Homeless in Europe

A Magazine by FEANTSA

THE IMPACT OF COVID-19 ON HOMELESS PEOPLE AND SERVICES

FEANTSA

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In February and March 2020, Europe was hit hard by the coronavirus. Italy was the first EU country to experience high numbers of cases. Within a few weeks, a largely unprepared Europe became the epicentre of the global pandemic.

One trait shared by all national guidelines in the early stages was the message: Stay home. Authorities were instructing people to work from home, public areas were shut down, events were cancelled, parks were closed. The hashtag #StayHome has been used over 4.5 million times on Instagram alone – people were holding "watch parties", applauding on their balconies, proudly reminding their peers to wash and disinfect their hands, and the already omnipresent digital world became the centre point in everyone's lives to stay in touch and stay safe and sane.

But Staying Home was evidently not an option for people experiencing homelessness. If everyone was to stay home, what, then, was to happen to those people who did not have a home, those who had previously been considered too marginal to address in social and health policies? By revolving public health advice around the notion of "home", EU States involuntarily highlighted the flaws of their own homelessness policies.

In this context, it seems crucial to highlight that people experiencing homelessness are an especially vulnerable group. Sleeping rough or staying in temporary or emergency accommodation puts them at high risk of transmission and compromises their access to hygiene and isolation spaces. Homeless people are a medically high-risk population disproportionately affected by poor health and disability, with a high prevalence of respiratory disease. If people who are homeless contract Covid-19, they are more likely to become seriously ill and to die. Furthermore, people experiencing homelessness face multiple barriers to accessing healthcare as well as public health information.

As confinement started in many countries, people experiencing different forms of homelessness were faced with even more difficulties.

Rough sleepers, sofa surfers, and people using shelters (among others) no longer had access to their usual food supplies, washing facilities, or even a safe place to stay, as public restrooms and services in general were closed down. Restrictions were being forced on homeless people despite the fact that they were not in a position to follow them, and social isolation increasingly affected people experiencing homelessness as city centres emptied.

EDITORIAL

By **Laura Rahman**, Communications and Information Officer, FEANTSA

At the same time, vulnerable groups were even more exposed to the risk of becoming homeless, either due to the looming threat of eviction as their income decreased dramatically, or due to the dangerous situation the pandemic placed them in.

With this in mind, we found it crucial to collect experiences and perspectives from different groups amongst the homeless population in an attempt to highlight some of the issues that arose for homeless people, services and policies during the pandemic: and that, precisely, is what this edition of the Magazine is aiming for.

Shelters across Europe reported a lack in protective equipment, sanitation products, and testing materials. People experiencing homelessness - who are statistically more prone to health risks and most in need of medical attention - found the already difficult task of accessing medical care even more of a struggle.

In Denmark, reports show that although infections amongst migrants were relatively low, the lack of situation-specific measures make services for homeless migrants a ticking timebomb should the country be hit by a second wave.

Vulnerable groups living in an unsafe environment, such as women and LGBTQI people experiencing domestic abuse, were cut off from their support systems. As a result they were faced with the choice between staying at "home" where their mental health, physical wellbeing and in some cases their lives were in even more danger than before, or leaving the abusive home with nowhere to go.

People in inadequate or unstable housing found themselves at immediate risk of homelessness, such as sex workers, who often live in their place of work, and whose means of survival was taken away from them as they were instructed to cease all activities.

Asylum seekers in Greece were faced with even harsher restrictions than the wider Greek population, further alienating them and endangering their lives, as shown by the recent campfires in Moria and Vathy, where they were already living in inhumane and overcrowded conditions.

Migrants and asylum seekers of colour are also affected by blatant and structural racism, which pervades decision-making authorities to this day and ultimately also plays a role in the handling of their housing situation, amongst many other things. In Europe, we still have comparatively little work on the subject, with some exceptions (such as akt in the UK, who for a while now have been analysing and denouncing the situation of young LGBT people of colour experiencing homelessness). In the USA, organisations such as the National Alliance to End Homelessness have been studying the links between racial disparities and housing inequality for a few years now. In a context where Black people are dying of the coronavirus at twice the rate of Whites in the US, and in which Black people represent 40% of the homeless population, one cannot help but wonder what impact the pandemic is having on this already highly marginalised group, and what can be expected in the future if nothing changes.

In a nutshell, both services and beneficiaries struggle(d) with the increased difficulties a pandemic entails, something that was confirmed in the findings of surveys that were led during that time. One of those surveys, summarised in this Autumn issue, not only highlights both the social and medical vulnerabilities homeless people faced, but also what practices were suggested by services to better counteract the negative effects of both the pandemic and some of the destructive measures that were put in place.

On a more positive note, after calls for urgent action from Civil Society and social services across Europe, some governments, whether local or national, acted swiftly in an attempt to protect homeless people from Covid-19, as they were both at higher risk of getting infected and at higher risk of transmitting the disease. Without these quick reactions from authorities, the already deadly spread of Covid-19 might have been even more catastrophic.

In the UK, for example, the government partnered with Charity organisations to provide people who were sleeping rough with accommodation during lockdown, although concerns now arise about what will happen next.

The one thing that can be said is that the Covid-19 pandemic has certainly put homelessness policies in the spotlight. This issue of our Homeless in Europe Magazine attempts to take an intersectional approach when examining the impact of the current pandemic on the homeless population. Marginalised groups such as migrants, asylum seekers, survivors of domestic violence, LGBTQI youth, Black and brown communities, and sex workers have one major element in common, however diversified they may be - their social exclusion and the subsequent systemic disregard for their basic rights, of which housing is a major constituting element, particularly given the current health crisis.

