

GOOD PRACTICES DURING THE COVID-19 PANDEMIC FOR ORGANISATIONS SUPPORTING PEOPLE EXPERIENCING HOMELESSNESS: FINDINGS FROM AN EU-WIDE SURVEY



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The COVID-19 pandemic has not affected all populations equally. Socially marginalised groups have been disproportionately impacted by the virus, and a strain has been put on the support systems available to them. The ECDC conducted a survey to identify some of the challenges faced by organisations that support vulnerable groups and, based on the findings, suggest some practices that would aid in combatting these challenges on a long-term basis.

VULNERABLE GROUPS

The COVID-19 pandemic has had a huge and unprecedented impact throughout Europe, both in terms of morbidity and mortality, but also socially and economically. However, its impact has not been evenly spread, with some individuals being much more vulnerable to its effects than the rest of the population. Some people are *medically* vulnerable, insofar as they are at an elevated risk of severe disease and death from COVID-19, while others are *socially* vulnerable. This latter group includes, among others, people experiencing homelessness, whose already challenging life situations have been exacerbated by some of the public health measures put in place in order to control the spread of the virus. Some individuals may be both medically and socially vulnerable to COVID-19, and many have also faced a particularly extensive set of challenges due to their belonging to two or more recognised categories of social vulnerability, such as being both homeless and substance dependant.

CHALLENGES FACED BY HOMELESS PEOPLE IN COMPLYING WITH PUBLIC HEALTH MEASURES

Having no place of residence, people experiencing homelessness are obliged to stay at housing shelters or informal sleeping facilities such as encampments (Tsai and Wilson, 2020). These places are often crowded, with shared living spaces and rooms, and with limited access to hygiene facilities and supplies (Tsai and Wilson, 2020; FEEANTSA, 2020). Such living conditions make it difficult for people to comply with many of the public health measures that are necessary to counter infection, such as increased hand hygiene, physical distancing or stay-at-home orders. There have also been cases reported of homeless people being fined for not staying indoors

during the period of stay-at-home orders (Bacchi & Chandan, 2020). At the same time, these same stay-at-home measures and the accompanying closures of shops and public facilities make it very hard for the homeless population to find a place to use the bathroom or to sleep (FEEANTSA, 2020; Lima et al., 2020).

SURVEY METHOD

As part of the efforts to support national authorities and civil society organisations across the European Union (EU) in their work with vulnerable populations during the pandemic, the European Centre for Disease Prevention and Control (ECDC) has conducted a survey of organisations that provide services for different vulnerable populations throughout the EU. The survey - which included 10 questions, both multiple choice and open-ended - aimed to identify some of the major challenges, successes and lessons learned by these organisations during the period of stay at-home and other measures between March and May 2020. The survey was distributed to potential respondents through a range of ECDC networks and other organisations and partners (including to every EU Member State) as well as through social media. The survey tool was available online between 22 May and 2 June 2020, which means that data were collected towards the end of the stay-at-home period that was mandated in many European countries. Details of the methodology, including the survey instrument itself, are given in the full report – see the link at the bottom of this article.

We received eighty-one responses from twenty-seven countries. Twenty nine of the responses were from organisations engaged in supporting homeless people, with the rest supporting a range of other vulnerable populations such as ethnic minorities, irregular migrants, LGBTI (lesbian, gay, bisexual, transgender/transsexual and intersex)



communities, people living in abusive household settings, people with alcohol or drug dependence, people with disabilities, and sex workers. The data were analysed by an internal ECDC team, and our preliminary findings were validated by an external advisory group consisting of nine experts.

FINDINGS

While many of the issues faced by the different organisations were specific to the particular population they served, a number of cross-cutting issues emerged that were applicable to many or most of the groups. These included two core challenges: (i) Substantially increased demand for services (and therefore workload) as a result of the COVID-19 pandemic and its effect on the populations they serve; and (ii) Decreasing possibilities to receive funding from their usual funding sources, as many of these were also shut down or barely operational due to the COVID-19 control measures. Our analysis showed that these twin challenges, when faced together, have resulted in a major crisis for many service providers.

The material collected through this survey facilitated the development of a set of strategic good practices that, it is hoped, could assist support organisations for vulnerable populations – and also the organisations and government agencies that support *them* – to optimise their services as the COVID-19 pandemic progresses. Four broad areas are presented below which aim to address the core challenges of increased demand along with decreased resources, while ensuring continued good service.

