



(Mural by BOY, in St. Denis, 2021a)

Single Room Occupancy Tenant Health and Safety During COVID-19

A follow up study for Aтира Women's Resource Society

Final May 31 2021

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Summary

Atira Women's Resource Society (Atira) is a not-for-profit intersectional feminist organization which provides a range of housing and social services. In May 2020, Atira hired me to undertake a survey of Single Room Occupancy (SRO) tenants to find out how they were dealing with the dual pandemic of COVID-19 and opioids, with a particular focus on visitor restrictions. In May 2021, I was asked to lead a follow-up survey to see how tenants were coping after a year of COVID-19, and whether they perceived improvements in Atira management of the buildings in which they lived.

This 2021 survey of approximately 100 tenants, which was carried out by peer interviewers in 10 SRO buildings, found increased satisfaction with Atira information, resources, management and staffing over the past year. There remain two problems: (1) strongly held and difficult to reconcile opinions on visitor restrictions from tenants; and (2) an increasing tendency of some tenants to use substances (particularly opioids) alone. There are two recommendations: (1) a building-to-building approach to clarifying and modifying visitor restrictions should be undertaken as risks of COVID-19 abate with vaccinations; (2) a person-to-person approach by Atira staff, in partnership with local health services, to reduce tenants using opioids alone. The importance of re-establishing face to face interaction between tenants and staff as COVID-19 risks abate was highlighted by tenants.

List of acronyms used in this report

| | |
|-------------|--|
| BC | British Columbia |
| SRO | Single Room Occupancy (the term Single Room Accommodation or SRA was used in the previous report) |
| DTES | Downtown Eastside Vancouver |
| Atira, AWRS | Atira Women's Resource Society (we use AWRS to refer to directly managed buildings with women-only tenancies) |
| APMI | Atira Property Management Inc. (a wholly owned social enterprise that manages buildings with tenants of all genders) |

Acknowledgements

We would like to thank: Janice Abbott, Chief Executive Officer of Atira, for responding to recommendations of the first report and initiating a follow up report; Hajar Masoud, Atira's Director of Operational Excellence, for supporting tenant interviewers, as well as promptly responding to my own requests for information; Desirée, Shannon, Sara, Matilda, Stephanie, Crista, and Donna, who did excellent work as tenant interviewers.

Purpose of this report

Atira Women's Resource Society (Atira) is a not-for-profit intersectional feminist organization. It works to end violence 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 mandate is to provide social (non-profit) housing options, mostly with on-site support services. Housing with on-site services is known as “supportive housing”. Housing with shared toilets, bathrooms and/or kitchens is called “congregate housing”.

Housing directly managed by Atira ranges from emergency shelters for women and children escaping violent men, to transitional housing, to permanent supportive housing for women who struggle with mental wellness and substance use issues due to intergenerational trauma (Ortiz Escalante, 2013: 3-4). Both directly and through its affiliate social enterprise Atira Property Management Inc. (APMI), Atira manages 30 Single Room Occupancy (SRO) hotels, with a total of 1,750 units/rooms. Most of the AWRS properties are limited to female tenants (there may be a male partner or child residents but the woman holds the lease), while most of the APMI buildings have all gender tenants.

In response to advice from housing and health authorities in the face of the first wave of the COVID-19 global pandemic, Atira and several other congregate housing providers restricted visitors to the SRO buildings it manages on March 13, 2020 (Bula, 2020). Visitors were limited to health and social support visitors, as well as tenants’ “permanent guests” (partners) and essential caregivers. These visitor restrictions were partially lifted on July 13, 2020, when up to two guests were allowed per tenant.

In May 2020, Atira commissioned Dr. Carolyn Whitzman to develop and supervise tenant-led surveys of 100 tenants in 10 SRO buildings managed by Atira, in order to answer the question: “What are tenant experiences and opinions about temporary visitor restrictions in Atira-managed SRA properties during the COVID-19 pandemic?” (Whitzman, 2020).

We were approached again by Atira to supervise a follow up survey in May 2021. The purpose of the follow up survey was to re-examine **how tenants are continuing to cope with stresses caused by COVID-19 and opioids, in order to ensure delivery of appropriate housing related management and services by Atira.**

Context: Health and Safety in Downtown Eastside Vancouver During COVID-19 March 2020-May 2021

Tenant Health and Safety During the First Wave of COVID-19 – March to July 2020

A review of media coverage and Atira data over the past 15 months provides context for tenant responses below.

Vancouver recorded its first case of COVID-19 on January 28, 2020 (CTV News, 2020). It was recognized within the first weeks of the global pandemic that risk was greatest in congregate living spaces such as Long-Term Care facilities, correctional institutions, emergency homeless shelters, SROs, and homelessness encampments. The common risk factors were large numbers of people in close indoor quarters, many with pre-existing health conditions, unable to maintain distance from one another. The problem was compounded by shared toilets, bathrooms and kitchens in

congregate living spaces (Tsai & Wilson, 2020). By early March 2020, BC Housing was asking supportive housing providers whose tenants had pre-existing conditions to “consider restricting visitors to essential health services only” (BC Housing, 2020: 9). The May 2020 survey of Atira-managed SRO hotel tenants found that 59% of respondents – almost three fifths - said they had a pre-existing health condition, such as being over 65 years old, a smoker, having chronic lung disease or asthma, kidney or liver disease, heart disease, diabetes, or compromised immunity due to HIV or cancer treatment.

There are over 7,000 SRO units in 156 buildings in Vancouver, mostly clustered in the Downtown Eastside and Chinatown, with some in Downtown (Housing Vancouver, 2017). Tenants share toilets and where available, kitchens. The City of Vancouver, with assistance from the provincial agency BC Housing, has been attempting to preserve this ‘housing of last resort’ for low-income tenants, by purchasing and renovating dozens of buildings, then turning them over to non-profit housing providers such as Atira to own or manage. There are long-term plans to provide private toilets and at least minimal kitchen facilities (hot plate, sink, and miniature refrigerator) to all non-profit SRO homes, but this has been a slow and costly process. Many of these hotels are over 100 years old and in poor condition. Many tenants require additional supports due to disability, chronic health issues, and or the impacts of both current/ongoing and intergenerational trauma and violence. A high proportion of tenants identify as Indigenous, and there is also a high proportion of low-income seniors. There are many non-tenants using the rooms, hallways, toilets, and kitchens, partly because the neighbourhood where most SROs are located has a high incidence of rough sleeping, including encampments (featuring tents and other temporary structures, usually in parks or empty lots). There are high levels of drug and alcohol use, with a particular concern around the opioid epidemic (Housing Vancouver, 2017; St. Denis, 2020c).

The visitor restrictions introduced during the first wave of COVID-19 in March 2020 was in line with public health advice that recommended people not interact beyond their households. The measure appeared to be effective in its stated aim. The Downtown Eastside did not have an outbreak of COVID-19 in the first wave that swept BC from March to May 2020 (St. Denis, 2020a).

