
COVID-19 Response and Homelessness in the EU

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Introduction

This research note aims to take stock of how the COVID-19 pandemic has affected people experiencing homelessness and services around Europe, what kinds of responses were rolled out in different contexts during Europe's first and second waves, and finally, what can and should be done going forward.

Since long before the pandemic, a vast body of literature has established a link between housing and health. In its 2019 health equity status report, the World Health Organisation concluded that one of the most important requirements for closing the health gap is investing in housing and community facilities (World Health Organisation, 2019, p.xxviii). Since housing is one of the most important social determinants of health, those without it are especially vulnerable in this respect, and often suffer from weakened immune and respiratory systems. It was no surprise then, that in the context of an infectious respiratory disease pandemic, people experiencing homelessness were considered to be one of the most at-risk groups. People experiencing homelessness can be both socially and clinically vulnerable to infectious respiratory disease. The living conditions of homelessness, especially for those experiencing street homelessness and/or in emergency shelter, increase risk of transmission and compromise both access to hygiene and the possibility to socially distance. Those experiencing homelessness also face multiple barriers in accessing healthcare as well as public health information. At the same time, those experiencing sustained/long-term and/or repeated street based homelessness and/or use of emergency shelters are associated with poor health and disability; and the prevalence of respiratory disease is relatively high. Given these risks and vulnerabilities, as COVID-19 cases and deaths started to rise in Europe, there was a fear that infection and mortality rates amongst people experiencing homelessness would be disproportionately high compared to the general population.

In many ways, such fears were justified: in a survey carried out in Paris at emergency food distribution sites, emergency shelters, and migrant workers' hostels, 52.7% of surveyed individuals tested positive: 88.7% at the migrant workers' hostels, 50.5% in emergency shelters, and 27.8% among individuals sampled from food distribution points (Roederer et al., 2020). Roederer et al. (2020) identified living in crowded conditions as the most important factor explaining the variation in exposure levels, echoing similar findings carried out in other countries (Tinson and Clair, 2020). However, a number of studies suggest much lower prevalence rates than expected, revealing a mixed picture. In Ireland, prevalence and mortality rates in Spring 2020 were lower than expected, with 2% of the homeless population diagnosed (compared to 1% of the general population) (O'Carroll et al., 2021). O'Carroll et al. (2021) attribute this outcome to the availability of shielding accommodation as well as a swift, decisive, and coordinated response focused on people experiencing homelessness. Similarly, a Dutch study concluded that strictly in terms of incidence, the homeless population was not more affected than the general population (Van Laere et al. 2020, p.5). Adequate implementation of protective measures and additional shelter capacity to reduce overcrowding and shared airspace is likely to have contributed to this, emphasising the importance of early and effective communication across sectors, clear information and outreach on guidelines, low-threshold testing, and sufficient accommodation space (Van Laere et al., 2020).

Taken together, the above mentioned studies illustrate the difference made by putting in place protective measures during the pandemic. One aim of this research note is to provide an overview of what these measures were in order to better understand what worked well and what did not. Furthermore, the studies appear to confirm much of what was already known or could be inferred from existing research on housing and health. Firstly, housing is ultimately what makes self-isolation possible, and is therefore one of the best forms of protection against infection. Secondly, worse health outcomes (in this case in the form of higher infection rates) are linked to overcrowding and living or working in hazardous conditions. An overarching argument in this research note is that, when it comes to homelessness, what the pandemic effectively did was bring into clearer focus an already existing problem with already existing solutions. It should be understood not so much as an anomaly but rather as an intensification of existing conditions, which has underlined the inadequacy of the regular policy responses to homelessness in Europe.

¹ 426 out of 818 individuals.

Content and Scope of this Note

The aim of this research note is to provide a general overview of how the COVID-19 pandemic has impacted people experiencing homelessness and homeless services in Europe, how public authorities responded and through what measures, and what kinds of commitments can and should be expected as we look ahead. The paper is structured as follows: Part 1 of the research note reviews measures across three categories: targeted public health measures, accommodation, and prevention. Part 2 outlines longer-term commitments that have been made by governments to secure adequate and permanent housing, provides some further recommendations, and concludes.

The research note draws on desk research, literature reviews, as well as two informal surveys of FEANTSA members in March-May and December respectively through a Google Group set up at the beginning of the pandemic to facilitate information sharing and exchange. During the first wave, FEANTSA regularly sent out update requests and gathered comparative information on specific measures (extent of testing for homeless population, number of additional emergency places created directly as result of COVID-19, post-lockdown plans), keeping track of updates in a document that could be accessed by all Google Group members. Relatively little primary research into the impact of COVID-19 on people experiencing homelessness has been carried out yet. As we are still in the midst of the pandemic, this note is a tentative attempt to summarise key learning points and recommendations at this juncture.

