



# Single Room Accommodation Tenant Experiences

with Visitor Restrictions During COVID-19

by Dr. Carolyn Whitzman, housing and social planning researcher  
for Atira Women's Resource Society, June 2020

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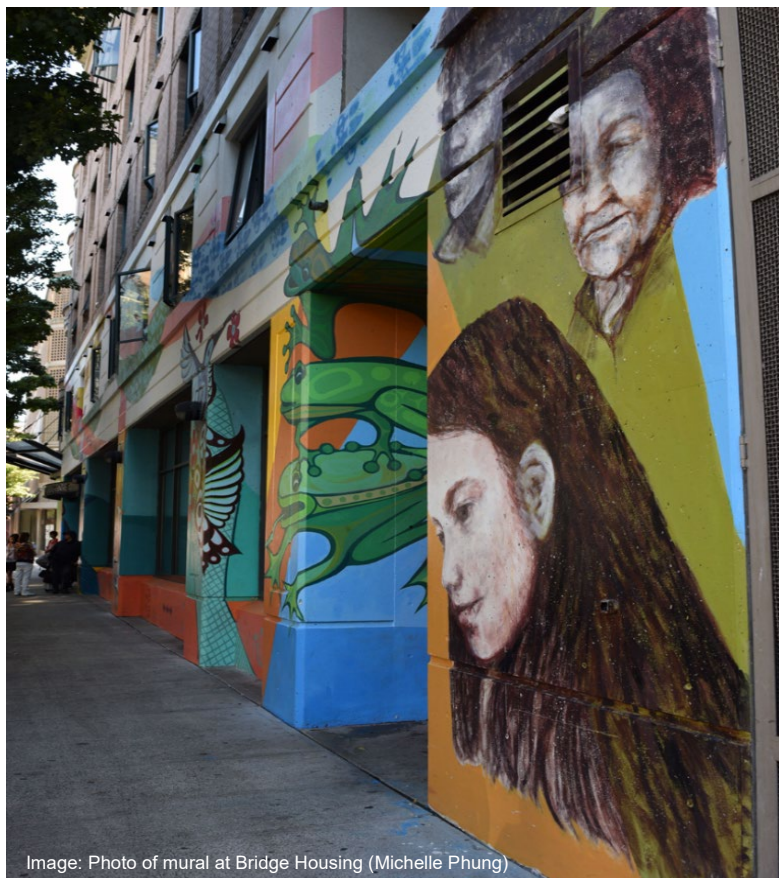


Image: Photo of mural at Bridge Housing (Michelle Phung)

## Summary

This report is intended to be a rapid research response to a new disease that has created global – and local - challenges. In Vancouver BC, supportive housing is often offered in Single Room Accommodation (SRA) hotels which have congregate living, often in century-old buildings with shared bathrooms, small rooms, narrow hallways and common kitchens. Many tenants are at heightened risk of COVID-19 due to poverty, struggles with physical and mental wellness, and substance use. In response to the COVID-19 pandemic, Atira Women's Resource Society imposed temporary visitor restrictions in the supportive housing it manages on March 13, 2020. The main question explored is: **“What are tenant experiences and opinions about temporary visitor restrictions in Atira-managed SRA properties during the COVID-19 pandemic?”**

One hundred interviews were undertaken with a random sample of supportive housing tenants in 10 buildings, eight of which are SRAs, with other tenants as interviewers. The findings summarize tenant assessments of COVID-19, opioid and violence risks in the context of temporary visitor restrictions. A majority of tenants feel that the visitor restrictions have decreased risk of COVID-19 and have led to improvements in their personal safety in buildings as well as better maintenance and reduced noise. However, there are mixed feelings about restrictions continuing, and 19 of the 59 tenants who reported using opioids said they were more likely to use opioids alone.

The report concludes with recommendations from tenants for managing health and safety risks during the COVID-19 pandemic and afterwards.

### *List of acronyms used in this report*

BC	British Columbia
SRA	Single Room Accommodation (Hotel)
DTES	Downtown Eastside Vancouver
BIPOC	Black, Indigenous, People of Colour
PWUO	People Who Use Opioids
AWRS	Atira Women's Resource Society
APMI	Atira Property Management Inc.

## Acknowledgements

The author would like to thank:

- Janice Abbott, Chief Executive Officer of Atira, for initiating and steering this project;
- Hajar Masoud, Atira's Director, Operational Excellence, for supporting tenant interviewers, and patiently answering a dozen questions a day from me;
- Eva, Desirée, Mark, Stephanie, Patricia, Shannon and Fred, who did excellent work as interviewers; Molly Hunt, whose research assistance in coding and transcribing the surveys in less than a week was matched only by editing prowess; and
- Andrea Cook of Red Road Consulting, for participatory research wisdom.

## Purpose of this Report

On May 1, 2020, Janice Abbott, Chief Executive Officer of Atira Women's Resource Society in British Columbia (BC), asked Dr. Carolyn Whitzman, a housing and social planning researcher, to undertake a survey of tenants in several buildings owned or managed by Atira. Atira owns or manages more than 2,000 supportive housing units in 54 buildings, out of which 38 buildings are Single Room Accommodation (SRA<sup>1</sup>) hotels in Vancouver's Downtown Eastside (DTES) and Downtown. They seek to manage tenant and staff risk during four convergent current health crises: homelessness, the global COVID-19<sup>2</sup> pandemic, the opioid epidemic, and chronic gender-based and institutional violence. The main question explored is: **"What are tenant experiences and opinions about temporary visitor restrictions in Atira-managed SRA properties during the COVID-19 pandemic?"**

This report is intended to be a "rapid research response" to a new disease that has created global – and local - challenges. It seeks to quickly gather "real-time evidence" on implementation of an intervention in order to "better prevent" death and disease (Canadian Institute of Health Research, 2020). **It is not intended to be a comprehensive or conclusive report on the topic of visitor restrictions in congregate social and supportive housing.**

In this report, I briefly overview the context in terms of these four convergent health crises: homelessness and inadequate housing, COVID-19, opioids and violence. I then overview the methods: 100 interviews with a random sample of supportive housing tenants in 10 buildings, the interviews carried out by peer tenants in the respective buildings. The findings summarize tenant assessments of Coronavirus, opioid and violence risks in the context of temporary visitor restrictions. The report concludes with recommendations from tenants for managing health and safety risks during the COVID-19 pandemic and afterwards.

## Context

### **The setting of this research: Supportive Housing Buildings in Downtown Eastside and Downtown Vancouver**

Loss of affordable housing options for very low-income individuals and families, as well as federal dereliction in social housing and health policy leadership for three decades, have led to an increasing number of people who are homeless or at risk of homelessness in Vancouver. The City of Vancouver 2019 'Street Count' identified 2,223 homeless people, the highest number since the survey began in 2002. Eighty one percent of those surveyed had lived in Vancouver before becoming homeless. The survey found that 39% of the homeless population identified as First Nations, Metis and or Inuit, despite the 2016 Census indicating that only 2.2% of Vancouver's population are Indigenous. Homeless people are aging, and often in poor health: almost a quarter are over 55 years old, and 60% experience two or more chronic health

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<sup>1</sup> The City of Vancouver uses the term Single Room Accommodation, rather than the more commonly used term Single Room Occupancy (SRO) hotel. This encompasses private and social small (under 320 square feet) units, usually not self-contained (without private kitchen and/or bathroom), including small units in buildings with larger units.

<sup>2</sup> Coronavirus is the virus that causes COVID-19 just as HIV causes AIDS. The survey used 'Coronavirus' since it seems to be more commonly used, but the report uses the term 'COVID-19'.



concerns. About one quarter of those living on the street or in temporary shelters are female, and 1% identify as non-binary. Four of five people identified by the street count live in the Downtown Eastside, including Gastown, or in downtown Vancouver (City of Vancouver, 2019). Furthermore, another 20,000 households earning less than \$30,000 a year spend more than 50% of their income on accommodation, and often live in inadequate and overcrowded conditions as well (Housing Vancouver, 2017: 4).

Vancouver has 156 SRA hotels, many more than 100 years old, first erected to accommodate loggers and other seasonal resource workers from the rest of the province. Figure 1 shows the clustering of 102 buildings in Gastown and DTES, with smaller clusters of 16 buildings in Downtown Vancouver and 41 just south of DTES. There are over 7,000 units in these buildings (Housing Vancouver, 2017: 5). Dozens of other hotels have been torn down or renovated beyond the price range of very low-income tenants, before the current SRA by-law required preservation of low-rent hotels (DTES SRO, 2020). Traditionally, most of the tenants have been men, because of the manual employment available in the area, but there are an increasing number of women in SRAs (Ortiz Escalante, 2013). The DTES is “the poorest postcode in Canada” (Lazarus et al, 2011: 1600).

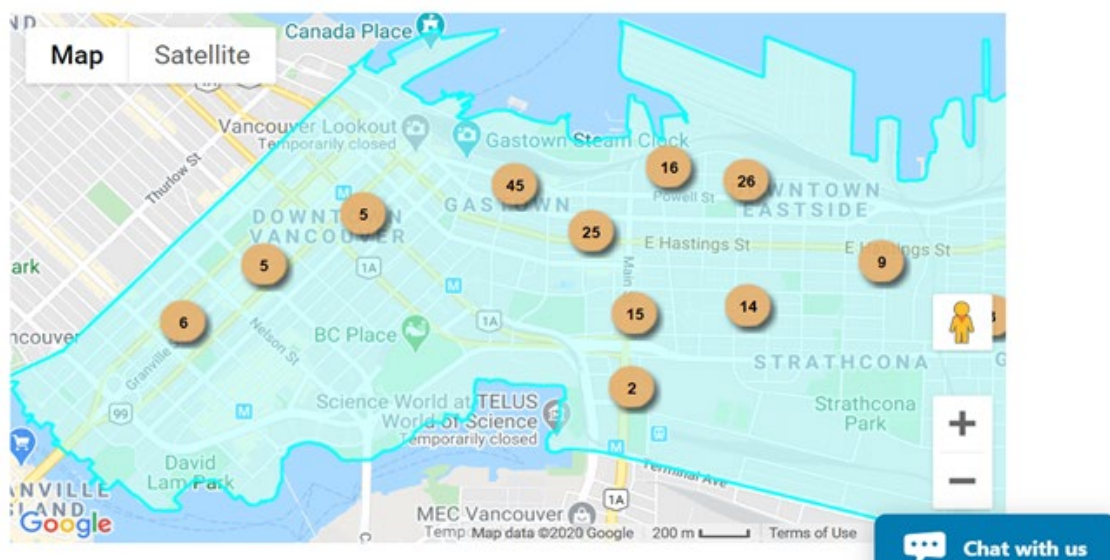


Figure 1. Map of SRA buildings in Central Vancouver (City of Vancouver, 2020)

The DTES exemplifies ‘forgotten density’. In ‘dominant density’ settings experienced in much of central Vancouver, middle-class people in compact living conditions can treat cafés as living rooms, use nearby parks as backyards, and take full advantage of amenity-filled sidewalks and streets for walking and cycling in a ‘neighbourhood of short distances’. In contrast, places where lower-income people, with a disproportionate number of Black, First Nations, Inuit, Metis, and other people of colour, are concentrated often have “ageing infrastructure, over-policing, predatory enterprises like cheque-cashing businesses and liquor stores... and sick buildings – structures that contribute to illness due to their poor design, materials and maintenance.” During infectious disease outbreaks such as COVID-19, it is difficult to “practice social distancing in cramped entranceways, elevators and laundry rooms”, and “absence of hot water for washing, ineffective waste disposal, intrusion by disease vectors (e.g., insects and rats) and inadequate food storage” endanger public health (Pitter, 2020). A review of City of Vancouver inspections orders in the DTES revealed “approximately 7% of low-income, dense, single-room occupancy

housing units inspected were identified by inspectors as problematically cluttered" (Lauster et al, 2016: 519). Enforcement regimes such as these "can compound homelessness through fines and other penalties responding to risks." (Lauster et al, 2016: 521).