There were several other positive impacts that resulted from these stringent visitor restrictions. According to Atira records, maintenance orders decreased approximately 50% from the two months preceding the visitor restrictions to the two months after visitor restrictions were instituted. Overdoses decreased 26% and violent incidents decreased 44% in April-May 2020 as compared to April-May 2019 (Whitzman, 2020: 12). The May 2020 survey showed that 62% of tenants said they felt much more or a little safer from COVID-19 since visitor restrictions, 56% said the shared spaces had become much more or a little cleaner, 54% felt the buildings had gotten much more or a little quieter, and 49% felt much more or a little safer from violence (Whitzman, 2020: 20, 24).

However, most SRO tenants were single people, some without phone or internet access due to extreme poverty. Many felt isolated from the support of family and friends. Tenants had mixed but strongly held views on restrictions. In May 2020, 50% of tenants felt that visitor restrictions should not continue, as compared to 42% who said they should continue and 8% with no opinion (Whitzman, 2020: 27).

Atira and other supportive housing operators of SROs have a long history of unsuccessful legal battles with tenants when housing providers have attempted to impose visitor restrictions. Successive BC case law from 2009 to 2020 have established that SROs are covered by the Landlord Tenant Act, including those which offer on-site support services. Social housing landlords are not allowed to restrict visitors to private homes, even if tenants have signed a lease with that

stipulation, even during COVID-19 (Government of BC, 2021; CLAS, 2021; TRAC, 2020; Dickson, 2018). While “COVID-19 Orders may allow for restricted access to common areas of the residential property by tenants or the guests of tenants in specified circumstances,” visitor restrictions – including requiring ID for entry – violate tenant rights, according to BC courts (CLAS, 2021).

There are public health concerns over negative impacts of visitor restrictions. In April 2020, the Public Health Authority with jurisdiction over Downtown Eastside, Vancouver Coastal Health, warned that visitor restrictions might lead to more people using opioids alone (CLAS, 2021). Although the May 2020 survey found that self-reported opioid use had not increased during COVID-19, and deaths did not increase in Atira-managed buildings, there was a concerning number – 20 tenants or 32% of the tenants who said they used opioids – who noted that they were more likely to be using alone during COVID-19 (Whitzman, 2020: 22).

Increasing COVID-19 and Opioid Fatalities, Homelessness and Violence During the Second Wave - September 2020-January 2021

From July 13 onwards, visitor restrictions on Atira properties were eased but not completely eliminated: tenants were now allowed up to two guests at a time and there was still a sign-in procedure in most buildings (which is common enough in private rental buildings with a concierge).

In September, COVID-19 related cases began to climb in the Downtown Eastside, which went from one of the lowest caseload numbers to one of the highest. SRO buildings, where up to 20 residents share a bathroom, were beginning to see clusters of cases. Atira’s properties went from having zero cases from March to the beginning of September 2021, to 81 tenants or staff having tested positive for COVID-19 by mid-November (St. Denis, 2020c) (see Table 1). Indigenous and female staff and tenants were more likely to test positive, according to Atira data. There were three deaths, all tenants aged over 50.

Table 1. COVID-19 in all Atira properties March 15, 2020-March 31, 2021 (source: Atira)

| Tenants Tested Positive | Staff Tested Positive | Deaths from COVID-19 |
|--------------------------------|------------------------------|-----------------------------|
| 130 (6% of all tenants) | 98 (8% of staff) | 3 (0.1% of tenants) |

Rapid COVID-19 contagion was facilitated in crowded buildings with poor ventilation. Vancouver Coastal Health quickly provided testing in buildings when someone tested positive and offered hotel stays for tenants who tested positive. However, the isolation hotels ran out of room, some tenants didn’t want to leave their homes, and some weren’t able to self-isolate because they had a condition like dementia (St. Denis, 2020c).

The neighbourhood faced additional stresses in the second half of 2020 due to an increase of people living in encampments. There were an estimated 200 tents in Oppenheimer Park by August 2019 (Eagland, 2020). The encampment population began to increase as emergency shelters imposed limits to reduce COVID-19 spread. By October 2020, the City of Vancouver estimated that 750 people were sleeping unsheltered. By the time Oppenheimer and a later camp in the port area had been broken up by police, a new encampment in Strathcona Park, established in June 2020, had grown to an estimated 400 tents (Wells, 2021). There were complaints about violence in and adjacent to encampments, and considerable trespassing and thefts in nearby SROs (St. Denis, 2020b). Clearly the ‘rinse and repeat’ approach of destroying encampments and arresting people living there was not working (Winter, 2021).

In December 2020, with COVID-19 restrictions leading to closure of drop-ins, public toilets, and other relatively safe spaces since March, a coalition of feminist organizations called for a systemic response to increasing violence in the Downtown Eastside. A woman gave birth in a porta-potty in April, with the child not surviving. Another woman was abducted and repeatedly assaulted over a 15-hour period in an encampment in May (St. Denis, 2020d).

By the end of December 2020, sampling suggested that up to half of Downtown Eastside tenants had been exposed to COVID-19. There had been almost 1,000 recorded cases in the small geographic health area, Vancouver Coastal Health, that includes the Downtown Eastside (Thibault, 2020). There were 455 deaths in BC from COVID-19 in the single month of December 2020 (Larsen, 2020).

Another impact of COVID-19 was on staff attrition in all social services (City of Vancouver, 2020). Staff burn-out, as well as absences due to illness, contributed to high rates of turnover (33%, up from an average of 24% in the three years prior) at Atira in 2020, as was the case for most social service organizations (Table 2).

Table 2. Staff Turnover at Atira, 2020

| | AWRS | APMI |
|---|------|------|
| Number of Staff Leaving | 138 | 171 |
| Average Number of Staff Employed | 414 | 540 |
| Turnover Rate | 33% | 32% |

At the same time as the global COVID-19 pandemic, the opioid epidemic continued to claim lives in the Downtown Eastside. In April 2020, there were 117 deaths, a 39% increase compared to April 2019. In May 2020, the number of deaths shot up to 171, a new historic high. In June, that record was shattered again with 175 fatalities recorded, and drug testing showing “extreme fentanyl concentrations” in the illicit drug supply, according to the BC Coroners Service. Supportive housing operators like Atira publicized safe supply programs, and increased the safe consumption areas available in buildings, where users can take drugs while being watched by a staff member or peer.

Despite these measures, overdoses, which had decreased under the strict restrictions between March and July 2020, began to increase in Atira properties in late summer. This could be due to a third of overdose deaths in Atira buildings being guests, not tenants (St. Denis, 2020a). By the end of 2020, there had been 1,716 deaths in BC due to illicit drug use — a 74% increase over 2019, equivalent to almost five people a day (Ross, 2021). COVID-19 hampered roll-out of safe drug supply programs, which many public health authorities consider the most effective measure against opioid overdoses (Larsen, 2020).

Table 3 shows a comparison of serious incidents and deaths in all SRO buildings managed by Atira, comparing the four-month period during maximum visitor restrictions with the four-month period after restrictions were eased. Overdoses increased 18% after restrictions were eased, although there was one more overdose death. Violent incidents increased 54%. Deaths doubled from 11 to 22, of which the majority were of guests not of tenants.