FEANTSA's analysis comes with certain inherent limitations. Given the uncertainty and fluctuation of the pandemic and its policy responses, the information is highly time-sensitive. Furthermore, the information collection process can sometimes be geographically skewed due to factors such as language, information availability, and accessibility. Finally, the research note aims for breadth and comparison using measures in different EU countries as illustrative examples of different responses, rather than a thorough country-by-country overview and evaluation.

Part 1. Review of Measures

One of the most memorable aspects of the lockdowns, and particularly the first round, has been the 'stay home' imperative circulating across all imaginable media. This sudden focus on staying home to protect oneself and others made homelessness very visible. Public authorities and services were thus starkly confronted with the vulnerability of people experiencing homelessness. An immediate advocacy agenda was created, which in some cases led to urgent policy attention. In many contexts, protecting people experiencing homelessness became a public health

priority almost overnight. The following section's survey taken by EU Member States and local authorities across three areas looks at: targeted public health measures, new and existing accommodation, and prevention. For a more detailed EU-level overview of impacts on people experiencing homelessness and services, see FEANTSA (2021).

1.1 Targeted public health measures

Pandemic planning and guidance for the medically and socially vulnerable

In a 2016 report titled *Pandemic Preparedness and Homelessness: Lessons from H1N1 in Canada* (Buccieri and Schiff, 2016), the Canadian Observatory on Homelessness notes the following on the relationship between homelessness and pandemics: "Homelessness presents a key challenge to effective pandemic preparedness because of people experiencing homelessness's vulnerability to disease and their socially marginal status and, most significantly, because of the inherent weaknesses in a response to homelessness that relies mostly on the provision of emergency services and supports" (p.13). All countries, including in Europe, seem to have been under-prepared for a pandemic, including planning for medically and socially vulnerable populations².

In early March 2020, following the first COVID-19 outbreaks in Europe, some public authorities used the short window of opportunity to develop swift and coordinated plans to protect people experiencing homelessness, working closely with the sector and providing guidance³. Ireland's Health Services Executive's plan in the Dublin region is one example. Such planning by health authorities in cooperation with the homeless sector seems to have been the exception rather than the rule. In many countries, official guidance was missing for many weeks into the outbreak, even after lockdowns had been put in place, and came only after calls from the homeless sector. Guidance that was published at the outset of the pandemic was sometimes inadequately adapted to the operational reality of these settings. More detailed and specific guidance for the homeless sector has emerged with time in various countries.

At the European Level, the European Centre for Disease Control (ECDC) published guidance for medically and socially vulnerable populations in June (European Centre for Disease Prevention and Control, 2020) but published relatively little sector-specific guidance, particularly when compared to the extensive guidance produced by its US counterpart United States Centres for Disease Control and Prevention (US CDC) (United States Centres for Disease Control and Prevention,

² After the 2009 H1N1 pandemic, the ECDC/WHO published guidance on key changes to pandemic plans, but it makes no mention of vulnerable groups or homelessness.

³ See HSE (2020) for Ireland's guidance published by the Health Service Executive on 4 March 2020.

2020). The ECDC guidance that was issued was mostly directed at service providers rather than public authorities. Like much of the guidance issued in homeless service settings, especially in the early weeks, it struggled to take full account of the reality in these places; placing emphasis on coordination and cooperation over more categorical risks such as shared air space and under what conditions services should remain open. The ECDC's efforts to plan to protect people experiencing homelessness have improved since, especially in relation to vaccine distribution. The ECDC has consulted FEANTSA on how to ensure vaccine access for people experiencing homelessness.

Health outreach and information

Public authorities and services rolled out targeted health outreach for people experiencing homelessness to varying degrees. Targeted health communication and outreach have proved important given the rapid and fluctuating roll-out of measures restricting access to public space, and the greater barriers of access to information and services facing people experiencing homelessness.

Homeless services sought to provide information to service users and staff as quickly as possible. Measures included the production and dissemination of information materials (videos, leaflets, posters, etc.). The availability of these materials in different languages was important in many contexts⁴. In some countries organisations on the ground reported that such efforts were lacking, generating confusion about the situation, especially among non-native speakers.

Failure to adapt the enforcement of general public health measures to the circumstances of people experiencing homelessness created a more hostile environment for them in some instances. For example, since lockdown rules were predominantly designed on an assumption that there was somewhere for everyone to stay inside or stay at home, situations arose where people experiencing homelessness were issued fines for not observing lockdown rules despite having nowhere else to go (Dearden, 2020; Bacchi and Chandran, 2020).