Most SRAs provide minimal accommodation, usually for people living alone. Typically, a room is 100 square feet, with basic cooking facilities like a hot plate or microwave in the room but with a bathroom shared with other units (City of Vancouver, 2020). Most of these buildings are privately owned, in very poor states of repair, and have many outstanding inspection orders. They are commonly considered "last resort housing" (Housing Vancouver, 2017: 5) – safer and more secure than shelters or sleeping rough, but still inadequate in terms of living conditions, security and affordability. While some SRAs, especially those owned by non-profits, charge the maximum shelter allowance for single people in BC, \$375 per month, other units charge up to \$800 per month. An increasing number of SRAs have been bought by BC Housing or by non-profit organizations, in response to egregious health and safety violations, or to avoid them being demolished or the tenants 'renovicted' (repairs leading to rents becoming unaffordable for very low-income tenants). Given their high maintenance costs and diminishing viability as adequate housing, the City of Vancouver has committed over the next 30 years to replacing these buildings with new social housing units that are well-managed and self-contained, with private kitchens and bathrooms (Housing Vancouver, 2017, City of Vancouver, 2020). Atira Women's Resource Society (AWRS) directly operates supportive housing units, including SRAs, with women tenants, and a wholly owned subsidiary, Atira Property Management Inc. (APMI), manages a portfolio of co-ed SRA hotels owned by the Provincial Rental Housing Corporation, other non-profit organizations and some private-sector owners.

Atira Women's Resource Society is a not-for-profit intersectional feminist organization. It is committed to the work of ending violence against women through providing direct services, as well as working to increase awareness of and education around the scope and impact of men's violence against women and children. Part of its operations is to provide social (non-profit) housing options, mostly with on-site services (housing with on-site services is known as "supportive housing"). These range from emergency shelters for women escaping violent men, to transitional housing, to permanent supportive housing for 'hard to house' women who struggle with mental wellness due to trauma (Ortiz Escalante, 2013: 3-4). There are three forms of supportive housing provided in BC, all with slightly different funding streams: mental health supported housing (for people in mental health treatment); addictions supported housing (for people in recovery from substance use issues); and low barrier housing (for people not engaged in treatment or abstinence from substances) (Riley, 2016: 5). Atira offers all of these options, but specializes in low barrier housing, which "does not require applicants to modify their substance use behavior in order to be granted housing", an approach which is often referred to as "Housing First" (Riley, 2016, 5). Supportive housing is often conditional on behavior, due to the nature of the funding rather than the preferences of providers or residents. This can be a problem for people who are not able to maintain sobriety or mental health treatment required by the program. People can also be trapped in supportive housing due to an absence of other housing options. Housing policy in Canada still reflects a uni-directional 'ladder approach', which assumes that people will 'graduate' from homelessness to transitional supportive housing to permanent market options. This belies the reality of most peoples' lives, where people move in and out of needs for social and health supports as they age, and very few lower-income people can affordably access market rental options (Whitzman and Desroches, 2020).

Downtown Eastside SRA tenants in private buildings have organized a tenants' union, the DTES SRO Collaborative Society (DTES SRO, 2020). They have successfully fought for better

living conditions and against renovictions. They have also developed peer community supports such as the opioid overdose intervention described below. As will be shown in the survey, tenants are active advocates in their community.

## COVID-19 Pandemic

The global pandemic of a new 'Coronavirus' which rapidly spread during the first half of 2020, represents an unprecedented health challenge. The coronavirus is much more contagious, and the disease associated with it, called 'COVID-19', is much more lethal than common influenza. The Coronavirus can spread for days without the infected individual showing any symptoms. There is no vaccine and limited treatment options (Yan, 2020; IPAC, 2020).

Around the world, governments have ordered anyone who is not an essential worker to self-isolate at home. But for many people, a safe and secure home is unavailable. Globally, billions of homeless people, including those in shelters and 'couch-surfing' with friends and family, as well as those sleeping rough or in encampments, cannot maintain a safe two metre distance from others (Farha, 2020). An ongoing epidemic of violence against women and children has spiked, as they are forced to stay in close proximity with their abusers (Gunraj and Howard, 2020). Black, Indigenous and People of Colour (BIPOC) are at greater risk of being infected with the virus, due to disparities in access to health care, job concentration in essential service work (health care, food-related services, public transit), and underlying health, economic and environmental disparities. Unfortunately, Statistics Canada has not been collecting race-based data, despite clear links between poverty, Indigeneity, migrant or refugee status, racialisation, and health disparities (Nasser, 2020). COVID-19 is exposing, and in many cases compounding, pre-existing inequalities.

British Columbia (BC) has been more successful than the other three most populous Canadian provinces (Ontario, Quebec and Alberta) in limiting COVID-19 spread, and deaths and new active cases appeared to be levelling off by mid-May (Government of Canada, 2020). However, as of May 13, BC's state of emergency has been extended for another 14 days, and there are no immediate plans to completely lift restrictions on movement or economic activity.

According to the daily briefings by BC Medical Officer of Health Dr. Bonnie Henry, COVID-19 cases have been concentrated in congregate living spaces such as Long-Term Care and correctional facilities (Takeuchi, 2020). SRAs, shelters and homelessness encampments are also congregate living spaces, with shared toilet and/or cooking facilities and large numbers of people unable to maintain distance from one another. BC has been the province that has most rapidly responded to overcrowding in encampments and shelters, by providing temporary hotel room accommodation, with meals provided, to homeless people. This includes finding shelter for over 300 people who were sleeping in Oppenheimer Park in Vancouver's Downtown Eastside. This temporary accommodation is being managed as supportive housing, including more than 200 units operated by Atira, with onsite health and social services, and BC Housing, the provincial government's housing agency, will be simultaneously working to expand permanent solutions, including buying hotels and building modular housing (Eagland, 2020a). Supports for the most marginalized and at-risk populations are being led by a BC government "vulnerable persons working group," a partnership of the provincial government and 400 agencies, who are providing meal delivery, increased housing and income support, and health and social support for opioid overdoses, which often spike on days when social assistance cheques become available (Eagland, 2020b).

BC Housing (2020) distributed COVID-19 prevention guidelines for social housing providers on March 17. Aside from signs posted at entrances instructing visitors not to enter if they have symptoms of respiratory infection, it suggests “restricting visitors to essential personnel only, which should include health care staff (pharmacists, home support workers, ACT Teams, etc.)” and limiting “gatherings to only those that are critical in nature and where social distance is possible (under five people in a large, well-ventilated space).” Furthermore, it suggests that providers who do “wellness checks... minimize entry into client suites unless it is an emergency.”

Predating these guidelines and reflecting the fact that many supportive housing tenants have underlying COVID-19 risk factors such as chronic lung disease, Atira and other supportive housing providers began to restrict visitors on March 13 (Woodward, 2020). Figure 2 shows the signs that were posted at the entrance to Atira-managed buildings.

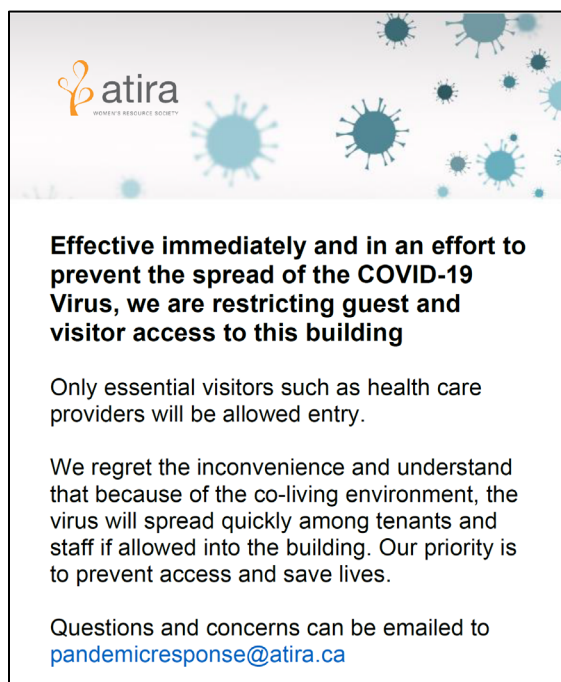


Figure 2. Signs posted at entrance of Atira buildings as of March 13

## Opioid Epidemic

COVID-19, poor housing conditions, and opioids are convergent health crises in the DTES. According to a recent public health nursing thesis on preventing opioid overdoses in supportive housing and SRAs, deaths from opioid overdoses in BC have increased from 39 in 1988 to 370 in 1998 and 465 in 2015. Increased use of the synthetic opioid fentanyl has greatly increased lethality of overdoses, from 13 fentanyl implicated deaths in 2012 to 90 in 2014. Risk of overdose has been at least two to three times higher in both unregulated private and supportive housing operated SRAs (Riley, 2016: 1, 16).

Individuals who use opioids alone are at greater risk of overdosing, along with those who mix opioids with other drugs, who start again after a period of abstinence, and who use drugs that have been cut with various ‘fillers’, including fentanyl. However, even amongst people who use opioids (PWUO) who are aware of these risk factors, there are practical reasons why they are



unable to reduce their risk of harm. They may not want to use with others because they don't have trustworthy relationships or fear violence; they may use a different supplier due to lack of market availability; or they may make bad decisions due to withdrawal symptoms (Riley, 2016: 8). As of 2015, when Riley undertook her research, there were two supervised injection sites in the DTES, which had been the first in North America when they were opened in 2002 and 2003 respectively. These supervised sites offer sterilized equipment and overdose interventions as well as detox services. But there were also gaps identified by both supportive housing providers and PWUOs: regulatory difficulty in obtaining and using naloxone, a medication that can block the effects of opioids; the absence of protocols and training for housing staff; the absence of supervised spaces within buildings where tenants could stay after using drugs; and tenant lack of access to phones (Riley, 2016: 27).