Table 3. Serious Incidents and Deaths, Atira Mar-Nov 2020 (source: Atira)

| Period | Overdose | Violence | OD Deaths | Other Deaths |
|-----------------|----------|----------|-----------|--------------|
| March-July 2020 | 49 | 52 | 5 | 11 |
| August-Nov 2020 | 58 | 75 | 4 | 22 |

Table 4 compares work orders during the four months of maximum visitor restrictions with work orders in the four months immediately following the easing of visitor restrictions. There were a total of 704 work orders between April 1 and July 31, as compared to 1,515 between August 1 and November 31, 2020. There was 2.5 times as much damage to doors in the period after tenant restriction eased, 2.3 times as much damage to locks, almost twice as many fires and electrical damage, and three times as much structural damage to SRO buildings.

Table 4. Work Order Data, Atira Mar-Nov 2020 (source: Atira)

| Period | Doors | Locksets | Fire | Electrical | Structural | Carpentry |
|-----------------|-------|----------|------|------------|------------|-----------|
| March-July 2020 | 163 | 83 | 18 | 263 | 45 | 132 |
| August-Nov 2020 | 410 | 193 | 35 | 474 | 135 | 268 |

Vaccinations Begin, but Continuing Health Concerns January to March 2021

By the end of January 2021, the good news was that many people with pre-existing conditions in SRO hotels were being vaccinated (St. Denis, 2021a). Mobile vaccination clinics that didn't require appointments were set up in areas with heavy foot traffic and near buildings that had had case clusters. Peer workers and nurses visited SRO hotels, including house calls for people unable to leave their rooms (St. Denis, 2021c).

The bad news is that COVID-19 had been joined by the threat of another infectious disease: shigella. Shigella is a highly contagious bacterium which causes symptoms of dysentery: profuse mucous or even bloody diarrhea, low-grade fevers and abdominal cramps. It usually occurs in developing countries where sanitation is poor. Patients can become infected from exposure to only 10 organisms, compared with 1,000 to 100,000 required to transmit salmonella. Patients can remain contagious for up to four weeks, long after initial symptoms resolve, and the infection can be resistant to many types of antibiotics (Huang, 2021). There appears to have been several cases in an encampment in late January, which spread to SROs via shared toilets. By the beginning of March, 10 people were in hospital due to shigella, though there is no evidence of a widespread outbreak. There were concerns however that the public health authority had not informed agencies and community advocates quickly enough (St. Denis, 2021b).

The most recent data from Atira (Table 5) shows an increase in fatal overdose deaths since late 2020 (including five in April 2021), echoing increases across BC (Ross, 2021). All of the overdose deaths occurred in APMI buildings. Incidents of violence, and deaths from causes other than opioids, have also increased. Non-fatal overdoses have declined since late 2020.

Table 5. Serious Incidents and Deaths, January-April, 2021

| Overdose | Violence | OD Deaths | Other Deaths |
|----------|----------|-----------|--------------|
| 42 | 92 | 9 | 13 |

To summarize, the context for this follow-up survey is continuing concern about COVID-19 over the past year, joined by other infectious diseases, and with a parallel epidemic of opioid overdoses and violence.

Survey Responses: How are Tenants Coping with Health and Safety Concerns?

Methods and Demographics of Respondents

As was the case in May 2020, we carried out a sampling of approximately 100 tenants in 10 buildings (Table 6). Half of the buildings were AWRS women-only tenancies (male partners and children might be tenants, but the tenancy agreements were with women) and half of the buildings were APMI (mixed women and men tenants). Two of the AWRS buildings are for women seeking support to reduce or stop their problematic use of substances, and they have additional visitor restrictions. The May 2021 sampling was of approximately 11% of tenants in the buildings. There were slightly lower than desired responses in two buildings (Sorella and Sereena) bringing our total to 97 rather than last year's exactly 100 interviews.

Table 6. Tenant sampling

| Building | # tenants | # sample | Notes |
|-----------------|------------------|-----------------|----------------|
| Buchan | 60 | 7 | AWRS, recovery |
| Aneki | 39 | 4 | AWRS |
| Rice | 38 | 5 | AWRS, recovery |
| Sorella | 108 | 12 | AWRS |
| Sereena | 57 | 5 | AWRS |
| Colonial | 123 | 15 | APMI |
| Arco | 58 | 6 | APMI |
| Hazelwood | 107 | 13 | APMI |
| Canada | 149 | 18 | APMI |
| Murray | 106 | 12 | APMI |
| TOTAL | 845 | 97 | |

As was the case in last year's survey, we hired and trained tenants in each building to interview other tenants. Two tenants returned as peer interviewers. The surveys were generally completed in common rooms, with the interviewer and the participant observing social distancing. In some cases, the surveys were completed in tenants' doorways or outdoors. The tenant participants were provided with an information sheet on the purpose of the study, the anonymity of responses, and my phone number for any questions or concerns. The interviewers verbally requested consent for the interview and for recording the interview. Five participants consented to the interview but declined to be recorded. The interviews were recorded but there were also back-up notes taken by the interviewers. The interview participants were remunerated for their participation in the survey. There were some limitations to the data, due to one or two interviewers skipping questions, particularly in-depth questions about opinions.

The majority of respondents – 85% - had lived in their building for at least a year. Half (51%) were surveyed last year as well as this year. As was the case last year, the gender, age, and race breakdown of respondents was similar to the demographics of their buildings and of SROs managed by Atira more generally. A little over half - 55% - of respondents were female, with 45% male and zero responses for "other" (with a list of options) and "prefer not to say". The age breakdown was slightly different this time, with fewer young adults and a higher proportion aged 36-50. As was the case last year, none of the tenant respondents were under 21. Ten percent were aged 21-35 (lower than 25%

last year), 47% were aged 36-50 (higher than 39% last year); 10% aged 51-65 (lower than 29% last year) and 10% over 65 (higher than 7% last year). As was the case last year, almost a third (30%) self-identified as Indigenous, with lower proportions (3-10%) as Black, Asian or mixed-ethnicity.

Atira asked us to provide separate analysis by gender and also between AWRS (women-only tenants) and APMI (all gender tenants) buildings. In many cases, the difference in responses were not significant. Where there are significant differences, I have highlighted them

Health and Safety Issues – COVID-19

The interviewers asked a series of questions related to whether tenants now know more about COVID-19, where they got their information, how they assessed risks, and whether they took precautions against COVID-19 and other infectious diseases like shigella.

Compared to May 2020, tenants were much more informed about COVID-19 (Table 7). In May 2020, about half of tenants reported using at least one Atira information source on COVID-19: tenant newsletter, posters, tenant information line. A year later, the proportion was closer to two thirds. In terms of Atira’s COVID-19 information, posters and staff were most effective. Radio, tv, friends and family and social media were also popular sources of information. Health services like Vancouver Coastal Health, Pender Medical Clinic, local doctors, nurses and pharmacies were also mentioned.

Table 7. Sources of information on COVID-19 (top 3 bolded)

As was the case last year, there was limited concern about being exposed to COVID-19 in tenants’ buildings: over two thirds (68%) said they were “not concerned at all” or “a little concerned”. However, as was the case last year, tenants were taking a range of sensible precautions to avoid

| | Respondents (total: 97) |
|---------------------------------------|--------------------------------|
| Atira staff | 58 |
| Posters in building | 62 |
| Tenant newsletter | 39 |
| Tenant call-in line | 6 |
| Newspaper like Vancouver Sun | 30 |
| Radio or TV | 73 |
| Social media like Facebook or Twitter | 48 |
| Google | 38 |
| Friends or family | 57 |
| Other | 20 |
| None | 2 |

COVID-19 and other infectious diseases (Table 8), indicating that accurate health information was being provided and adopted.