Food and hygiene

Access to services providing food and hygiene has been put under pressure during lockdowns. Maintaining and adapting these services presented a range of logistical and sanitary challenges once social distancing and lockdown measures were introduced. In many countries, day centres and soup kitchens rely heavily on volunteers, making them particularly vulnerable to lockdown. As countries closed down, food services such as soup kitchens had to close or adapt, often by inviting fewer or no people inside and instead handing out food boxes and takeaway meals to be eaten outside the facilities. In Spain, community canteens (*comedores sociales*)

⁴ See Groundswell (2020), Doctors of the World (2020), or HSE (2020a) for examples.

were opened to distribute food for takeaway. In France, food cheques (*chèques déjeuner*) were made available for people who could no longer rely on food banks. In Bratislava, food packages for the homeless were prepared, including a hygiene kit (hand disinfectant and face mask), and distributed throughout the city by a team of social workers and NGOs. At the very beginning of the pandemic, Bratislava City Hall also opened hygienic stations (sinks and drinkable water) in public spaces frequented by people experiencing homelessness, to make up for the lack of opportunities for accessing hygienic care that resulted from the lockdown. In Brussels, the closure of small voluntary-sector day centres was met with a coordinated response from the public agency BrussHelp, which enabled centralised staffing, planning, and opening of new temporary provisions for the pandemic, for example at a Youth Hostel and public swimming pool.

Social support

During the most severe lockdown periods when all face-to-face contacts were prohibited, for many social services this meant outreach work and counselling had to stop or instead take place via telephone, video call, mail, outside, or in-home offices if available. Many homeless services have had to innovate in order to continue to support users.

Some Housing First services replaced visits from a social worker with video calls. For example, RAIS, an organisation providing Housing First in Spain, developed practical guidance on this which was also shared and adapted by colleagues around Europe.

The new restrictions had important implications for harm reduction practices. As O'Carroll et al. (2021) explain, substance use was identified as one of the main deterrents to compliance with isolation guidelines, and having to collect medication from treatment centres would increase risk exposure. In Ireland, these problems were addressed by increasing treatment capacity, which significantly reduced waiting times (from many weeks to a couple of days), and by allowing harm reduction services to collect clients' medication and deliver it at set intervals (O'Carroll et al., 2021).

Digital exclusion also became more visible as schools and other physical settings were moved online. In France, a partnership between Fondation Abbé Pierre and Emmaüs was launched to provide homeless families with computers and internet connection in order for their children to be able to follow online classes, which would have otherwise been impossible.

Finally, where new temporary accommodation solutions were rolled out (which will be addressed in the next section) the availability and quality of social support in these settings proved crucial. Where hotels have been used to provide new, temporary accommodation, the availability of social support has been an important success factor (e.g. London, Brussels, Prague). Similarly, in Dublin, social support

to people experiencing homelessness moved into shielding units (accommodation for those advised to follow strict stay-at-home guidance because of vulnerability to COVID19) was a critical part of the strategy.

Testing

As the risk of asymptomatic transmission came to light, testing widely and often in crowded living spaces such as shelters became all the more important. In their study for Médecins Sans Frontières, Roederer et al. (2020) found that more than two-thirds of seropositive individuals had not reported any symptoms. A similar Italian study by Ralli et al. (2020), who tested residents and staff across a number of homeless shelters in Rome, found that 75% of positive cases were asymptomatic, leading them to conclude that early identification of asymptomatic carriers is important to avoid transmission and outbreaks in shelters. As Barocas et al. (2020) point out, this explains why symptom screening, one of the most frequently used measures to contain the virus in shelter settings, proved largely ineffective as the sole means of prevention. Furthermore, as one FEANTSA member pointed out, there was little point in testing without adequate self-isolation units or structures in place. In the best-case scenarios, testing is a means to effective triage and treatment.

An informal survey carried out with FEANTSA members in early April 2020 revealed a wide variation in testing in homeless accommodation settings across Member States. In Denmark, Region Hovedstaden turned their tuberculosis testing service into a mobile COVID-19 testing service (Kass et al., 2020). In Brussels, a central dispatching service guaranteed by BrussHelp (a public agency) started deploying GPs to homeless services in the case of suspected COVID-19 cases, to evaluate whether the person needed to be isolated or hospitalised. In Dublin, the COVID-19 Homeless Response included protocols for identification and immediate testing for homeless clients with symptoms (O'Carroll et al., 2021). An existing primary care charity played an important role in testing in homeless services in Dublin. In Budapest, the Municipality undertook an effort to test all employees working in the homeless sector (and other social services). The testing of all service users and workers in the homeless care sector started on 16 April, and was financed by the municipality. By May 11, 1 822 service users and 406 employees had been given a PCR test. In Denmark, health personnel were testing at set days at shelters, while in some other countries testing was made available in the case of symptoms, and in others no testing of people experiencing homelessness was taking place. It is important to note that many of these reports come from the early months when testing was not yet available at scale, and that as testing capacity in countries increased, the ability to test widely in shelter settings may have changed as well. It seems clear that effective testing strategies for people experiencing homelessness are a precondition for triage and access to treatment when needed. Without this,