The Covid19-related crisis has shown that housing is a key determinant of health. We are now at a crucial moment: is it going to be "back to business as usual" from now on, or will the EU and its Member States use this opportunity to build on their efforts deployed during the pandemic to ultimately make sure no one has to be homeless again? We at FEANTSA hope for the latter.

> **By revolving public health advice around the notion of "home", EU States involuntarily highlighted the flaws of their own homelessness policies."**

I n Poland, supports for people dealing with homelessness exist largely in the form of shelters. This proved to be an obstacle in trying to provide services to homeless people during the height of the pandemic. The findings of a survey carried out by the Polish National Federation for Solving the Problem of Homelessness reveals some of the main difficulties that shelters encountered in trying to support those experiencing homelessness while also keeping infection rates to a minimum.

HOW HAS THE CORONAVIRUS OUTBREAK AFFECTED THE HOMELESS SHELTER SYSTEM IN POLAND?

By **Jakub Wilczek**, President, Polish National Federation for Solving the Problem of Homelessness

INITIAL RESPONSE AMID OUTBREAK OF CORONAVIRUS

When the first person in Poland was identified as infected with SARS-CoV-2 (4 March 2020), the preparations to protect homeless people were already a concern for service providers. In the face of the easily transmitted virus, a support system based on collective institutions (i.e. shelters) proved to be a fundamental problem – at the time of the outbreak of the epidemic it seemed impossible to secure people who live in dormitories and who regularly move in and out. An even greater unknown were the rough sleepers, whose situation in the face of a total lockdown seemed hopeless. Therefore, in the initial phase of the epidemic, the focus was turned to the implementation of basic sanitary regimes in the shelters, the provision of information (both to support workers and the homeless) and the implementation of new procedures in outreach and street food distribution services. The role of the non-governmental sector turned out to be crucial here – the organisations took many independent initiatives in this area without waiting for the government's reactions. At the same time, negotiations with the government have been initiated to ensure that the seven measures specified by FEANTSA to protect homeless people from coronavirus are in place.

ANALYSIS OF POLISH RESPONSE AND THE IMPACT ON THE HOMELESS POPULATION

In the aftermath, Poland's response to the crisis was rather mediocre. First of all, we did not succeed in testing the homeless population. The testing rate was and still is very low, not only among homeless people, but also among the general population. The postulate to house homeless people was fulfilled only to the extent of providing new solutions for people who wanted to enter the shelters – so called "buffering" services were introduced in selected shelters (in some cases whole institutions, in others – separated zones only), in living containers or (in some rare cases) in hostels or students' dorms that had been closed due to the lockdown. The purpose of these places was to isolate the newcomers for 14 days before admitting them to the destined institutions. Numerous measures were introduced to ensure safety within institutions, but in the first weeks of the epidemic the supply of personal protective equipment and disinfectants was a serious issue. However, the central and local governments provided a lot of support in this area. Another unsolved issue was (and still is) the access to non-COVID related health services which became extremely difficult for homeless people as well as for the general population. At
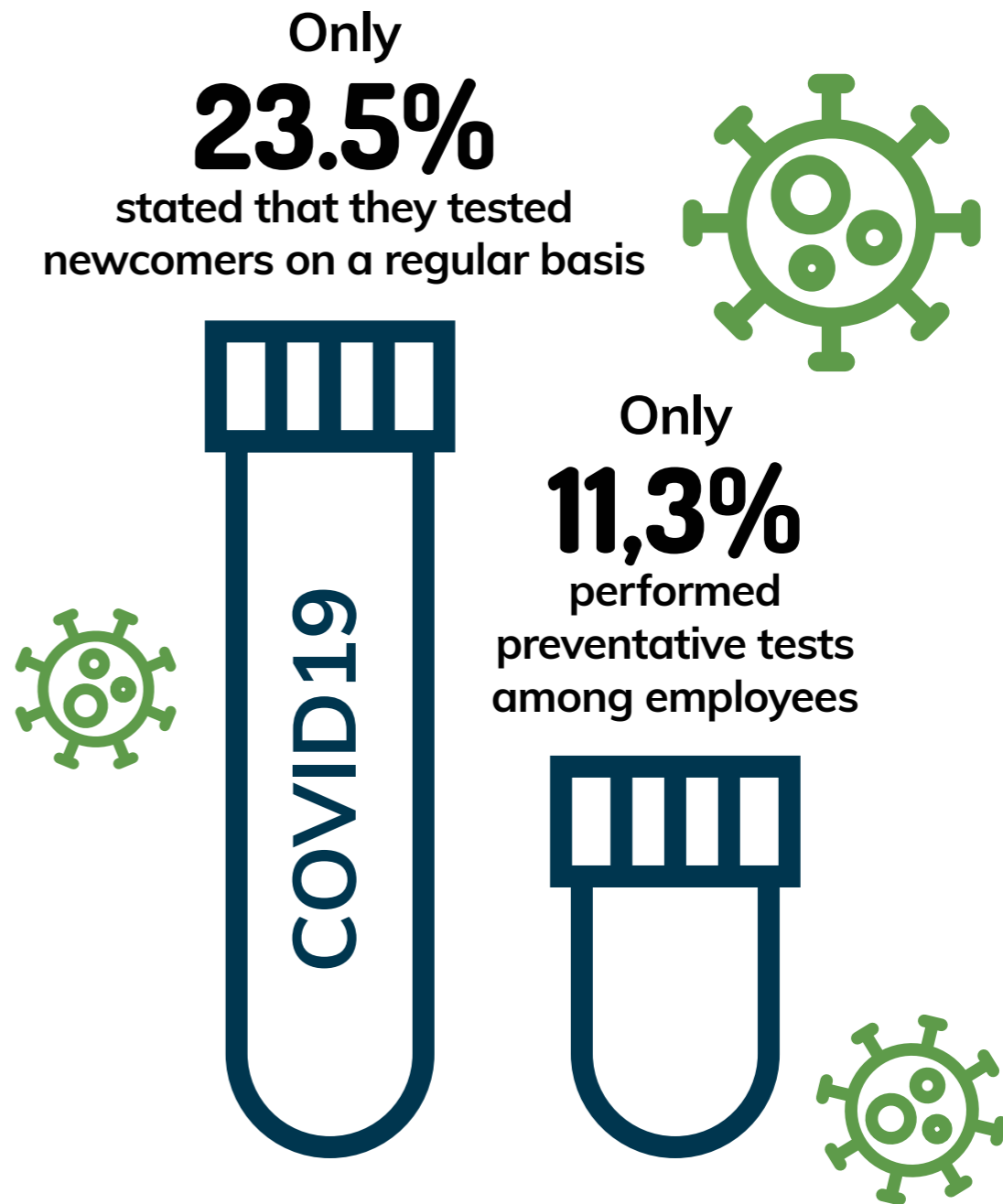
"[...] the number of homeless people on the streets is growing anyway and there is fear of a wave of evictions after the state of emergency is lifted"

