COVID19 Response & Homelessness in the EU

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INTRODUCTION

• Share insights from FEANTSA’s monitoring
  • Input from members & network, media, research & policy literature
  • Looking at
    • Impact of the pandemic on homeless population, homeless services
    • Policy responses
  • Thank you to Miriam Matthiessen, Policy Assistant, who coordinated most of this work
• Overall, European countries seem to have been under-prepared for a pandemic, including planning for medically & socially vulnerable populations like homeless

• Some public authorities & agencies used the short window at the outset of the pandemic to make swift plans to protect homeless people
  • e.g. France, Dublin, London

• Guidance from public health bodies
  • ECDC & WHO yet to issue specific guidance on COVID19 & homeless populations
  • Several national/regional bodies issued have sector-specific guidance
    • Useful but theory to practice gap significant!
LOCKDOWN
STAY HOME! UNLESS...

- Lockdown made homelessness impossible to ignore
- Measures to protect homeless people &/or limit their role in transmission introduced in most countries
- Areas of intervention
  1. New temporary accommodation
  2. Existing accommodation
  3. Public health outreach
  4. Access to social support
  5. Access to food & hygiene
  6. Prevention
NEW ACCOMMODATION

- Housing/accommodating homeless became an urgent public health priority overnight
  - Unprecedented efforts on part of some public authorities
    - Often working closely with the homeless sector
  - Bold & creative measures to mobilise self-contained units
    - Hotels & tourist flats
    - Social & private housing
    - Public buildings
    - Student housing
Examples

• UK
  • Everyone In (England): 15,000 people who were sleeping rough or in night shelters (or at risk) accommodated

• Brussels
  • 700 homeless people in 11 hotels with social support
  • 2 centres for homeless people with COVID19
  • 7 million Euros

• Prague
  • 300 homeless people in hotels & hostels, plans to maintain until at least March 2021, with social support

• France
  • 21,000 extra shelter places, 11,397 in hotels
  • 97 new centres for homeless people w/ COVID19, 3600 places
  • 50 million Euros

• Dublin
  • All rough sleepers offered accommodation by June
  • 500 homeless people placed in shielding, 340 in newly obtained units;
  • 120 people were moved from high occupancy units to new reduced-occupancy accommodation;
100 homeless women accommodated in the Helmut Kohl building, European Parliament, Brussels
Quarantine camp & a tourist hostel used to accommodate homeless people, Prague
MSF centre, Tour & Taxis, Brussels
EXISTING ACCOMMODATION

• Tension between
  • Maintaining access to shelter & accommodation services;
  • Protecting clients/staff from shared airspace & high occupancy settings
    • Dormitories; shared washing, toilet, eating & cooking facilities

• Some accommodation closed

• In many places, capacity was boosted
  • Winter programmes prolonged in many countries
  • Additional places provided to reduce occupancy

• Operational reorganisation to facilitate distancing & isolation
  • Lowering occupancy rates
  • Extending opening hours
  • Staff, space, meals
  • Closure to new admissions
  • Limitations on visiting & movement of homeless people
EXISTING ACCOMMODATION

- Information & hygiene measures
  - Signage, videos, advice etc (multi-lingual as far as possible)
  - Sector-specific guidance from public health authorities e.g. England, Ireland

- Access to Personal Protective Equipment was a major issue for the homeless sector in most countries

- Easing of access to vulnerable groups
  - Barriers lifted for mobile EU citizens & migrants with precarious legal status in Netherlands & UK
• Testing
  • Strong case for prioritising testing of homeless people
  • Overall shortage of testing made it difficult during first wave
• Good practices:
  • Brussels, Dublin, Porto - specialised GP services provided testing in homeless services
  • Budapest - all residents and staff in municipal homeless accommodation tested
  • London, Copenhagen - existing mobile testing services for TB mobilised
PUBLIC HEALTH OUTREACH

- Public Health Strategies Targeting Homeless
  - London
    - Co-horting approach with swift mass procurement of safe accommodation in hotels w/ wraparound and specialist support
    - Cooperation between Greater London Authority, National Health Service, homeless sector
    - Inspired by Triage-Test-Cohort-Care Homeless sector plan for London
      - Developed by Dr Al Story & Prof Andrew Hayward in first weeks of pandemic in Europe, to advocate for a proper public health strategy towards homeless people
  - Dublin
    - Swift public health response
      - Coordinated by health executive, involving specialized GPs, harm reduction services & homeless executive
      - Specific Clinical Lead on COVID-19 for Homelessness appointed, Dr Austin O’Carroll
      - Strong harm reduction approach
        - Recognition that substance use major barrier to shielding and isolation
        - Improved access to methadone treatment; improved access to naloxone; home delivery of prescription drugs
ACCESS TO SOCIAL SUPPORT

• Support services were put under great pressure by lockdown:
  • Workforce issues
  • Distancing
  • Reorganization of the sector and the broader local service network

• Outreach services to rough sleepers played a difficult but important role

• Availability of social & health support was critical in new temporary accommodation settings, especially for more vulnerable cohorts

• Transition out of lockdown implies important role for support services to facilitate move-on from new accommodation settings