More recently, a Tenant Overdose Response Organizers (TORO) program was established, wherein SRA tenants have been provided with naloxone and training to respond to overdoses. An evaluation of the 2017 trial found that more tenants, including PWUO, now have kits and know what to do if their neighbour overdoses. There have been risks associated with engagement, including increased risk of evictions by private landlords if tenants 'come out' as PWUO, and burn-out due to the emotional trauma associated with responding to frequent overdoses. But tenants, including socially isolated tenants, now have a better support system in place within many SRA hotels (Bardwell et al, 2019).

Despite more than 5,000 people dying of opioid overdoses since this health problem was declared an 'emergency' in 2016, it has taken the current COVID-19 epidemic for the BC government to develop a "safe supply program". A spike of 16 overdose deaths in Vancouver in the last week of March and first week of April, was attributed to three factors: reduction or closure of safe injecting sites, which in turn was related to inadequate personal protection measures for PWUO and health workers; self-isolating requirements forcing people to use alone; and disruptions to supply chains causing increased risk of adulterated opioid supply (Gagnon, 2020). Under the safe supply program, people who have COVID-19 or are at heightened risk for Coronavirus can be prescribed opioids and pharmaceutical replacements such as methadone. As of the date of this report, there has been no evaluation of the program, which was introduced in late March (Bellrichard, 2020). In Vancouver, only 300 people, mostly in the DTES, were enrolled in the program by mid-April; a further 4,000 with no regular attending physician but identified as PWUO, were not yet enrolled (Mangione, 2020).

By April 28, Dr. Patricia Daly, the chief medical officer of Vancouver Coastal Health, reported to Vancouver City Council that DTES residents were more at risk from opioids than COVID-19 and that visitor restrictions put in place in some SRA hotels should be eased. Visits to supervised injection sites were down to a third of what they had been before COVID-19. Furthermore, a consultant working on drug policy for the City of Vancouver claimed that "unofficial roommates" had been evicted, swelling numbers in the Oppenheimer Park tent city. In response, Janice Abbott of Atira said that no "permanent guests" (another term for unofficial roommates) of tenants had been evicted from Atira buildings, food and drug deliveries were still occurring, and that many of those restricted were "debt collectors and drug dealers". Overdoses were being managed well within the buildings, and many tenants had reported being satisfied with the restrictions (Mangione, 2020; Woo, 2020).

## The Chronic Pandemic: Institutional and interpersonal violence

The tensions being negotiated by DTES SRA residents in evaluating risks of homelessness and inadequate housing, Coronavirus, and opioids occur within a context of a fourth health crisis, institutional and inter-personal violence, including what has been described as a “pandemic” of violence against women which long pre-dates the opioid and Coronavirus health crises (Eagland, 2020c).

The inadequate housing conditions described thus far, including extreme disparities in access to adequate housing for Indigenous people (with an absence of data on Black and other racialized people), are forms of current institutional violence grounded in past institutional violence. An Indigenous definition of homelessness would include dispossession of land, language, religion, family and community ties under colonialism, with intergenerational trauma caused by Canadian government actions such as the Indian Act, residential schools, the Metis scrip system, Inuit relocations and refusal to recognize traditional land title. Homelessness forces Indigenous people into activities deemed criminal by the state (Thistle, 2017).

Current institutional violence includes discriminatory police enforcement against predominantly BIPOC homeless people. On April 11, while there were provincial delays in providing safe shelter alternatives, Vancouver police arrested and charged with trespass 14 DTES residents who broke into Lord Strathcona Elementary School to use it as emergency housing (Britten, 2020). Across Canada, arrests and fines for breaches of emergency rules have tended to target lower-income BIPOC. However, Vancouver has seen fewer arrests and fines for breaches of Coronavirus-related lockdowns than other large Canadian cities, as least as of May 13 (Luscombe and McClelland, 2020).

Some SRA tenants have experienced increased racist violence within the DTES community. Vancouver’s DTES is adjacent to Chinatown, and several SRA hotels are owned by Chinese benevolent societies (Housing Vancouver, 2017). There was a total of 12 anti-Asian hate crimes reported to Vancouver police in 2019. By the end of April 2020, nine anti-Asian hate crimes had been reported, ranging from graffiti on buildings to an attack on an elderly man (Mangione, 2020).

On February 14, when public gatherings were still occurring, the 29<sup>th</sup> annual march for missing and murdered Indigenous women began at Main and Hastings and continued through the DTES, ending at Oppenheimer Park. The National Inquiry into Missing and Murdered Indigenous Women and Girls delivered its final report in June 2019 on the 4,000 Indigenous women who have been murdered or have disappeared over the past three decades. The DTES has been the epicentre of this gender-based violence, and Indigenous women have been found to be three times as likely to be assaulted or murdered than non-Indigenous women (Ross, 2020). Rates of reported violence against women in the DTES are double those in the rest of Vancouver (Ortiz Escalante, 2013: 6).

SRA hotels have been hotbeds of violence, often enabled or enacted by private landlords. In most privately-managed SRA hotels, tenants have spoken of inadequate “front entrance security measures, little control over access to the building, and manager and owner practices such as pocketing illegal guest fees, forcing double occupancy in rooms, allowing nightly rentals, not returning damage deposits, accepting bribes, enabling drug dealing, and engaging in welfare fraud.” A women-only SRA tenant workshop that met as part of the City of Vancouver taskforce described “the systemic racism, discrimination, stigma, violence and exploitation they experience from building staff and other tenants on a daily basis. Many women described SROs

[SRAs] as a ‘danger zone’ in which they live in constant fear and must keep a low profile to avoid being targeted.” (Housing Vancouver 2017: 21).

The environment of violence and fear is particularly acute for women who engage in sex work. A 2011 study of female sex workers in the DTES found that women in co-ed SRAs experienced regular violence from male residents and hotel managers. Aside from rats, mice, and bedbugs that often made their accommodation untenable, the imposition of curfews and guest restrictions led to more sex on the street, which greatly limited their ability to engage in safe sex practices such as insisting on condom use and being able to call for help if needed. In contrast, women-only shelters and SRAs “facilitated women’s agency in negotiating sexual risk reduction and mitigated gendered risks of violence, sexual and economic exploitation described in the dominant male-centred housing models. The social contexts of these women-only spaces afforded the development of personal friendships and informal peer supportive networks with other sex workers.” (Lazarus et al, 2011: 1605).

Violence against women has spiked during the Coronavirus pandemic. During ‘normal’ conditions, one woman is killed by a domestic partner an average of every six days in Canada. In the five-week period between widespread self-isolation on April 1 and May 4, nine women were murdered by men they lived with, and Canada’s worst mass murder began with a man who had a history of violence against women assaulting his partner. According to Angela Marie MacDougall, executive director of Battered Women’s Support Services in BC, “power-based violence... thrives under isolation” (Hayes, 2020). Calls to assaulted women’s helplines have increased 20-30% across the country since the pandemic (Hayes, 2020), with the highest increase in BC (St. Denis, 2020a).

Women in the DTES, as is too often the case, bear the brunt of this increased violence. The Oppenheimer Park homeless encampment, which began with a few tents in October 2018 but had grown to more than 200 tents by August 2019, has been a site of consistent extreme violence, with “rape, sexual assault, assault, robbery, threats and coercion” being reported by female tenants of the nine Atira properties surrounding the park. Some women have partners in the park, and the violence has extended into the buildings, with staff seeing injuries including slashing and blunt trauma (Eagland, 2020c). One woman who moved into a hotel rented by BC Housing to provide emergency accommodation for those living in the park had had all her fingers broken and was covered in cigarette burns, according to Atira, which manages the building. She had been screaming for 15 hours while being tortured in a tent, but no one had come to her assistance (St. Denis, 2020a). Charges have since been laid against her alleged attackers (St. Denis, 2020b), but the incident highlights the everyday risks for many women in the DTES.

## Visitor Restrictions

It is thus unsurprising that Atira and other women’s agencies operating in the DTES have developed extensive security measures, in consultation with their tenants. Predating COVID-19, access to Atira-managed hotels was monitored 24/7, and official identification is required for visitors, who are registered on a list. There is staff at the front desk responsible for managing the entrance, monitoring the cameras, and recording any critical incidents that happen during their shift. Women’s Health and Safety Liaison Officers conduct visits with female residents in most buildings managed by Atira, and night time rounds are undertaken throughout the hotels (Ortiz Escalante, 2013: 9).

Even with identification checks and front-door controls, there was a very large number of visitors on a daily basis before restrictions. Table 1 and Figure 3 give a sense of volume of visitors before the restrictions and the radical drop-off since restrictions. Janice Abbott, CEO of Atira, says that visitor numbers are vastly under-reported, since “these numbers do not capture the guests who come in through back fire doors, through breezeway windows or through fire escape windows. Staff also undercount/under list” because sometimes the volume is too great to capture by staff with other tasks (personal communication, May 16).

When visitor restrictions were implemented on March 13<sup>th</sup> to help address the volume of visitors and allow for the Public Health Officer’s recommended physical distancing, a contracted security company was hired to assist with managing access to buildings.

Table 1. Number of Visitors Per Building, pre- and post-restrictions<sup>3</sup> (source: Atira)

	Visitors March 1-13	Visitors March 14-April 20
Bridge	352	2
Sorella	820	31
Sereena	179	0
Colonial	164	0
Arco	204	10
Hazelwood	224	13
Hotel Canada	160	0
Murray	1214	0

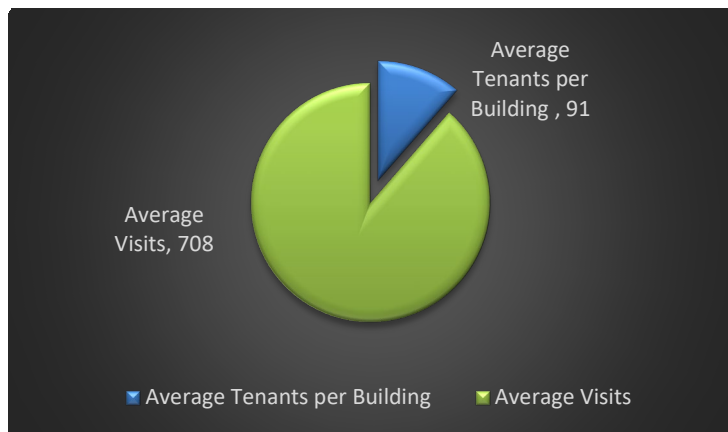


Figure 3. Average tenants per building in study versus average visits per month, April 2019-February 2020 (source: Atira)

Atira has been tracking work orders for the properties it manages, before and during COVID-19 restrictions. Table 2 shows a decrease in the need for repairs, particularly in relation to fixtures, washrooms, and doors.

