

Homeless People and Impacts of COVID-19 in Brandon, Manitoba

Rural Development Institute | Brandon University



Funded by the Government of Canada's Reaching Home: Canada's Homelessness Strategy



Prepared by

Faryal Yousaf, Research Assistant

Bill Ashton, MCIP, PhD (AshtonW@brandonu.ca)

Rural Development Institute
Brandon University, Brandon, MB
204 571-8513

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It is important to recognize that the land on which we are gathered is the traditional and ancestral lands of the Dakota, Anishinabe, Inninewak, Oji-Cree, Dene and Metis peoples. We respect the treaties that were made on these lands and acknowledge that Brandon University is located on Treaty 2 Lands. We at Brandon University acknowledge and respect the history, land and the people of this area.



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Rural Development Institute, Brandon University

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RDI functions as a not-for-profit research and development organization designed to promote, facilitate, coordinate, initiate and conduct multi-disciplinary academic and applied research on rural issues. The Institute provides an interface between academic research efforts and the community by acting as a conduit of rural research information and by facilitating community involvement in rural development. RDI projects are characterized by cooperative and collaborative efforts of multi-stakeholders.

The Institute has diverse research affiliations, and multiple community and government linkages related to its rural development mandate. RDI disseminates information to a variety of constituents and stakeholders and makes research information and results widely available to the public, either in printed form or by means of public lectures, seminars, workshops and conferences.

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Executive Summary

Purpose of Study

The primary objective of this project was to learn about homelessness in the city of Brandon. It was completed within a collaborative learning approach with Brandon Neighbourhood Renewal Corporation (BNRC). This study was the first step towards capacity building at the Rural Development Institute (RDI) and gaining knowledge about different dimensions of homelessness in Brandon, along with gaining competency with data recorded in the Homeless Individuals and Families Information System (HIFIS) and analyzing this data in the context of COVID-19.

From discussions with BNRC and the research team, eight study topics were identified:

- Demographic characteristics of homelessness
- Impact of COVID-19 on shelter services
- Rental housing options in Brandon
- Temporary housing placement by organizations
- Vulnerability Index (VI) score of homeless population
- Impact of weather variations on services
- Range of services available for people experiencing homelessness
- Impact of Winnipeg tent city closure on Brandon homeless counts

Three topics were prioritized in consultation with stakeholders and to fit our initial time and budget resources, namely: demographic characteristics, services, and vulnerability of homeless people. Given the context of this project is during a global pandemic, an analytic framework consisted of examining each of the three selected topics during the peak of the 1st and 2nd wave, and comparing them with pre-COVID-19 data. The data in each time period comprises of week-long data. (Appendix 1 – Research Considerations). A short report is attached on each topic.

Analytical Framework of this report

BNRC Topics (Report)	Pre-COVID Mar 8-14'20	Peak 1st Wave Aug 23-29'20	Peak 2nd Wave Dec 6-12'20
Demographics (Appendix 2)	One Week Data	One Week Data	One Week Data
Services (Appendix 3)	One Week Data	One Week Data	One Week Data
Vulnerability (Appendix 4)	One Week Data	One Week Data	One Week Data

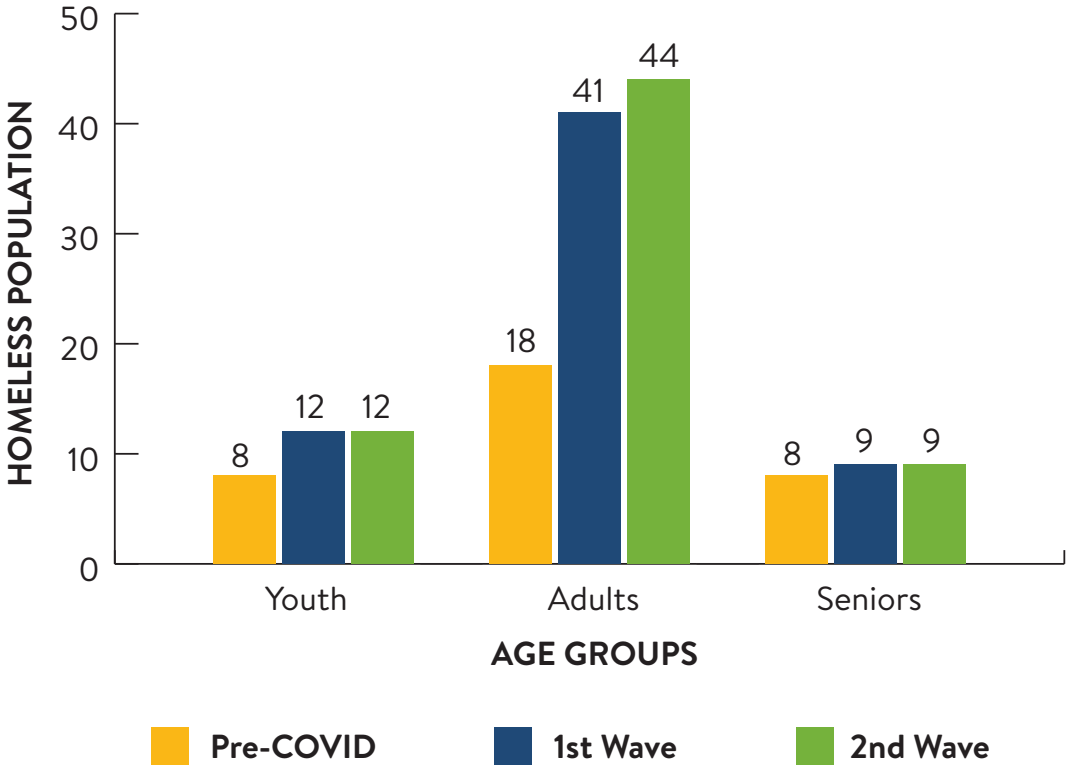
Key Findings

Data from HIFIS was analyzed to better understand three sets of characteristics of those homeless, including demographics (e.g., age, gender), service needs, and service prioritization based on the Vulnerability Index.

Topic 1: Demographics of Homeless Population

Factors of age, gender and cultural identity were examined to better understand homelessness and vulnerability to COVID-19. A fuller examination is presented in Appendix 2 - Demographics of Homeless Population.

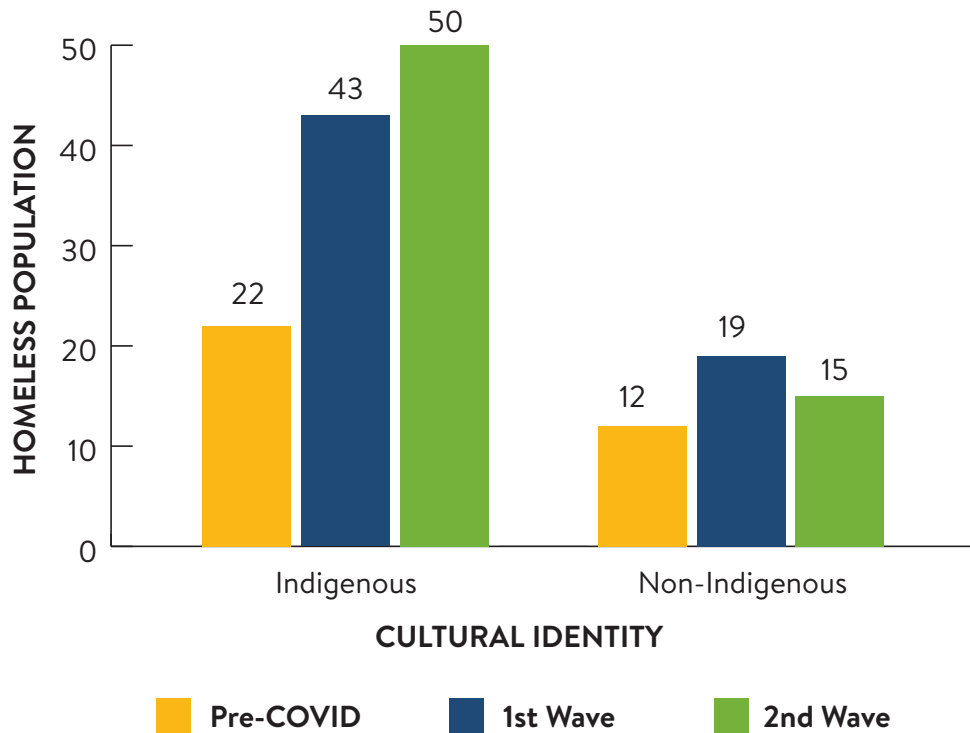
Figure 1: Age Demographics of Homeless Population