• Switch to video & telephone support systems for case-management e.g. Housing First programmes in Spain
ACCESS TO HYGEINE & FOOD

• Day centres, showers, food distribution heavily impacted
  • Reliance on volunteers an important factor
  • In Poland, government ordered closure of all day centres

• Reorganisation of services
  • From hot meals to take-away & food parcels
  • Voucher schemes
    • 15million Euros scheme in France
  • Distribution of hygiene kits & food

• Centralisation of services to compensate for closures
  • e.g. Brussels
    • Public swimming pool opened to provide showers
    • Youth Hostel converted into a Day Centre
PREVENTION

• General welfare measures
  • Massive efforts to secure incomes & manage short-term unemployment
• Prevention of evictions
  • Widespread suspension of evictions
    • Some countries/regions have prolonged these measures
    • Many are fading out
    • Uncertain what will happen in the medium & long term; threat of upturn in evictions
• Blocking established pathways into homelessness
  • UK suspended evictions from asylum centres, provided additional funding for support & accommodation for prison-leavers at risk of homelessness.
WERE HOMELESS PEOPLE PROTECTED?

• Too early
• Incomplete picture across Europe
• In some places infection rates amongst the homeless population seem to have been lower than initially expected e.g. Dublin, England…
• Reports that some homeless services did become clusters for infection but unable to map comprehensively
• Least information on countries with lowest quality services
• Need for more robust assessments of infection levels amongst homeless people, and their outcomes
WERE HOMELESS PEOPLE PROTECTED?

• UCL Collaborative Centre for Inclusion Health work on measures taken in England
  • Dr Al Story & Prof Andrew Hayward,
    • Compare high attack rates in communal US homeless shelters (17% - 66% for residents); with zero outbreaks in single room, own bathroom facilities in London’
    • Closure of shared airspace hostels in London & replacement with safe alternatives worked; US CDC guidance to “covid-proof” communal shelters failed
  • Dan Lewer et al.
    • Modelled impact of protective measures during the first wave of COVID-19 on homeless population in England
    • Found that these measures avoided:
      • 266 deaths
      • 21,092 infections
      • 1,164 hospital admissions
      • 338 ICU admissions
    • Modelled different scenarios for coming months
    • Concluded that continuing current protective measures will avoid significant numbers of deaths, infections and hospitalizations, whether or not there is a “second wave”.

Mortality from COVID-19 amongst Homeless in Dublin

63 cases, 1 death in June 2020
Source: Dr Austin O’Carroll et al (July 2020) Saving Lives in the time of COVID-19 Case Study of Harm Reduction, Homelessness and Drug Use in Dublin, Ireland
NOW WHAT?
• Lockdown eased in much of Europe from April/May

• Restrictive measures being re-introduced since July because of rise in cases
  • Often more local, targeted measures

• Future of homeless people who were temporarily accommodated during lockdown looks very uncertain
PROMISING POLICY ANNOUNCEMENTS

• Netherlands
  • Plan to invest 200 million Euros in new housing and accommodation for the homeless in 2020/2021.
  • 10,000 supported housing units, increased prevention, shelter transformation
  • Goals: shift to a housing-based response; no one to stay longer than 3 months in shelter

• Lyon
  • Commitment to « Zero Returns to the Street »
  • Plan to mobilise 500 housing units for this purpose in first phase

• Scotland
  • Fast-tracked legislation limiting stays in temporary accommodation to 7 days post-pandemic, after which permanent housing must be offered

• Prague
  • City Hall plans to continue housing hundreds in hotels until March 2021
  • Looking into buying units to provide long-term supported housing

• Wales, Brussels, …
• Economic & social impact of the crisis means homelessness is likely to increase in Europe
  • Need for strong prevention policies
• Researchers, advocates, homeless sector should be making the case for COVID19 as an opportunity to “build back better”
• Recovery programmes offer an opportunity to invest political will and resources into better homelessness policies
  • Prevention
  • Rapid response in form of affordable housing w/accompanying health and social support measures
  • Now homelessness is firmly on public health agenda, can health budgets be mobilised?
CONCLUSIONS

• Need better pandemic planning for homeless people as a vulnerable group in the future

• 5 things proved essential to keeping homeless people safe:
  1. Political will and resources
  2. Access to safe & dignified accommodation
  3. Access to social support
  4. Access to healthcare
  5. Measures to prevent homelessness

• Same things that were needed before the pandemic!
  • Urgency is what’s new
  • Challenge now is to maintain urgency & try to make COVID19 a turning point

• Pandemic is confirming things we knew already:
  • Housing is a social determinant of health
  • Traditional night shelter is an inadequate response to homelessness
  • Housing is required for dignified, safe, sustainable exits
  • Some homeless people need additional social and health supports, some of them for a long time
CONCLUSIONS

• Pandemic isn’t over
  • Should maintain & expand protective measures that have worked so far
  • Risk that homeless people will be even more vulnerable in oncoming waves
    • Winter
    • Increased homelessness
    • Reluctance to re-enter full national lockdowns

• 2 tests of public policy responses going forward
  • Do they provide sustainable solutions to people temporarily accommodated during lockdown?
  • Do they address new inflow into homelessness?
    • Research questions for a policy-relevant international research agenda!