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“They have their security, we have our community”: Mutual support among people experiencing homelessness in encampments in Toronto during the COVID-19 pandemic



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ABSTRACT

Unaffordable housing is a growing crisis in Canada, exacerbated by the COVID-19 pandemic, yet perspectives of people living outdoors in encampments have primarily gone unheard. We conducted qualitative interviews with encampment residents to explore how mutual support occurred within the social context of encampments. We found that mutually supportive interactions helped residents meet basic survival needs, as well as health and social needs, and reduced common health and safety risks related to homelessness. The homelessness sector should acknowledge that encampment residents form their own positive communities, and ensure policies and services do not isolate people from these beneficial social connections.

1. Introduction

Unaffordable housing is a growing crisis in Canada, resulting in more people living in precarious housing situations or without a home. People experiencing homelessness often face complex health and social issues, including high rates of physical health conditions, mental health conditions, and substance use (Howells et al., 2021). Other aspects of marginalization are also associated with homelessness, including: being Indigenous, Black, or another racialized identity; identifying as 2SLGBTQ+; having experience of criminalization; and living with a disability (Employment and Social Development Canada, 2019; Farha & Schwan, 2020). Further, the housing crisis and the overdose crisis have intersected for years, and, since 2020, they have overlapped with the COVID-19 pandemic. Since the pandemic began, people experiencing homelessness are at high risk for COVID-19 infection, subsequent complications including hospitalization and death (Richard et al., 2021), and

opioid-related overdose (Gomes et al., 2021).

Central to the experience of homelessness is being socially excluded and considered an “Other” by mainstream society (Clapham, 2007; Dej, 2020; Sylvestre, 2013). People sleeping on the street are often considered the epitome of this exclusion (Clapham, 2007). People experiencing homelessness often face difficult social environments, including small social support networks with limited or negative social capital and feelings of social isolation and loneliness (Hawkins & Abrams, 2007; Rokach, 2005). They face widespread societal stigmatization and discrimination and are often put in the position of proving their “deservingness” to receive supports through the homelessness sector (Dej, 2020). For example, groups typically considered more deserving include children and women victimized by violence, followed by individuals identifying as severely ill but also complying with treatment program requirements, whereas individuals who are not working or who continue to use drugs are often considered less deserving (Clapham, 2007; Dej, 2020;

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Doberstein & Smith, 2019; Rosenthal, 2000). Still, all people experiencing homelessness generally must demonstrate their willingness to take responsibility for their circumstances to be considered “redeemable” and thus deserving of support (Dej, 2020).

A few studies have shown that people experiencing homelessness support one another, both informally and through formal peer support initiatives (Dej, 2020; Green, Mason, & Ollerenshaw, 2004; Guirguis-Younger, McNeil, & Hwang, 2014). Peer support initiatives have also been shown to help other groups experiencing marginalization, such as people with mental health issues or who use substances (Batchelder et al., 2017; Boyce, Munn-Giddings, & Secker, 2018; Deering et al., 2009), people living with HIV (Roth et al., 2012), the isolated elderly (Pahk & Baek, 2021), and individuals with low health literacy, low socioeconomic status, or other disadvantages (Sokol & Fisher, 2016). Yet there is less research on informal peer support networks, including limited investigation of their mutuality.

Among people experiencing homelessness, those who are “unsheltered” or “rough sleepers” – which includes people “staying in places that are not designed for or fit for human habitation” (Gaetz et al., 2012) – tend to experience worse outcomes, including morbidity and mortality (Howells et al., 2021; Montgomery, Szymkowiak, Marcus, Howard, & Culhane, 2016). One of the more visible manifestations of unsheltered homelessness is “encampments” or “tent cities”, which typically involve multiple people setting up tents or makeshift structures in close proximity to each other on public or private land, thus experiencing some aspects of homelessness together. Encampments often form without official authorization and thus violate local bylaws (e.g., no camping in parks), although some jurisdictions have created mechanisms to formally sanction encampments (Cohen, Yetvin, & Khadduri, 2019). In Canada, these bylaws have engaged significant Charter litigation and human rights analysis, with case law on the subject often invoking section 7 of the Canadian Charter of Rights and Freedoms – that is, the right to “life, liberty and security of the person” – which has provided some protection against forced evictions of encampment residents (Farha & Schwan, 2020). However, the common enforcement of these bylaws has continued to harm encampment residents in Canada and violate international human rights law (Farha & Schwan, 2020).

While encampments have been formed by people experiencing homelessness in many regions across North America, there is little research on how encampments, and communities’ responses to them, affect the health and well-being of encampment residents, especially in Canadian settings (Cohen et al., 2019; Farha & Schwan, 2020; Young, Abbott, & Goebel, 2017). One study interviewed 12 residents of a tent city in Victoria, British Columbia, and found that while residents described negative experiences with services such as shelters and negative reactions from some in the wider community, they experienced a positive sense of community in the encampment (Young et al., 2017). A report written by scholars at the Seattle University School of Law in the United States also proposed that encampments may provide people experiencing homelessness with improved safety and security, community, autonomy, stability, and visibility, compared with other shelter options (Junejo, Skinner, & Rankin, 2016).