<sup>3</sup> Rice Block has permanent restrictions. Aneki data not available.



Table 2. Work orders, 10 Atira buildings surveyed, pre- and post-restrictions (source: Atira)

	Pre-Restrictions January 16-March 15, 2020	Post-Restrictions March 16-May 15, 2020
Wall damage	20	20
Broken lights	16	8
Broken fixtures (sinks, tubs, toilets, taps)	41	18
Washroom damage (walls, floors, tiles, ceilings and fans)	38	10
Door locks	42	22
Doors	67	21
Other (stairs, elevators, needle boxes, other vandalism)	31	21

Table 3 compares violent incidents and overdoses in all Atira-managed buildings in April-May 2019 versus April-May 2020, based on CIRs reported by Atira staff. It differentiates between the women-only buildings managed directly by Atira Women's Resource Society and the mixed gender buildings operated by the subsidiary Atira Property Management Inc. Both violent incidents and overdoses decreased significantly between April-May 2019, before COVID-19 related visitor restrictions, and April-May 2020, during the restrictions.

Table 3. Violent incidents and overdoses April-May 2019 and 2020

	April-May 2019	April-May 2020
Overdoses AWRS	12	8
Overdoses APMI	23	18
Violent Incidents AWRS	19	11
Violent Incidents APMI	36	20

Atira recorded four deaths in its properties in April-May 2019. Two were fatal overdoses, one was related to an assault, and one cause of death was unclear. There were five deaths in its properties in April-May 2020. Two were fatal overdoses (one death was of a partner of a tenant), one appears to have been a heart incident and two causes of death are unclear.

Atira data shows substantial decreases to number of visitors due to COVID-19 related visitor restrictions. This was correlated with a significant decline in maintenance issues, violent incidents and a smaller decline in non-fatal overdoses. In contrast to the concern of the chief medical officer of Vancouver Health, fatal and non-fatal overdoses, at least in Atira buildings where staff continued to respond to overdoses as they did prior to the pandemic, did not increase in the wake of visitor restrictions.

But this data does not answer the question of tenant experiences of visitor restrictions.

## Methods

In consultation with Janice Abbott, Chief Executive Officer of Atira and Hajar Masoud, Director of Operational Excellence at Atira, we selected a purposeful sample of supportive housing units, with an emphasis on SRA buildings that have congregate living (shared toilets and/or kitchens). The buildings were chosen to represent the range of buildings operated by Atira: women-only and co-ed; self-contained and shared kitchens or toilets; large and small buildings; transitional

and permanent housing<sup>4</sup>; supportive with some barriers, and low- or no- barrier housing. Table 3 shows criteria of the 10 buildings selected of the total number of 54 buildings operated by Atira.. The first five listed are managed directly by Atira Women's Resource Society, with women-only/women-identified tenants, and the rest are managed by Atira Property Management Inc. Two hotels (Canada and Murray) are downtown, while the rest are in the DTES.

Table 3. Characteristics of Atira managed supportive housing in this study

	# of units/ % women	Housing type	Self-contained?	% Indigenous
Aneki (AWRS)	39 (100)	Permanent	Yes	41
Bridge (AWRS)	48 (100)	Permanent/ transitional	Yes for 36 permanent units; 20 transitional units, 8 of which are palliative care, have private washrooms and shared kitchen	44
Sorella (AWRS)	108 (100)	Permanent/ transitional	Yes 96 permanent studio units; 12 two-bedroom transitional units for women and kids	32
Rice Block (AWRS)	38 (100)	Transitional	No – shared washrooms, shared kitchen	40
Sereena's (AWRS)	56 (100)	Permanent	No- shared washrooms, shared kitchen	50
Colonial (APMI)	144 (24.3)	Permanent	No – shared washrooms, shared kitchen	10
Arco (APMI)	58 (58.6)	Permanent	No – shared washrooms, shared kitchen	35
Hazelwood (APMI)	107 (58.9)	Permanent	No - shared washrooms, shared kitchen	25
Hotel Canada (APMI)	149 (20.8)	Permanent	17 units with private washrooms, otherwise, shared washrooms, shared kitchen	5
Murray (APMI)	106 (6.6)	Permanent	No – shared washrooms and no shared kitchen	44

In the first five buildings operated by AWRS, only women are tenants. In three of five SRA hotels operated by APMI, women tenants are in the minority. Hazelwood is the only building where three tenants self-identify as other than male or female, although this is probably an under-representation of the total, according to Atira (personal communication, June 1). The supportive housing buildings operated by AWRS tend to have fewer units, with the exception of Sorella. The proportion of those identifying as Indigenous (First Nations, Metis or Inuit) is generally higher in AWRS properties, with the exception of the Murray and Arco, which have substantial Indigenous populations. Sorella is the only building where a substantial number of Asian-origin tenants are reported. The majority of tenants are adults between the ages of 25 and 65. Sorella is the only building with a substantial number of children (25 residents younger than 19) as 12 units are intended for women with children. It also is the only AWRS building with a substantial number of women over 65: 20 older women. Hotel Canada also has 10 tenants

<sup>4</sup> Emergency residences were not included, as they are not covered by landlord-tenant regulations.

over age 65. Most of the SRA hotels have sole tenants on leases, but Hazelwood, Canada and Murray hotels have 18, eight and six couples respectively registered as tenants.

The permanent housing is low-barrier, while the transitional units have specific mandates. The Rice Block is the only building that has permanent visitor restrictions, as it is intended for women in the early stages of recovery. Visitors are allowed in the common areas but not the private units.

Within each building, a tenant was hired to interview other tenants<sup>5</sup>. Because of COVID-19, focus groups were out of the question, and we also wanted to avoid peer pressure or groupthink in answers. Interviewers were trained via Zoom in small groups on Monday, May 11. They were instructed to knock on every fifth door until they had interviewed a set number (approximately 10%) of tenants in the building. The number of interviews per building varied between four and 17, depending on number of units. A total of 100 interviews were obtained, out of a total of 853 tenants, so there was a slight oversampling of 11.4% of all tenants. Interviewers were paid, as were participating tenants. All 100 interviews were completed between Monday, May 11 and Thursday, May 16. On Friday, May 17, the interviewers met to evaluate the experience, without the lead researcher present. They found it a good learning experience, although they felt the survey was too long. The rejection rate was less than 10% across all buildings, largely due to payment for interviews.

Tenants were provided with an information sheet that included contact information for the lead researcher. Interviewers obtained verbal consent to conduct the survey and have it audio recorded. The tenants' anonymity was protected by referring to them by number on all files (e.g. Aneki 1).

The lead researcher provided a semi-structured survey with 41 questions covering: opinions about the building and neighbourhood, including concerns around personal safety and violence; self-assessed risk of COVID-19 and opioid overdose and whether building restrictions had affected these risks; information about opioid use before and after restrictions; opinions about changes in noise, cleanliness and safety within buildings over the previous two months as a result of visitor restrictions; opinions about increased difficulties in receiving visitors or food and medical supplies as a result of visitor restrictions; and opinions about whether restrictions should continue and if so, in what form. Each interview took between 10 and 20 minutes. The interviews were audio-recorded with cell phones (provided by Atira) and notes were taken on survey forms, with the recordings and scanned forms returned to the lead researcher. A research assistant transcribed and coded responses.

Limitations on the study include: not all buildings managed by Atira were covered, some tenants gave very short answers or declined to answer certain questions, there was some prompting/skipping of questions by interviewers<sup>6</sup>, tenants were paid for participation and this may have influenced answers, and of course there were limitations on the interviews themselves because

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<sup>5</sup> Nine tenants were trained but two dropped out. Two tenants conducted interviews in three buildings other than their own.

<sup>6</sup> The examples tended to be about skipping certain questions in what was admittedly a lengthy survey. One example: "So you take all the precautions to prevent Coronavirus, like washing your hands, right?" The prompts were not generally related to any open-ended questions or those around restrictions.

of social distancing (some recordings were harder to hear because the interviewer was standing in the hallway and the tenant was in their home).

## Findings

### Demographics of Respondents

By knocking on every fifth door, the survey was intended to elicit representative views. Across the 10 buildings, the interview participants were representative, in relation to their building demographics. In terms of gender, 55% identified as women, 39% as men, 2% as two-spirited<sup>7</sup> and 4% not specifying or not responding to that question. None of the tenant respondents were under 21; 25% were aged 21-35; 39% 36-50; 29% 51-65 and only 7% over 65. In terms of racial identity, 15 identified as mixed-race, with 38 respondents identifying as having some Indigenous forebears, two as African/Caribbean/Black, one as Latinx, and 66 White/European.

### Tenant Opinions about their Buildings and Neighbourhood

Feelings about COVID-19-related visitor restrictions are strongly related to tenant opinions about their building and their neighbourhood. If they know and are friends with many people in their building, they may be happier about visitor restrictions, particularly if they are concerned about their neighbourhood getting worse and see the building as a refuge. Conversely, if tenants have many friends and family in the neighbourhood, but do not like the building they are in, they are more likely to chafe at visitor restrictions.

One incorrect stereotype about SRA tenants is that they are a largely transient population. Partly due to SRAs being “last resort” housing, with few other alternatives, and partly due to strong social networks, tenants actually move less often between neighbourhoods than residents of more expensive housing. This, in turn, leads tenants to have strong social ties within both their buildings and neighbourhood.

Only 17% of respondents had lived in their current building for less than a year, with 45% having lived there more than three years. Only 7% of tenants know very few (zero to two) people in the building “well enough to say hi to”, while 76% know six or more people in the building casually. When it comes to stronger relationships, “people you would call friends, who you regularly visit and spend time with”, 58% said they considered more than two people in their buildings as friends and only 14% of tenants said they had no friends in the building. This is important not only to visitor restrictions, but to the risks they face on a day-to-day basis. The more people tenants know in the building, the less loneliness and stress they may feel with visitor restrictions, and the more likely they are to use opioids more safely, in view of other residents who might be able to respond in case of overdose.

When it comes to the neighbourhood, a full 82% of respondents had lived in either the DTES or downtown Vancouver for more than three years. Only 28% said they had no friends or family in their neighbourhood, with 26% of tenants saying 4-10 people in the neighbourhood were family

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<sup>7</sup> Two-Spirit refers to a person who identifies as having both a masculine and a feminine spirit, and is used by some Indigenous people to describe their sexual, gender and/or spiritual identity



or friends, and 23% saying they had more than 10 family or friends living nearby. Again, this not only has an impact on feelings about visitor restrictions – resenting having nearby friends and family members unable to visit – but also has potential impacts on opioid use. More friends and family who use opioids increases peer pressure, but it also increases the possibility of using with others.

Figure 4 shows a strongly bifurcated response to whether the respondents feel their neighbourhood is getting better or worse, with a slightly larger proportion (42% to 33%) saying that it is declining rather than improving, and only 20% saying that it is staying the same.