Age (Figure 1):

- The number of adult homeless individuals doubled during the 1st wave, from 18 to 41 people, during the 1st wave of COVID, and continued to increase to the 2nd COVID-19 wave. Such an increase placed stress on those homeless as they try to access services. Meanwhile service providers quickly adapted to significant increases.
- During COVID, Brandon experienced an increase in homeless youth, while seniors increased less so – from 8 to 9 people. Homeless youth increased by 50% during the 1st wave of COVID, from 8 and 12.

Figure 2: Cultural Identity of Homeless Population



Cultural Identity (Figure 2):

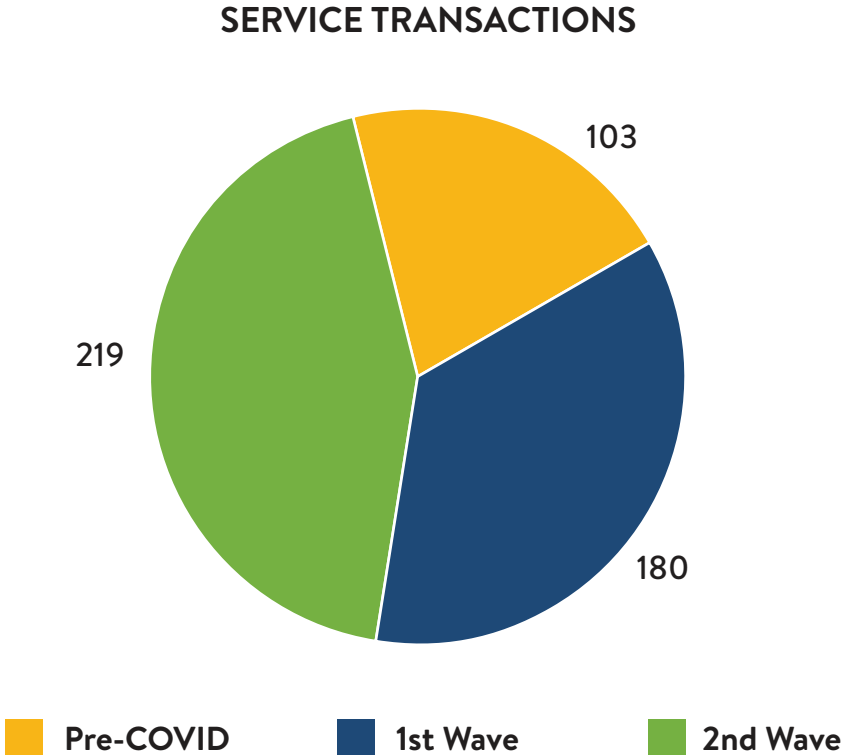
- Those identifying as Indigenous and homeless in Brandon experienced a significant increase during COVID-19. Their numbers doubled by the 1st wave and kept climbing to the 2nd wave, from 22 people to 43 and 50 homeless.
- The number of other homeless people also doubled by the 1st wave, from 12 to 19 (a 58% increase), then reduced to 15 people by 2nd wave.



Topic 2: Services for Homeless Population

This topic characterizes the range of services available to support people currently or at-risk of becoming homeless in Brandon and services transactions recorded in the HIFIS database by organizations providing services to homeless population. (Appendix 3 - Services for Homelessness).

Figure 3: Service Transactions from Pre-COVID and during COVID 1st and 2nd Waves

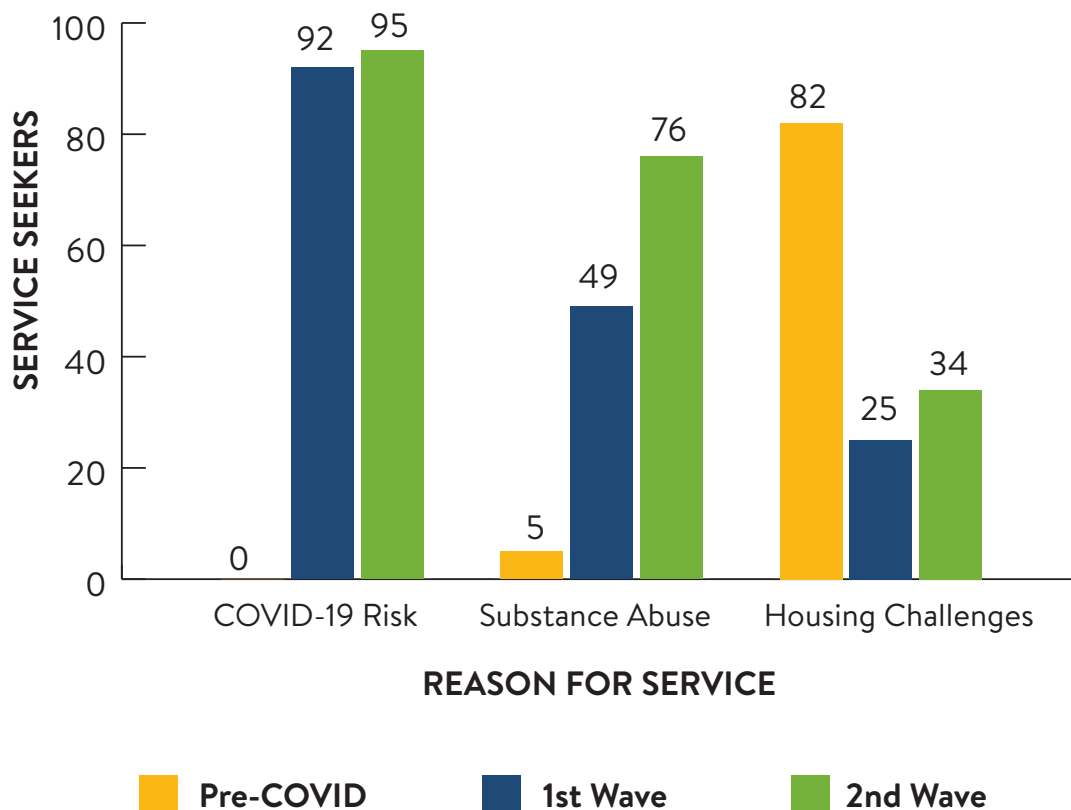


Service Transactions (Figure 3):

With HIFIS data, service transactions refer to the number of times a service is provided by an organization to homeless individuals during a given period of time.

- During COVID, there was a significant implication on homeless service providers in Brandon. The number of service transactions increased 75% during the 1st wave, from 103 to 180 transactions, when compared to the pre-COVID period.
- The 2nd wave saw another significant increase of 113% in service transactions, when compared to the pre-COVID period. From the demographic data, the majority of this increase were likely adults.