Table 8. Measures taken to prevent COVID-19 and other infectious diseases (top 3 bolded)

| | Respondents |
|--|-------------|
| Wearing a mask when you go out or are in common areas like elevators | 91 |
| In your building, avoiding common spaces such as elevators, toilets, kitchens and lounge areas | 68 |
| In your building, trying to keep 6 feet or 2 metres away from people you don't live with | 75 |
| In your neighbourhood, trying to keep 6 feet or 2 metres away from people you don't live with | 79 |
| Avoiding going out in the neighbourhood | 48 |
| Washing your hands more often or longer than usual and/or using sanitizer more often | 90 |
| Avoiding touching shared surfaces like elevator buttons, shared bathroom taps and toilet flushes, light switches | 73 |
| Getting food, medication and other things delivered | 52 |
| Anything else | 13 |
| None | 0 |

There is some hesitancy about vaccines, as there is throughout the Canadian population. Three fifths of tenants had gotten at least one vaccination shot; while 40% had not. Of the 40% who had not yet been vaccinated, a roughly similar number (17 versus 18 tenants) said they planned to get vaccinated versus they did not plan to get vaccinated, with another four saying they were unsure. **Atira is working with Vancouver Coastal Health to address lingering vaccine hesitancy in 23% of tenants.**

Tenant Opinions on Atira COVID-19 Restrictions

When directly asked whether Atira had done a good job in explaining visitor restrictions related to COVID-19 that extended from March to July 2020, a little less than two thirds (64%) were satisfied and a little more than one third (36%) were dissatisfied. Those who were dissatisfied continued to argue that the visitor restrictions were an abrogation of their rights and dangerous in terms of opioid overdoses. Many of the complaints were not so much about the quality of information as it was the decision itself:

Visitor restrictions are illegal. On the tenancy website there's a form you can print off to show your manager that states that even though there is COVID, they cannot restrict our visitors because as a drug user we are protected under the Human Rights Act, and we can use as groups and we don't necessarily get along with people in our building. If we can't bring family in from outside we have a larger risk of overdose. Those months that they restricted visitors, we had more deaths than we did in 5 years. It may have helped stop COVID but we had more overdose deaths, so I don't think it did the job (Arco #2)

The last point made by this tenant is not borne out by facts. According to Tables 2 and 4, there were five OD deaths in Atira-managed buildings during the four months of strict restrictions (March to July 2020), four deaths after restrictions were eased (August to November 2020), and nine deaths in the

past four months, January to May 2021. There is no doubt that overdoses are increasing, but in Atira buildings, there was not a surge of OD deaths related to the visitor restrictions.

Of the majority who stated they were satisfied with the information on visitor restrictions; the implementation was praised by some tenants:

- *They gave out all the newsletters, to my room and in the elevator, they talked about it, they made sure there were no visitors and followed the rules that they were meant to (Colonial #9)*

It was pretty good, I thought there would have been a lot more fights (Colonial #15)

There were, however, complaints from tenants both last year and this year that restrictions were unfairly and inconsistently applied.

[Atira] could have handled the situation a little better than shutting everything down and taking away our keys, it was a big upset for us. I can see why, some people were taking advantage and bringing in guests, so they were just trying to stick to restrictions. But it just got plunked on us, they could have handled it better (Buchan/Bridge #2)

Several tenants commented that information and enforcement on restrictions has improved over time:

- *They didn't really do all the stuff early on - they kind of took it seriously in the last six months, but prior to that, in my opinion they didn't (Canada #15)*

A slightly smaller proportion -61% - said they were satisfied with Atira information about easing restrictions in July 2020, while 39% said they were dissatisfied with the information. Several tenants were not aware that restrictions had been eased. One positive view said that information was highly visible:

- *Atira posted information on the wall, I noticed that. I don't read it very often, but sometimes it's bluntly stated. I read it eventually (Canada #5)*

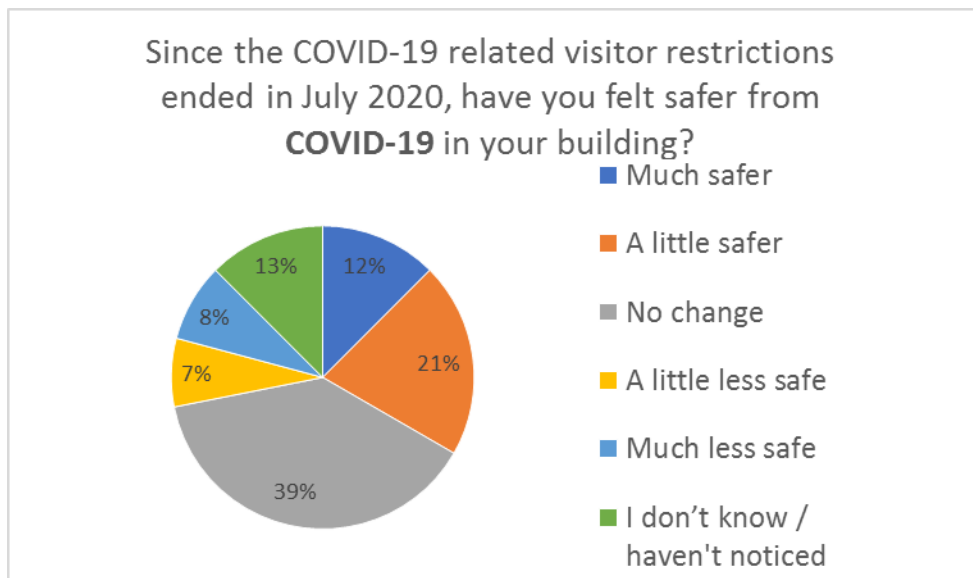
Another tenant pointed out that Atira information days were accompanied by free hot dogs, a good way to attract attention.

One negative view said that posted information was not enough, and that door-to-door communication would have been better:

They just leave notes on the halls. They don't go door-to-door to talk to us, only [Vancouver] Coastal Health does (Hazelwood #13)

Tenants were asked whether they felt that easing COVID-19 visitor restrictions in July 2020 made them feel safer or less from COVID-19. While 52% said there was no net change in safety or they hadn't noticed any change, a third (33%) said they felt "a little" or "much" safer after restrictions were eased, and only 15% felt "a little" or "much" less safe (Figure 1). This may have been a function of decline in overall COVID-19 cases after the first wave in Vancouver.

