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COVID19 Response & Homelessness in the EU

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Introduction

- Homeless people are a medically & socially vulnerable in the current COVID19 pandemic
- Can't "stay home"
- Presentation focuses on measures taken in 6 areas
 1. New temporary accommodation
 2. Existing accommodation
 3. Access to health services
 4. Access to social support
 5. Access to food & hygiene
 6. Prevention



1. 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





2. 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

2. 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

3. ACCESS TO HEALTH SERVICES

- Difficulty maintaining health outreach services in many contexts
 - Role of volunteers
- Testing
 - Strong case for prioritising testing of homeless people and staff
 - 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
- Vaccination
 - Should apply what we learned on testing to vaccination programmes



Public Health Strategies Targeting Homeless

- 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
 - 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

4. 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

5. ACCESS TO HYGEINE & FOOD

- Conditioned by access to income
 - Benefits and social rights
 - Begging, bottle collecting, street papers etc
- 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

6. PREVENTION

- General welfare measures
 - Massive efforts to secure incomes & manage short-term unemployment
- Prevention of evictions
 - Widespread suspension of evictions during lockdown 1
 - Some countries/regions have prolonged these measures
 - Many have not
 - Rental arrears and evictions crisis on the horizon
- Blocking established pathways into homelessness
 - UK suspended evictions from asylum centres, provided additional funding for support & accommodation for prison-leavers at risk of homelessness.
 - BAGW Germany call for suspension of discharge of care leavers turning 18 (Germany)

ARE HOMELESS PEOPLE BEING 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...
- Some homeless services 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

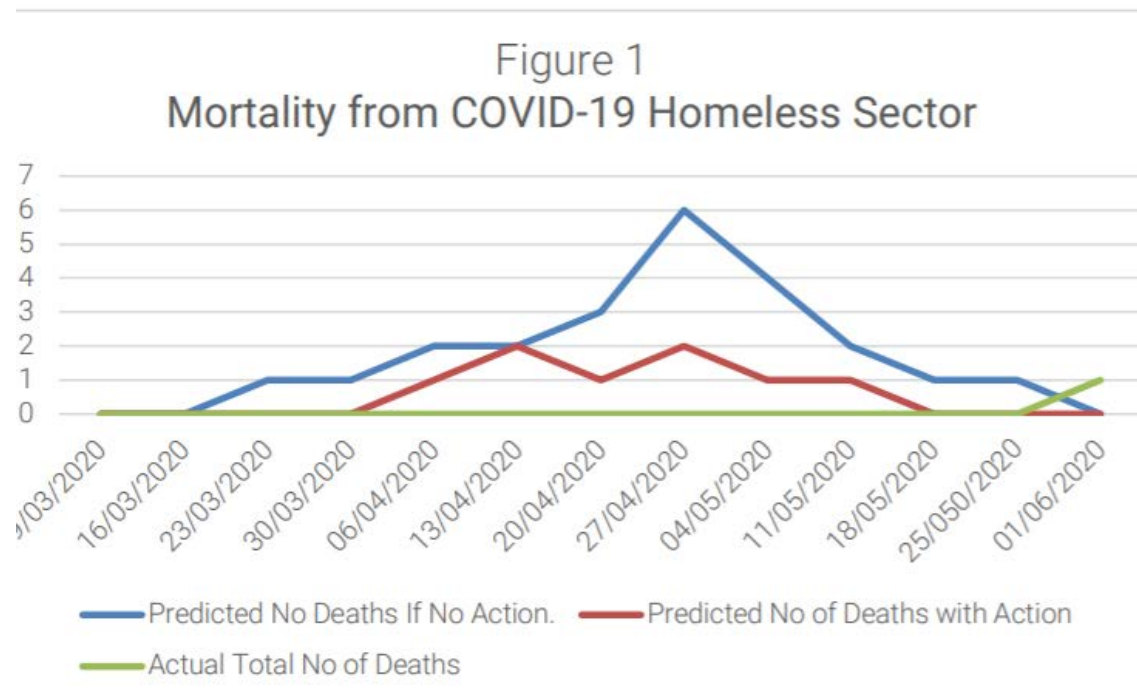
UCL Collaborative Centre for Inclusion Health

- 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".

MSF Study: Vulnerability and prevalence of COVID-19 in the Île-de-France region

- ROEDERER, T et al (October 2020)
- 818 participants tested for seroprevalence, summer 2020
 - 10 emergency shelters, two food distribution points and two workers' hostels located in Paris, Val d'Oise and Seine-Saint-Denis.
 - Incidence rates
 - 23% to 62% in the emergency shelters;
 - 18% to 35% in the food distribution points;
 - 82% to 94% in the workers' hostels.
- 1 in 2 of 543 tested in homeless shelters seropositive, compared to 1 in 10 across general population of Île-de-France
- People who stayed in makeshift winter shelters in gymnasiums 3 x more likely to be seropositive
- Confirms that COVID-19 is more easily spread among people living in crowded conditions with shared airspace facilities
- New measures to provide homeless people with appropriate accommodation, such as hotels, must be urgently implemented
- Big mobilisation by French authorities to get people inside in lockdown 1, not enough priority given to single units and reducing occupancy

Saving Lives in the time of COVID-19 Case Study of Harm Reduction, Homelessness and Drug Use in Dublin, Ireland



- Dr Austin O'Carroll et al (July 2020)
- 63 cases, 1 death in June 2020



CURRENT PICTURE

- Lockdown 1.0 eased from April/May
- Lockdown 2.0 now in place across much of the EU
- Causes for concern
 - Double threat of winter and COVID19
 - More criminalisation/enforcement
 - New inflow into homelessness
 - Rental arrears and evictions crises in the pipeline
 - Temporary housing measure brought in in lockdown 1 ended and not adequately replaced
 - Everyone In, England



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
- Prague
 - City Hall plans to continue housing hundreds in hotels until March 2021
 - Looking into buying units to provide long-term supported housing
 - Financing from Council of Europe Development Bank

TOWARDS RECOVERY

- Economic & social impact of the crisis means homelessness is likely to increase in Europe
 - Need for strong prevention policies
- 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?
- Next Generation EU
 - Resilience and Recovery Facility
 - €310 billion in grants; €250 billion in loans
 - RRP e.g. Portugal
 - Plus MFF

CONCLUSIONS

- 5 things proved essential to keeping homeless people safe so far:
 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

THANK YOU!



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