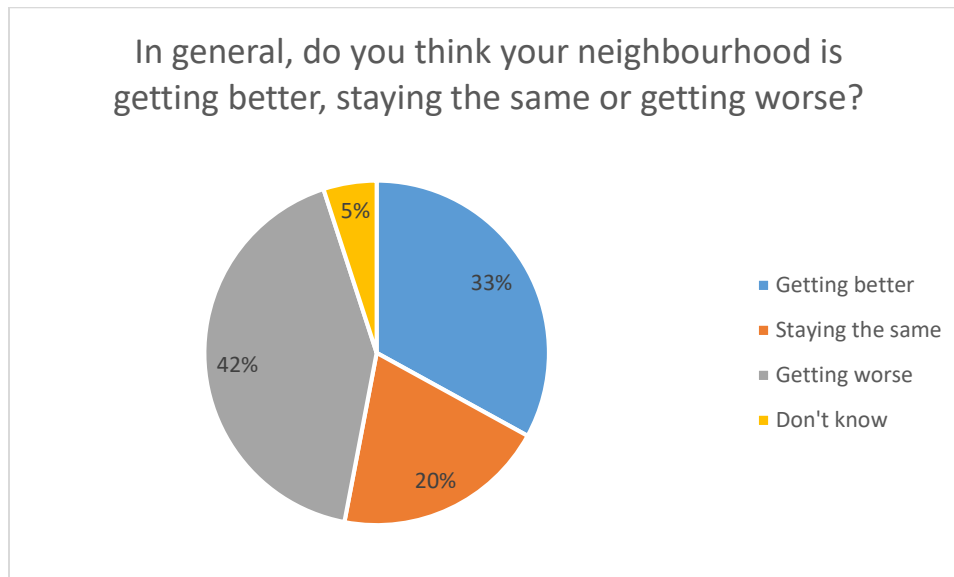


Figure 4. Is neighbourhood getting better, worse, or staying the same?

Many of those who felt the neighbourhood was getting better focused on positive social housing and service developments. One tenant (Bridge 3) observed: “Seems to be less people living on the sidewalks, they've cleaned it up quite a bit. Just seems like it's got a better atmosphere now - people are trying to be knowingly responsible now”; while another (Murray 1) felt prospects were improving: “My rent is getting cheaper, more ways to get money, minimum wage is going up”. One tenant (Canada 3) felt that services were getting more responsive to needs: “City is actually listening to the homeless population and providing more services geared toward what they need, rather than what [the city] think[s] they need.” This was echoed by another tenant (Hazelwood 5), who felt that neighbourhood activism was bearing fruit: “The fencing around the buildings is fantastic. It's getting a lot cleaner. More people are getting housing, so you don't see any many people on the streets. There's new community places to help you out - food, clothing, stuff like that. It's growing slowly as we keep going.”

Those who felt the neighbourhood was getting worse focused on increased risks from violence, drugs and homelessness. A tenant (Murray 6) observed: “Too many junkies hanging out at the door - totally drug related,” while another tenant (Bridge 4) said they see: “More violence and harassment, more overdoses, and more homelessness.” A tenant (Sorella 5) said her son “has been assaulted more than 5 times since we moved here,” and another tenant (Colonial 7) said “In the past year, there has been more violent crime, and I've had more violence against me.” One tenant (Colonial 9) was concerned about cultural safety: “Overpopulated, more drugs, more

violence, and hard to find a place now. There's no guidelines for younger generation on how to treat native things like the totem pole - there should be a native guide." But she added: "In some ways, it has gotten better - there's a nice big park now- we call it Friendship Park." Another tenant (Canada 4) felt threatened by police violence: "They cover up how they beat you down -- it's not as obvious. Cop brutality is more sophisticated, they'll get you inside. It's more harmful - it's fatal, they don't fuck around anymore."

A lot of comments centred on the homeless encampment in Oppenheimer Park. One tenant cited the decline as caused by lack of: "Affordable housing – when you go downtown, I've never seen so many homeless people in my life; there's people sleeping everywhere, I've never seen anything like the tents in Oppenheimer Park" (Sorella 12). While five tenants cited the temporary re-housing of Oppenheimer Park residents as a positive development, a tenant in one of the downtown SRA hotels (Murray 3) was concerned about displacement, saying that the BC government "closed down Oppenheimer and put everyone in vans and brought them into this neighbourhood to hotels, so now the main populace of homeless people are all downtown over here, which is making the crime rates go up and making it generally more dangerous."

Several tenants were impressed with government and community response to the COVID-19 pandemic. A tenant (Colonial 3) said: "When I first got here, I noticed that there were people all over the streets doing drugs. I've noticed that, with the Coronavirus, people do care and self-isolate and are taking precautions -- even the homeless people. People are actually starting to care, and the extra care helps." Another tenant (Aneki 3) agreed that "Everyone's friendly in the neighbourhood, and everyone's sticking to the terms and conditions of the COVID-19 pandemic." But at least one tenant (Colonial 13) felt that the pandemic had intensified violence: "Since the virus, it's been getting worse - I've been attacked. I walk everywhere, I'm legally blind, if everyone's fighting it's hard to go anywhere.... The whole town is going crazy, every time I go on the street someone is screaming. People are getting stabbed."

And there is concern about the future: the impacts of long-term economic downturn precipitated by the pandemic. One tenant (Arco 6) was pleased with the university opening up a campus "around the corner" in the Woodward Building, an old department store re-purposed as social housing, government offices, and Simon Fraser University's Fine Arts Faculty. But a tenant from the same building (Arco 3) argued: "When there's less businesses, or more people taking the resources and less supplies around the poor, people can't get money as much and we're unemployed. The whole country's in economic trouble. If it's slowed down here, it's slowed down for people supplying and everything, and that's why I'm worried about the world economy and we are directly affected by the world economy."

## COVID-19 Risks and Visitor Restrictions

Tenants were asked how they were hearing about COVID-19, with multiple responses possible. About 50% were using at least one source of information from Atira, with 42% of tenants saying they were learning about COVID-19 through Atira staff, 35% saying that they were getting information through posters in the building, 28% referring to the Atira tenant newsletter, and 9% using the tenant call-in line. A number of tenants had not heard of the call-in line. A further 67% were getting information from radio or TV, 30% from social media like Facebook or Twitter, 29% were using Google and 35% from friends and family. Only one tenant was getting information from newspapers and one from their doctor.

Overall concern around getting COVID-19 was relatively low: 62% said they were "not concerned at all" or "a little concerned", while only 38% said they were "quite" or "extremely"

concerned. However, 59% of respondents self-identified as having increased risk factors, such as smoking, chronic lung disease or another chronic health condition. As seen in Table 4, most tenants reported taking increased precautions to prevent getting COVID-19, although avoiding toilets was impossible in buildings with shared toilets and the level of concern about these toilets was high.

Table 4. Tenant precautions against Coronavirus

What have you been doing to prevent you getting Coronavirus?	# Respondents (note: multiple responses)
Washing your hands more often or longer than usual	87
Wearing a mask or gloves	55
Avoiding touching things like elevator buttons, door handles, and bathroom taps	65
In your building, avoiding common spaces such as elevators, toilets, kitchens and lounge areas	50
In your building, trying to keep 6 feet or 2 metres away from people you don't live with	69
In your neighbourhood, trying to keep 6 feet or 2 metres away from people you don't live with	75
Avoiding going out in the neighbourhood	45
Getting food, medication and other things delivered	35
Anything else	15 (wash the toilet seat, 3 using hand sanitizer, 2 bathing more frequently, cooking at home, spraying Lysol before touching things like the toilet, 2 not sharing anything (drinks, a drag of a cigarette or joint), [cover mouth when coughing, washing self, taking less problematic routes, spraying myself when I get back to my room], 2 not going to work / staying home, I keep to myself, not hugging or touching people)
None	4

Despite most taking precautions, over a third of tenants – 38% - said they were “not concerned at all” about getting infected with Coronavirus in their building, with a further 28% “a little concerned” and only a third – 34% - “quite” or “extremely” concerned. A number of tenants stated clearly incorrect information about COVID-19 risks, including two who said they had experienced COVID-19 up to six months ago and two others who wanted to get infected so they could “get it over with”. The proportion of tenants who were concerned about “getting infected with Coronavirus by going outside in your neighbourhood” was not that different from concerns in the buildings: 32% were not “concerned at all” with a further 35% “a little concerned” and 33% “quite” or “extremely” concerned. However, when asked whether visitor restrictions were keeping them safer from COVID-19, almost two thirds agreed that they were “much” or “a little” safer (Figure 5).

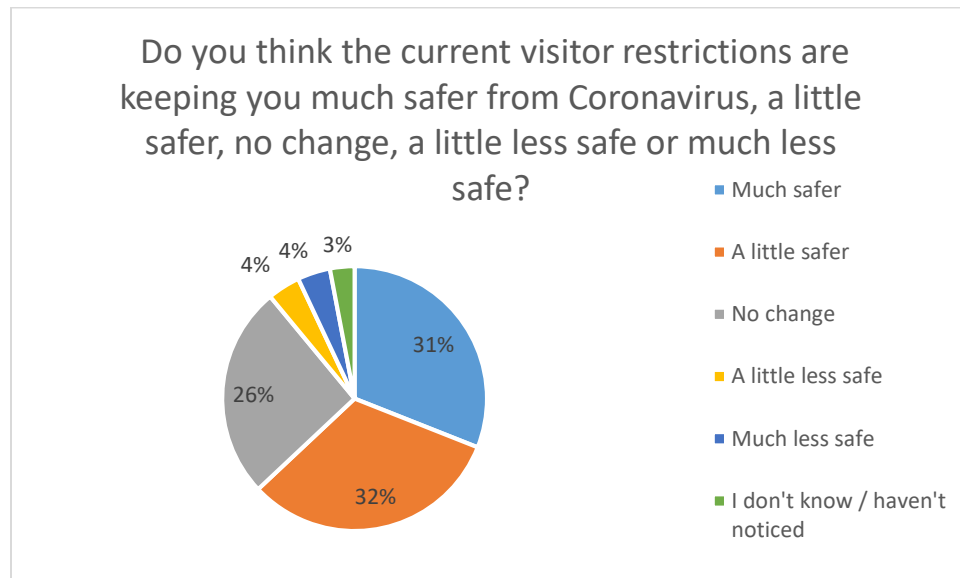


Figure 5. Visitor restrictions and increased Coronavirus safety

This generally positive view of visitor restrictions in relation to COVID-19 risk seems to be related to general satisfaction with their buildings in contrast to the neighbourhood. One tenant who was not concerned at all (Murray 2) about Coronavirus went on to say: “everyone seems to be keeping their distance; [a friend] is always out at the park and that concerns me so I'm staying away from him. I've been staying home and isolating myself away from all of this crap.” Other tenants agreed with this perspective: “In this building I feel safe, it's outside that has changed” (Bridge 1); and were happy with “Less traffic [in buildings], especially for strangers who we don't know who they've been in contact with” (Bridge 5). Bridge 7 said: “I feel what they're doing is a necessary evil - the only way to stop [COVID-19].” There was a similar sentiment from Sereena's 6: “Friends who I've known for 15 years can't come over - it's lonely, but our building is a very tight network and we work together, so that's it.”