the same time, the procedures for homeless people (especially rough sleepers) with suspected cases of COVID were not working in many cases, usually due to the fact that it was assumed that a person with symptoms should stay home unless there was a threat to their life. The outreach services changed significantly to ensure safety, while at the same time a huge effort was made to secure food distribution and provide personal protective equipment to rough sleepers. An important support from the government was changing the FEAD rules to facilitate access to food. In Poland the data on people who sleep rough is very scarce, but based on the anecdotal information from outreach services, there was no mass outbreak of COVID-19 among rough sleepers. All evictions were banned by the government for the time of the epidemic emergency. However it seems that the number of homeless people on the streets is growing anyway and there is fear of a wave of evictions after the state of emergency is lifted. Finally, even though there were numerous reports of the police being far too punctilious in enforcing the lockdown and sanitary regimes (including some cases of unnecessary use of force), the evidence of homeless people being sanctioned for not staying at home is very scarce.

Despite this unimpressive reaction, the spread of COVID-19 among the homeless people in institutions was quite low compared, for example, to the number of outbreaks in elderly care institutions. At the moment (mid-September) the situation is rather stable and the negotiations with the government focus mostly on providing financing (with ESF/CRII use) for "buffering" and outreach services for the winter, but also for housing solutions.

SURVEYED INSTITUTIONS

Only
23.5%
stated that they tested newcomers on a regular basis

COVID19

Only
11,3%
performed preventative tests among employees

FINDINGS OF AN ONLINE SURVEY

The above information is largely based on data collected by the Polish National Federation for Solving the Problem of Homelessness within an online survey "Counteracting COVID-19 in homeless institutions in March-June 2020". The survey was carried out in June 2020 and it involved 83 respondents representing 98 institutions for homeless people. The aim of the research was to obtain collective information on the impacts of the epidemic among homeless people and in the homeless institutions, and to describe the changes in the functioning of the Polish system of assistance for the homeless related to numerous sanitary restrictions, including restrictions of movement caused by the epidemic. The key findings of the study can be found below.

- The percentage of people infected with coronavirus among the residents of the institutions covered by the study was relatively small (0.06%). However, it increased rapidly (to 0.7%, which exceeds the national average several times) after a multi-person outbreak of the virus in one of the shelters in Warsaw. This shows the key importance of preventing the spread of the epidemic in the institutions – testing homeless people and creating "buffering" places for newly admitted clients. It is also important to note here that the Warsaw case was the only multi-person outbreak identified in homeless shelters in Poland in March - June 2020.

- The percentage of homeless people tested for coronavirus was very low too (ca. 2%). This percentage also increased significantly after new outbreaks in several institutions were revealed in June, however there was an alarming example of an institution where it came to light that a person had been infected, the whole facility had been quarantined, and yet none of the residents had been tested. Only 23.5 % of surveyed institutions stated that they tested newcomers on a regular basis. Only 11.3% of surveyed institutions performed preventative tests among employees.

- 9 cases of quarantine in institutions for homeless people were identified.

- Relatively few municipalities set up alternative places of shelter. These places served primarily to "buffer" newcomers; places for people going out to work regularly were very rare. These services were launched mainly in existing facilities. 38.1% of respondents from towns and cities which had decided to establish such a form of assistance believed that the number of alternative shelter places was insufficient.

- The most frequent (90-100% of surveyed institutions) preventative measures were: written announcements about the epidemic and restrictions, disinfection of hands and surfaces, prohibiting visitors' access and measuring body temperature. Slightly less, but still very popular were restrictions on the admission of new residents, restrictions on leaving institutions, suspension of group meetings and the obligation to use personal protective equipment (applied more often to employees than to the homeless). Only 52.0% of the institutions were able to establish isolation rooms. Even less so, i.e. 34.7%, provided the possibility to meet with a therapist or psychologist in order to alleviate tensions related to prolonged restrictions and isolation. As many as 37.8% of institutions banned going outside completely at some point. 30.6% of the facilities completely ceased admitting new people.

- Supply difficulties affected 38.8% of the surveyed institutions, especially concerning disinfectants and personal protective equipment, and 9.2% reported problems with food supply. However, the supply difficulties probably intensified only at the beginning of the epidemic – at the time of the survey 87.8% of the surveyed institutions did not report any supply difficulties anymore.

- The epidemic had a very serious impact on the access to medical services. As many as 56.1% of the institutions reported problems with their inhabitants' access treatment of chronic diseases, and 46.9% with access to a general practitioner. In total, 743 homeless persons in the surveyed institutions were affected by cancellations of planned specialist visits, treatment and rehabilitation dates. Only 5 institutions declared that this problem did not concern their inhabitants.