Figure 4: Contracting COVID-19 the Main Reason for Accessing Services during 1st and 2nd Wave



Major Reasons to Access Services (Figure 4):

- The predominant reason from those homeless for services during COVID waves was risk of contracting COVID-19. During the 1st wave, the reason for 52% of total service transactions was reported as risk of COVID-19.
- During COVID, there was a significant increase in homeless individuals seeking services after the substance use including alcohol and drugs. The number of homeless individuals increased during the 1st wave, from 5 to 49 people (880% increase), when compared to the pre-COVID period. And the numbers of homeless kept increasing during the 2nd wave reaching to 76, showing a 55% increase compared to 1st wave.
- A significantly higher homeless population in Brandon reported housing challenges as their reason for service including evictions, lack of housing, loss of housing, and unsafe housing during the pre-COVID period.
- A decrease in number of individuals reporting housing challenges as their primary reason for services was observed during the peaks of the 1st and 2nd wave, when compared to the pre-COVID period.

Topic 3: Vulnerability Index (VI) of Homeless Population

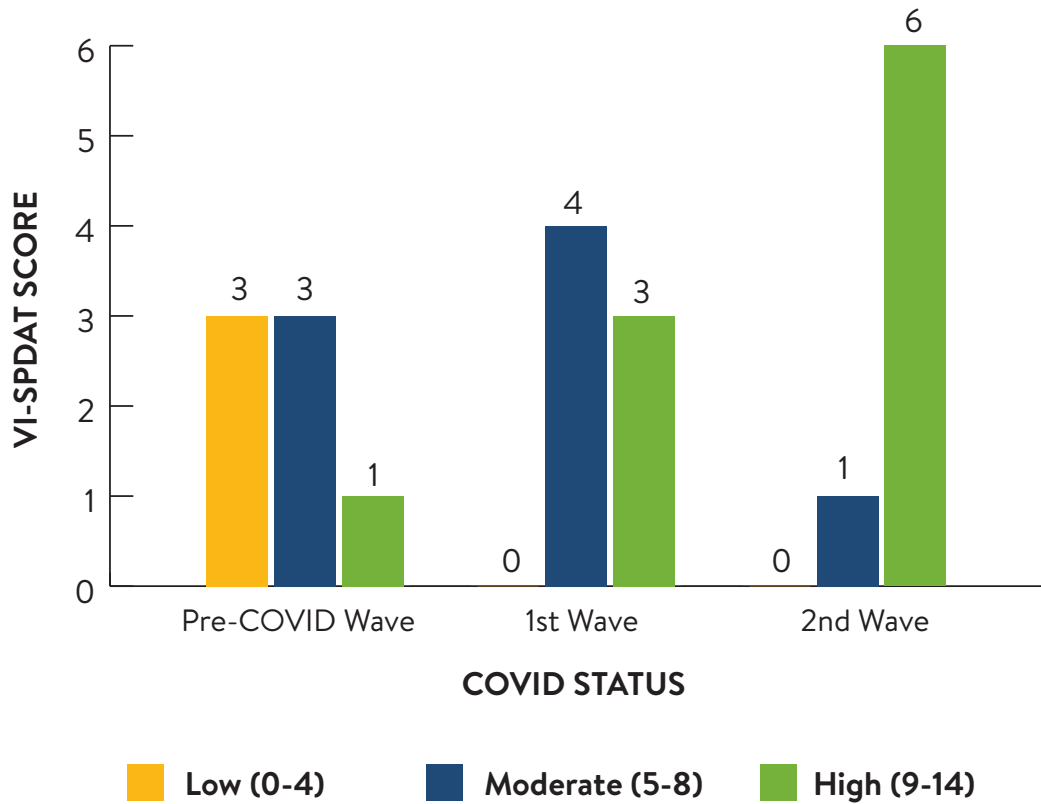
The vulnerability index (VI) score of homeless population estimates what portion of homeless individuals are at higher risk. VI identifies the most vulnerable population in Brandon using the HIFIS data. (Appendix 4 - Vulnerability Index (VI) of Homeless Population).

VULNERABILITY INDEX FOR HOMELESS PEOPLE

- The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) is a pre-screening tool based on a brief survey conducted by service organizations and homeless individuals (e.g., shelters, health care providers). It assists in determining whether a person high, moderate, or low needs.
- These organizations record VI-SPDAT score for youth (VI-SPDAT_V1), individuals (VI-SPDAT_V2), and families (VI-F-SPDAT_V2) in the HIFIS database.
- This report analyzes the vulnerability index score of adult individuals only (Version 2.0 of VI-SPDAT or VI-SPDAT_V2).



Figure 5: VI-SPDAT Score Data for a Period of One Week during Pre-COVID, 1st and 2nd Wave



VI-SPDAT Score of Homeless Individuals (Figure 5):

- The demand of services grows exponentially for those ranking High those ranking Low and Moderate VI.
- There was a significant demand on services provision based on “High” VI-SPDAT score in Brandon. The number of homeless individuals with “High” VI score doubled by the 2nd wave (from 3 to 6 persons), when compared to the 1st wave.
- There was a three-fold increase of individuals with “High” VI score during the 1st wave, from 1 to 3 persons.

Further Research

Further research was identified during the analysis stage and discussions with BNRC. While this study was based on HIFIS data, additional research considered other data as well.

- Examine the relation between age and gender demographics of homeless population to analyse the trend in age groups of male or female gender experiencing homelessness according to the HIFIS data.
- Examine the trend of getting vaccinated for COVID-19 in homeless population based on demographics (age group, gender classification, and cultural identity).
- Examine the prevalence of “hidden homelessness” in Brandon
 - A potential cause for the increase in homelessness? Risk of COVID transmission meant that people couldn’t continue staying in their transient places?

NOTE: The hidden homeless, for the purpose of the count, includes people who may be staying with friends (couch surfing), or in parks, vehicles, or abandoned buildings. However, HIFIS does not record the data for hidden homeless population.

- Examine the number of clients and their demographic characteristics who are accessing services on long term basis according to the HIFIS data.
- Examine the trend of substance use including alcohol and drugs in homeless population based on age group and gender classification.
- Examine the rates of substance use pre-COVID, 1st and 2nd wave.
 - Is the increase in people accessing services due to substance use because more people were using substances? If so, how many more people? Why were more people using substances? If not, then why are more people accessing services for substance use now than they were before, if the prevalence of substance users remains relatively the same? – so many studies showing this increase out there right now. We are also seeing some fentanyl in the community so types of substance use might be useful as well.

NOTE: The data may not be available in the HIFIS database system.

- Examine the cause of the increase in service users. Was it just because of migration to Brandon? Did the situation for those who would be described the “hidden homeless” (i.e. couch surfers) change because of/risk of COVID?
 - Relates to report #1 future directions related to examining prevalence of hidden homelessness in Brandon
 - Would also be valuable knowledge for service providers to help tailor services to the ever-changing needs of the community

NOTE: The data may not be available in the HIFIS database system.

- Compare the VI-SPDAT score of clients with follow up assessments and analyze the status of vulnerability intensity (increase or decrease) over time.
- Study the impact of COVID-19 on other versions of VI-SPDAT including VI-SPDAT score for youth (VI-SPDAT_V1) and families (VI-F-SPDAT_V2) in present the HIFIS database.

- Compare the Pre-COVID and Post-COVID VISPDAT scores to see the overall impact on vulnerability.

NOTE: The data may not be available in the HIFIS database system until assessment data becomes available in post-COVID time.