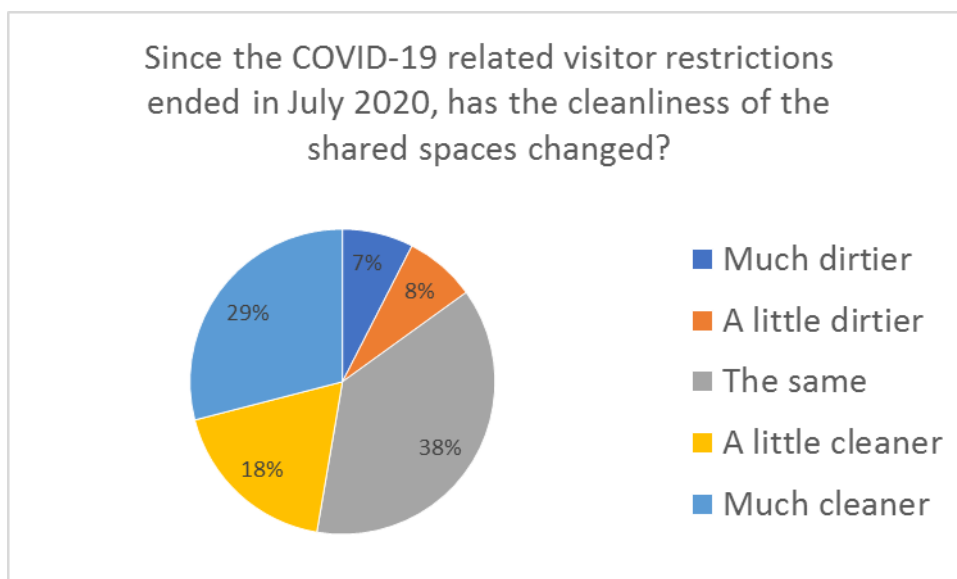
Figure 1. Do you feel safer from COVID-19 in your building?



Tenants were asked whether they felt that easing visitor restrictions made them feel safer or less safe from violence and crime. The answer to this was virtually identical to the question on safety from COVID-19: the majority of respondents (53%) had no opinion, a third (33%) felt “a little” or “much” safer from violence and crime after restrictions eased, while 15% felt “a little” or “much” less safe. Answers were also similar to the question of whether noise had increased or decreased after visitor restrictions eased, and whether it was easier for friends and family to visit.

The only question where there was a significant difference was in terms of cleanliness of shared spaces in Atira-managed buildings since July 2020. Only 38% had no opinion, 47% felt that buildings were “a little” or “much” cleaner since restrictions eased, and only 15% felt that the buildings were “a little” or “much” dirtier (Figure 2). Rather than being a comment on restrictions, this response seems to show that Atira maintenance has improved.

Figure 2. Changes in cleanliness of shared spaces



There are two take-aways from this series of questions. **First, Atira can feel justifiably pleased with improvements in perceived safety from COVID-19 and violence and crime, reduced noise and especially increased cleanliness in the past nine months.**

Second, there continues to be a minority of tenants who feel very strongly about visitor restrictions – on both sides of the question.

Some tenants felt that there essentially aren't any visitor restrictions, with the result that they felt under threat in their homes:

- *People are coming off the street and shooting up drugs, they're dirty and they leave huge messes, they mess up the bathrooms, they linger around and they're creepy, they leave their meals around. When they weren't around it was much cleaner (Arco #4)*
- *People keep breaking into my room, and I've asked for four transfers already and nobody is doing anything about it. I'm wondering if someone needs to die or be killed for them to give a shit (Colonial #1)*

Other tenants felt that there was no real easing of visitor restrictions in July 2020 and that they were still too strict, with the result that they also felt under threat in their homes:

- *A lot of people fighting and arguing, upset and angry because of COVID and restrictions, with their family [unable to visit]. They're depressed, we can't talk or communicate, we're in isolation, it's like we're in prison (Canada #14).*
- *How has [visitor restrictions] ended? It's not going to change anything no matter what - if we're going to get [COVID], we're going to get it. It's forcing us to go outside to see our friends, or we're trying to sneak them in and getting caught and getting kicked out, which is putting us on the streets, where they're saying they don't want us to be. So it's costing us housing (Hazelwood #5)*

The complaint by the Hazelwood resident is not borne out by facts. Atira evicted only one tenant from the Hazelwood in 2020 and the tenant was evicted for setting fires, not for sneaking visitors in.

As discussed in the report last year, conflicts over visitor restrictions is not an easy problem to solve and it is influenced by larger forces that have isolated many people during COVID-19. **As was the case last year, building-by-building communal rules may need to be developed – and fairly enforced – after respectful dialogue between tenants and staff.** This is difficult to do in any building with shared spaces, whether it is a wealthy condominium or an SRO building.

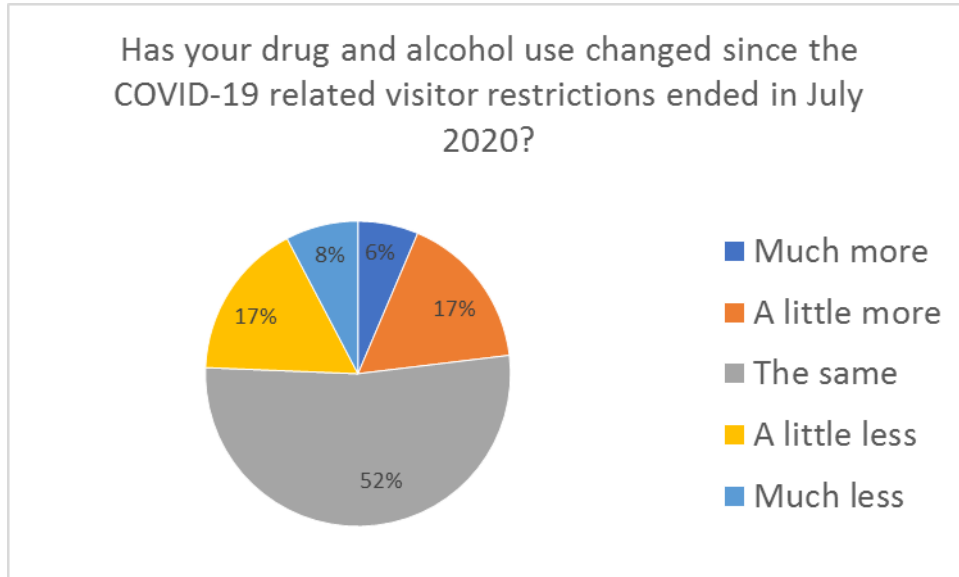
Health and Safety Issues – Drugs and Alcohol

Along with COVID-19 and violence, opioids are another epidemic that have deeply affected Atira tenants over the past year. Atira sought to discover whether people were more aware of how to avoid overdoses, and how Atira could assist these efforts. Since people have also died from drinking too much alcohol, the questions were broadened.

