 metres (6 feet). Then call local public health to develop a plan to test and isolate this person. If the client is in distress, call 9-1-1.



I've heard about social distancing. Are there any suggestions on how this can be accomplished in a residential program?

One major objective of social distancing is to increase the distance and reduce the number of people in one area. Here are a few suggestions or questions to consider:

Review your current **use of space** and see if there is more space that can be made available to reduce the number of people in one area (e.g. program space, chapel, offices not in use, etc.).

Temporarily reconfigure your sleeping arrangements to allow for 2 metre (6 feet) distance between clients. (Alternating beds head-to-foot instead of lined up head-beside-head may help with this.) This may mean fewer shelter/residential beds are available or relocating beds to other spaces in your facility in order to better spread them out. Involve your funder in discussions if changing the number of beds goes against contract requirements.

Consider also:

- Can you avoid having clients share rooms?
- Can you put markers or lines on the floor or wall so that service users can follow easily on how to keep distance among each other if they must stand in a line?
- Can you implement any protocols to prevent a crowd/line forming in or just outside your space?
- Are there temporary arrangements that can be made with a motel/hotel for shelter purposes? **(Note: motels are more ideal than hotels for this, because of their direct access to outside.)**

Minimize unnecessary gatherings, limiting your gatherings to those which are critical and where social distance is possible (under 5 people in a large, well-ventilated space). Where appropriate, consider staggering use of drop-in spaces, smoking areas and other amenities so that fewer people occupy them at a time.



Should we consider temporarily cancelling or rescheduling a non-essential program?

Where applicable, review your contract/operating agreement first and connect with your funder and DHQ for guidance. If the program is not governed by a government contract, the management team should follow local public health recommendations. Can the program be adjusted so that fewer people are gathered in the same space? THQ Regional Social Services Consultants can provide support and consultation in this decision-making process.

Should we consider conducting some programs/services via alternative modes (e.g. telephone or video conferencing) if possible?

The service nature and the service users' needs should be considered first, and these decisions should balance the scientific evidence with a human services approach. It may be possible for some individualized case management programs or group programs to adopt alternative modes of meeting (e.g. online). Consider how this change will impact the helping process and be prepared to communicate the reason for change consistently, clearly and compassionately to clients.

We operate community meals program. Are there suggestions to be considered?

Community meals program should be reviewed in terms of service nature and volume. Consider a change in format (such as giving out pre-packaged food, distributing the meal outdoors, using an EDS vehicle) in order to minimize number of people remaining in one area.

What about our communal meals for residents -- any tips?

Allow for additional space between diners by using any additional space or extending service hours to avoid line-ups and large groups. As above, consider a change in format, like bagged lunches. Buffet style meals should be eliminated. Food safety and handling should be considered. Consider using paper plates and disposable cups and utensils. Avoid use of self-serve condiments; use individual packaged items where possible (e.g. creamers, sugar, ketchup, etc.).



How should we prepare now for potential staffing shortages?

Implement a training plan for your employees on COVID-19 and risk prevention measures. This may help address concerns and avoid additional shortages due to fear of exposure.

Conduct a tabletop exercise that anticipates a 20-50% reduction in staff over the course of the pandemic. Identify critical job functions and positions. If there are positions that are non-critical in times of emergency, redeploy those staff to the critical functions and responsibilities (Please note that Housing Workers are critical functions at this time – if we can still get people housed, they'll be at lower risk should the pandemic be extended.). Ensure that any alternative coverage is preceded by cross-training. In unionized environments, we suggest that you begin a conversation with union representatives as soon as possible to ensure that cross-training and coverage of critical functions happens in a timely way. For guidance on union matters, please contact your Divisional ER staff and/or John Thompson, Labour Relations Manager at Territorial Headquarters. Additional guidance from Territorial Employee Relations has been circulated via the Chief Secretary's Office.

Strategies for managing staff shortages can also include:

- recruiting staff from other agencies;
- hiring more relief staff;
- using temp agencies;
- recruiting volunteers for tasks that do not require specialized training;
- contacting agencies or businesses who have had to close and who have staff with skills required (e.g. Adult Day Programs, Child Care Centres, restaurants).



Handling cases of COVID-19 in Residential Centres

A client has been exposed to COVID-19 and is displaying symptoms (fever, a new cough, difficulty breathing). What should we do?