- A possible future direction would be to build on the existing literature that highlights risk factors for homelessness and possibly introducing the VISPDAT as a quantitative tool that could measure the effects of the risk factors overtime, in real time. This could be beneficial as it would not be resource intensive on the part of researchers and academics, it would be a matter of partnering with agencies. Basically, exactly what this project did!

NOTE: The data may not be available in the HIFIS database system. However, study may be conducted based on hypothesis and statistical extrapolation and modelling.





Appendix 1: Research Considerations	14
Appendix 2: Demographics of Homeless Population	16
Appendix 3: Services for Homelessness	20
Appendix 4: Vulnerability Index (VI) of Homeless Population	24

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ENTRANCE
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2012 Massey Manor
Award Presentation on 8/14/12
PAGE 2



Homeless People and Impacts of
COVID-19 in Brandon, Manitoba

Research Considerations



This section presents the purpose of this study, data sources and limitations, and provides a brief description of homelessness characteristics examined during the peaks of 1st and 2nd waves of COVID in Brandon, MB

The purpose of this study is to learn about the characteristics of the homeless population in Brandon and to investigate the impact of COVID-19 on homelessness. This study uses data recorded in Brandon’s Homeless Individuals and Families Information System (HIFIS) to analyze different aspects of homelessness. The HIFIS is a web-based data collection and case management system designed to record information about services and facilities used by homeless people. Services providers inputting data into the HIFIS system include health care providers, non-profits, and community organizations. Participant organizations operate primarily within the sectors of employment, housing, and health care services. Facilities accessible in Brandon include single night stay shelters through the transitional housing model and into more permanent long-term housing programs. This system tracks users of public services and facilities on an individual basis with input by many different organizations. In Manitoba, HIFIS is used in Winnipeg, Brandon, Portage la Prairie and Thompson with plans to expand access to the system across the province.

The World Health Organization declared a global outbreak of the coronavirus disease 2019 (COVID-19) on March 11, 2020. The first case of COVID-19 was reported on April 27, 2020 in the city of Brandon at a trucking terminal Paul’s Hauling. The city of Brandon saw the peak of 1st wave of COVID-19 during the fourth week of August 2020 (August 23 to 29) when Brandon moved to the Orange “Restricted” tier on the Provincial Pandemic Response System. The city of Brandon saw the peak of 2nd wave of COVID-19 in the beginning of December 2020 (December 06 to 12) when Brandon moved to the Red “Critical” tier on the Provincial Pandemic Response System.

Using the HIFIS data, this study examines demographic characteristics of homelessness, characteristics of services available for homeless population, and the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) Score for the precariously housed population of Brandon. The framework for each of the topics /examinations compares pre-COVID, which is the base case or represents ‘normal’ to the 1st wave and 2nd wave, identified through a combination of case counts, provincial announcements, and conversations with community stakeholders. The data in each period comprises of week-long data points recorded during pre-COVID and peaks of 1st and 2nd wave in the HIFIS for Brandon.

In this study, we used the data stored in the HIFIS database system of Brandon for analysis. This report was written during the beginning of 3rd wave of COVID-19 in the city of Brandon. The findings reported in this study cover peaks of 1st and 2nd wave of COVID-19 in Brandon to develop a comparison with the pre-COVID period. We also participated in a tour lead by the Brandon Neighbourhood Renewal Corporation (BNRC) demonstrating their services and partner operations in Brandon. This study does not account the data from news reports, tweets, and literature reports on impacts of COVID-19 on homelessness in Brandon.





Homeless People and Impacts of
COVID-19 in Brandon, Manitoba

Demographics of Homeless Population



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Objectives of Study

To better understand who is homeless and impacts of COVID-19, we use HIFIS data. Three snapshots in time compare three demographic characteristics of the homeless, namely: Pre COVID, in 1st wave and in 2nd wave.

Comparison between Pre-COVID, 1st and 2nd COVID-19 Wave

Below, a glimpse of age, gender and cultural identify are highlighted to illustrate the impact of COVID on those homeless in Brandon.