In May 2021, 81% of tenants said they used drugs and/or alcohol. Note that two buildings in the sample – Buchan/ Bridge and Rice – are recovery buildings where most of the 12 tenants surveyed did not use drugs and alcohol, so that leaves the vast majority in other buildings using drugs and

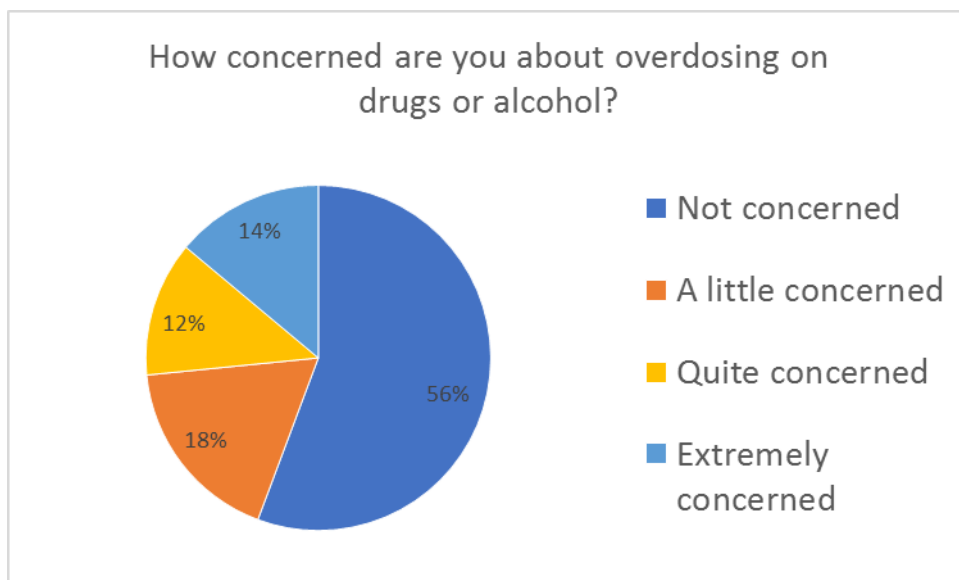
alcohol. Tenants did not identify any significant trends in either direction since visitor restrictions had been eased in July 2020: about half (52%) said there was no change in their use, with a roughly equal proportion saying that their use had increased (23%) and decreased (25%) (Figure 3).

Figure 3. Changes in Drug and Alcohol Use



When asked whether they were concerned about overdosing, a significant proportion (24%) said they were “quite” or “very” concerned (Figure 4). This is a significant increase over the 11% of tenants who said they were “quite” or “very” concerned last year, which is a good sign that information about the increasing death toll of the opioid epidemic is being understood.

Figure 4. Concern about overdosing



Several tenants talked about using drugs and alcohol more because they were depressed, stressed, and isolated due to COVID-19:

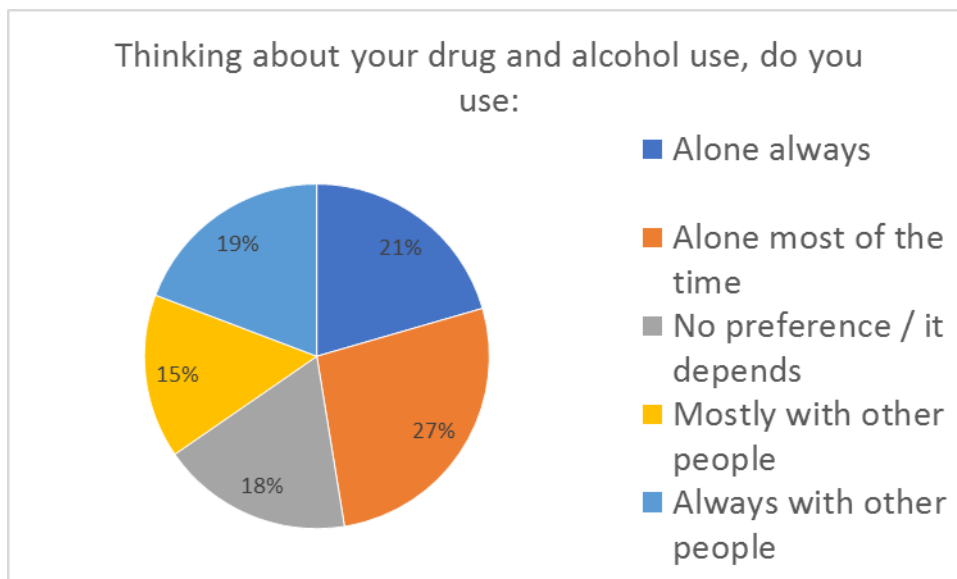
- *I'm using a little more but I'm being more cautious. When the restrictions were starting I had just started using heroin, now I'm further along in the addiction so I need more. Depression has set in a little bit, which pushes it along. (Arco #2)*
- *I wanted to isolate and stay in my room due to COVID, and then I wanted to use more drugs to help myself sleep at night. (Canada #4)*
- *I have increased my usage in both drugs and alcohol because of stress levels and anxiety about personal health issues and the health of my partner. (Sereena #4)*

Some tenants talked about using drugs and alcohol less because they were less depressed than at the start of the pandemic:

- *I find it easier now the restrictions lessened, so I use less now. (Sorella #4)*

A particular concern in relation to fatal overdoses is using alone. Access to safe injecting sites in the area were affected by COVID-19 lockdowns and distancing restrictions. Although common rooms in buildings have been set aside for drug use with others, a much higher proportion than last year are using alone. **In May 2021, 48% of tenants who use say that they use alone “always” or “most of the time”, as compared to 32% in May 2020** (Figure 5). While 72% of tenants said that that they hadn’t changed their behaviours, and 12% said they were less likely to use alone, **16% of tenants say they are more likely to be using alone since July 2020.**

Figure 5. Using Drugs/ Alcohol Alone



Those who use with other people know that this has saved their lives, and perhaps could be peer influencers:

- *I've OD'd 11 times in 6 months, and I'm still alive because I'm around somebody all the time. (Canada #12)*
- *I like being with friends so I don't die - I value my life. I want to cut down and have a kid with my girlfriend more than anything, I want to be a father. (Arco #3)*

Some who use alone may have been doing so for a long time and may be ignoring or simply not understanding health advice:

- *I've been using alone since I was 14 - it's the way I know. (Hazelwood #11)*
- *I lock myself in my room. If you OD on Fentanyl, you will eventually wake up. Your heart will stop and they'll think you're dead, but in a few days or weeks you'll wake up. (Canada #5)*
- *I do it alone - I stay in my room. I don't trust other people when I'm high. I don't trust nobody - too many thieves. (Hazelwood #7)*

There is no doubt in the minds of some tenants that COVID-19 (whether in the form of general health restrictions or Atira visitor restrictions) has increased their risks of using alone:

- *I'm more concerned now because I have to use alone, I can't bring friends over for safety. Instead I use in the alley in Vancouver, so I'm not using alone. (Buchan/Bridge #1)*
- *I don't want people over in COVID times (Canada #15)*

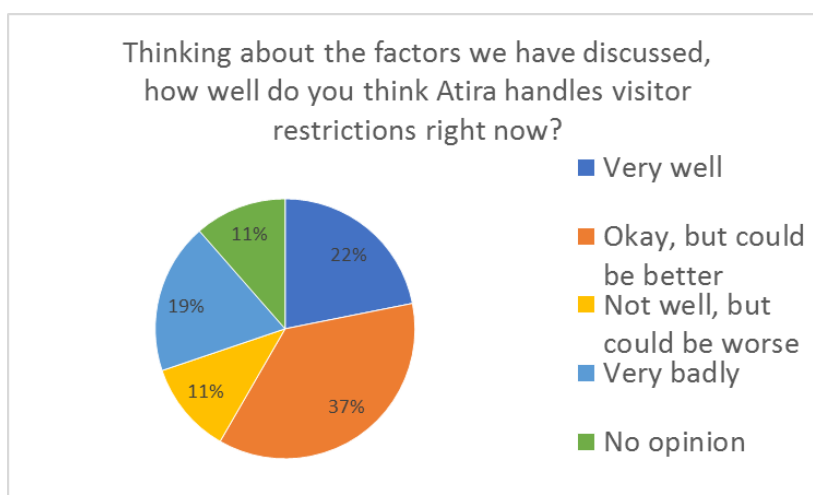
Note that the first tenant is in a recovery building, but it may be the only housing available.