People who are experiencing homelessness may be more likely to experience underlying or chronic health conditions and are at higher risk of becoming severely ill if they have COVID-19. Additionally, the elderly are at high risk of becoming severely ill if they have COVID-19 (But they are not all at equal risk: please see above notes on [Risk Stratification](#)). If someone has been exposed to the virus or is displaying symptoms (fever, a new cough or difficulty breathing), please:

- Contact local public health office immediately. If the person has a health provider, call them by phone, to enquire about testing.
- Ask the person to wear a mask to prevent transmission to other people; if a mask is not available, provide tissues for them to cover their mouth and nose as much as possible.
- Ask the person to wash their hands with either liquid soap and running water and dry with paper towels, or with alcohol-based hand sanitizer.
- Move the person to a separate area of the building where they are at least 2 metres (6 feet) away from other clients and staff.
- If the client is in distress, call 9-1-1.
- Contact your funder or system-planner to develop a plan for this individual (e.g. testing, isolation).

What do we need to know about testing for COVID-19?

Testing must be done by a health professional (e.g. doctor, nurse, lay health care worker). TSA Ministry Units should contact their local public health to learn how testing is being done in your jurisdiction. You may need to locate the nearest assessment centre for directing clients who shows symptoms of COVID-19. Also, look for opportunities to partner with health care providers to bring testing into emergency shelters. Early testing in shelters will help contain and mitigate spread of COVID-19.



If we need to temporarily isolate a client in our facility while awaiting a response from public health and/or your funder/system planner, what should we consider?

The Canadian Network for the Health & Housing of People experiencing Homelessness (CNH3) recommends that wherever possible, shelters/residential programs avoid makeshift or “shelter in place” isolation measures, insisting instead on designated isolation sites under the jurisdiction of public health (The Canadian Alliance to End Homelessness has been advocating for the federal government to ensure this, but a response is still forthcoming. Find the CNH3 briefing note [here](#)).

If your community doesn't already have a viable plan for isolation and quarantine for people experiencing homelessness, start advocating for that now (e.g. in motel rooms, designated health facilities). Public Health departments have the authority to commandeer hotels and motels (preferably motels) in times of pandemic: encourage them to do this by communicating that TSA emergency shelters cannot meet the minimum standards for isolation (i.e. private sleeping, toilet, and hygiene facilities, adequate personal protective equipment, and especially access to healthcare).

If a suspected or confirmed case of COVID-19 develops in your MU, discuss the situation with public health and/or your funder/system planner to develop a plan. In the meantime, here are some steps to take:

- Move the person to a separate area of the facility where they are at least 2 metres (6 feet) away from other clients. If a temporary isolation space cannot be designated, consider using privacy screens;
- Ask them to wear or continue wearing a mask. If you do not have masks, provide tissues and ask them to cover their mouth and nose;
- Dedicate a washroom that is disinfected after each use;
- Deliver meals where possible.

If a designated site or isolation shelter has NOT been set up, consider:

- Designating a separate area in your facility for clients with such symptoms;
- Providing a designated washroom or toilet and sink/shower area;
- Serving food in a different area than other clients;
- Increasing cleaning of commonly touched surfaces;



- Being prepared to provide shelter on an on-going basis for the client until they feel improved and the health care provider has advised on next steps;
- Limiting contact with staff and other clients as much as possible, ensuring that anyone who touches the client, provides them with food etc., wears gloves and/or washes their hands before and after.

What about prescription medications for people in isolation?

Think about how people in isolation will have access to prescription medications. Are there arrangements that can be made with local pharmacies to ensure that people who are in isolation can still receive it? Is there a prescription delivery service? For people who normally attend a clinic/pharmacy to receive Methadone/Suboxone etc., enquire how they will access this medication while in isolation. For situations where medication is stored in a central location within the facility, review policies & procedures to determine how these may need to be temporarily adjusted to help limit unnecessary movement through the facility.

How can we continue to provide spiritual and religious care?

Spiritual and Religious Care continues to be an important part of our ministry. It is important to holistically care for staff and residents to prevent social isolation, and to cope with the anxious thoughts and feelings that might arise. For some, this is also time to consider some broad spiritual and religious questions.

For chaplains, this is an opportunity to be supportive and to bring calm to our residential settings. In this way we can engage in compassionate listening for our staff and residents and provide hope during this challenging time.

Spiritual and religious care assessments and care plans can provide practical information for chaplains to assist staff and residents and address spiritual and religious care needs. For additional support regarding spiritual and religious care in your residential setting, please connect with the Territorial Spiritual and Religious Care Consultant, Beverleigh Broughton.