Figure 1: Age Demographics of Homeless Population

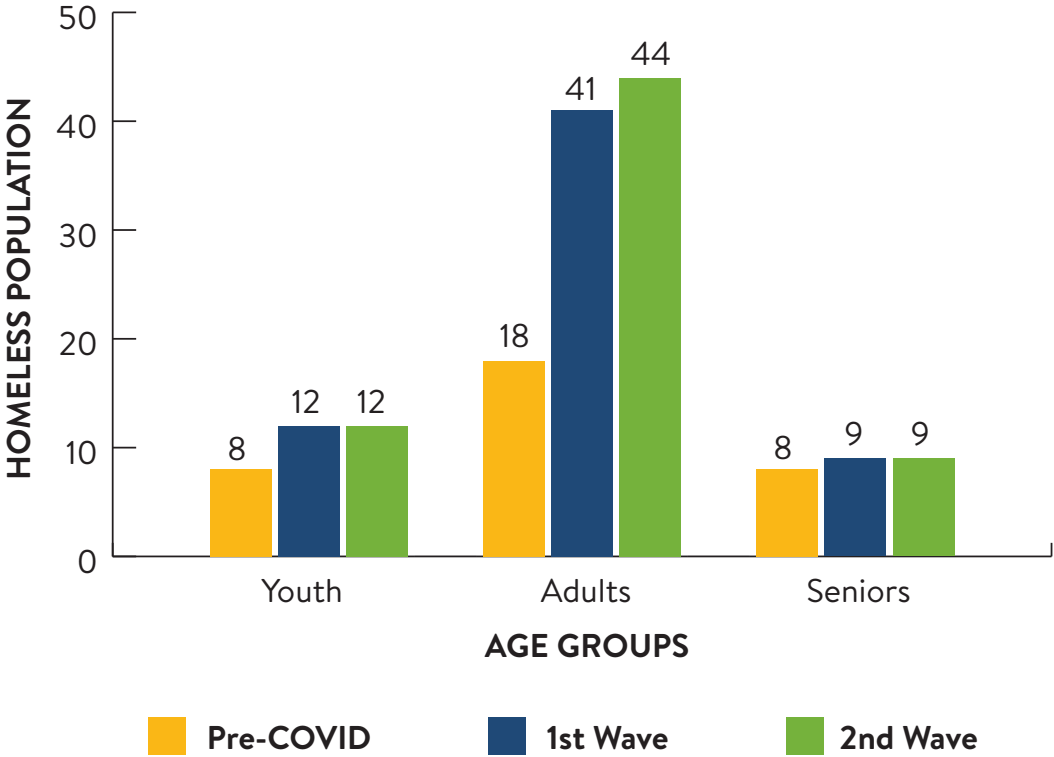


Figure 2: Gender Demographics of Homeless Population

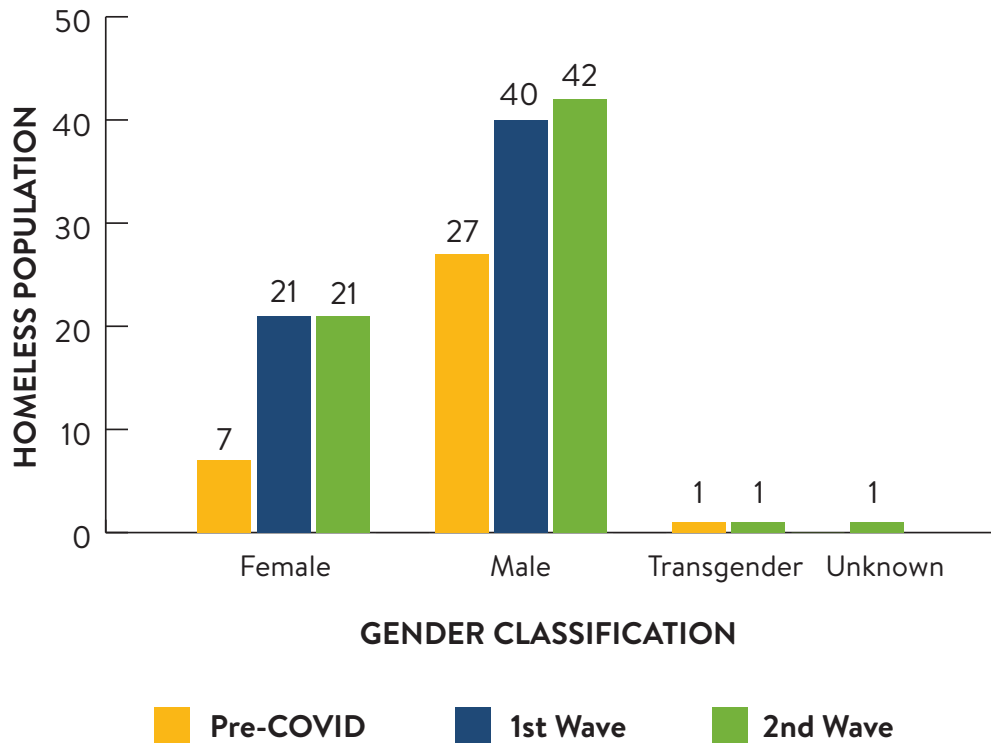
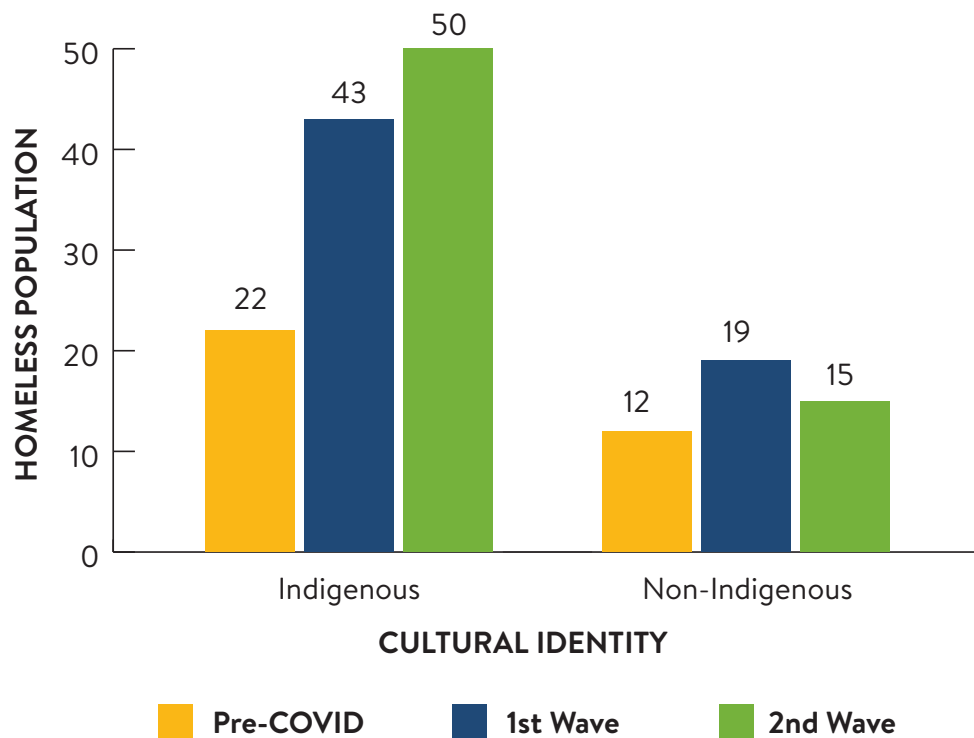


Figure 3: Cultural Identity of Homeless Population



Highlights of three Demographic Characteristics

Age (Figure 1):

- During COVID, there was a significant impact on adults homeless in Brandon. The number of adult homeless individuals doubled during the 1st wave, from 18 to 41 people, when compared to the pre-COVID period. And the numbers kept increasing during the 2nd wave.
- During COVID, Brandon experienced an increase in homeless youth, but less so for seniors. Homeless youth increased by 50% during the 1st wave of COVID, from 8 and 12. The number of seniors remained about the same, 8 to 9 individuals.

Gender Demographics (Figure 2):

- Homeless females significantly increased during the 1st wave. There was a three-fold increase of women homeless during the 1st and 2nd wave, from 7 to 21 persons.
- The number of homeless males increased over the pandemic. Nearly 50% more homeless males were reported in Brandon during the 1st and 2nd waves. Specifically, the numbers climbed from a typical 27 to 40 and 42 during the 1st and 2nd waves. The number of male homeless remained doubled the female homeless population during COVID-19.

Cultural Identity (Figure 3):

- Those identifying as Ingenious and homeless in Brandon experienced significant increases during COVID. Their numbers doubled by the 1st wave of COVID-19 and kept climbing to the 2nd wave, from 22 people to 43 and 50 homeless.
- The number of Other homeless people also doubled by the 1st wave, from 12 to 19 (a 58% increase), then reduced to 15 people by the 2nd wave.

Other Demographics:

- Other demographic variables examined in this study include citizenship status, and veteran status of homeless population in Brandon. However, the data set was too small for further examination.





Homeless People and Impacts of
COVID-19 in Brandon, Manitoba

Services for Homelessness



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Objective of Study

To characterize the range of services available to support people currently or are at-risk of becoming homeless in Brandon, we use HIFIS data. In the HIFIS database system, service transactions refer to number of times an organization provides a service to homeless individuals. Three time periods or snapshots compare three service transactions' records of service providers, namely: Pre COVID, in the 1st wave and in the 2nd wave.

Comparison between Pre-COVID, 1st and 2nd COVID-19 Wave

Below, a glimpse of service transactions at shelters in Brandon for daytime and overnight stays and stated reason for acquiring services are highlighted to illustrate the impact of COVID on those facilities providing services to homeless in Brandon. The service transactions data is recorded by organizations providing services to precariously housed individuals in Brandon including Brandon Housing First, YFC - UTurn, Samaritan House - Safe and Warm Overnight Beds, YWCA Brandon, YFC - Housing First, CHHA, Brandon Friendship Centre - BAYAC, Brandon Neighbourhood Renewal Corporation, Brandon Friendship Centre - Upstream, John Howard Society of Brandon, Prairie Mountain Health, YFC - Common Spaces, Samaritan House - Safe and Warm Daytime Drop In.