Addressing the high number of tenants who are using alone needs to be a priority for Atira, working with local health authorities, as the COVID-19 pandemic eases.

Atira Responses to Tenant Health and Safety Concerns

The survey ended with a series of summary questions on how well Atira is communicating and responding to tenant concerns. One change from last year is that there is majority satisfaction around visitor restrictions: 22% say Atira is doing “very well” and another 37% say “okay, but could be better”, while 11% say “not well, but could be worse” and 19% say “very badly”. This can be contrasted with last year’s slightly different question, which is “should visitor restrictions stay on after the pandemic?”. The 57% who are partially or very satisfied with Atira’s handling of restrictions can be contrasted with the 42% last year who wanted restrictions to continue. The 30% who are mildly or very dissatisfied this year can be contrasted with the 50% who wanted all restrictions to end last year (Figure 6).

Figure 6. Atira handling of visitor restrictions



Atira asked us to check where there were significant differences between AWRS (women-only tenant) and APMI (all gender tenant) buildings, as well as significant differences by gender. In AWRS buildings, 69% of tenants thought Atira was handling visitor restrictions “very well” or “okay”, as compared to only 53% of tenants in APMI buildings. Only 9% of AWRS tenants thought Atira was doing “very badly” as compared to 23% in APMI buildings. When it came to gender, 23% of female respondents thought that Atira was doing “very badly”, as compared to 14% of men. **Atira should focus on the needs of female tenants in APMI buildings when discussing the impact of restrictions, as this is the demographic who are most dissatisfied.**

Judging from the majority of comments, Atira has improved their communications and responsiveness over the past year:

- *There are lots of posters - they're on top of the game and they know what they're doing. Information is easy to find and see. (Arco #1)*
- *I think they're doing a great job. They seem to get to know people, they know who's who and they don't let people in who are lying. They know who's going out with who, they don't want people to get hurt. (Colonial #9)*

However, there are still concerns, as there were last year, with inconsistent and unfair application of rules. A particular issue brought up by several tenants is that there aren't enough staff to stop some guests and tenants from ignoring the rules, and several also mentioned staff turnover as a concern:

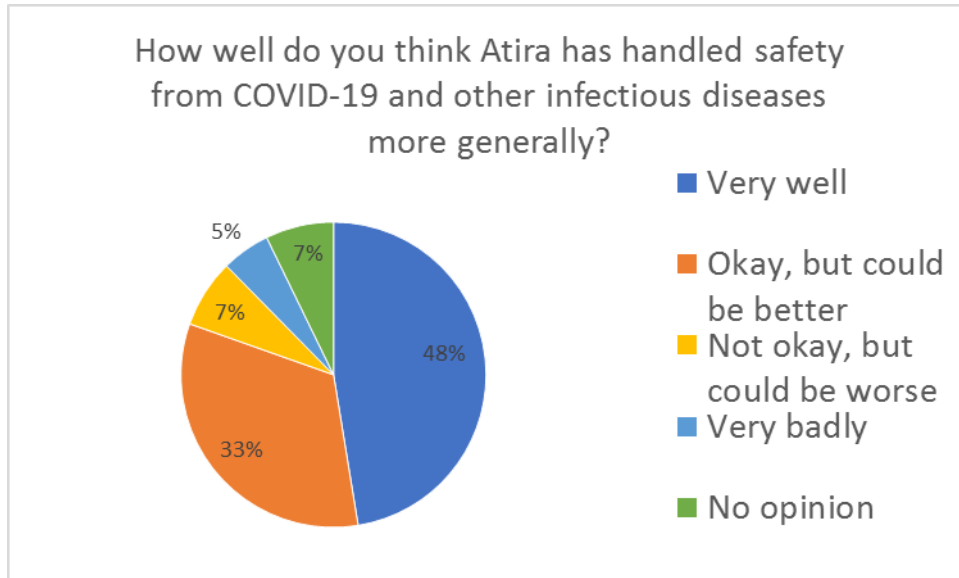
- *People from the barred list can still get in easily. They can sneak in behind somebody else. (Colonial #10)*
- *It would be better if there was some security - if one staff member is doing rounds and one is at the desk, and someone runs inside and goes up the stairs, the staff can't run after them. I think there should be an intercom and walkie talkies to alert other staff. (Hazelwood #2)*
- *I think they handle it. I find I have to help some of them - they're young and inexperienced newbies, I can give them suggestions. If there's two newbies on in the afternoon, they should have an experienced worker, because they have a really high turnover here and you can't really know us when you move on after two years. (Sorella #2)*

Part of the problem is that some tenants want more guest restrictions and some want fewer restrictions, again suggesting that there should be some building-by-building way to deliberate on rules. Perhaps, say some tenants, these conflicts are inevitable with so many people with homelessness, mental health and addictions issues in very close proximity:

- *I still think Atira restricts too many visitors. I have four children and when they are in town it's hard having to turn them away because they are not on my original guest list approved by Atira staff. (Sereena #4)*
- *No matter what, people are abusive to the staff and they still sneak in. It's not Atira's fault, we're just around a lot of criminals. (Arco #4)*

The majority of residents were impressed with Atira’s handling of safety from COVID-19 and other infectious diseases, with almost half (49%) saying that Atira had done “very well” and another 33% rating Atira as “okay” (Figure 7). There was a significant difference between AWRS and APMI buildings, with 64% of tenants in the AWRS buildings saying that Atira had done “very well”, as compared to 39% in APMI buildings. There was also a slightly less significant gender difference, with 54% of women saying that Atira had done “very well” as compared to 40% of men.

Figure 7. Satisfaction with Atira response to COVID-19 safety



Specific maintenance, information, and staffing improvements were noted by tenants:

- *There is more soap in washrooms, we never used to have any. (Arco #2)*
- *Masks and hand sanitiser have been easy to get, the signs on the front of the building are noticeable and easy to understand. (Arco #4)*
- *I am thankful for all the posting about COVID-19 that Atira has provided and most of all the staff are very informative and knowledgeable and most are compassionate about helping tenants keep healthy. (Sereena #4)*