The number and visibility of encampments in Canada has increased since the beginning of the COVID-19 pandemic, in part due to concerns about the risk of contracting COVID-19 in congregate shelter settings (Canadian Press, 2020; Fox, 2020). In Toronto, the shelter system was already overburdened yet had to further reduce capacity to meet public health guidelines for physical distancing (Neufeld, 2022). Encampments in the downtown area became very large and there was a vast community outreach response to support the residents, including through the formation of grassroots groups. For instance, the Encampment Support Network was a volunteer-run group that formed shortly after the start of the pandemic by a collection of neighbours and community members who wanted to help meet encampment residents’ basic needs, such as by providing tents, blankets, clothing, snacks, and miscellaneous items, as well as engaging in advocacy for improved housing options (<https://www.encampmentsupportnetwork.com/>).

Another supportive initiative was developed by a local carpenter who built Tiny Shelters for encampment residents (<https://www.torontotinyshelter.org/>), while Toronto Indigenous Harm Reduction formed to provide cultural care among many other supports for Indigenous encampment residents (<https://www.torontoindigenoushr.com/>). Municipal government workers still attempted to evict encampment residents, as was common practice in prior years (FactCheckToronto, 2021), though they faced increased community resistance. However, an injunction filed by encampment residents and allied organizations during the COVID-19 pandemic to have the City of Toronto cease enforcing the bylaw that enables encampment evictions was rejected by the Ontario Superior Court of Justice in October 2020 (Black et al. v. City of Toronto, 2020). Thus, overall, the pandemic shifted typical social dynamics among people experiencing unsheltered homelessness, providing an opportunity to explore the influence of the encampment context on residents’ day-to-day lives. Specifically, we asked the research question: *How did mutual support occur among people experiencing homelessness within the social context of encampments during the COVID-19 pandemic?*

2. Theory

We applied concepts of relational autonomy and mutual support to analyze and interpret our data. A relational conception of autonomy involves “... attention to the rich and complex social and historical contexts in which agents are embedded” (Mackenzie & Stoljar, 2000) and is particularly relevant for people experiencing homelessness because their lives are often constrained by low socioeconomic resources and the need to conform to rigid standards to obtain services. Relational autonomy highlights how people’s agency cannot be understood without considering their interdependence with other people and environments, thus we incorporated this concept into our analysis by situating encampment residents’ mutually supportive actions within their social environment (e.g., through comparing features of the encampment social context versus other contexts they faced). Given that discourse on homelessness and social exclusion has often focused on either structure or agency (Clapham, 2007), a relational autonomy lens facilitates integrating both for a fuller understanding.

While many terms have been used to express similar ideas (e.g., mutual aid, self-help groups, peer support, mutual care), mutual support can be defined as “... peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life-disrupting problem, and bringing about desired social and/or personal change. The initiators and members of such groups perceive that their needs are not, or cannot be, met by or through existing social institutions” (Katz & Bender, 1976; Loat, 2011). Mutual support can also occur informally between individuals, rather than requiring a formalized group, but it is distinguished from generic social support due to the added element that all parties share similar challenges (Loat, 2011; Pistrang, Barker, & Humphreys, 2008). The literature on social support refers to three key types of interactions as supportive – informational (advice or guidance), emotional (caring or concern), and instrumental (sharing material goods) (Hogan, Linden, & Najarian, 2002) – which may vary in importance by context. Concepts such as informal caregiving or peer support share similarities with mutual support but often label one person as the “helper” and the other as the “helped” (Riessman, 1965). Though the literature also shows that the act of helping others accrues benefits to the people designated as helpers (Batchelder et al., 2017; Embuldeniya et al., 2013; Riessman, 1965), support systems within the everyday social interactions of people experiencing homelessness may operate more reciprocally. Mutual support is also closely aligned with relational autonomy, in that engaging in mutual support may be considered an act of exercising autonomy in a relational way, as well as a way in which marginalized people actively resist their isolating social environments.

We also applied the transformative paradigm to acknowledge power issues and cultural complexity, to centre and amplify marginalized

people's voices, and to promote social justice and human rights (Mertens, 2007). In practice, this entailed community leadership and continual conversation with community representatives to facilitate attending to these issues appropriately in study conduct and data interpretation, as well as focusing knowledge translation on achieving social change. Our conceptualization of marginalization was also informed by intersectionality theory, which posits that experiences are shaped by intersections of different social locations (e.g., gender, ethnicity, class, age, disability, sexual orientation), involving power structures, processes of oppression and privilege, and sociohistorical contexts (Bowleg, 2012; Grace, 2014; Hankivsky, 2014; Hunting, 2014; Katz, Hardy, Firestone, Lofters, & Morton-Ninomiya, 2020). Intersectionality-informed qualitative research is highly compatible with the transformative framework and community-based research, especially among stigmatized and socially excluded groups, because all these approaches emphasize the need to attend to power and other issues of context and complexity. This led to design choices such as selecting a diverse sample and including questions about barriers (e.g., discrimination) in our interview guide.