people who are homeless are extremely vulnerable because of their living conditions. The arrival of more infectious variants seems to heighten the urgency for effective testing strategies for vulnerable groups like the homeless.

Vaccine access

One of the most important protective measures that was not on the horizon until the end of 2020 is vaccination against COVID-19. There is a clear case for prioritising people experiencing homelessness for vaccination on the basis of vulnerability. In October 2020, the European Commission published recommendations on key elements to be taken into consideration by Member States in developing their vaccination strategies (European Commission, 2020). In the priority groups that the EC asks its Member States to consider, three categories implicitly encompass prioritising the homeless population (“Vulnerable population due to chronic diseases, co-morbidities and other underlying conditions”; “Communities unable to physically distance”; and “Vulnerable socioeconomic groups and other groups at higher risk”). As vaccination roll-out proceeds, there has been considerable variation on how strategies have been conceived, and on whether the homeless population is a high-priority group.

The UK was the first European country to begin vaccinating its population. Housing Minister Robert Jenrick said at the beginning of January that the UK Government planned on going further than the ‘Everyone In’ initiative and focus on GP registration of people experiencing street homelessness, in order to ensure they do not miss out on the vaccine (Peachey, 2021). However, ensuring people do not miss out on the vaccine is not the same as actively prioritising them, and in countries where the responsibility of the vaccine distribution happens at more local levels, the extent to which people experiencing homelessness are prioritised in practice may be a matter of discretion at this level. For example, Oldham Council in Greater Manchester developed, together with local GPs, the first scheme in the UK to make people experiencing homelessness a priority group for the vaccine (Forres Gazette, 2021), and more councils have since followed suit (Mohamoud, 2021).

Since the beginning of 2021, Denmark has been among the fastest European countries in terms of vaccination per capita (Our World in Data, 2021). Following a shelter outbreak in Copenhagen where 26 people tested positive for coronavirus, concerned associations as well as the Mayor of Copenhagen called on the country’s Minister of Social Affairs to move people experiencing homelessness further up the vaccination priority queue, which in Denmark currently comprises 12 groups (Jyllands-Posten, 2021). According to the Danish Street Lawyers’ Association, people experiencing homelessness would have initially been vaccinated in priority group 10, but following these calls, the Minister of Social Affairs announced in a

statement on 19 January that “homeless and socially vulnerable people who are particularly at risk are vaccinated in category 5” (The Local DK, 2021), which is one of the groups being offered the vaccine at the time of writing.

In other countries, prioritisation strategies for the vaccine vary. At the time of writing, Spain had published its most recent update on the roll-out on 21 January 2021, and remained in its first vaccination phase that encompasses four groups of healthcare workers, which will be followed by those aged 80 and above (Sistema Nacional de Salud 2021). Spain seems to gradually release more information about upcoming priority groups as the vaccination schedule moves along rather than outlining all priority groups from the start, as other countries have done. In Germany, asylum seekers and staff working in asylum seeker facilities as well as people living in shelters are part of the second priority group to receive the vaccine, following the elderly (80+) and healthcare workers (InfoMigrants, 2020).

Given the difficulty that most EU Member States are facing in rolling out vaccination programmes, groups that risk being seen as ‘undeserving’ such as people experiencing homelessness may be overlooked. Ensuring that they are reached is one of the most urgent priorities for the homeless sector at this point in the pandemic.

1.2 Accommodation

The impacts of the outbreak and the ensuing lockdowns were immediately and deeply felt across homeless accommodation services. Policy decisions on the provision of homeless accommodation during the pandemic varied a lot, both geographically and over time. Overall, the pandemic has thrown a spotlight on the inadequacy of much of the accommodation for people experiencing homelessness and the need to do better.

Existing accommodation

Services had to work quickly to adapt their service provision, and ensure social distancing measures, which is extremely difficult in a typical shelter setting. Shelters unable to maintain adequate safety and hygiene conditions under these new circumstances faced the prospect of having to close their doors or reduce bed spaces and turn people away. The trade-off between safe airspace and shelter capacity sometimes led to mixed messages from different levels of government and/or services, and was made all the more difficult by the rising demand for services, as well as increasing homelessness in many places as a direct consequence of the pandemic.

