COVID-19's Impact on People with Disabilities in Canada

Fact Sheet No. 5:

Impacts on Housing and Congregate Living

The COVID-19 pandemic and related policy measures had many negative impacts on diverse people with disabilities in Canada. While these impacts were often profound for those in the disability community, they remained largely invisible to others. In this fact sheet, people with disabilities describe in their own words how the pandemic and related measures affected housing and congregate living.

Key impacts of COVID-19 policies on housing and congregate living

- Some **pre-existing housing challenges**, including homelessness, have been intensified by the pandemic.
- People living in congregate settings faced increased COVID-19 infection risk.
- The isolation of people in congregate settings from families and support providers has had **negative impacts on health and well-being of people with disabilities**.
- Increased isolation in congregate settings led to increased violence for people living in those settings.
- People in long-term care and other congregate settings have experienced declines in their level of care.

Risk of becoming unhoused

People with disabilities had housing challenges before COVID because of low income, lack of accessible housing and housing costs. During the pandemic, income decreased for many people with disabilities and the costs of day-to-day necessities, especially groceries and personal protective equipment increased (see Fact Sheet No. 2, "Accessing Essentials During the Pandemic"). These increased financial pressures placed more people with disabilities at risk of being evicted and becoming unhoused. In most provinces, a moratorium on evictions did not prevent tenants from being evicted.

Congregate living in Canada

Congregate living refers to settings where individuals live or stay overnight and use shared spaces. Examples include long-term care homes, shelters, group homes, and correctional facilities. In Canada:

- Close to 700,000 people live in congregate living settings, of which 491,000 live in medical facilities.
- 65,790 Canadians live in residential care settings for people with disabilities or addictions, and 11,320 or 17% of these are under the age of 65.

The challenge of homelessness during COVID-19

Homelessness is a particular challenge during the pandemic, as many public spaces are no longer available. People who are unhoused have less access to public toilet and warming facilities due to social distancing requirements. During closures of libraries and community centres, people who are unhoused have reduced access to public computers and internet.



"And the housing situation. Right. I mean, we already know that there's a high rate of disability among the homeless population. And now you're talking about a homeless population, that's at great risk, also because nobody is looking out for them in the context of COVID-19."

- Interview participant



Increased COVID-19 risks in congregate living settings

People living in congregate settings faced increased infection risk due to contact with multiple support workers, a lack of personal protective equipment, and for some, small or contained living spaces.



"I don't want to see multiple attendants because of where I live. I live in assisted living and there are 15 other people with disabilities that live here. And the agency has not put anything in place to ensure that staff get tested on a regular basis. I asked them when they would be doing that, and they said they don't have any plans to do it in the future as of right now."

- Focus group participant



"And, you know, in the beginning they had no visitor policy. And some of us had to do so much writing and so much advocacy...for government to understand that families are not visitors. The families are part of the caregiving and well-being of, especially adults with disability but it's really, really important for kids with disabilities who were living in group homes or were in the hospitals."

- Interview participant

Increased mental health risks in congregate living settings

The COVID-19 pandemic also heightened social exclusion and isolation for people with disabilities. Many have experienced the loss of regular social programming and services. Those living in congregate settings have been unable to interact regularly with family members and friends for long periods of time, and many have been unable to leave their homes.

Increased violence

Increased isolation in congregate settings led to increased violence for people living in those settings. These impacts were greater for older adults living in long-term care homes; young people with disabilities living in long-term care settings; people with intellectual or mental health disabilities who live in group homes or institutions; women with disabilities; people who are incarcerated, a high proportion of whom are Indigenous and racialized; and migrant workers.

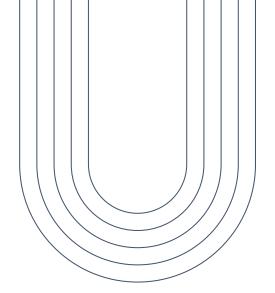


"You also had people in terms of, you know, living in group homes or institutional environments. They pretty quickly went into lockdown. Yes, there were a lot of, you know, restrictions on movement, but often those lockdowns went beyond public health orders. So they were stricter and more, you know, more restrictive, including locking people in their rooms in group homes so they couldn't intermingle. This was particularly the case with people with socalled labeled challenging behaviour, which of course exacerbated the challenging behaviour."

- Interview participant

Declines in care

People in long-term care and other congregate settings where support is provided have experienced declines in their level of care that harm their health and well-being. These include inadequate staffing levels, insufficient support with daily activities like eating and bathing, and extreme isolation.





"I used to work in long-term care, . . . and we were considered to be one of the better places in the province, and I said I would never let my mother into the place. Everybody thought we were thought to be one of the more progressive [care settings]. . . . people are just you know people that had no range of motion, they were stiff as a board, they'd lie in their own excrement for hours and people wouldn't go and change them because, you know, it was half hour before their shift ended. I was asking if we're supposed to be good, imagine what must be considered to be bad? . . . If you're that bad in times when there is no crisis, how bad are you gonna be when there is a crisis? And we have seen that we've seen that exactly, with people walking off the job, leaving them there. You know, it's just horrible, horrible."

- Interview participant

What are some good practices that could improve health care and services in future crises?

- COVID support measures should also address costs of and access to housing. Canadian governments have done little to address these concerns.
- During pandemics, people in congregate settings should be able to visit family members or others who provide support to them.
- Fewer people with disabilities should live in congregate settings. This will require system-wide changes to community-living programs.

About this series

This fact sheet is part of a series highlighting research conducted in Fall 2020 by the Live Work Well Research Centre in partnership with the DisAbled Women's Network of Canada. Read the final report and fact sheet series on liveworkwell.ca.

As part of this research we:

- Gathered data from five provinces (British Columbia, Alberta, Ontario, Québec, and New Brunswick) and from international websites;
- Analyzed statistical data, research articles, policies, and media coverage;
- Conducted interviews and focus groups with 24 disability leader key informants, 30 people with disabilities, and three federal, provincial, and regional health key informants; and
- Identified themes from the data by applying our intersectional disability and gender analysis framework (iDGA).

The COVID-19's Impact on People with Disabilities in Canada fact sheet series includes:

- 1. Sharing the Experiences of Diverse People with Disabilities
- 2. Accessing Essentials During the Pandemic
- 3. Involving People with Disabilities in Decision-Making
- 4. Barriers to Health Care and Services
- 5. Housing and Congregate Living
- 6. Learning from International Examples

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