Figure 1: Service Transactions Data of Pre COVID and During 1st and 2nd Wave

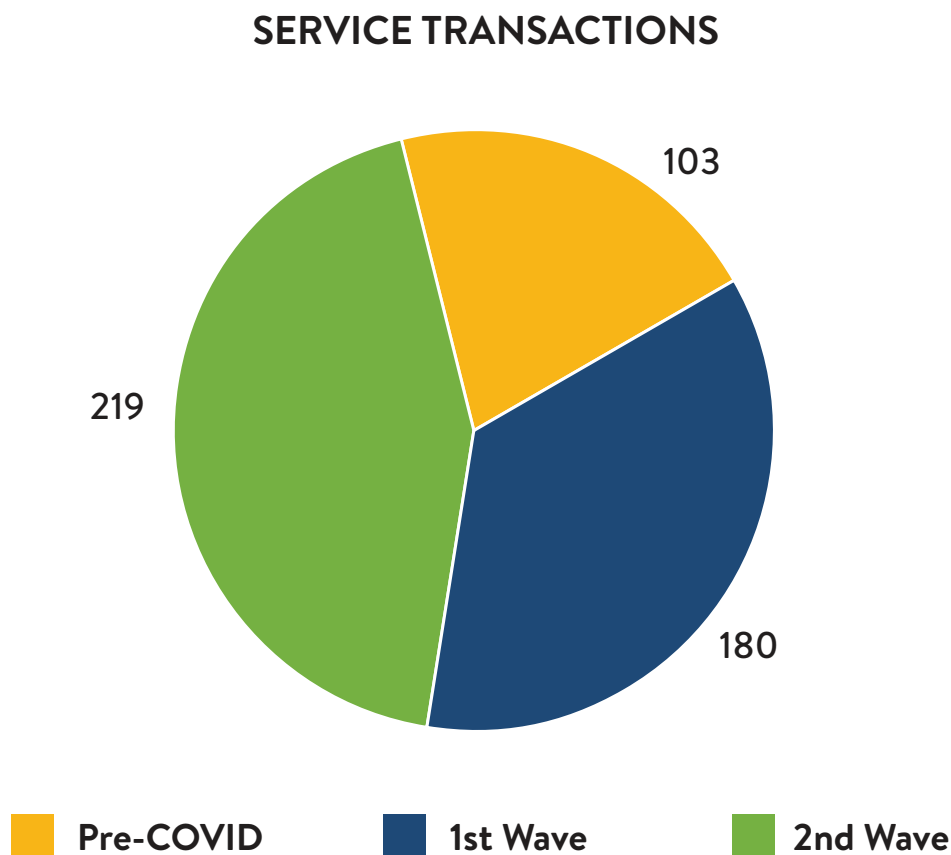


Figure 2: Day Time Stays See Significant Increase during the 1st and 2nd Wave

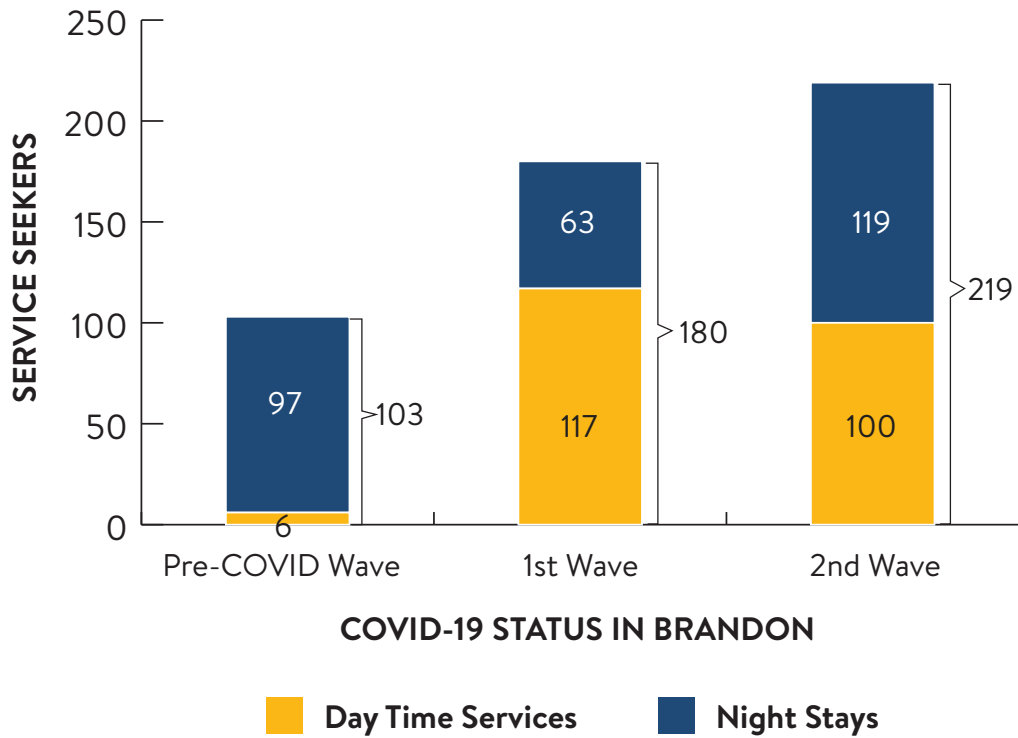
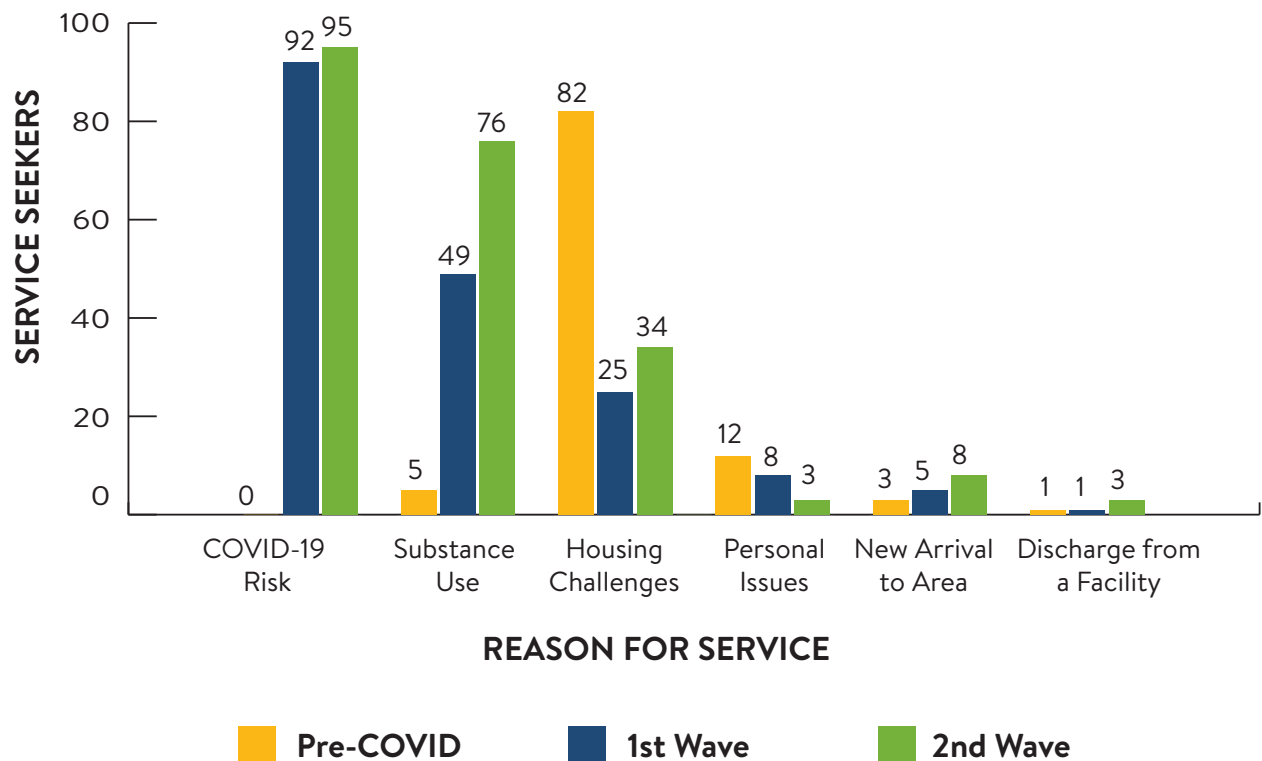


Figure 3: Contracting COVID-19 the Main Reason for Accessing Services During COVID 1st and 2nd Wave



Highlights of three Service Transactions' Records

Service Transactions (Figure 1):

In the HIFIS, service transactions refer to number of times a service is provided by an organization to homeless individuals during a given period of time.