However, even tenants who felt “the same” or “a little safer” had concerns about visitor restrictions mitigating to Coronavirus risks. One tenant who felt a little safer (Murray 3) pointed out that tenants going in and out of the building might be carrying the virus into the building. Similarly, another tenant from the same building (Murray 9) who felt risk had remained the same argued the visitor restrictions were ineffective as well as contrary to tenant rights: “In my buildings and other buildings run by Atira, it is known that visitors still get in. Tenants aren't changing who they're in contact with, they're still seeing the same people outside. Furthermore, it is illegal for Atira to take away the rights of low-income people.” There was a similar perspective from this tenant who felt no change in safety due to restrictions (Colonial 5): “It's pointless; it should be illegal - I should have the right to have visitors in my own place.”

## Opioid Concerns and Visitor Restrictions

About three fifths - 59% - of tenants said that they use opioids, including prescription medications for recovering addicts such as methadone and suboxone. The respondents are relatively unconcerned about overdosing, with 40 (two thirds) of the 59 tenants using saying that they were “not concerned at all”, and only 7, 6, and 5 tenants respectively saying that they were “a little”, “quite” or “extremely” concerned. Several respondents said they weren't concerned for themselves but were worried about other people they knew overdosing.



Most respondents said their opioid use had not changed (Figure 6), with one tenant summarizing a general sense that “I use when I want to use drugs, regardless of the virus” (Colonial 8) and another tenant saying: “My social situation remains the same. Depends on how much I make and how much is available” (Arco 8). Some tenants gave varied reasons related to COVID-19 as to why they were using more or less. One tenant (Bridge 2) who said they were using a lot less, explained: “Price has gone up, not many dealers. I’m trying to quit -- it has made quitting easier.” Conversely, a tenant (Murray 1) said they were using a little more because: “There’s nothing much to do and I’m more bored, we’re supposed to stay home and be confined.” Another tenant (Bridge 6) who says they are using a lot more added: “My stress level is through the roof, I can’t come down and I can’t sleep; I have total anxiety because of what’s happening with the virus. It’s scary.” Nine more tenants from different buildings said they were using a little more because of a combination of boredom, stress, and increased money due to the Canada Emergency Relief Benefit, which pays better than the usual welfare benefits.

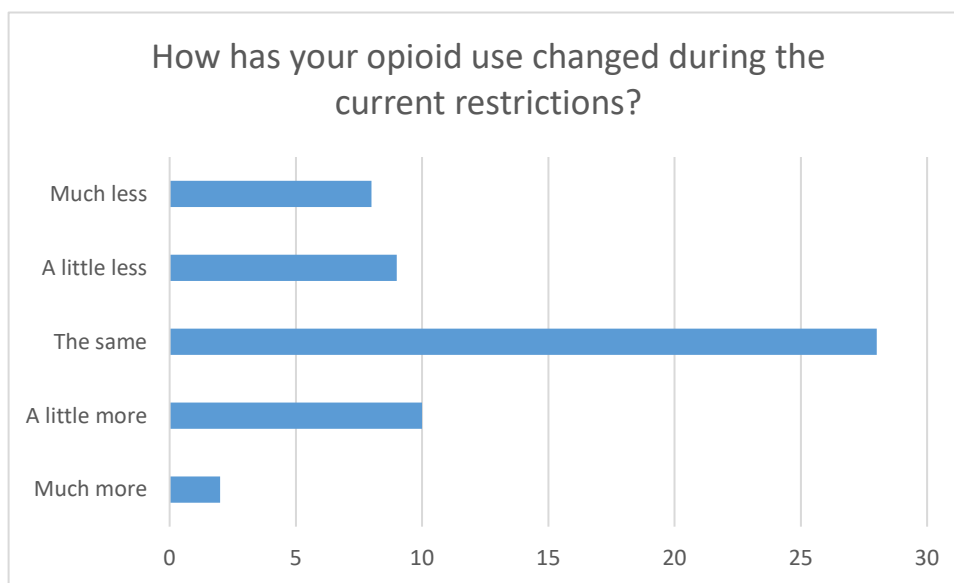


Figure 6. Changes in opioid use

Several tenants directly related changes in opioid use to new visitor restrictions. One tenant (Sorella 8), who said she was using a lot more, explained: “Because being outside [to see my partner] and around more people, it’s easier to get. It’s concerning though because while we’re outside there’s less access to overdose kits, which we would have access to if we were inside the building.” Another tenant (Sorella 12) said: “I use a little more because I feel more lonely now, because there’s no visitors allowed.” A third tenant, however, said she was using a little less because “It’s harder to find, because you aren’t allowed in any buildings” (Colonial 12).

The survey explored people’s preferences to use Opioids alone or with others during Coronavirus. Figure 7 indicates that slightly more people, 26, “always” or “mostly” use with other people, as compared to the 21 who “most of the time” or “always” use alone and the 10 with no preference.

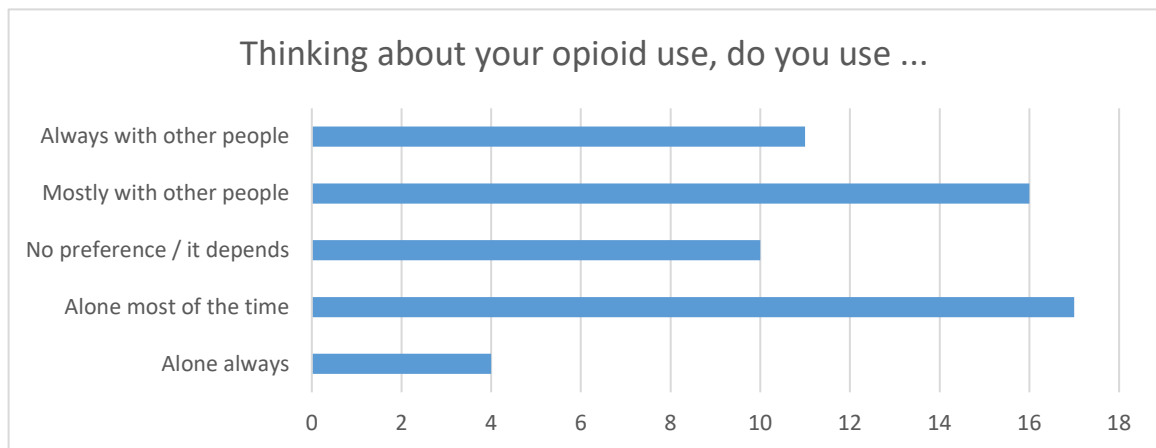


Figure 7. Opioid use – alone or with others

One question that this survey sought to answer is whether visitor restrictions have increased unsafe opioid practices, such as using alone. The impact of restrictions on opioid risk varies amongst the 59 tenants who use them. Figure 8 shows that half of the tenants say they have not changed their habits since COVID-19. Amongst those who have changed since COVID-19, 18 are more likely to use alone and only 10 are less likely to use alone.

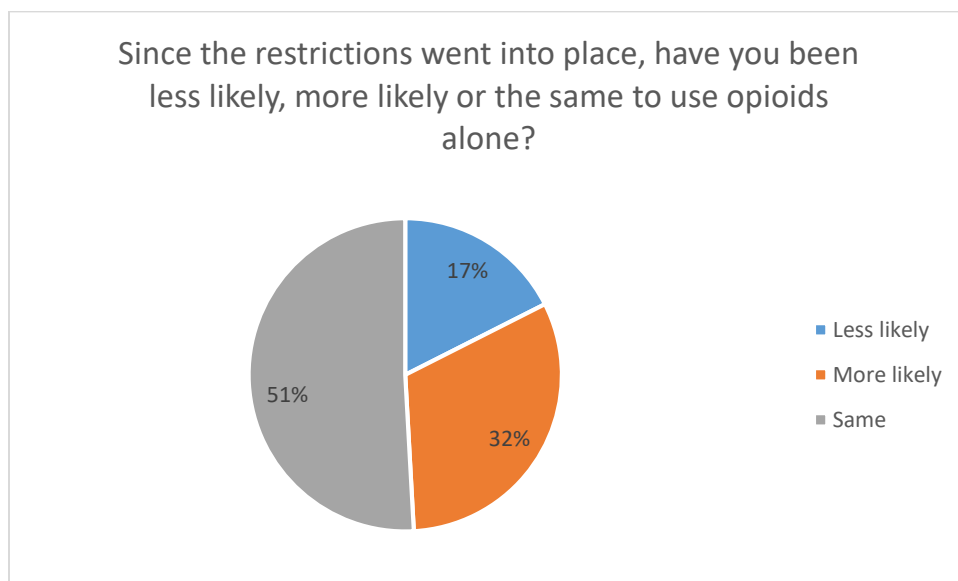


Figure 8. Opioid use and coronavirus restrictions

Tenants gave a variety of answers related to habits and changes in opioid use. Several who used with others brought up the risk of overdosing (e.g. Sorella 8): "I prefer to be around other people if possible because then if I go under they can help me." A few said they used with friends or sexual partners because it is more fun as well as more safe. In contrast, several who used alone (e.g. Bridge 3) said: "I don't have a lot of friends, I don't trust a lot of people and I don't bring people into my space." One tenant (Colonial 3) who said they were using less since

restrictions argued “I’m trying to quit, the more people who come over the more I use.” Others said that because of increased boredom or stress, they found themselves using alone.

## Positive Feelings about Restrictions

### *Personal safety, improved cleanliness, reduced noise*

Tenants were asked how safe from violence they felt in their room before the current restrictions as well as whether they felt safer since visitor restrictions were put into effect. The majority of tenants (63%) felt “somewhat” or “very” safe, with 15% feeling “a little unsafe” and 14% “very unsafe”, with 8% having no opinion. Almost half of the tenants feel “much safer” or “a little safer” due to visitor restrictions (Figure 9), with a third feeling “the same” and only 13% feeling “less safe” and 5% “much less safe”.