- The epidemic also had a very high impact on the mental health and functioning of the homeless people in the institutions – numerous tensions related to the imposed restrictions appear. As many as 67.5% of respondents observed problems in this area.

- No correlation could be observed between the epidemic and the change in the number of the homeless people in institutions.

- A relatively small percentage of respondents (8.5%) had knowledge of cases of punishing homeless people for breaking the lockdown restrictions.

- The epidemic proved to be serious a threat to the functioning of non-governmental organisations providing assistance to the homeless. As many as 60.6% of respondents representing the non-governmental sector reported that the epidemic caused a difficult financial situation in their organisations. Almost half of those reporting financial problems declared that these problems may pose a threat to the provision of aid .

- At the time of the survey the needs of the entities running institutions for the homeless included primarily: provision of tests and personal protective equipment, creation of alternative places of shelter ("buffering"), establishing clear rules of functioning of facilities for the homeless during the epidemic, good communication from public administration and improved access to medical services.

- A great number of concerns was also expressed by the managers of the institutions, both in relation to the financial situation of their organisations, as well as the health of the homeless people and the staff in institutions.

"In the face of the easily transmitted virus, a support system based on collective institutions (i.e. shelters) proved to be a fundamental problem"

When lockdown measures were put in place in Denmark, a section of the population was neglected – homeless migrants. The Red Cross Health Clinics in Denmark came up against an array of challenges in catering for the needs of this group. Attempting to secure a space in which these people could quarantine without investigation into their legal status was one such challenge. Providing supports for this group proved to be a minefield and made clear the deep flaws in the government's lockdown measures.

THE HOMELESS MIGRANTS LEFT IN THE LURCH IN DENMARK

By **Vibeke Lenskjold**, Former Leader of the Danish Red Cross Health Clinic and **Rikke Dalsted**, Current Leader of the Danish Red Cross Health Clinic

LOCKDOWN MEASURES IN DENMARK

On Wednesday 11th March 2020, the Danish Prime Minister Mette Frederiksen held a press conference, where she announced that Denmark would be locked down and all country borders would be closed to minimise the further spread of the COVID-19 virus. By Friday 13th March, all schools, day care centres, educational establishments and most workplaces in Denmark had to close indefinitely, and people had to stay at home. Only necessary functions in the country remained open such as public transport, grocery stores, nursing homes and of course the hospitals and medical facilities to take care of the most vulnerable part of the population. With regards to the "most vulnerable", the Prime Minister had the elderly and the chronically ill in mind, but did not have the socially vulnerable in mind at all - the homeless Danes and migrants. In the debate about COVID-19 and how to deal with the infection, hardly anyone thought about supporting and protecting the socially vulnerable or addressing their situation. As an example, when Danish society locked down, all public toilets and many drop-in centres, such as the day shelters supporting homeless people, were all closed, and most of the public employees who supported the homeless and migrants were sent home indefinitely.

DANISH RED CROSS'S HEALTH CLINICS

In 2011 the Danish Red Cross established health clinics for people in Denmark without public registration or a civil society number, and thus do not have access to any public health care services except emergency care. The Red Cross Clinics are run in collaboration with the Danish Refugee Council and the Danish Medical Association.

They are run purely by professionals who volunteer such as doctors, nurses, midwives, dentists, physiotherapists and bioanalysts. Only the manager and a few other employees are paid staff.

In March 2020 when it was decided that Denmark would lock down to minimise the spread of COVID-19, it was immediately decided to keep the clinics open to make sure that migrants were still able to access medical care. The first month after the lock down started was a nightmare, with a lot of unsolved issues. Who would take care of the homeless migrants who had contracted COVID-19? Where could migrants use a toilet? Where could they sleep and be provided with food? The Danish Government and the Danish Health Authorities advised everyone to stay at home, keep their distance and maintain proper hand hygiene. But how could migrants follow this advice and take their precautions without a home or any access to a bathroom to wash their hands? What if they were infected? Where could they quarantine so that they did not infect others? All these questions were left unanswered and confusion was spreading at once with the virus.

The Red Cross Health Clinic, which has a clinic in Copenhagen, Aarhus and Odense, therefore decided to stay open, and made sure both volunteers and patients were kept safe from COVID-19 infection by maintaining proper distance regulations and providing personal protective equipment. To take the necessary precautions to avoid COVID-19 infection in the Red Cross Clinics, only a few patients were allowed into the clinic at a time and all patients were asked at the entrance if they had any symptoms COVID-19. If they had, the patient had to wait outside, and the medical doctor would examine the patient, wearing protective equipment. It was difficult to find facemasks, gowns and hand sanitizer since the demand was very high and the supply level was insufficient, as protective equipment was mainly reserved for vital functions such as hospitals.

"Many homeless migrants had understood the message – remember to wash your hands – but they had nowhere to do it"

It was not possible to test for COVID-19 in the Red Cross Clinics, and the only option in the case of a suspected infection was to advise the patient to go home and isolate indoors until the symptoms disappeared. This was another difficult thing to do, while we were well aware that many of our patients do not have a home in Denmark. In the case of a severe COVID-19 infection, patients could call the emergency services and be admitted to hospital, since it would then be considered an emergency and would be covered by the Danish Public Health system.

THE SHORTCOMINGS OF GOVERNMENT POLICY

The best practice for handling a a patient with a suspected COVID-19 infection, but with no home in which to self-isolate was unclear, and still is. The municipality of Copenhagen was therefore approached to find out if any considerations had been made regarding the matter. The reality was that a COVID-19 homeless person who had contracted the virus, who could not quarantine indoors, could walk the streets, which poses a risk to the rest of the population. Not having a family doctor to call and facing language barriers would also mean that they did not have access to correct information and to medical advice.