We have clients who refuse to take preventative measures or be tested for COVID-19. What should we do?

People experiencing homelessness should not necessarily be denied access to shelter/residence simply because they refuse to wash their hands or be tested. Ideally, we would take a sheltered approach, inviting them in and coaxing them to health, as necessary. But these decisions should be made locally, with consultation from public health, as needed.



Other Considerations during the Pandemic

Besides enough food, personal protective equipment, hand sanitizer and cleaning supplies, what else should be on hand/in steady supply?

Where funder expectations, sourcing relationships, and appropriate policies exist, ensure that harm reduction supplies are available to eliminate sharing (i.e. pipes, needles). Stocking cessation supplies (e.g. Nicorette) may also be prudent.

There are many changes that we would like to implement. How can we communicate effectively to the service users?

Visible signage can be posted throughout the building. There are posters available to download at salvationist.ca/covid19/. Create signage that is appropriate to your local setting and program type. Wherever possible, use a trauma-informed approach to communication: calming, respectful, accepting. Consider drafting answers to local frequently asked questions to aid volunteers and employees to communicate to service users.

Should we make changes in terms of volunteer management?

Review usage of volunteers and consider whether we can perform the various tasks with fewer volunteers. Consider the age and known health conditions of volunteers to assess whether it is safe for them to remain in the environment. Are there volunteers who may not be required in the interim because their primary tasks are administrative? Can they be reassigned to other tasks? Do they receive health & safety training? Are they trained in the local pandemic plan? Can you add training specific to COVID-19?

These extra measures put pressure on our budget. What should we do?

Review your financial position. The management team should review and forecast the implications to the current budget. Planning and support can be provided by your divisional office. Contact your funder for any contingency funds they may have access too, especially during “states of emergency.” Increasing public relations coverage of the increased needs could draw additional public support.

Can we expect an increase in the number of people seeking withdrawal and recovery services?

We do not know this for certain. However, there is reason to believe that demand for these services will increase. All the same need for social spacing applies.



What if further measures are taken to ‘lock down’ our community and different degrees of movement are restricted? How should we prepare?

Review your local public health guidelines and community plans. **There will be specific guidelines on what facilities can be opened and how services can be provided.** It is possible more restrictions will be placed on how many people can stay in one building, and there may be enforcement measures to discourage people being outside. It will be critical for TSA MU leaders to be at planning tables and social service committees where “lock downs” are being discussed and planned for.

Access & Restriction Policies

If authorities begin to restrict people’s movement out of doors, shelters will need to be ready with appropriate policies and procedures in place; start preparing for this now. If you have already built flexibility into your **extreme weather policies & procedures**, start there and think now about the ways in which that policy may need to be revised to address the potentially protracted/long-term nature of the COVID-19 pandemic. Regardless, take this opportunity to critically examine the admission/restriction policies that you do have.

Ask:

- Which are **essential to health & safety**?
- Can any of them be **relaxed** during this critical time?
- Do they make the **transmission mitigation** the main priority?
- Do they balance the **scientific evidence** with a **human services** approach?
- Do they **protect the most vulnerable/at risk of adverse outcomes** for COVID-19?
- Do they match directives you’ve received from public health authorities?

Finally, emergency shelters, should ask:

- Is there anything you can do to **encourage sheltering in place/discourage circulation** among local shelters? What will you (and your sibling shelters/services) do to help people stay put?

Please note that even during times of emergency, **residential workers are not law enforcement professionals** and it is inappropriate to forcibly restrict a person’s movement or otherwise limit a person’s autonomy and rights. COVID-19 is already so widespread that authorities are unlikely to use coercive measures on a single person for the purposes of containment.



Except where funder expectations differ, The Salvation Army is already committed to taking a **behaviour-based** (rather than sobriety-based) approach to emergency shelter and transitional housing. During times of pandemic/emergency, our response will require greater flexibility. But shared clarity between staff and clients about how behaviours will be followed up on, is still integral to program operations.

Diversion

While this is not the ideal time to be adding new processes and procedures to your program, **the need to prevent homelessness is more urgent than ever**. If emergency shelter staff have an opportunity to divert someone before they arrive at the shelter, attempts should be made to access any available alternatives to shelter stays.