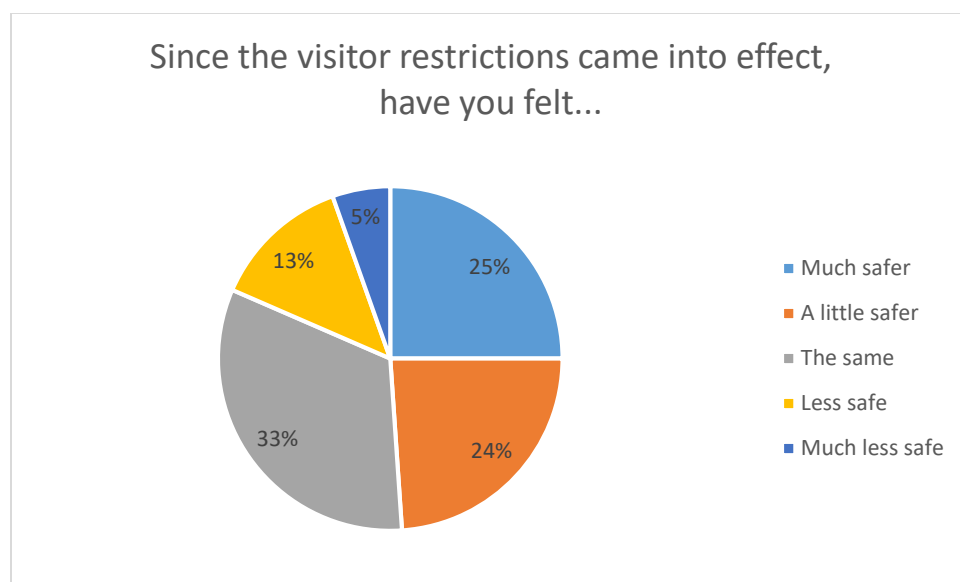


Figure 9. Personal safety impacts of visitor restrictions

The majority of those who felt safer argued that fewer strangers in the hallways and common areas meant that there was less violence, harassment, and theft. These positive responses came from both female and male tenants. One female tenant (Bridge 5) said she felt much safer because: “You know who’s living in your building and who’s around you so you feel safe. I feel safer and more secure taking the elevator without strangers.” A male tenant (Murray 2) gave as his reasons for feeling much safer: “Less traffic, no one buzzing through the hall - I can leave my door open now and not worry, and even nod off in my chair after work.” A male tenant (Arco 2) felt much safer “Because we [had] a crowd of people on our stairs 24/7 who won’t get out of the way - they don’t live here, they’re sharing drugs -- and there’s not as many now.” A female tenant (Colonial 7) agreed: “The people on your floor won’t steal from you or beat the crap out of you, so I feel safer with just them around,” while a male tenant in the same building (Colonial 12) observed that: “Free flowing traffic going through here all day checking doors has stopped. Sometimes my door would get knocked 6 times a day. Sometimes it just opens.”

Over half of the tenants surveyed felt that the building has gotten “a little quieter” (36%) or “much quieter (18%) since visitor restrictions, and about the same proportion said shared

spaces were “a little cleaner” (27%) or “much cleaner” (28%). Cleanliness of shared spaces is a big concern when sharing bathrooms and kitchens: 58% of tenants said there were problems with cleanliness of these spaces, along with hallways and lounges, before the current restrictions. A number of tenants commented on improved hygiene due to the notices about handwashing and better maintenance of toilets. One tenant (Colonial 3) approved of the fact that: “the hallways and bathrooms are a lot cleaner than when we were having visitors in at all times of the night. Smells a lot cleaner here too.” One tenant (Arco 6) says: “I can go to the bathroom and I don't have to wait for someone to wake up and get out. It's so much cleaner.” Another tenant (Colonial 12) said “Before the bathrooms were always flooded, now they're only sometimes flooded.” One tenant (Colonial 9) summarized: “I think it's good for people to be by themselves and get to know themselves - people look healthier. Sometimes it's important to be alone. People are washing their hands more, and I didn't realise how many people before didn't know how to wash their hands. People are more aware of catching germs now - cleanliness has been a big part of this whole thing.” A female tenant (Murray 1) summarized: “It sucks that my friends can't come in here, but it's cool that it's quieter and a lot of the idiots can't come in; the place is cleaner.”

## Negative Feelings about Restrictions

### *Loss of social supports*

While the majority of tenants approve of the positive impacts of restrictions in terms of personal safety from violence and theft, as well as noise and maintenance concerns, many tenants have suffered negative impacts.

Deliveries of food, medications, or other supplies, including alcohol and drugs, were not felt to be much of a problem before restrictions: 73% said there were no problems and only 8% said there were any problems. Since current restrictions, 44% of tenants said ease of deliveries had not changed, 17% said they were “a little harder” and 11% said they were “much harder”. While a little over one in four tenants finding increased difficulty is a problem, this should be put in context of increased disruptions for everyone in deliveries due to the pandemic.

Concerns about social isolation are perhaps, more of a problem. However, this has been true of everyone in Vancouver and around the world, who were urged to avoid anyone other than the people with whom they shared a home. While over half of the tenants surveyed (53%) said they did not have any problems with “friends, family or sexual partners who don't live in this building being able to visit before the current restrictions”, about a third (34%) did have problems pre-dating the current pandemic. Since the restrictions, visits have become “more” or “much more” difficult for 77% of respondents (figure 10).



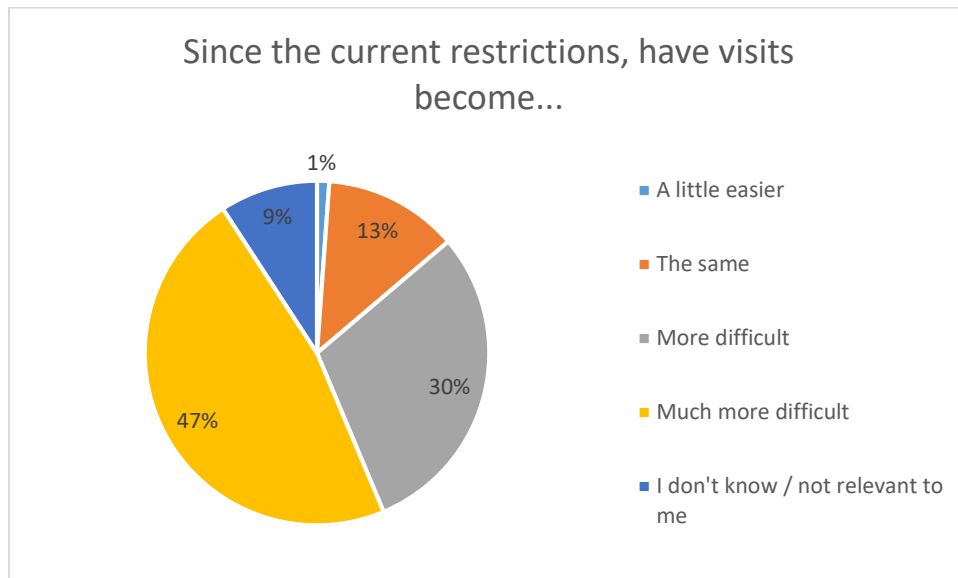


Figure 10. Impact of restrictions on visits from friends, family and partners

The impacts appear to be most acute for single mothers in Sorella, the only building with children. It should be again noted that social isolation difficulties applied to everyone in Vancouver being urged to avoid contact with people who did not live with them, and are not specific to Atira's visitor restrictions. One tenant (Sorella 3) pointed out: "I feel safer now because there used to be people coming in and out all the time, but it's challenging because it's stopping me from going shopping when I'm a single mother with a bunch of kids and I'm scared to bring them out into the community, so that's the only thing that's challenging for me with not having visitors here." Another mother in that building (Sorella 6) said: "No change in safety but... I went from having (my kid)'s dad help me every day, to being a single mom again basically, so I'm exhausted." There was an understanding of the rationale for temporary visitor restrictions, but the desire that they end soon. Sorella 11 pointed out: "[Staff are] doing what they can. There's someone in here every day washing the doors. It must be hard for the door staff having people asking to come in. I think the restrictions shouldn't continue though because some kids need to see their dads."

A third tenant in that building (Sorella 8) was unable to spend the night with her partner: "I'm having to go out a lot more and spend time in public, because I have a spouse living in another building and neither of us can visit each other, so we're having to spend nights outside together like homeless people. It raises our risk of getting Coronavirus." A tenant from Aneki (Aneki 5) had a similar argument: "If they're going to get sick from their spouse, that's still going to happen [even if the spouse isn't allowed in] because they still kiss their spouse [outside the building]." However, Colonial 2 said that her partner was allowed in as a guest: "Because [partner] is always allowed in, so [restrictions] hasn't really affected me."

Several tenants said they have limited access to essential social supports due to visitor restrictions. One tenant (Aneki 2) expressed: "I need someone in my room with me at all times, because I suffer from depression and I get suicidal sometimes when I'm alone." Another tenant (Canada 8) said: "I need help because of my health issues - if I fall, or I need someone to help me walk around." A tenant (Sereena's 4) who felt a little less safe due to restrictions said "People are getting more sick and more hurt in here because they don't have anyone with them

- a lot of people are having bad anxiety from being alone". Again, this is a sense shared by many people living alone, exacerbated by poverty-related difficulties in phoning family and friends. As Sorella 2 said: "The only thing is, I don't want to complain, but we need family in this time, to check on us."

## Summary of Findings

### *Mixed feeling about restrictions and many recommendations*

The majority of tenants agree that temporary visitor restrictions related to COVID-19 have mitigated the risks of developing this disease. Half of the tenants agree that the restrictions have reduced violence and theft and improved noise and cleanliness concerns in supportive housing that predated COVID-19. However, 18 more tenants say they are using opioids alone, compounding a serious health risk that existed before the new COVID-19. Some tenants are suffering from withdrawal of essential social supports and connections, which of course is a problem experienced by the general population affected by the public health measures to prevent COVID-19.

The tenant verdict on visitor restrictions largely depends on which tenant you ask. Figure 11 summarizes that tenants are pretty much split down the middle when it comes to whether they have changed their opinion about COVID-19-related visitor restrictions over the past two months. A roughly equal number of tenants are unhappier, happier or have no change of opinion.