The authorities in the Danish municipalities did not have an answer to this question, since most public employees had been sent home and no one had created a plan. The municipality also did not respond to the countless inquiries to open the public toilets. Many homeless migrants had understood the message - remember to wash your hands - but they had nowhere to do it.

It seemed there were no limits to the laws and regulations the Danish government could implement during the lockdown to minimise the spread of infection and take care of the vulnerable elderly and chronically ill Danish citizens. The pressure on Red Cross clinics and on some of the private drop-in centres for homeless migrants only grew under the lockdown. What would happen if the COVID-19 pandemic spread amongst the population of homeless migrants? Several aid organizations tried to get an answer from the Minister of Foreign Affairs as to whether emergency shelters could be established for homeless migrants. The answer was short and straight – No! The explanation was that it was not possible to suspend laws and regulations in Denmark that prohibit the provision of shelter to illegal immigrants. On the other hand, several cities in Denmark had established places for the homeless Danish citizens to quarantine.

The condition on which any patient could be admitted to such a quarantine centre was be that their legal status would be investigated and without visa in Denmark, the patient would be detained and eventually sent to their home country. Due to these conditions, admitting a patient to such a centre was not an option for the Red Cross clinics, since the clinics guarantee safe medical treatment without Danish authorities being involved. If any patient were sent into quarantine with the authorities, patients would not dare to use the clinic in the future.

CASES AMONG THE MIGRANT POPULATION

Over a month after the lockdown was set in place in March 2020, most public toilets were reopened -so far so good. But the fear of meeting an infected homeless migrant still lurked. How could patients be supported if they had the virus? One weekend in April 2020, panic broke in a small private drop-in centre with accommodation for migrants. A group of 16 migrants had been tested for COVID-19 and at least 12 of them had tested positive. Those who had tested positive to COVID-19 could not stay at the drop-in centre, as this would put others at risk of infection.

All conceivable health authorities were called and finally, access to the municipality's quarantine sites for homeless people was granted. When the centre opened, other problems arose. Many of these migrants who tested positive did not believe the COVID-19 results, since they did not experience any symptoms or signs of illness. The infected persons had been promised that Danish authorities would not be involved, but an employee at the quarantine centre investigated their residence status. Staying in Denmark on a legal basis was a difficult task for many, since the Danish borders had remained closed. Most had stayed more than the permitted three months in Denmark.

CONCLUSION

Fortunately, COVID-19 has not hit the group of homeless migrants in Denmark so far. In the Red Cross clinics only, a few patients with possible symptoms have shown up, but none with severe symptoms. The reason COVID-19 has not in the migrant population might be due to the little contact between homeless migrants and Danish citizens.

The COVID-19 infection amongst the regular immigrant population in Denmark might have spread due to several factors, for example immigrants often have jobs in establishments that did not close during the lockdown. Some have poor access to healthcare and poor health conditions. Several immigrant women are employed in nursing homes where protective equipment was scarce. Others are employed in supermarkets where they come into contact with many people. Men are sometimes employed as taxi drivers, run small grocery stores and the like - all these jobs involve contact with other people. Additionally, many immigrant families live in small, overcrowded apartments with little space to isolate themselves from the rest of the family.

In retrospect, it must be stated that the Danish government acted wisely by shutting down Danish society quickly. Many measures were swiftly taken to protect the vulnerable - elderly and chronically ill citizens. However, there were no plans or considerations made for the homeless migrants. It was as though these people did not exist at all, at least from the politicians' and the responsible authorities' points of view. What would have happened if the pandemic had hit homeless migrants? Even more frightening is the fact that there is still no plan for homeless migrants if a second wave of COVID-19 hits Denmark.

WHAT IMPACT HAS COVID HAD ON THE LGBTQ+ YOUNG PEOPLE FACING HOMELESSNESS IN THE UK?

LGBTQ+ youths, who are over-represented among the homeless population, have been disproportionately impacted by the pandemic. Akt are a charity who support LGBTQ+ young people facing homelessness, and have witnessed first-hand the negative effect that lockdown has had on this group, as well as the barriers they face in accessing supports. Tim Sigsworth outlines how akt have adapted their services to suit the needs of LGBTQ+ homeless young people, and how local authorities can do the same.

By **Bex Shorunke**, Senior Media Officer, akt charity, UK

BACKGROUND

The calamitous impact COVID-19 has had on the U.K. is such that we will continue to feel its aftershock in years to come. The pandemic has caused significant loss of life and livelihood. The lockdown restrictions that were introduced in March, whilst necessary to control the virus, have caused widespread negative economic consequences, exacerbated health inequalities, overturned daily life and deteriorated mental health and wellbeing.

Unemployment has skyrocketed as a result of businesses being forced to shut during lockdown. The government response saw loans set up to keep businesses afloat and employees enrolled into a 'Furlough scheme', meaning 80% of their wages would be state subsidized until October 2020. Despite this, many businesses have had to close, staff have been laid off and unemployment continues to haunt the nation.

The homelessness sector has been one of the worst hit by COVID. National youth homelessness helplines have reported a doubling in calls[1] during the lockdown with many young people trapped in abusive households. Rough sleepers who were swept up into temporary accommodation amid the government's 'Everybody In' directive are now having to leave the hotels and hostels that initially housed them. Those without employment who were in rent arrears during lockdown now face a rent debt crisis, foreshadowed by the lift of the eviction ban at the end of September. Consequently, homelessness is set to treble in 2020.

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1   https://www.homeless.org.uk/sites/default/files/Policy%20Briefing%20-%20Youth%20COVID-19%20final-2.pdf

LGBTQ+ YOUNG PEOPLE AND HOMELESSNESS

Akt is a U.K charity supporting LGBTQ+ young people aged 16-25 who are facing homelessness, familial rejection or living in a hostile environment. We provide emergency accommodation (via our Purple Door scheme), host programmes, housing support and assistance with independent living.