3. Material and methods

This study was conducted in Toronto, Canada, as part of a larger study exploring marginalization during the COVID-19 pandemic. We employed community-based research methods, including community leadership and the involvement of various stakeholders throughout the study, from design to knowledge translation. To inform study design, we first conducted a literature review and created a logic model with the help of representatives from outreach volunteer groups or community-based organizations (Abdi & Mensah, 2016). The logic model outlined the outreach resources and activities that supported encampment residents, as well as the intended outcomes which included community connectedness. We then designed a convergent parallel mixed methods study to explore multi-stakeholder perspectives on the encampment environment and the outreach supports provided in encampments (Craig et al., 2008; Creswell & Clark, 2011; Mertens & Wilson, 2019). The study was led by one PhD candidate, one MD and PhD student, and one Master's-educated community researcher with lived experience. All three co-leads had extensive experience working with multiply marginalized groups in prior community-based research or service provision, especially among people who use drugs.

Informed by the literature review and logic model, we developed a semi-structured interview guide to explore wide-ranging experiences among encampment residents, including those related to encampment living, COVID-19, health and substance use, outreach supports, and shelter or housing supports. Of most relevance to this article, we asked participants to describe their interactions with encampment residents, including their typical daily experiences, roles, and conflicts within encampments, as well as interactions with people external to the encampments (e.g., outreach workers and volunteers, neighbours or other community members), and contextualization of these experiences via comparison to other shelter or housing. We also interviewed outreach workers and volunteers, but their data are not included in this article. Further, we conducted a survey but only the demographic data are presented in this article, as the other survey questions pertained to topics that are less relevant to this specific research question.

We recruited from six key encampment locations in Toronto, chosen because of their prominence in the downtown area and larger sizes, as well as their proximity or distance to various types of community services (e.g., respite, supervised consumption site), and other characteristics that led them to differ, such as including residents with diverse or similar identity factors. While the number of encampments was constantly in flux, there were many more encampments across Toronto. We used convenience and snowball sampling to recruit encampment residents for surveys first, then selected a purposeful sample for the interviews based on responses to the survey questions (especially demographics), using the strategy of maximum variation (Palinkas et al., 2015). Our goals were to

capture a wide range of perspectives and housing or shelter experiences, and to represent diverse and multiple marginalized identities, including race, gender, 2SLGBTQ+, and age. Current or former residents of any Toronto encampment during the pandemic were eligible; we included former residents to obtain the perspectives of people who had moved into shelter or housing. The study team did not have prior relationships with participants; instead, recruitment relied on assistance from community groups who had existing relationships with encampment residents and introduced the research staff. Data was collected within the encampments in locations separate from other people so that the conversations would not be overheard. No participants selected for interviews dropped out or refused to participate.

Participants were compensated \$15 CAD for surveys and \$40 CAD for interviews. All interviews were one-on-one and in-person, with written informed consent obtained prior to participation. Two research staff and a researcher with lived experience conducted the interviews. To ensure appropriateness in working with marginalized groups, all interviewers were trained in anti-oppressive practices and, whenever possible, participants were paired with an interviewer who shared some aspect of their identity (e.g., Indigeneity). If a participant experienced distress during the interview, a list of community resources was used to refer them to counselling or other supports. Data collection was also overseen by the community-based co-lead of this study, who has experience in trauma-informed practices and was available to support participants and staff as needed. We audio-recorded and transcribed the interviews.

Initially, five academic and community-based research team members participated in collaborative analysis, beginning with data familiarization and discussion of initial notes, and leading to creation of a coding framework through a hybrid inductive/deductive approach. Thus, some categories were established in advance based on the literature review and logic model, while others were identified through the data familiarization. The coding framework contained nine large domains or topic summaries, most of which contained sub-categories. Two academic researchers trained in qualitative methods tested the framework by each independently coding two transcripts, then one (AS) used it to complete systematic, line-by-line coding of the remaining data. Transcripts were coded using NVivo software (QSRInternational Pty Ltd, 2018).

Next, the team selected the social context of the encampments as a topic for further in-depth analysis, with a specific focus on mutual support among the residents, as presented in this article. To explore this topic, the lead author (LB) used reflexive thematic analysis to assess manifest and latent content, and identify patterns of shared meaning across the dataset (i.e., themes) (Braun & Clarke, 2006, 2013, 2014, 2019a, 2020). While the focus of this analysis was the broad domain of encampment living and interactions, especially the relationships among encampment residents, all topic summaries were reviewed to identify other material relevant to understanding the encampments' social context. In addition, audio recordings were carefully reviewed to improve interpretation, as the transcripts were often challenging to understand due to interruptions and background noise in the outdoor settings. This practice also helped because participants frequently used slang, non-verbal, or contextually-specific communication. The coded data were reviewed through regular team discussions, and themes were generated and continually refined. We used the concept of information power to determine that we had adequate sample data for this analysis – based on our specific aim, strong dialogue quality, and application of theory (Braun & Clarke, 2019b; Malterud, Siersma, & Guassora, 2016).