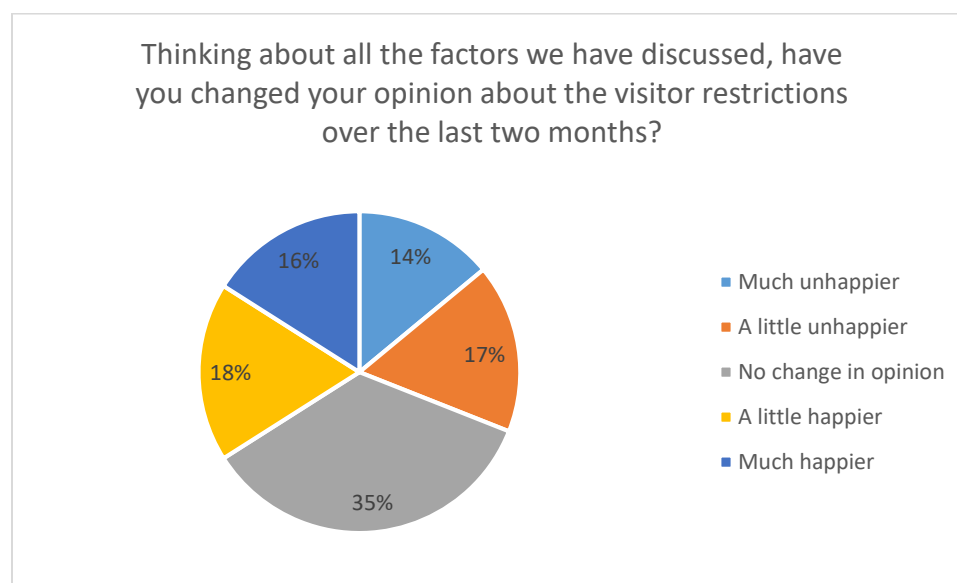


Figure 11. Changed opinions about visitor restrictions

Similarly, there is a roughly even split between tenants who want some guest restrictions to stay and those who do not, with slightly more tenants who do not want restrictions to remain after the current pandemic (Figure 12).

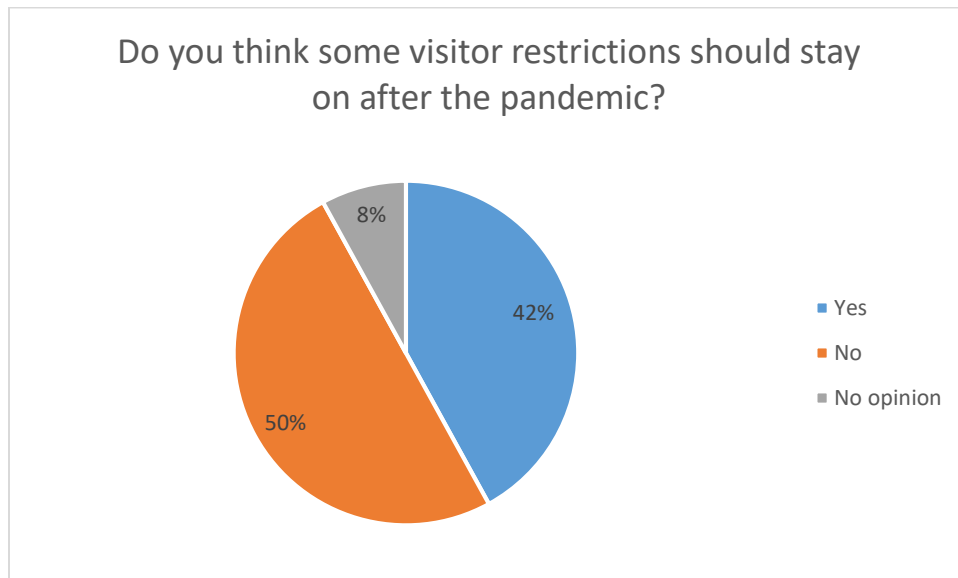


Figure 12. Should some restrictions stay?

Tenants who wanted restrictions to stay in some form argued (like Murray 6): “I don't really think of them as Coronavirus restrictions [because I'm not worried about the Coronavirus], but I'm much happier with them. Fewer people, much less problem visitors”. Tenants who favoured continuing some restrictions often spoke of reduced exposure to violence and drugs, like Sorella 3: “I feel safer, I don't have to rub shoulders with people. I don't have to worry about being influenced, pushed, asked, or tricked into using.”

Eleven tenants made specific complaints that visitor restrictions are ineffective and unfairly enforced. One tenant who feels much less safe since the restrictions (Arco 8) argues that “People are still getting in, healthy people can't get in who would be honest if they were sick and would stay home. The security guard just fucking plays with his phone”. Another tenant (Colonial 7) who feels a little safer from Coronavirus due to restrictions adds: “It's all about limiting contact, so I strongly agree with limiting the amount of traffic in here. I've had less disappearance of my belongings as well, and it's quieter. But it seems like some people are allowed guests and some aren't – [security guards] choose favourites and it isn't enforced across the board, so it's pointless.”. A fifth tenant (Murray 9) calls for “an official and impartial security company being hired or contracted for such a job, in place of the illegal visitor policies. That would be way cheaper than the lawsuit that is coming due to current visitor policies - I'm gonna turn it into a class action lawsuit”.

Intriguingly, the building with permanent guest restrictions - Rice Block, which is supportive housing for women working on reducing or stopping substance use – has the most positive tenant comments about staff. Three of four tenants interviewed there said “staff is doing a great job”. Perhaps it is because they have made a positive choice to stay in a building with very clear rules. Several other tenants went out of their way to praise staff (who they distinguish from the security guards at the door): Sorella 2 saying “I commend the staff, they've done an extremely good job at making people keep their distance” and Bridge 3 saying “everything runs great here, I love my building.”

Sex workers face particular safety concerns in relation to visitor restrictions. Five tenants mentioned (e.g., Aneki 2) that: “it’s messing with my income because I’m a sex worker, so I need a safe place to do my dates.” A female tenant (Hazelwood 4) who feels a little less safe because of visitor restrictions describes a range of safety concerns: “Some of the (contracted) security guards are real pigs to the women and look at us like we’re meat and I’ve heard some of the chitchat, so it doesn’t make me feel safe knowing there’s (contracted) security who are being derogatory to women, especially in this building. Me and a bunch of other women have been hit on and we didn’t appreciate it - we’re being looked at like we’re pieces of meat. I know there’s women who work in here and I want to keep it respectful for them because I’m an ex-sex worker as well. I don’t feel safe having all these (contracted) male security guards here, I think a lot of us would feel safer with some female security guards, or women in positions of authority so we don’t have to worry about being hit on.”

Recommendations for the future of visitor restrictions vary widely, from one tenant (Murray 10) who feels “They shouldn’t even allow overnights - after 10pm there should be no visitors” and another (Sereena’s 3) who says “I believe we should be allowed at least one guest per week or so, and that should be sufficient” to those who argue that any restrictions are a violation of their rights. Those who said they want some restrictions to stay after the pandemic were asked for specific suggestions (time of day, number of visitors, spaces where visitors were allowed). Most of the 42 tenants who responded to this question wanted visitors restricted to certain hours, with 11 am to 11 pm being the most common response. Others added “no more than 2 or 3 at a time, except for family” (Sorella 3). Some tenants wanted behaviour to be the arbiter: not allowing people in who were clearly drunk or stoned, and others (e.g. Colonial 7) wanted the tenant to be more responsible for visitor behaviour: “if people give a reasonable attempt to talk to staff they should be allowed guests if they’re responsible for them.” Some tenants wanted guests limited to the room of the person they were visiting, while others wanted them limited to common lounges.

In general, the tenants who were surveyed were pleased that Atira was carrying out this consultation and wanted to be consulted more about establishment and enforcement of rules in a transparent and consistent manner. Several tenants (e.g. Canada 4) wanted “more training for staff and tenants” to ensure rules were understood and followed. A tenant (Colonial 12) concluded the interview by saying “It’d be nice to see what they’re going to do about it, see if management will follow through on their intentions.”

## Conclusions & Recommendations

A majority of tenants in Atira buildings feel safer from COVID-19 because of temporary visitor restrictions. Half of the tenants feel their personal safety has improved, and cleanliness and noise problems ameliorated, because of temporary visitor restrictions. There is a generalized understanding that temporary visitor restrictions were essential to prevent COVID-19. However, there is a strongly bifurcated response to whether restrictions should continue after the pandemic: with some tenants strongly approving of visitor restrictions (42%), but more tenants (50%) wanting restrictions to end (8% had no opinion).

The nature of the COVID-19 pandemic is that decisions had to be made rapidly and with little tenant engagement. However, tenants have strong opinions, based in their experiences and assessments of risks. The tenants surveyed live with high levels of risks on a daily basis: from interpersonal violence and opioid use, to physical and mental health problems exacerbated by inadequate housing and institutional violence. They need to be able to voice these opinions, even and especially if there are no easy answers. For rules like visitor restrictions to be accepted, and a significant number of tenants are in favour of some form of ongoing visitor restrictions, tenants will need to collectively 'own' them, after open discussion of pros and cons.

**There may need to be building by building decisions on when and how restrictions will be lifted or how some restrictions should remain.** There were no concerns from Rice Block, the treatment program for women who want to reduce or stop their substance use, but those tenants signed on for visitor restrictions as part of their recovery process. It is possible that other buildings will be able to achieve consensus on limiting number of visitors, curfews, or restricting spaces for visitors.

It is possible that COVID-19 restrictions may be tightened again, in response to a second wave of infections. **In this context, Atira must continue to gather, analyse and share clear, rapid and transparent information about infectious disease prevention.** There is fuzzy understanding as to what aspects of restrictions were required by provincial or local authorities and what was discretionary.

Given that tenants are getting a lot of information from Atira's tenant newsletters, staff, and notices on buildings, **Atira should continue to post and publicize clear rules for each building, and ensure that all staff and tenants are aware of these rules.** It should also ensure that all staff treat all tenants with equal respect and enforce all rules equally. **Atira should explore hiring more female security staff and ensure that they are adequately trained and stick to the rules.**

In the matrix of risks that supportive housing tenants face on a daily basis, many do not rate their risk from COVID-19 as particularly threatening. BC has had a relatively rapid and effective response to COVID-19 thus far, but there is certainly the need for the Province to articulate a better understanding of long-term risks of infectious disease by tenants in congregate housing.

**Atira should continue to work with all levels of government to replace congregate housing with self-contained supportive housing. In the interim, toilet maintenance, which is made more difficult by the number of guests, should continue to be a priority. There was also strong support for continuing handwashing stations at the door.**



Similarly, the high number of tenants who say they use opioids alone is an ongoing concern, which has been exacerbated by the COVID-19 pandemic. **Providing information and assistance to tenants in obtaining a safe supply of opioids (which was only introduced a month ago) will assist in mitigating that risk, as will continued messaging about overdose risks and ongoing tenant support for overdose prevention.**

Particularly since Atira's mission is focused on violence prevention, **better data on incidents within building is necessary and further research on reducing violence in and around buildings may be necessary. This data must be clearly and regularly communicated to tenants, in order to inform collective decisions about visitor restrictions.**

Atira tenants know their buildings and neighbourhood well and are generally strongly motivated to improve both. **Governments should continue to support projects that build up friendships and mutual support in buildings and throughout the DTES and Downtown Vancouver.** Atira has community animator positions in its mixed-income buildings where it controls the budgets and government should consider supporting a similar program across the portfolio.

Despite some criticisms of restrictions and contracted security staff, most tenants love their homes and have strong ties in the community. They want to be part of the solution in making their homes healthier and more secure. Atira plays a vital role in saving lives and improving life prospects. This research, accomplished in a month in response to an unexpected pandemic, is part of Atira's mission to reduce violence and harm while respecting tenant rights.

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