- During COVID, there was a significant implication on homeless service providers in Brandon. The number of service transactions increased 75% during the 1st wave, from 103 to 180 transactions, when compared to the pre-COVID period.
- The 2nd wave saw a significant increase of 113% in service transactions, when compared to the pre-COVID period.

Length of Stay (Figure 2):

- The figure 2 shows total number of stays during the reporting period accompanied with total number of daytime and nighttime stays. The daytime service acquirers might have stayed overnight too in the same facility.
- The length of daytime stays at facilities significantly increased during the 1st wave. The number of stays increased from 6 to 117 (over 19 times, when compared to the pre-COVID period).
- The 2nd wave saw an increase of 23% in night time stays, when compared to the pre-COVID period.

Reason for accesses Service (Figure 3):

- The predominant reason for services during COVID waves was risk of COVID-19 contraction in people experiencing homelessness. During the 1st wave, the reason for 52% of total service transactions was reported risk of COVID-19.
- During COVID, there was a significant increase in homeless individuals seeking services associated with substance use. The number of homeless individuals increased during the 1st wave, from 5 to 49 people (880% increase), when compared to the pre-COVID period. And the numbers kept increasing during the 2nd wave reaching to 76 showing a 55% increase compared to 1st wave.
- A significantly higher homeless population in Brandon reported housing challenges as their reason for service including evictions, lack of housing, loss of housing, and unsafe housing during the pre-COVID period.
- A decrease in number of individuals reporting housing challenges as their primary reason for services was observed during the peaks of the 1st and 2nd waves, when compared to the pre-COVID period.
- The number of new service seekers kept increasing during COVID showing an introduction of new homeless individuals from neighbouring cities to the Brandon area.
- The number of homeless people seeking services due to personal issues including personal safety, sexual abuse, partner abuse – physical, transient lifestyle, and family / relationship breakdown reduced by 2nd wave.
- During COVID 2nd wave, Brandon experienced an increase in homeless population discharged from a facility including discharging from medical treatment and correctional compared to pre-COVID and the 1st wave.



Homeless People and Impacts of
COVID-19 in Brandon, Manitoba

Vulnerability Index (VI) of Homeless Population



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Objective of Study

To estimate what portion of homeless population are at higher risk by identifying the most vulnerable population in Brandon using the HIFIS data. Three time periods or snapshots compare three VI-SPDAT assessments reported in the HIFIS database, namely: Pre COVID, in the 1st wave and in the 2nd wave.

Vulnerability Index (VI)

- The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) is a pre-screening tool that is based on a brief survey conducted by organizations providing services to homeless population (e.g., shelters, health care providers) to determine whether a client has high, moderate, or low needs.
- These organizations record VI-SPDAT score for youth (VI-SPDAT_V1), individuals (VI-SPDAT_V2), and families (VI-F-SPDAT_V2) in the HIFIS database.
- The VI-SPDAT score is determined based on a structured interview, age and gender of individuals experiencing homelessness.
- This report analyzes the vulnerability index score of adult individuals only, which is identified as version 2.0 of VI-SPDAT or VI-SPDAT_V2.
- The VI-SPDAT_V2 is a survey administered to adult individuals to determine risk and prioritization when providing assistance to homeless individuals and at-risk of homelessness persons.
- The VI-SPDAT score is determined based on the answers of survey questions asked from homeless individuals. The homeless organizations have a process in place for following up with the individual after the assessment. Follow-up happens within a defined and brief period of time. The VI-SPDAT score may or may not change after the second assessment or follow up.

VI-SPDAT Intake Scale

In Brandon, following scale of VI-SPDAT score is used by homeless organizations to determine the vulnerability intensity of a homeless adults. The data is stored in the HIFIS.

VI-SPDAT Score	Acuity	Housing Interventions	Length of Intervention
15-17	Very High	<ul style="list-style-type: none"> - Supportive housing - Long-term case management - Residential addictions treatment - Residential mental health care - Mental health proctor - Community-based residential care - Home care (meds/hygiene/cook) - Public guardian/trustee 	<p>Long-term or lifetime ongoing support</p> <p>Short-term intensive treatment</p>
9-14	High	<ul style="list-style-type: none"> - Transitional housing - Supportive housing - Housing First case management 	1 month to 1 year
5-8	Moderate	<ul style="list-style-type: none"> - Assisted housing search - Problem solving assistance - Short-term case management - Rent supplement - Securing ID, EIA, other funding 	<p>Usually, 1 to 4 meetings</p> <p>Usually, 1 month or less</p>
0-4	Low	<ul style="list-style-type: none"> - Housing info, lists, and forms - Referral to resources - Self-led housing search 	Usually, 1 short meeting

Comparison between Pre-COVID, 1st and 2nd COVID-19 Wave

Below, a glimpse of VI-SPDAT assessments reported in the HIFIS database in Brandon. In this study, the VI-SPDAT assessments data is recorded by organizations providing services to homeless individuals in Brandon including Brandon Housing First, YFC – Uturn, Samaritan House – Safe and Warm Overnight Beds, YWCA Brandon, YFC - Housing First, CHHA, Brandon Friendship Centre – BAYAC, Brandon Neighbourhood Renewal Corporation, Brandon Friendship Centre - Upstream, John Howard Society of Brandon, Prairie Mountain Health, YFC - Common Spaces, Samaritan House – Safe and Warm Daytime Drop In.

Figure 1: VI-SPDAT Score Data for a Period of One Week During Pre-COVID, 1st and 2nd Wave