“The pandemic has increased both the number of people who are socially vulnerable and the nature and extent of their vulnerabilities”

STRATEGIC GOOD PRACTICES

1. A community engagement approach

The principles of community engagement are important in any endeavour at service provision, but the particular stresses of the pandemic make them especially important now. To this end, people experiencing homelessness should themselves be engaged at all stages of the development and implementation of all response measures. This will help to build and sustain trust, ensure suitability, sustainability and effectiveness, while avoiding indirect or unintended



harms. Furthermore, dialogue between service providers and the homeless populations should be conducted on the basis of two-way communication, collaboration, and mutual listening. People want to be seen as partners, not only as beneficiaries, no matter how vulnerable they are.

2. Ensuring continuity of service provision

The pandemic has increased both the number of people who are socially vulnerable *and* the nature and extent of their vulnerabilities, so it is critically important that support services continue to function and that they can manage the increased workload and demand. Most of the organisations responding to our survey have reportedly achieved this, with staff and volunteers showing remarkable flexibility and willingness to devote extra time and effort during the pandemic period. However, this cannot be taken for granted over the longer term: proper staffing, support, training and supervision is needed in order to sustain a long-term response. This also entails volunteers and organisation members safeguarding their own mental health and emotional wellbeing in order to continue to serve throughout the duration of this crisis. Furthermore, physical distancing should not lead to social isolation, and efforts should be made to ensure that staff remain connected with and supportive of each other.

3. Needs assessments and evaluations of services

Conducting needs assessments and evaluations of services are essential methods for ensuring that support services target the people who need them in the most effective way. Vulnerable populations, including those who are homeless, are often heterogeneous, which means that it is important to identify the specific needs of different communities within a larger vulnerable population. In order to accomplish this, data should be:

- Systematically collected in order to identify the needs of the specific population/s of concern;
- Disaggregated by population sub-groups, as necessary;
- Quantitative (in order to provide estimates of scale) and qualitative (in order to provide insights into the experiences, concerns, and opinions of users and others as appropriate).

The great majority of the responding organisations reported that they had either conducted an evaluation of their COVID-19-related work, or they had plans to do so. These efforts should be strongly encouraged, as a means of ensuring that lessons are learned and applied in the future, thereby optimising services. Evaluations should be:

- Focused on both process and (where possible) on impact.
- Presented in easily digestible formats for use as an empirical basis for advocacy and information purposes, aimed at both the public and the decision makers.

The respondents from many of the organisations reported that their technical capacity for needs assessment and evaluations is sub-optimal, so authorities may want to facilitate training and financial support for these essential activities. Both the effectiveness and the cost-effectiveness of interventions can be greatly enhanced if the work is informed by good evidence. Further, organisations that can demonstrate the effectiveness and cost-effectiveness of their work may find it easier to attract funding in future. Civil society groups themselves can also enhance these skillsets by reviewing freely available, online evaluation training materials (see, for example: Napier, 2014).



4. Support from national and regional authorities

Collaboration and support from national and regional authorities for civil society service providers is important in order to strengthen services and ensure coordination of activities. Such work could include national and regional authorities:

- Actively engaging with and consulting a diversity of civil society groups in policy discussions to do with response and recovery.
- Working to avoid duplication of activities by different service providers in a given geographical area.
- Considering an increase in their financial support for civil society groups. Financial constraints were described as a major challenge for many organisations during the pandemic, significantly undermining the sustainability of their work.

CONCLUSION

This article has summarised some of the main findings from an exploratory study conducted by ECDC in May/June 2020, which aimed to provide guidance for civil society and non-governmental (NGOs) organisations as well as for national and regional authorities in the EU who are providing support for people who have medical and social vulnerabilities during the coronavirus disease (COVID-19) pandemic. Many of the responding organisations work with people experiencing homelessness, and it is hoped that what is presented here may be applicable to these essential service providers as the pandemic evolves, and in particular in the event of an upsurge in cases over the coming months that necessitates a subsequent return to stay-at-home measures or other restrictions in movement.

NOTE

The full ECDC report, entitled *Guidance on the provision of support for medically and socially vulnerable populations in EU/EEA countries and the United Kingdom during the COVID-19 pandemic* (July 3 2020), can be retrieved from: <https://www.ecdc.europa.eu/en/publications-data/guidance-medically-and-socially-vulnerable-populations-covid-19>

ACKNOWLEDGEMENTS

We gratefully acknowledge the work of our colleagues in the development of the guidance document on the provision of support for vulnerable populations: (in alphabetical order) Lisa Ferland, Teymur Noori, Kate Olsson, Anastasia Pharris, and Senia Rosales-Klitz; and the contribution of the respondents from the 81 organisations who answered our survey questions.

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