To improve quality and rigour of the study, we adopted various techniques within data collection and analysis to facilitate “trustworthiness” of our findings (Guba, 1981). These techniques included: strategies to enhance honesty (building rapport, iterative questioning); enabling triangulation via multiple methods with different informants and data collection sites; collecting rich details about context (setting, participants) and using thick description (reporting relevant background information and lengthier quotes) to facilitate readers' ability to judge

meaningfulness for themselves; examining our social positions and assumptions to acknowledge how our beliefs may influence interpretation; documenting and reporting challenges and decisions; and checking our interpretation with community stakeholders (Guba, 1981; Noble & Smith, 2015; Shenton, 2004). We obtained approval from the Unity Health Toronto and University of Ottawa Research Ethics Boards.

4. Results

We conducted 127 quantitative surveys and 23 qualitative interviews with encampment residents between March and June 2021. Mean length of the recordings was 47.5 min (ranging from 11 min to 1 h and 26 min). Table 1 shows the key demographic characteristics of the interview participants. Participants commonly identified with multiple marginalized groups, including women or gender-diverse, 2SLGBTQ+, racialized (especially Indigenous or Black), and disabled. Most were receiving government disability or social assistance payments, though many also had other sources of income (e.g., street-based activities, such as panhandling), and 52% had lost a source of income since the pandemic started. We interviewed residents who stayed at each of the six encampments visited, though many participants also reported staying at other encampments. Further, 35% of participants were former encampment residents (i.e., they had moved into shelter or housing at the time of their interview). Length of time in the encampments also varied significantly, from weeks to over a year. Many residents described having unmet healthcare needs related to their physical health, mental health, and substance use.

The most prominent influence of the encampments' social context was the mutual support amongst residents. While experiences in the encampments did vary, a substantial majority of participants described engaging in some form of mutual support, with many describing multiple forms. Only a few expressed lacking support from other residents, while a few others did not speak in depth about the topic. Moreover, a majority of

participants discussed these supportive experiences in a highly positive manner.

The following themes were identified through our analysis: 1) Encampment residents worked together to manage daily survival needs; 2) Mutual support among residents helped to address many health and safety risks related to homelessness; and 3) The strong sense of community arising from mutual support helped residents meet their health and social needs.

4.1. Encampment residents worked together to manage daily survival needs

Encampment residents described spending a lot of time each day taking care of their basic needs, such as finding food, washrooms and showers, and (for some) drugs, as well as maintaining their makeshift shelter spaces. Residents often worked together to accomplish these daily tasks, providing immense practical support to one another. Many described how they cooperated with other encampment residents to manage their day-to-day survival needs. For example, one participant described how this mutuality played out on a typical day:

"You get up, you go bug everybody. Wake everybody up. (laugh) Then we all have a game plan...what are we gonna do today, what do we have to accomplish for the day. ... Yeah, so we all kind of come up with a game plan, like, who's going to do what, and who's going to get what for the day. ... We all come together basically, and say 'Blah, blah, blah, okay now go.' (laugh) And that's what it's been like. ... Yeah, we all know what everybody needs and get it done and that's that. And we all go out for the day, hustle, come back and put it all in a pot, and pool it all together. ... It's like a little village, you know? We all take care of each other." (Participant 14)

Mutual support commonly included the sharing of resources, including donated items, such as food and drinks, tents and sleeping bags, harm reduction or other supplies. Residents also helped each other with maintenance tasks around the encampment, such as securing tents or fixing bicycles. This included responding to weather-related concerns to avoid overheating and dehydration in summer or frostbite and hypothermia in winter. Some residents also helped others by providing information on where to access services or by directing the flow of donations and outreach services to residents who needed them.

"And one of the homed residents in particular would come every single day, and I would give him money and a list, and he would go and get me the stuff I needed, at any of the places, for us. And, you know, like all of our overflow went to the other people in the park. And everyone in the park looked out for each other. You know he would get stuff you already had some, and someone else in the park wouldn't have, so you know, it would go to them. And you know, like any time - 'cause we were the first people there, at the encampment, like, if meal programs or something came in, we would let them know where the other tents were and the other people were. So it was like a really huge community and there was like a lot of love. So I was not expecting that, at all. ... I honestly didn't think I could survive it. I thought it would be just me in a tent, and I mean, I didn't have a tent when I started." (Participant 23)

Almost all participants emphasized that a key benefit of encampment living was being able to watch each other's personal possessions whenever someone had to leave the encampment for errands or any reason.

"...sometimes you're not friends with everybody, you just stick to your own group. And I guess it's mostly based on people that you can trust too, like. So the six people that I was with, I would trust them with anything, like I'd just leave my stuff there and I'd go do whatever I need to do. Sometimes we'd organize it like, okay, well I got to leave by this time and do this, so someone has to be at the camp at all times to watch it." (Participant 15)

Residents often helped to meet each other's needs through dividing tasks and activities according to different people's skills. For instance, some took on a role of "security". This division of labour was dynamic, as

Table 1
Participant demographic characteristics.

Characteristic	Survey responses among those interviewed
Age	mean = 39 (range = 21–64)
Gender^a	48% men 43% women 9% trans/non-binary/gender non-conforming 4% preferred not to answer
Sexual orientation^a	57% heterosexual 35% lesbian/gay/bisexual+ 4% preferred not to answer
Race^a	57% White 35% Indigenous 17% Black 17% other racialized identities
Education	4% none 35% had not completed high school 22% completed high school or GED 13% had some college/university 22% completed college/university 4% preferred not to answer
Income during pandemic^a	35% Ontario Disability Support Program (ODSP) ^b 30% Ontario Works (OW) or social assistance ^b 9% Any COVID relief benefit, like CERB ^b 9% family or friends 17% panhandling 17% selling drugs 9% selling handmade goods, crafts, or personal items 4% bottle collection and return 4% sex work 17% other

^a Response categories were not mutually exclusive so totals may exceed 100%.