An immediate priority for the homeless sector was to adapt existing shelters and other accommodation services to facilitate social distancing measures as far as possible. This adaptation was initially very difficult given that self-isolation units with own bathroom facilities are difficult, if not impossible, to provide in most temporary

accommodation for the homeless, and also due to the scarcity of PPE equipment at the beginning of the pandemic. The degree to which this was achieved depended on the level of public authority engagement and the resources made available.

Existing shelters sought to limit the movement of people coming in and out of shelters, which in many cases meant turning night shelters into 24/7 shelters, but keeping the residents fixed and not accepting new referrals. Some services set up rooms for self-isolation for anyone showing symptoms. Particularly difficult to adapt are large dormitories. Shelters adapted as best as they could by placing mobile walls between the beds and moving the most at-risk and vulnerable into safer and more contained units. Links between social services and medical personnel were strengthened during this time, through agreements with GPs and hospitals or other healthcare personnel to help identify possible cases that would require self-isolation.

Another early priority was the extension of winter programmes into the spring and the creation of additional capacity. Extensions varied in length, with most extended until at least May 2020 after the first wave of COVID-19. For example, the city of Madrid initially extended its Winter Plan from March 31 to May 31, and later re-extended it until the beginning of the next one, effectively turning it into a full-year programme. In France, where the winter programme was also extended, this provided 14 000 emergency shelter beds.

New accommodation

The pandemic has driven many public authorities to provide additional accommodation to people experiencing homelessness, so as to get them off the streets and/or out of accommodation associated with increased risk of transmission. An informal survey carried out by FEANTSA through its COVID-19 Google Group just over a month into the first lockdown (late April 2020) found that across 10 EU Member States⁵, around 22 200 additional temporary accommodation places had been made available as a result of the lockdown, though this number is likely to have varied a lot since then. In France alone, 21 000 extra shelter places were created, of which 11 397 were in hotels. Ninety seven treatment centres for people experiencing homelessness with COVID-19 were created, and an additional budget of €50 million was made available. Many cities took action to increase local shelter capacity. Berlin, for example, rented additional hostel space containing 200 beds, with rooms containing no more than two people (Pleace et al., 2021).

Driven by a desire to reduce people experiencing street homelessness sleeping and the number of people experiencing homelessness in shared airspace settings, bold measures have been taken to mobilise self-contained accommodation units. Hotels, tourist flats, public buildings, and student housing have all been used for

⁵ Denmark, France, Greece, Ireland, Lithuania, Netherlands, Portugal, Slovenia, Spain, UK.

these purposes. In cities all over Europe, public authorities set up contracts with hotels in order to use the rooms to accommodate people experiencing homelessness, often for an initial period of around 12 weeks (from April until June). For example, the British 'Everyone In' scheme saw some 15 000 people placed into emergency accommodation, mainly in hotels. This extraordinary mobilisation showed that "given the mandate and funding, councils, working with their partners, have the means to end the vast majority of rough sleeping" (Cooms and Gray, 2020, p. 22). A modelling study estimated that between the beginning of the outbreak and 31 May 2020, these measures may have avoided "21 092 infections (19 777–22 147), 266 deaths (226–301), 1 164 hospital admissions (1 079–1 254), and 338 ICU admissions (305–374) among the homeless population" (2020, p. 1181) in England (Lewer et al., 2020). In Czechia, Prague City Hall accommodated around 300 people experiencing homelessness in hotels until at least March 2021 (Tesarkova, 2020). In the Autumn, the City of Prague announced its intention to buy hotels, hostels, or apartment blocks to provide a longer term supported housing offer to 500 people (Zabransky, 2020).

Another type of accommodation that emerged was the use of larger facilities such as football stadiums, pavilions, or conference centres to create large temporary shelters. In the city of Mons in Belgium, the municipality agreed to host the homeless at the Tondreau football stadium, where they could also use the showers. In Madrid and Barcelona, major conference centres and pavilions were transformed into emergency shelters that could accommodate 150 people each. Lisbon City Council made available the Casal Vistoso Pavilion by turning it into two large dormitory spaces. Although the intention with these larger spaces is to line up the beds such that safe distances are ensured, the airspace remains shared between many people, and though the beds may be at a safe distance, maintaining this distance between people throughout the whole day remains a challenge. More generally, even in places with a significant mobilisation to house and protect people experiencing homelessness, there was arguably insufficient attention paid to the problem of shared airspace and to the risk that accommodation centres intended to protect large groups of people would themselves become dangerous due to the limited possibilities for isolation.