One quarter of young people who are facing homelessness in the U.K identify as LGBTQ+, meaning they are overrepresented within this demographic. This can be attributed to the additional hurdles LGBTQ+ young people face when growing up; namely, homophobia and transphobia in the household. 77% of the young people we support cite familial rejection as the main factor for their homelessness.

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Homeless LGBTQ+ young people are more likely to be mistreated and mishandled by local authorities, experience violence and discrimination and develop substance misuse issues. Therefore, akt bridges the gap between LGBTQ+ young people facing homelessness and housing authorities who lack the insight to properly support them.

IMPACT OF COVID ON LGBTQ+ YOUNG PEOPLE

Our research shows that one in ten parents would feel uncomfortable if their child came out as LGBTQ+ (2019 YouGov). With more than one in ten not wanting their child to bring home a same-sex partner. The U.K lockdown brought some of these homophobic sentiments into fruition. There was increased tension within families who were intolerant of their child's sexual orientation or gender identity and thus abusive, alongside heightened anxieties in young people feeling ostracised from their queer community and experiencing the strain of having to hide their true self for fear of being 'outed'. The growing number of young people feeling compromised during lockdown translated into a rapid increase in referrals to akt services.

This April - the peak of Coronavirus- akt saw a sharp rise in referrals amounting to a 107% footfall increase in London compared with April last year, and approximately 37% increase across all our akt branches. Many of these referrals came from 16-18-year-olds living in hostile environments who had either been forcibly removed from their homes, or voluntarily left to escape abusive situations. Many were now presenting to akt as rough sleepers.

The implications for LGBTQ+ young people who find themselves homeless amid COVID are dangerous. Many are suffering with PTSD on account of the trauma experienced in homophobic and transphobic households. Additionally, the cancellations of Pride celebrations across the city (including U.K Black Pride and Muslim

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Rise in referrals to akt services

107%

APRIL 2019 — APRIL 2020
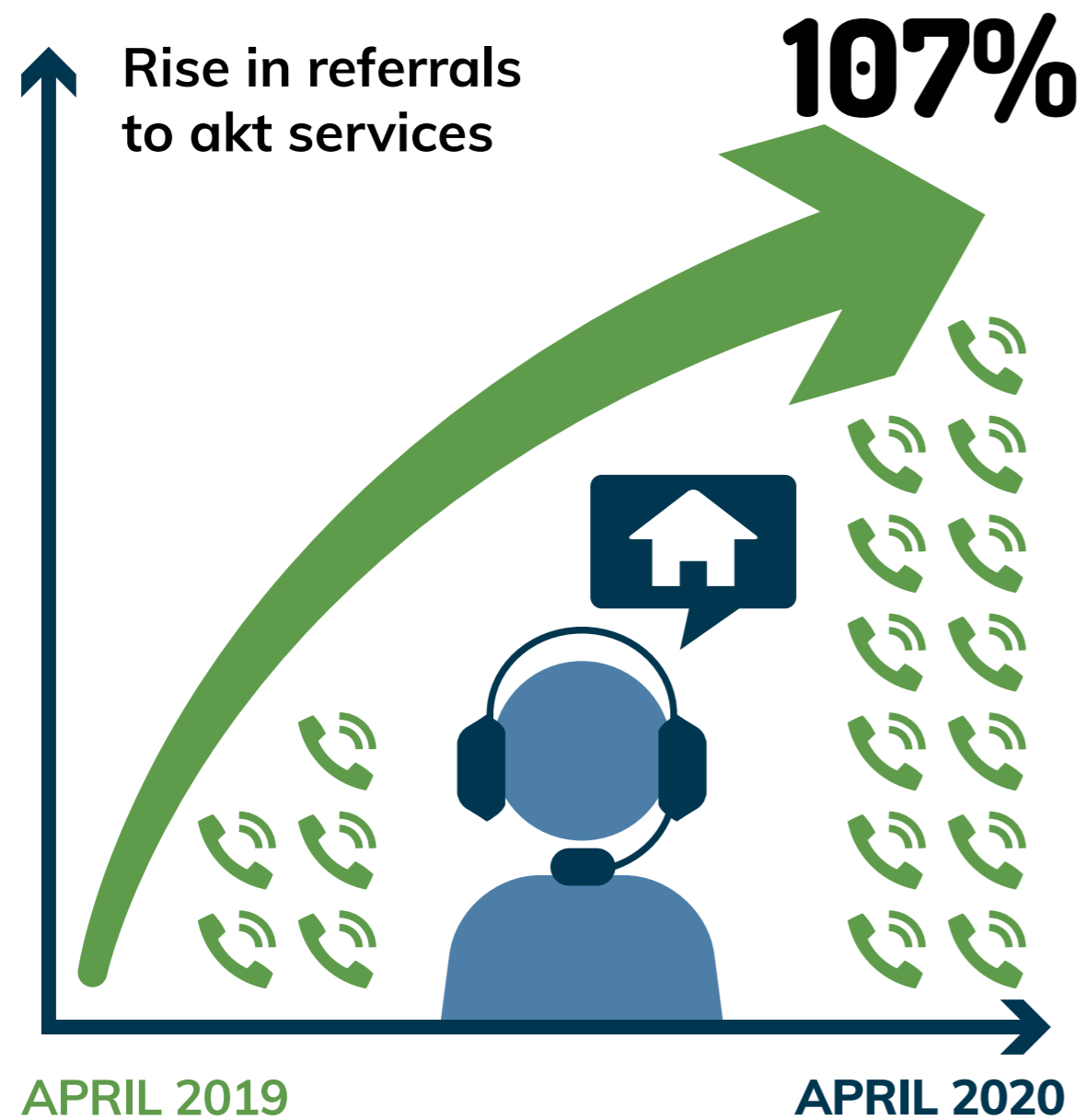
Pride) added salt to the wound. For many young people Pride is a lifeline that grants them the opportunity to express their gender identity and connect with an LGBTQ+ community they may not have access to at home.