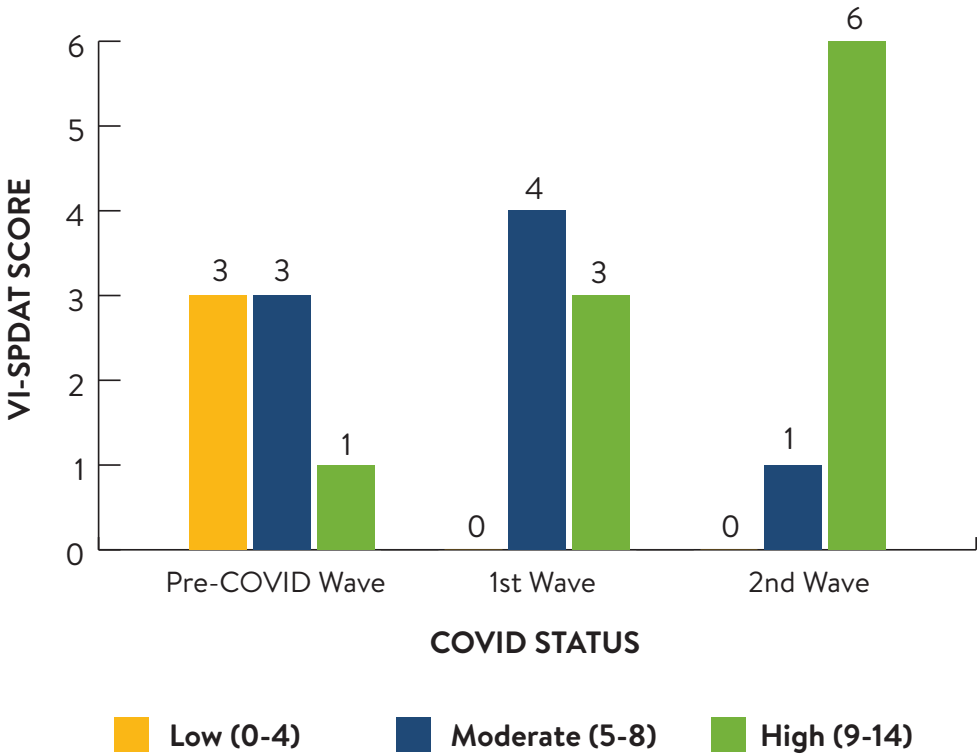


Figure 2: Individuals with High (9-14) VI-SPDAT Score based on Age Groups

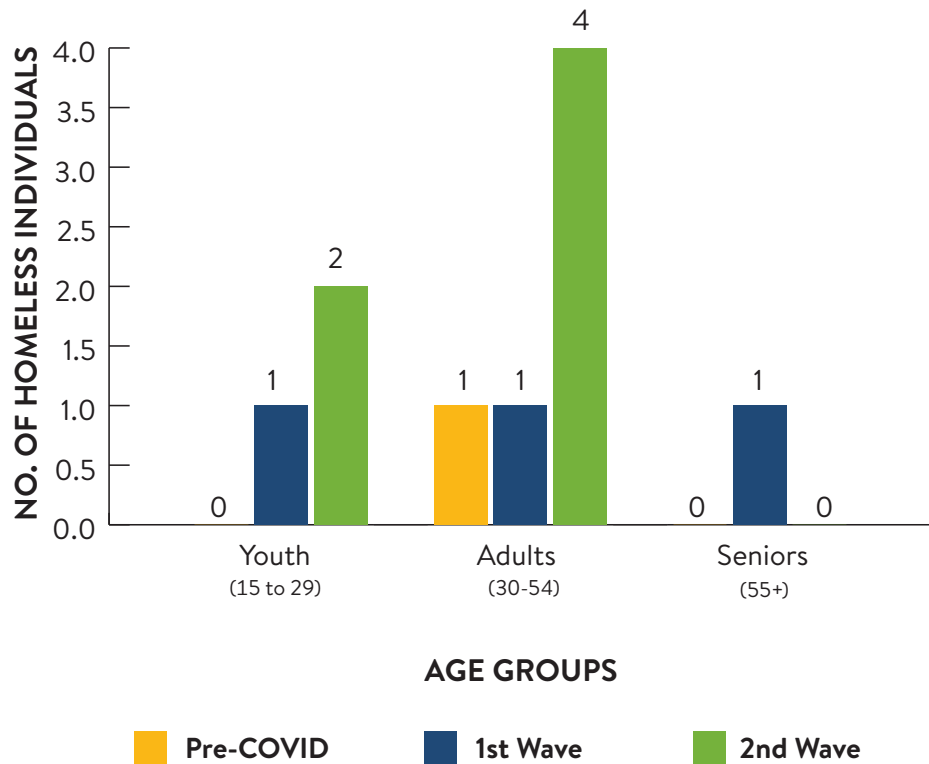
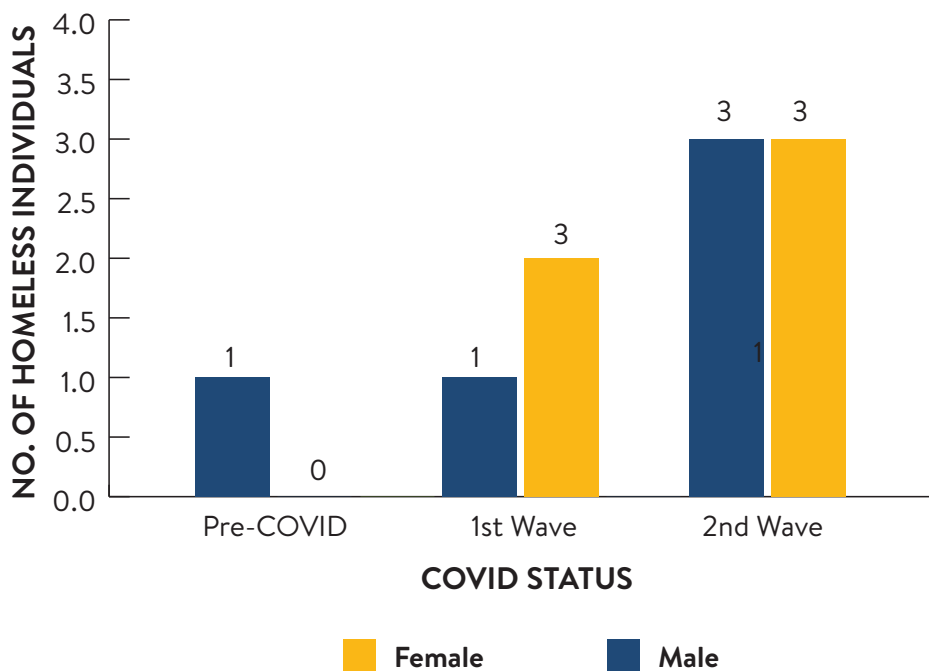


Figure 3: Individuals High VI-SPDAT Score based on Gender Classification



Highlights of three VI-SPDAT Assessment Score Records

VI-SPDAT Score of Homeless Individuals (Figure 1):

- During COVID, there was a significant implication on services provision based on “High” VI-SPDAT score in Brandon.
- There was a three-fold increase of individuals with “High” VI score during the 1st wave, from 1 to 3 persons.
- The number of homeless individuals with “High” VI score doubled by the 2nd wave (from 3 to 6 persons), when compared to the 1st wave.

Individuals with High VI-SPDAT Score based on Age Groups (Figure 2):

- The figure 2 shows homeless individuals with “High” VI-SPDAT score based on age groups.
- During the 2nd wave, Brandon saw a significant increase in adults with “High” VI score. The number of adults with “High” VI score increased from 1 to 4 during the 2nd wave (300% increase), when compared with pre-COVID and 1st wave period.
- The youth homeless population with “High” VI score also doubled by the 2nd wave (from 1 to 2 persons), when compared to the 1st wave.

Individuals with High (15-17) VI-SPDAT Score based on Gender Classification (Figure 3):

- Homeless females with “High” VI score significantly increased during COVID. There was a three-fold increase of homeless females over the pandemic, from 0 to 3 persons.
- The number of homeless males with “High” VI score also increased over the pandemic, from 1 to 3 persons (200 % increase).
- During the 1st and 2nd waves, a higher proportion of female individuals with “High” VI score was observed, when compared to male individuals (20 % more females).

Summary:

- People experiencing homelessness are at an increased risk of COVID-19 infection and severe outcomes. Pre-existing conditions impact health and housing outcomes through the social determinants of health including factors arising from living in congregate settings, and lack of access to basic sanitation contribute to high VI-SPDAT score and represent significant increases in risk level and the effort required to find and retain suitable appropriate housing models.
- People experiencing homelessness often find it difficult or impossible to adhere to public health directives such as physical distancing, isolation and quarantine because of shelter conditions and other challenges contributing to high VI-SPDAT score of homeless individuals.
- Higher VI-SPDAT score is also attributed to the closure of regular services. As it may put people experiencing homelessness at risk of other harms, such as those related to unsafe substance use and intimate partner violence.



Rural Development Institute, Brandon University
270-18th Street, McMaster Hall – Lower Level, Brandon, Manitoba R7A 6A9
Phone: 204-571-8515 | Email: rdi@brandonu.ca
www.BrandonU.ca/RDI