Whilst evidence is still limited, there appear to be striking differences in infection rates in different contexts. High rates of infection in homeless services in France and the US contrast with much lower-than-expected rates in the UK and in Dublin, for example. As mentioned earlier, French research has shown that settings with the least private space have the highest rates of infection. Homeless services have proved more resilient in the face of the pandemic in contexts where people experiencing homelessness are provided with individual accommodation or ordinary housing (Pleace et al., 2021).

COVID-19 has the potential to provide a turning point whereby the main focus of homelessness policy shifts away from emergency accommodation towards the provision of more adequate housing solutions. The extent to which this happens will depend on whether public authorities are willing to build on short-term measures to create substantive change. At the time of writing, this remains very unclear in many contexts. There has been a notable lack of consistency in measures during the pandemic in some countries, with robust actions taken during the first wave subsequently dissipating. For example, a report by the National Audit Office found that the UK Government's response to the resurgence of COVID-19 in England during the second wave did not appear as comprehensive as the initial 'Everyone In' in the Spring (National Audit Office, 2021).

Access to accommodation for particular vulnerable groups

Some groups of people experiencing homelessness face barriers in accessing accommodation. In some instances, these barriers were reduced during the pandemic. In others, access was curtailed.

The extent to which undocumented migrants were included in new protective measures was a problem highlighted in multiple country reports and during FEANTSA information exchanges. In the UK, councils faced a conflict in that government strategy to bring 'Everyone In' initially included those with no recourse to public funds. However, this was not matched by a change in eligibility for benefits or council services for these groups (NRPf Network, 2020). UK local authorities were offering emergency accommodation to a significant number of individuals with No Recourse to Public Funds (NRPf), but planning was made difficult due to these inconsistencies between lockdown measures and other existing policies (Boobis and Albanese, 2020), highlighting the discrepancies that often exist between policy announcements, their practical implications, and their on-the-ground implementation (including actual funding allocations). After an initial easing of access, central government reminded local authorities in May 2020 that legal restrictions on offering support to people with NRPf remained in force, and that exceptions should only be made in cases of risk to life. Some local authorities stopped taking those with NRPf into emergency accommodation and sought to move on to those already in such accommodation (National Audit Office, 2021). Some countries, like Italy and Portugal, dealt with the situation of undocumented migrants by offering temporary regularisation programmes. In Portugal, the first country to take such an initiative, the programme granted access to health care, welfare provisions, as well as to the labour market, to those who had applied for a residence permit before 18 March 2020 (PICUM, 2020). However, while some measures were taken to mitigate the difficulties facing undocumented migrants during the pandemic, other decisions exacerbated them: a number of EU Member States directly or indirectly suspended asylum procedures as part of their lockdown

or state of emergency measures. In Belgium, the arrival centre for asylum seekers was closed down, effectively barring them from the application process. In Greece and the Netherlands, the asylum procedure was suspended for a set time until beginning or mid-April, raising concerns over the compatibility of such measures with international human rights law. For a more complete overview of country measures in this area, see ECRE (2020).

Other mobile people experiencing homelessness also faced challenges accessing essential services. For example, in Germany, there were examples of shelters that closed their doors to people with no local connection to an area, which is illegal (Pleace et al., 2021).

Domestic violence has increased during the pandemic. This is the main driver of homelessness among women and family homelessness. It is unclear at this point to what extent policies and services in different countries have been able to respond adequately to women and family homelessness during the covid crisis (Pleace et al., 2021).

Another gap in understanding at this juncture is the relationship between youth homelessness and the covid crisis, and the adequacy of policy responses in this field.

1.3 Prevention

Eviction bans

In the context of homelessness, preventive measures are understood to encompass a wide range of economic and social policies that support individuals and households so that the risk of homelessness is mitigated. The preventive focus of this research note is on the handling of evictions, though prevention also includes broader measures such as furlough schemes and other economic assistance. A detailed account of eviction bans across member states falls beyond the scope of this research note.

In Spain, when the first lockdown started, the General Council of the Judiciary ordered a postponement of all non-urgent judicial activities nationwide, including evictions. A Royal Decree Law (8/2020, March 17) also guaranteed a moratorium on mortgage payments, a guaranteed supply of water and energy for vulnerable consumers, and maintenance of electronic communications services and broadband connectivity. Similar measures, targeting mortgages, evictions, and water and energy supplies, were taken in many other EU Member States, though not all. In Sweden for example, a ban on evictions was never put in place, and the situation was left to case-by-base negotiation between residents and landlords or housing associations. Decisions to halt evictions were therefore made at the level

of the housing associations, rather than national level policy (Dagens Arena, 2020). For a detailed account of mortgage holidays, eviction bans, and other housing policies related to COVID-19 in Europe, see Kholodilin (2020).