^b ODSP refers to disability payments and OW refers to income assistance payments, which are provided monthly by the provincial government. CERB is the Canadian Emergency Response Benefit, which was a \$2000 monthly payment provided to Canadians who had stopped working due to the COVID-19 pandemic.

people moved in and out of the encampments or residents were displaced due to evictions.

“But another guy came to replace him...he turned out to be like a really fabulous cook. And, he moved out of this one situation, but still had access to some stuff. So we ate, like, he brought a lot of food. And he had an income as well. So he did all the cooking. The other guy with the [injury], he would like, do the dishes, and then like, I would do the garbage... And then, you know, me and him would clean up stuff. ... We each did what we were able to do.” (Participant 23)

While an encampment leader was identified by some residents, others said that everyone was involved in consensus decision-making and in enforcing rules (e.g., no violence). Still, many residents highlighted how the encampment social environment worked better than other settings because everyone contributed.

“You're not by yourself in the encampment. In the shelter, on the street, you by yourself. But in the encampment everyone has to look out for each other to make sure you're good. Right, that's how you keep a nice home. Everyone plays a part.” (Participant 7)

However, a few residents preferred to fend for themselves in the encampment. Some also described mostly supporting others, rather than receiving much help themselves. Sometimes this was based on who had the resources or existing outdoor survival skills: *“I had lots of stuff, because basically, I was providing clothing for the homeless people, and food. Any homeless was welcome at my place.” (Participant 13).*

Those encampment residents who spent a lot of time assisting others expressed pride in helping to create a supportive environment:

“So it built more of a camaraderie, for people had a sense of wanting to be or people to be with. ... But it was a place where you could get to know one another and feel safe. ... But, everybody had a sense of being, and ah, that they needed that. And like, I was the one who was giving it, or providing that, and ah, it made me feel important too I guess.” (Participant 16).

4.2. Mutual support among residents helped to address many health and safety risks related to homelessness

Residents described facing many health and safety risks due to their homelessness, yet the support received from other encampment residents helped to reduce these risks. As people who use drugs face considerable risk of overdose, heightened since the pandemic (Gomes et al., 2021), this was a critical concern for residents. Many strongly emphasized how they felt safer in an encampment compared with alternative shelter settings, including with respect to both using drugs themselves and other residents using drugs. Many had friends who fatally overdosed after entering the shelter system, and they compared the mutually supportive overdose response efforts in encampments to the inadequate responses in shelters which typically lacked peer-to-peer support.

“There's no one to check on you, that's why lots of my friends died in the [shelter] hotel program. Because they're using, like, fentanyl needles and no one is checking on them. Right, so they just sit there depressed in their room and then die. ... Yeah, like in the encampments, your friends, like people who will come and say, ‘Hey, I'm going to go use, can you come check on me in a bit?’ and you go check on them in a bit, right? Because you can.” (Participant 6)

Some residents also expressed how people in encampments respected each other's space so that COVID-19 was less of a concern, and one noted how they worked together to control transmission: *“We're pretty diligent on watching people. You know, see if they're showing any signs of - ... We look out, see if there's any signs of symptoms anywhere.” (Participant 8).*

Residents also protected one another from violence, as many described coming to someone's aid to prevent or respond to threatening events. While residents made it clear that violence was a common risk of

homelessness, some highlighted the benefit of having “safety in numbers” in encampments. Sexual violence was a particularly significant risk for women experiencing homelessness, and some men described protecting women in the encampments. While some women mentioned receiving assistance from men, they also described working with other women to fend off harassment and violence, and a few noted that they could defend themselves.

“Yeah, he watches over me. Like, this one time this guy threatened to rape me. And [friend's name] was the only one, 'cause I guess he was on Dundas, and I was closer to [location] at the time, and he heard me yelling at this dude from Dundas and he came over to check it out. And that's how me and him became friends, because he punched this guy out and got him to go away.” (Participant 6)

Many residents also described facing stigmatization and discrimination from the public due to their visible homelessness. However, some indicated that the support and solidarity they had with other encampment residents worked as a buffer against these negative social experiences.

“I really don't give a shit about any of these people who look at us and say, you know what, they want to judge us for living in a camp. Because at the end of the day, they're just one paycheck away from being in the same position. So if they cannot look at us and take an example of the way we strive out here? ... Everyone had to, like, keep together and make sure we look out for each other's stuff, while someone's sleeping and someone's staying up to listen out, like, you know? They're not there. They have their security, we have our community.” (Participant 7)

Conflicts sometimes occurred amongst encampment residents themselves. Yet some participants noted that these types of conflicts were considered normal or expected because people understood that tensions were high due to the stresses of homelessness.