This compounded with the erosion of and limited access to support networks usually present, and an ongoing shortage of viable accommodation options, makes for a young person in an increasingly desperate situation.

We are seeing young people across all genders and sexual orientations engaging in risk taking sexual behaviours as a means for survival. They are using dating websites to meet people and obtain a bed for the night or to connect with others outside their abusive homes. This exponentially increases their exposure to violence and sexual exploitation.

Another motivation for engaging in sexually risky behaviours is financial. The gig economy was hit hardest by COVID-19 in terms of jobs loss and risk of unemployment - many of our young people work within this realm. The back-payments for their rent are accumulating, and with many young people on license rather than tenancy agreements, they are at the mercy of their landlord. Subsequently they are being served postponed or no-fault evictions irrespective of the existing eviction ban. In these situations, with little knowledge of their financial rights, some young people are resorting to exploitative sex-for-rent arrangements.

LGBTQ+ ETHNIC MINORITIES

In the U.K ethnic minorities have been disproportionately impacted by the virus. This is in part due to health inequalities and greater exposure to the virus in frontline and key worker professions. Therefore, LGBTQ+ black and brown communities have suffered as a result. 68% of the young people accessing akt's services are black and people of colour (rising to 80% in London). They face intersectional barriers on account of their gender or sexual orientation *and* race.

Examples of this include LGBTQ+ young black men who are rough sleeping becoming targets of racialized prejudice. StreetLink requires rough sleepers to be in a fixed location to be helped, however as the police are continually moving these young men along, they are being prevented from accessing support.

This racism filters into the renting sector leading to housing insecurity among LGBTQ+ black and PoC folk. Lockdown has strained familial relationships so many young people are resorting to privately rented rooms for safe refuge. Young black men being discriminated against by renting agents based on their African surname is all too common. Similarly, the same demographic is being unfairly dismissed by prospective white housemates and renting agents on account of 'not being the right fit' - the racist overtones soon become apparent.

HOW ARE AKT ADAPTING TO SUPPORT LGBTQ+ YOUNG PEOPLE?

At the start of lockdown we launched our appeal #aktogether to galvanise support on social media and raise money for LGBTQ+ young people at high risk. This enabled us to provide accommodation to rough sleepers in need of safety, food and hygiene supplies or just a bike to get to work.

We digitised our services where possible. We created an online support hub as a safe space for young people to connect with each other and seek resources on mental wellbeing. We utilised our live-chat and set up an e-mentoring service offering advice on financial rights, seeking refuge and staying safe.

Twitter and Instagram were mobilised as platforms to push wellbeing-focused content, tips to navigate lockdown and online events, such as our #aktogether sessions - a two-day online extravaganza providing practical tips, Pride-themed Q&As and guest-featured Instagram Lives. All of which contributed to the 200 percent spike we've seen in young people visiting the site in the past twelve months.

LGBTQ+ young people facing homelessness are now dealing with the aftermath of COVID, severely strained familial relations, a rent-debt crisis, unemployment, imminent eviction and the mental and physical ramifications of lockdown. To cater to the increasing need for our services we've hired two new caseworkers for London, a digital caseworker and an Assistant Director of Services. However, in order to cultivate the infrastructure needed to sustainably support LGBTQ+ young people experiencing homelessness, local authorities need to do their part.

WHAT DOES THAT LOOK LIKE?

Recognising hidden homelessness is paramount. Sofa surfing, hook-ups that supply a bed for the night and gay saunas (when they're open) all present themselves as viable options for a young person in search of shelter. Local authorities need to consider the transient nature of homelessness in order to adequately support young people's needs.

The vulnerabilities of this group; the tendency for charities like akt to be their first port of call; the likelihood they've left home and their community due to abuse; their transient behaviour when homeless, are factors that need consideration when establishing priority need. Likewise, taking heed of and monitoring the young person's sexual orientation and gender identity when they approach the local authority is important. This ensures their associated risks and requirements have been taken into consideration, and signals to LGBTQ+ communities

they are in a safe place. It also lets charities like akt know exactly how many LGBTQ+ people are facing homelessness; at present, we have no data on them as a specific group meaning we don't know the full scope of the situation and aren't able to help as much as we could.

Our final ask to authorities and housing providers is to listen to us. LGBTQ+ homelessness and abuse will not end without partnerships between local authorities and charities like akt. COVID has challenged the mechanics of our society, and with it, further inflamed the barriers already faced by LGBTQ+ young people. Akt takes this into account. We provide training and guidance to local authorities and housing providers which enable them to develop safe, bespoke and localised responses to LGBTQ+ youth homelessness. By working together, we can engage in prevention and early action to provide a service that is gender and race inclusive, and ultimately, end LGBTQ+ youth homelessness.

"LGBTQ+ young people facing homelessness are now dealing with the aftermath of COVID, severely strained familial relations, a rent-debt crisis, unemployment, imminent eviction and the mental and physical ramifications of lockdown."

Survivors of domestic abuse experiencing homelessness are one of the most marginalised groups in society, and the lockdown-related rise in demand for already limited resources exacerbated the barriers they face. Catherine Glew, Louisa Steele and Lisa Raftery explain how a partnership proved vital in providing guidance to those working in the homelessness and women's sectors, and outline why a gendered approach is essential going forward.