However, a ban on evictions alone is not watertight as a preventive measure. As some critics pointed out, the legislation underpinning eviction bans sometimes did little more than extend the notice period for evictions, meaning landlords were still able to serve notices that would simply be processed a few months later. Some tenants' rights advocates argued a ban on evictions did not go far enough, as it simply kicked the indebtedness can down the road, and the accumulated rent would have to be repaid eventually. How exactly this repayment would play out is not always clear. In the UK, the Ministry of Housing, Communities and Local Government has stated that following the end of the eviction ban, landlords and tenants are expected to work together to establish a repayment plan, taking into account tenant circumstances (UK Parliament, 2020), which shifts the indebtedness problem to a case-by-case basis with little remaining protection of tenants and the possibility of landlords to once again serve eviction notices. A more far-reaching protective measure is the creation of an emergency fund specific to rental arrears and related costs, such as the one that was put in place by the Lyon Metropolitan Region in June 2020. This €1.3m fund, set up for March to December 2020, allows Lyon (Greater Lyon) to take up 50-100% of unpaid rent or bills for low-income households – both renters and owner-occupiers, and both social or private rental housing – who have been financially impacted by the crisis (Petit, 2020).

A second problem concerns gaps in the legislation that leave some people unprotected in the face of evictions. In the case of the UK's eviction ban, no protection was offered to residents who can be evicted without notice, which includes those who live in temporary housing (Apps, 2020). A few months after the ban was first implemented in the UK, research done by The Guardian using a freedom of information request found that between April and November 2020, at least 90 000 people had been threatened with homelessness, and half of these people had lost their accommodation. The research pointed to gaps in the protection offered by the evictions ban and the 'Everyone In' scheme, due to certain groups of people – young people living precariously or those attempting to leave a violent partner – falling through the cracks of the protective measures (The Guardian, 2020)⁶.

The plethora of eviction bans that were announced during the first lockdown and their various legal details once again underscores the importance of reading the fine print, which is where people may continue slipping through the cracks, as well as researching and following up on whether the implementation and upholding of the bans has been adequate. Understanding the practical implications and

⁶ For a detailed discussion on COVID-19 and evictions in the UK, see Jordan (2020).

consequences of the various eviction bans as well as whether such bans may prompt changes in the practice of evictions in the future, constitute possible lines of future inquiry.

Evolution of eviction bans⁷

Eviction bans imposed in Spring 2020 have evolved in different directions in tandem with other changes to restrictions and lockdown measures. Different countries have followed different trajectories regarding extensions and suspensions of the ban. In Italy, the ban was put in place and continuously extended, but on 18 December the government rejected a proposal to extend the ban until 31 March 2021, with evictions set to resume 1 January 2021 at the time of writing (People's Dispatch, 2020). In the UK, a ban on evictions was put in place, lifted, and subsequently reintroduced, and is currently in place until 31 March 2021. In Ireland, an initial broad suspension on all grounds was introduced at the beginning of the pandemic, which was repealed after the first wave. New legislation was introduced which protected those who had lost income due to COVID-19 and were at risk of eviction due to rent arrears. When the second wave led to a second lockdown, legislation was introduced to protect from evictions when the country is at the most severe phase of lockdown (level 5). As the country emerged from level 5, this protection expired. Making eviction protection conditional on the level of severity of the outbreak has also been done in Scotland, where the ban on eviction orders due to expire on 22 January has now been extended until end of March 2021, but the extension will apply to areas under level three or four restrictions, with exceptions for serious anti-social behaviour including domestic abuse (Peachey, 2021). Writing a year on from the beginning of the pandemic, and with lockdown measures here to stay for the foreseeable future, it remains unclear what the fallout from and resolution of the eviction bans will be. But in the absence of rental assistance or debt relief that could help backstop the rent payments and prevent arrears from piling up, the number of eviction cases that are likely to be filed and processed as soon as it is once again possible to do so risks snowballing into a crisis.

⁷ For a detailed account of how housing policies have evolved throughout the pandemic, see Kholodilin (2020).

Part 2. Looking Ahead: Policy Announcements and Recommendations

Whilst the COVID-19 crisis is an opportunity to improve homeless policies and services, its economic and social impact can be expected to drive inflow into homelessness going forward. Averting significant increases in homelessness will require investment of resources and political will. The end of eviction bans and the closure of temporary accommodation measures, if not accompanied by longer-term strategies, can be expected to drive a sudden upswing in homelessness. In this context, there is a need for public authorities to work with the homeless sector and other stakeholders to plan next steps. This section looks ahead and captures some of the promising commitments that have been made so far.