“... it's respect, right? Like, if you don't stop somebody that treats you like that, then it gives everybody else the idea that they can too. ... Same with others. So that definitely is what would cause an altercation around here. ... That's one issue right there, I have on the street, we're more likely to get into an altercation. Because the stress of being on the street is so high... And people, a lot of the people, it's like they don't care about their life. Because you see this is your, the rest of your life. So obviously, your care goes lower ...” (Participant 19)

To deal with this issue, residents described their efforts to maintain a peaceful environment in the encampments. Residents employed various strategies to manage conflicts, including discussion or mediation, switching encampment locations or avoiding people until they calmed down, and physical confrontation. For instance, one woman resident described how she intervened when the men fought at her encampment:

“And I did a lot of mediating. Cause I got along with everybody in the park. ... but a lot of people didn't like each other. So, I was always mediating and having to like, pretend that I was angry to get people to stop fighting. (laugh) ... So there's always guys wanting to beat up other guys, so I was always being the one where I'd be like ‘Hey - ’ You know, using my mom voice, or, or like I said, pretending that I was angry, or disappointed in them, and yelling so that they would stop.” (Participant 23)

4.3. The strong sense of community arising from mutual support helped residents meet their health and social needs

Residents described providing and receiving extensive social or emotional support within the encampment environment, leading to a deep sense of community among the people living there. Many had pre-existing relationships or developed new relationships with other residents, which provided ongoing social support. Many emphasized finding a positive “community” or “family” among people who they respected

and could trust, which was sometimes a sub-group within the encampment. Some participants also noted that they found a sense of community at one encampment but not at another.

“Man, more family than my family has showed me, to be honest with you. ... I love this because this is a nice little community. It's not like people think, ‘Oh drugs here and this and that’. No, it's love here and look out for the brother here. ‘Hey, did you eat?’ Here's some food. Hey, I got some – I got a shoe that's not fitting, here you go.” (Participant 7)

Some participants even described how their relationships with people in the encampments led them to return to visit after they had moved on to other shelter or housing. When one participant who had moved into a shelter hotel was asked if he felt a sense of belonging amongst people in the encampment, he replied: *“Yeah, of course. Of course. That's why I still come back, still come back and visit.” (Participant 7).*

Some residents described how this community connectedness and solidarity was a natural consequence of their exclusion from larger society. They said it helped to find others experiencing similar struggles, including shared material deprivation, isolation, and oppression. A few residents noted feeling more accepted in the encampments for their 2SLGBTQ+ or racial identities.

“... there is something to be said for forming a community out of people who don't fit anywhere else in community. And there is something very special about the type of support that it gives to be doing that. And I think that's why it's so commonly done in the way that this is now ...” (Participant 12)

Several residents described that their need for social connection and friendship were a factor in their decision to move to or remain in the encampment.

“Because there was people out here I could relate to. ... I need people who are like-minded...I need friends who want to hang out with me for just me, and not anything else, right? ... And I didn't realize there's a, one lady over there...that like we go out, like, we met each other here. ... But her circumstance wasn't about drugs. But she still ended up here. And you know, we still connected. And I don't have to have drugs or I don't have to have money or anything for her to like me. She just likes me for me, you know? ... ‘Cause I never had that. I always had, like, you know, I've had friends, but it's always been for because I, you know, sell drugs or, you know, I've always been an addict, so I've always had drugs, so.” (Participant 22)

Participants also reported having unmet health or social needs prior to living in the encampments, and that their experience of feeling like they belonged in the encampments helped them to meet these needs.

“Some people, they have the mental issue, mental health. Some people have addictions. Some people have anger issues. Some people have different abandonment issues. But everyone has – you just have to have one common ground, alright? What do we all miss? We're missing people who were there for us, right? How can we be there for each other? And even people who don't even understand that, I talked some people down myself too when I showed them that ‘Hey, I'm here for you no matter what,’ you know, and a lot of people open up to do so.” (Participant 7)

Some residents even credited the encampment community as the main contributor to large, positive improvements in their health status. For instance, when asked to describe the most influential aspect of the encampment on her health, one resident emphatically stated “community” and explained:

“It was an easier decision because a lot of people don't understand that people would rather be in a park or that they feel safer in a park than they do in a shelter system. Especially, like, I knew that my mental health would never survive a congregate shelter setting, even without my physical stuff. So it just made it much easier for me to just be able to say ‘This is why. My

doctor agrees.’ ... And living in the park was the first place where my mental health, like, I actually started feeling like me again. And it was like, my doctor...she said she could hear in my voice that I didn't sound completely traumatized. ... You know, like, in whatever many months. Like, it was such a huge difference to my mental health.” (Participant 23)

In addition, the mutually supportive community environment in encampments allowed for greater autonomy among residents. These settings gave residents an alternative option where they could make their own decisions, often in collaboration with other residents, which contrasted with shelter settings where they typically had to follow strict rules and experienced challenges building social connections (especially during the pandemic).