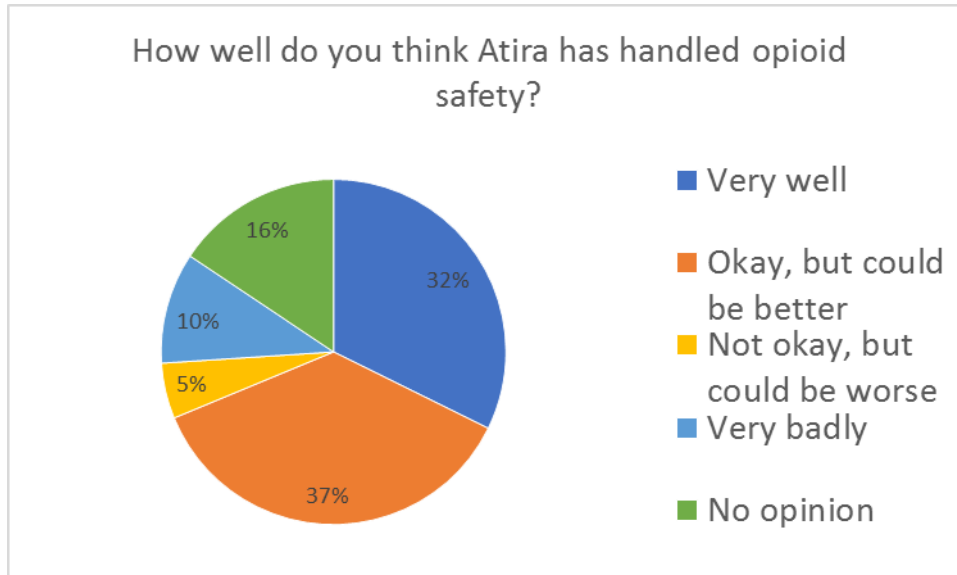
But again, the absence of personal support, as opposed to posters, was lamented by some tenants:

- *I'm missing the meetings we had, groups of 4 or 5 women, information for the people who really want to know. The notes are so impersonal. (Buchan/Bridge #2)*
- *Check that people actually understand the information. I'm truly amazed at some of the stuff people have heard, including from Trump. (Colonial #8)*

When it comes to Atira’s handling of opioid safety, again there was fairly strong approval, with almost a third (32%) saying Atira had done “very well” and another 37% saying they had done “okay”. There was no significant difference between AWRS and APMI buildings, but there was a

significant gender difference: 39% of men thought Atira had done “very well” as compared to 27% of women (Figure 8).

Figure 8. Satisfaction with Atira work on opioid safety



There were particular improvements that drew praise from tenants – for instance, the panic buttons were mentioned by several tenants:

- *I like that they have a button in the room for people who use harder drugs (Buchan/Bridge #6).*

But more than technological fixes, the quality of staffing was praised by some tenants

- *They always explain if there's bad drugs going around and people have OD'd, and to be careful and not using alone, and they just really make that quite clear. They even say it's best to use, if you're going to use, to use out in the hallway so at least they can see you in the cameras. And they always make it okay to sit and talk to them for hours, they listen to you, I've sometimes sat down there for 18 hours talking to them. (Colonial #9)*
- *[We are safer] not because of the gizmos we have, but simply because [staff] seem to give a damn. They're approachable, we can talk to them. And that's the first step in saving lives, knowing that people give a damn about you. Opioids are a private drug, and when we crawl out we need to know that we can talk to someone. The staff here are very approachable - ask them about a TV show to watch, it's the little things. Of course, that could just be in this building. (Buchan/Bridge #9)*
- *I got my Narcan [naxalone] training from Atira while in the Empress Rooms Woman's Shelter and have put it to use many times so I am grateful to have been offered the training and that I was able to save people's lives. (Sereena #4)*

A consistent theme is that there remains variable quality of staff and building teams:

- *Depending on staff - some people care, some people don't. Every few months they change - high staff turnaround, I think we're going through one right now. (Arco #1)*

It is absolutely correct that Atira has been going through a period of rapid staff turnover, as have most non-profit social service organizations (see Table 2). This problem may stabilize as the COVID-19 pandemic eases.

In the final question, tenants were asked for suggestions about how health and safety in their buildings could be improved. There were several extremely useful suggestions. Several tenants asked for a more transparent tenant-staff information process:

- *We could have tenant meetings once in a while, like once a month, for the manager because, especially with [the regular manager] being sick and in and out with a different manager in - sometimes we didn't even know who was in. Even a tenant group that can update everyone and let everyone know, so we know what's going on. (Arco #2)*

Atira does do monthly tenant meetings, which have been suspended because of COVID restrictions. Online tenant meetings (e.g. on Zoom) were tried in several buildings, without success. Monthly tenant meetings will resume when public health guidelines once again allow gatherings.

Several tenants wanted more employment opportunities in their buildings:

- *Give people more chances to help out in the building - offer jobs for tenants, keep them busy instead of doing nothing and having nothing to do, sitting there all day. Maybe there should be a pin-up board with jobs available, so we could say 'hey, I wouldn't mind doing that job'. That would keep them busy all day long. (Colonial #7)*
- *I have friends at Hazelwood and they hired tenants to wash common door handles etc. Hotel Canada does not and supplies are often low, eg. garbage bags, toilet paper, cleaning supplies. (Hotel Canada #2)*

Conclusion

Tenants in Atira's 30 SRO buildings face multiple systemic intergenerational traumas and injustices. Many are survivors, or children of survivors, of the residential school system, which separated Indigenous children from their families and communities. Many people have lost custody or access to their children. Many are survivors of violence in their homes. They face extreme poverty, and many are in tiny homes without private access to toilets and cooking facilities. Because some buildings purchased by BC Housing and or those leased from private owners are in bad condition and have not yet been renovated, they are hard to maintain and are in poor repair. SRO housing is by its nature overcrowded, noisy and difficult. Lifetimes of trauma and violence have led to struggles with substance use and mental wellness. Responses to the growing opioid epidemic, like safe supply services, have been slowed down by COVID-19. Social services have had to cut back this year, and there has been considerable staff turnover. The pandemic itself has been isolating, terrifying, and seemingly endless.

Given all of these stresses and risks, tenants and Atira itself have proven to be resilient throughout a very difficult year.

The attention Atira has paid to improving its services over recent months has been noticed by many tenants. Atira is judged by most tenants to have improved their information systems, resources, maintenance, and staffing over the past year. The majority of tenants are more aware of how to prevent COVID-19 and other infectious disease prevention, including vaccination. Atira has provided useful information on opioids, assisted by public health organizations such as Vancouver Coastal Health. They have expanded access and training in relation to naloxone. Building maintenance has improved. There are fewer complaints about staff favouritism, although inconsistency across staff and building teams is still noted by tenants.

Using alone continues to be an urgent problem for some Atira tenants. While 'panic buttons', greater access to naloxone kits, and training have all made a difference, **there may be a need for a building-by-building and even person-by-person approach to address this life-threatening behaviour.** Continuing advocacy for safe-supply programs by Atira must be matched by provincial commitment to addressing this ongoing epidemic.

The importance of staff engagement with tenants was a common theme. Door-to-door visits and interpersonal interaction has been affected by COVID-19, which may also have had an impact on staff retention. **As COVID-19 threat lessens due to vaccinations (and vaccine hesitancy is an issue that requires interpersonal response), the importance of not only "wellness checks" but also ongoing staff support of tenants should be prioritized. Staff retention and 'getting good teams' was a priority for tenants.**

There continue to be very strong feelings about visitor restrictions, both by those who say that it is illegal and dangerous, and those who argue that it is necessary for their health and safety. **There needs to be more discussion on building-by-building basis on how to deal with, on the one hand, people's needs to connect with family and friends, and on the other hand, some guests engaging in theft, violence, and making common spaces such as toilets and showers unusable.**

Finally, there is an underlying theme of tenant desire and willingness to work with (and for) Atira on peer support. Anything that can be done to build up personal tenant-tenant and tenant-staff relationships to resolve issues around problematic guests on a long-term basis, will be a good investment for Atira.

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