Harm Reduction Conversations

In keeping with The Salvation Army's Harm Reduction Guidelines for Emergency Shelter, all TSA ministry units are encouraged to employ **respect, non-judgment, practicality, and trauma-informed care** in their interactions with people who use controlled substances. There may be additional need now for harm reduction conversations with clients, **helping them to think through their options for safe use** when the usual place and way they use substances, including their substance of choice may not be available. [See relevant information sheets [here](#) and [here](#).] Stay up to date on local harm reduction services (e.g. closures, reduced hours, new sites) and be able to communicate/educate clients about what is and is not available during the lock down.

As the pandemic progresses, authorities may decide to open additional safe use sites in your community to alleviate any extra pressure on the healthcare system. This should be done by other agencies, that are already well-practiced in such programs and services.

Official Encampments?

In some jurisdictions, **authorities may begin to designate certain areas for outdoor encampments** and service providers may be asked to help facilitate this measure by supplying tents and sleeping bags and/or by providing outreach support to people living outside. Encampments (tent cities) are highly politicized in some Canadian towns and cities and will not be an option everywhere. TSA MUs should consult with their funder/system planner, health authority, and Division before expanding service to include service to encampments. It's important to be mindful of both the health and safety risks of the encampments



themselves and that, from a communicable disease perspective, it may be safer for some low risk individuals to stay in tents rather than crowded shelters for the time being. The Salvation Army strongly advocates for ongoing **outreach and support** to people living in both official and unofficial encampments. (See also notes on [enhanced cleaning protocols](#) for advice re: hygiene facilities for people living outside.)

Social Inclusion Activities

Salvation Army residential centres are already places where people feel known, cared about, safe and included; they already offer a sense of community and belonging to people who might otherwise feel lonely and disconnected. Carrying on this important work may be more important than ever in the case of a COVID-19 'lock down,' albeit in the context of social distance and self-isolation. Consider ways in which your usual social inclusion activities need to be shifted or enhanced. Can you encourage the formation of networks for checking in on each other? Can you take opportunities to be more curious about each other's wellbeing, asking questions like:

- How do you feel about being here?
- How are you coping?
- What are your sources of comfort these days?
- What support of connections do you have in place?

In your labour/human resources context, is it possible to support residents in finding new purpose in this unusual time? Perhaps by training them to help with [enhanced cleaning protocols](#), [education and communicate](#) with peers, or checking in on others?

THQ Regional Social Services Consultants are available to support you in making any necessary changes or adjustments in the above areas.

Anything else?

Yes! You likely don't need to be reminded that these are exceptionally difficult times for clients but also for staff. Be sure employees are taking regular breaks, getting outside if possible, for a change of scenery and fresh air. Be gentle with yourselves and each other; everyone is doing their best under the circumstances. Encourage staff to build support networks both within and beyond the workplace, get enough sleep and whatever else they need to ensure they're able to do the incredible and important work that they do; makes sure you do all of this for yourself as well.



Sources Consulted & Additional Resources

This document has drawn heavily and gratefully from the following online sources:

BC Housing, COVID-19 Fact Sheet for Homelessness Service Providers, March 16th, 2020, <https://www.bchousing.org/COVID-19>

Canadian Alliance to End Homelessness, Coronavirus Resources for the Homeless Sector, <https://caeh.ca/coronavirus-resources/>

Canadian Network for Health & Housing for People Experiencing Homelessness, COVID-19 Resources, <http://cnh3.ca/resources/>

Dr. Aaron Orkin, Webinar, Co-hosted by the Canadian Alliance to End Homelessness & the Canadian Network for the Health & Housing of People Experiencing Homelessness: <https://www.youtube.com/watch?v=hCIHF9zhSo4&feature=youtu.be>

Centres for Disease Control and Prevention, “Interim Guidance for Homeless Shelters” <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

National Alliance to End Homelessness, Coronavirus & Homelessness, <https://endhomelessness.org/coronavirus-and-homelessness/>

Org Code, “Pandemic Planning and Services that Support People who are Homeless,” https://www.orgcode.com/pandemic_planning_and_services_that_support_people_who_are_homeless

Org Code, “Response, Action & Wellness During Pandemic,” <https://www.orgcode.com/resactwellpan>

Kurzgesagt, The Coronavirus Explained & What You Should Do, YouTube: <https://www.youtube.com/watch?feature=youtu.be&v=BtN-goy9VOY&app=desktop>

***See also Frequently Asked Questions: Community & Family Services & COVID-19, available here: <https://salvationist.ca/covid-19/resources/>

***See also Spiritual & Religious Care Tips, available here: <https://salvationist.ca/covid-19/resources/>