“No, we had to stay in our rooms [in the shelter], quote unquote. Like, we weren't really allowed to go to other, other people's rooms. But over at the park, we could still hang out, still do our thing, you know? And ah, no one – and I don't know if we had decided to put ourselves in a bubble, but you know, we didn't feel that we had to necessarily, um, you know, live in that bubble. You know what I mean? That we, we, cause a lot of people, when you live in a community like this, you go around and you talk to everyone because we all have a different story. So, I wanted to know what other people's stories were, like ‘What happened to you? Why did you get here?’” (Participant 22)

On the other hand, not all participants reported experiencing mutual support and community, and a few mentioned contrasting perspectives, such as instances of distrust or people hoarding resources for themselves: *“I didn't think that there would be as much stealing and ah, as much like, bad things going on...and people screwing each other over.” (Participant 1).*

Similarly, one participant described not having his mental health and social needs met: *“I think I need mental help. ... Lots. I need to talk to someone. I need, somebody, just somebody, being human is a social being, you know? It's just so lonely.” (Participant 2)* This lack of mutual support and community meant sometimes having to face threats alone, such as when this participant experienced violent bullying and no one stepped in to help him: *“Everybody thinking about their own survival, you know what I'm saying? Nobody thinking about you.” (Participant 2).*

5. Discussion

Our study looked at mutual support among people experiencing homelessness within the social context of encampments in Toronto during the COVID-19 pandemic. In line with previous scholarship (Dej, 2020; Guirguis-Younger et al., 2014), we found encampment residents described many negative social experiences related to their homelessness, including violence and stigmatization. However, as limited previous research has described (Junejo et al., 2016; Young et al., 2017), we also found that encampments provided residents with a greater sense of community, autonomy, safety and security than other shelter options. This study attended to the knowledge gap on this topic by providing a glimpse into the organic functioning of mutual support systems among people experiencing homelessness in encampments.

It should also be acknowledged that some community groups that formed or existed to support encampment residents operated from a mutual aid model, intending to help disadvantaged community members while emphasising a solidarity rather than a charity approach (Spade, 2020). Such mutual aid groups are known to increase during times of crisis, and COVID-19 was no exception (Mao, Fernandes-Jesus, Ntontis, & Drury, 2021; Spade, 2020; Travlou, 2020). Yet in contrast to these mutual aid groups which included members of the broader community, our findings document the immense importance of the mutual support that occurred directly among encampment residents themselves.

We highlighted three main findings. First, we found that people experiencing homelessness in the Toronto encampments during COVID-19 helped each other in a myriad of ways to meet their daily survival needs. Encampment residents were creative in finding and sharing

resources to meet both their own basic needs and those of others, often highlighting the value of reciprocity. Some residents had unique or advanced survival skills which they took pride in using to support others.

Second, encampment residents expressed how mutual support helped them navigate many risks they faced within the context of homelessness, including overdose, COVID-19, physical or sexual violence, stigmatization and discrimination, and conflict with other people experiencing homelessness. For instance, mutual support in encampments acted as a protective factor against overdose risk. By contrast, overdose risk has worsened in shelters since the pandemic, as 2020 saw 46 opioid-related overdose deaths in the Toronto shelter system compared to only 10 in 2019 (City of Toronto, 2021), which may be mainly due to experiencing increased isolation within the new shelter hotel settings that were opened in response to COVID-19 (Gomes et al., 2021). One expected mechanism for the risk reduction and sense of safety and security among residents in the encampments is the trust they had established amongst their “little community”.

Third, many participants emphasized that not only did they build their own communities in the encampments, but these communities provided greatly positive social experiences, which is not always the case (Villalonga-Olives & Kawachi, 2017). They expressed the ease with which they developed solidarity with other encampment residents, often due to their shared struggles of homelessness and other forms of marginalization. Feeling like part of a community typically involves the four elements of membership, influence, need fulfillment, and emotional connection (McMillan & Chavis, 1986), resulting in reciprocal social relationships and improved well-being (Bulmer, 2015). Accordingly, many participants ardently conveyed how belonging to an encampment community had improved their lives. This sense of community was also found to be the most prominent theme in the British Columbia encampment study conducted prior to COVID-19 (Young et al., 2017), suggesting that this phenomenon is not exclusive to the particular conditions of this pandemic.

Overall, extensive emotional and instrumental support was demonstrated among encampment residents, while informational support was the least presented. This is in contrast to mutual support groups common in the mental health field, which tend to provide mostly informational and emotional support but minimal instrumental support (Loat, 2011). The emphasis on instrumental support is likely a product of both the socioeconomic deprivation residents faced (making their need for material goods substantial) and the physical circumstances of encampments (providing the space to support each other on a daily basis). In addition, people experiencing homelessness typically face challenges maintaining social connections related to mobility and lack of access to technology to facilitate communication. It is thus not surprising that the close proximity of others in the encampments improved their capacity for community-building.

In addition, the themes demonstrate the importance of self-determination among people experiencing homelessness. Self-determination theory denotes that humans have three innate psychological needs – namely, autonomy, relatedness, and competence – which must be met to achieve personal growth and well-being (Deci & Ryan, 2000). In accordance with this theory, participants demonstrated desires for and benefits from feeling relatedness to others in the encampments, as well as finding competence with respect to meeting each other's needs and improved autonomy in comparison to their experiences in shelter settings. As these core psychological needs are challenging to meet while experiencing homelessness, governmental policies and health or social services should recognize that encampments are people's homes and ensure not to disrupt these communities, consistent with a human rights approach (Farha & Schwan, 2020). Further, our findings highlight the importance of taking a relational view of autonomy that considers social embeddedness and the way oppressive social contexts interfere with people's autonomy. Most participants in this study highlighted negative experiences with respect to the rigid rules and power structures imposed on them in shelters, yet they thrived in encampment spaces where they

felt greater freedom and (collective) control over their decisions. As such, our findings challenge paternalistic notions that people experiencing homelessness are not able to make their own best decisions or take care of themselves.

