FEANTSA

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

OVERVIEW

- PREPAREDNESS
- LOCKDOWN
- NOW WHAT?
- CONCLUSIONS

PREPAREDNESS

- 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
  - Unprecendented 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 homeles 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 accomodation 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

PUBLIC HEALTH OUTREACH

- 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
  - Widepread 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.

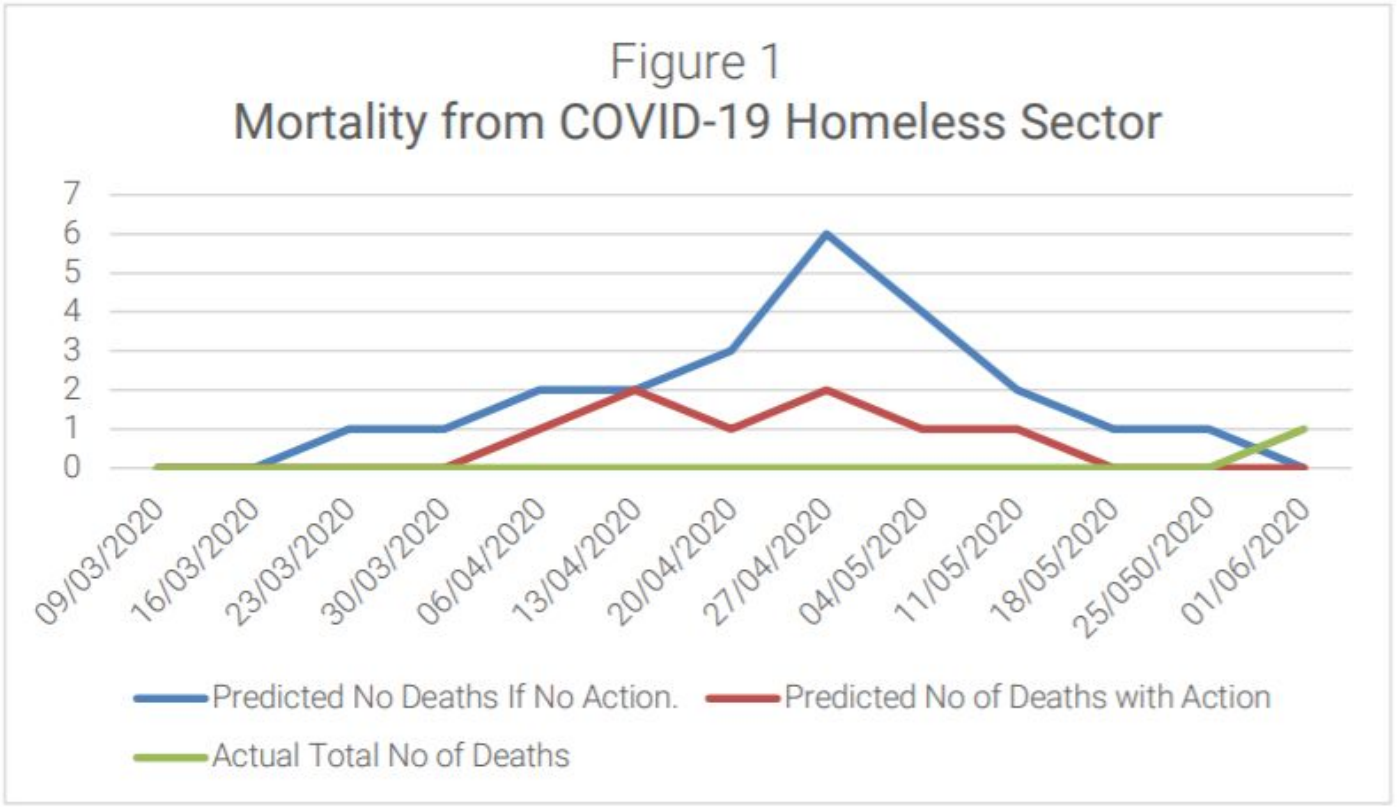
WERE HOMELESS PEOPLE PROTECTED?

- 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
      - 1164 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?

CURRENT PICTURE

- 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 monthis 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, …

NEXT STEPS

- 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!