2.1. Long(er)-term commitments

The ongoing pandemic and its multiple derivative crises continuously shine a light on the state of housing and homelessness in countries around the world, and the topic has been pushed further up on the political agenda in many places as a result, with policymakers aiming to go further than emergency protection towards prevention and long-term, structural change. In many contexts, existing commitments and ideas have been infused with a strong sense of urgency as a result of the crisis. The pandemic provides a potential turning point for the fight against homelessness in Europe.

The pandemic has presented new opportunities for public authorities to act against homelessness and housing exclusion. For example, Lisbon's initiative to tap into the tourist rental market, which has been essentially deserted by the pandemic, is offering landlords rental income for a period of five years, then taking over the apartment in order to rent them out at subsidised rates pegged to the tenants' income (The Guardian, 2020). A potential win-win for all as it allows public authorities to (at least temporarily) increase their social housing stock, gives landlords an option for long-term stability, and increases the amount of affordable housing available. Some public authorities are looking into how hotels, mobilised during the crisis, could be part of longer-term solutions. In Belgium, as in the Prague example discussed above in the section on new accommodation, the Brussels region as well as some other municipalities are looking at the possibility of using hotels for longer-term projects stretching beyond the pandemic.

The political momentum that existed for Housing First already before the pandemic has been infused with an additional sense of urgency, which has increased efforts to scale up Housing First programmes in, for example, Ireland, the Netherlands, Belgium, and Spain. In many countries this has translated into greater funding allocations for the homeless sector in next year's budget, and an intention for this

spending to be channelled into longer-term initiatives that prioritise permanent housing over temporary accommodation. In April 2020, the Dutch Government announced it would make €200m available to fight homelessness for 2020-2021, with a focus on finding housing solutions and with the aim that shelter stays would be limited to a maximum of three months before a more permanent solution was found (NL Times, 2020). In May 2020, Greater Lyon presented a plan titled 'Zero Returns to the Streets' (*zéro retour à la rue*), which aimed to accelerate the availability of social housing from 200 to 500 units over five months, in order to ensure no one would return to the streets after the pandemic. This was the first of four longer-term commitments that the plan entails, with the remaining three being the mobilisation of temporary (modular), supported, and private accommodation (Boche, 2020). The UK has also announced significant extra spending, some €270 million, to follow up on 'Everyone In' (Pleace et al., 2021). However, there remains a lack of cohesive strategy to sustainably end street based homelessness.

2.2. Conclusions

This research note has summarised FEANTSA's monitoring of the impact of COVID-19 on homelessness in Europe so far. The pandemic is confirming many things that we already knew about homelessness, namely:

1. Housing is a social determinant of health.
2. Homelessness is an extremely damaging experience that can pose a risk to life itself.
3. Much of the current policy and service response to homelessness is inadequate and puts people experiencing homelessness at risk. Specifically, emergency accommodation and particularly communal shelters are an inadequate response to homelessness.
4. Access to housing, with support as needed, is the ultimate solution to homelessness.
5. Given sufficient political will and resources, 'intractable' problems like people experiencing street homelessness can be addressed in relatively short time frames.

The following have proved critical in keeping people experiencing homelessness safe during the pandemic:

1. Rapid access to secure living space with possibility to isolate and distance;
2. Access to social support; and

3. Health outreach to enable adherence to guidance and overcome barriers to testing, treatment, and vaccination.

As the pandemic continues, these measures must be maintained and strengthened, rather than being allowed to ebb away. Research and advocacy need to continue to assess how adequately policies and services have protected people experiencing homelessness and make the case for sustained change going forward. Efforts are required to assess the situation of homeless migrants, victims of domestic violence, and others whose vulnerabilities have not been adequately understood or addressed. People who have been accommodated through temporary measures during the pandemic should be provided with permanent housing, rather than being discharged into homelessness when these measures come to an end.

One of the most significant lessons of the pandemic is the evidence of significant differences in the rate of infection of people experiencing homelessness in different settings, with shared airspaces and dormitories having worse outcomes than individual accommodation. This supports the existing case to shift away from shelter toward housing, with support as needed, as the main focus of public homelessness policy.

The COVID-19 crisis and the planned recovery offer a major opportunity to 'build back better' and start ending homelessness rather than managing it. Whilst some public authorities have made promising commitments in this direction, there is a huge amount of work ahead to seize this opportunity.

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