Several studies have also suggested that encampments may be considered a form of protest or resistance, for instance through their focus on community and mutual care as a contrast to the traditional practices of family or institutional care (Speer, 2017; Young et al., 2017). It was clear from our participants' accounts that they felt they could better care for themselves and each other in the encampments versus within any available shelter options. This connects their actions to the mutual aid principle of drawing attention to the inadequacies of existing systems (Spade, 2020). Yet, as with other mutual aid efforts that highlight unjust systems or government inadequacy by demonstrating alternative solutions, encampment residents in our study were often targeted and criminalized. For instance, residents were subjected to displacement from their communities, including by force in the mass encampment evictions of spring and summer 2021 (Wilson, 2021). These evictions jeopardized residents' health and well-being, including by hampering their strong community bonds.

Our findings also highlight that while people in encampments feel ostracized from society, their ability to develop encampment communities demonstrates their resilience, especially in the face of being abandoned by the state during the COVID-19 pandemic. In addition, our findings show that mainstream society did not have a monopoly on whether residents felt a sense of belonging (Dej, 2020), as they intentionally created their own encampment communities which enhanced their social solidarity (Mishra & Rath, 2020). Further, research on homelessness tends to focus on risks, thus neglecting to highlight people's resourcefulness, community connectedness, and achievements (Dej, 2020; Guirguis-Younger et al., 2014). In contrast, our analysis portrayed the highly positive effects of mutual support among our study sample, serving as an example of the ways people experiencing homelessness can take action to care for each other. Although encampments are not a long-term solution to the housing crisis, our findings suggest that as permanent, affordable housing is not immediately available, it is important to respect residents' self-determination and endeavour to ‘meet them where they're at’. For instance, encampment residents should not be coerced into indoor shelter settings that do not meet their needs and even pose substantial risks such as fatal overdose (Gomes et al., 2021). Further, our findings corroborate the assertion that social services (including housing models) should honour and reinforce people's existing support networks *within* the homeless community (or other marginalized communities), rather than only focusing on connecting them to social supports *outside* that community (Dej, 2020).

While we found that not all encampment residents experienced the same sense of community and mutual support as others, this often related to how socially integrated their lives had become with those of other residents. Beyond individual preference, some structural factors may have prevented full social integration. First, there were differences in encampment location and living experiences, outreach and nearby services provided, and individual or group characteristics across different encampments. Second, residents were located at encampments of different sizes, for different lengths of time, and at different points in time across the span of the COVID-19 pandemic. All these features may have affected the social context and opportunities for mutual support. Though we did not have adequate data to make comparisons across these many features of the encampments, we suggest they be considered as topics for further study.

While our study had many strengths, such as community co-leadership and centering the often-neglected voices of highly marginalized people, there are some areas where we want to caution interpretation or highlight considerations for future research. First, many community and governmental services or policies were adjusted in response to the COVID-19 pandemic, which greatly affected the lives of people experiencing homelessness (often detrimentally). As such, our

findings may be more or less applicable in different crises or in non-crisis times. For instance, encampment evictions occurred more regularly in Toronto before the pandemic, which may have previously disrupted the potential to form communities with quite as extensive mutual support systems. Thus, the potential to improve opportunities for community-building in regular times if such evictions are halted may be even greater. Second, residents of the encampments we visited were frequently in receipt of an outpouring of community support, including from outreach workers and volunteers, with many donations of food, tents, harm reduction and other supplies. Thus, our results beg the question of how much these community supports provided a unique opportunity to improve the social environment of encampments, perhaps creating less scarcity and more stability, which may have facilitated residents' ability to provide mutual support. Future research could directly investigate this question.

6. Conclusions

Encampments promoted opportunities for mutual support and a sense of community among residents, which was highly meaningful and beneficial for people's well-being. Mutual support helped encampment residents meet their basic survival needs, as well as many health and social needs, and reduce many risks. Governments and health and social services should recognize the value of informal support networks among people experiencing homelessness and ensure not to disrupt them, for instance by avoiding practices that displace or isolate people from their communities (e.g., encampment evictions, moving people to shelters located far from their usual supports). Policies and programs to support encampments, shelter settings, and other community services for people experiencing homelessness, may be structured to enhance community-building or reduce barriers such as top-down managerial approaches that amplify power differentials. Finally, co-operative housing models may be most appropriate (Sørvoll & Bengtsson, 2020), providing space for natural communities to develop as well as honouring people's existing relationships and relational autonomy, thus fostering their capacity for mutual support.

Ethical statement

The authors obtained all required ethical approvals for the work reported in this paper. The Unity Health Toronto Research Ethics Board (#21-035) and the University of Ottawa Research Ethics Board (#H-03-21-6715) approved this study. Informed consent was obtained from all participants prior to their participation in the study.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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