DOMESTIC ABUSE AND HOMELESSNESS IN ENGLAND DURING THE COVID-19 OUTBREAK

By **Catherine Glew** (St Mungo's), **Louisa Steele** (Standing Together), **Lisa Raftery** (Homeless Link), UK

INTRODUCTION

In March of this year, COVID-19 spread fast across the UK. National lockdown measures came into effect on 23 March, and by late April the UK had the third highest recorded death toll in the world.[1] It soon became clear that this was a particularly dangerous time for those suffering domestic abuse and people facing homelessness.

RISING LEVELS OF VIOLENCE AND ABUSE

A survivor survey carried out by national federation Women's Aid found that lockdown measures escalated domestic abuse and closed down routes for women to escape to safety. 67.4% of survivors currently experiencing abuse said that it had gotten worse since COVID-19, and 76.1% said that they are having to spend more time with their abuser.[2]

Women from Black and minoritised communities faced particular risk, being at the sharp end of racialised discrimination and increasing levels of violence against women and girls (VAWG) as well the disproportionate impact of the virus.[3]

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1   WHO, 30 April 2020. COVID-19 Situation report 101 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200430-sitrep-101-covid-19.pdf?sfvrsn=2ba4e093_2

2   Women's Aid. (2020) A Perfect Storm: The Impact of the Covid-19 Pandemic on Domestic Abuse Survivors and the Services Supporting Them. Bristol: Women's Aid.

3   Imkaan (2020) The Impact of the Dual Pandemic's: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls.

SURVIVORS CURRENTLY EXPERIENCING ABUSE
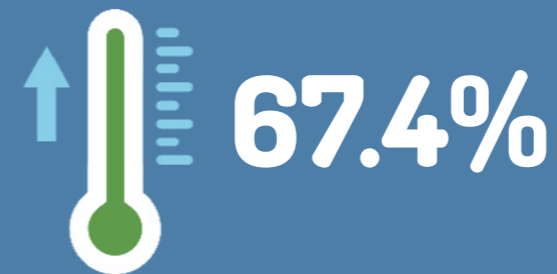
67.4%
Said it had gotten worse since COVID-19

76.1%
Said they are having to spend more time with their abuser

A lack of housing options can stop survivors from being able to leave, and these options have been even more limited. Women's Aid's found that two women surveyed had been homeless during lockdown, and that another had had to travel 600 miles to a refuge space.[4]

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4   Women's Aid (2020)

RESPONDING TO HOMELESSNESS

People experiencing homelessness, particularly those sleeping rough, have also been severely vulnerable. The UK Government responded with the public health initiative 'Everyone In', funding hotel rooms to allow an estimated 14,600 people in England who were sleeping rough, staying in communal shelters or otherwise vulnerable to rough sleeping to safely self-isolate.[5] The initiative showed what political will could achieve and provided shelter for those with long histories of rough sleeping.

Research and experience have shown that survivors of domestic abuse experiencing homelessness alongside other forms of disadvantage are among the most marginalised in society. Women are disproportionately affected - a 2018 evidence review by the University of York for St Mungo's found that experience of domestic violence and abuse was "near-universal" among women who become homeless.[6]

It is worth bearing in mind that even before the pandemic, survivors experiencing homelessness faced considerable barriers to getting the support that they need. Women and survivors facing challenges with their mental health, substance use and immigration status struggle to access specialist domestic abuse services, which are often poorly

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5   Inside Housing, 6 June 2020. MHCLG clarifies rough sleeper claims following stats regulator intervention https://www.insidehousing.co.uk/news/news/mhclg-clarifies-rough-sleeper-claims-following-stats-regulator-intervention-66667

6   Bretherton and Pleace (2018) Women and rough sleeping: A critical review https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/

resourced to work with survivors experiencing multiple disadvantages. Rising demand, limited funding and constraints caused by lockdown measures only exacerbated existing barriers to support for homeless survivors during COVID-19.

A COLLABORATIVE RESPONSE

The pandemic has made a strong partnership response to homelessness and domestic abuse more important than ever. Before the COVID-19 outbreak, Standing Together and St Mungo's were already working collaboratively on the Safety by Experience project, funded by the Ending Women's Homelessness Fund managed by Homeless Link, the national membership charity for homelessness agencies in England.

Safety by Experience aims to find out more about the experiences of women who live in or access homelessness support services. By asking women how they keep safe, and finding out more about their experiences of multiple disadvantages and violence and abuse, the project is creating guidance and resources for staff across the homelessness and women's sectors, ultimately ensuring that women feel safer and better supported in homelessness services.

Partnerships of this kind are key to getting responses right for this most marginalised group of survivors. Sharing skills, knowledge and experience across sectors can empower staff working in homelessness settings to better identify and respond to domestic abuse and other violence against women and girls.

> **The University of York found that experience of domestic violence and abuse was "near-universal" among women who become homeless."**

TOOLS FOR THE HOMELESSNESS SECTOR

By March, with the threat from domestic abuse escalating nationally, the partnership quickly realised that clear and simple tools were needed for colleagues working under intense pressure to make sure that people facing homelessness could safely self-isolate.

Hundreds of people housed under the Everyone In initiative were self-isolating in hotel rooms with strict social distancing and infection control measures in place. Time spent working face-to-face was minimal, and guests were encouraged to remain in their rooms as much as possible. These measures - while vital to control the spread of the virus - made it more difficult for staff to recognise signs of abuse and build trust so women and survivors felt safe to disclose. Meanwhile, the risk was increasing - particularly for survivors self-isolating alongside their perpetrators.

Together with colleagues from SHP and Homeless Link, St Mungo's and Standing Together published brief guidance on recognising and responding to domestic abuse and sexual violence during COVID-19, published in April. The guidance provides a simple framework for asking and responding to disclosures of domestic abuse, as well as addressing specific concerns for staff working in homeless hostels and emergency hotels.

The guidance gives example scripts for welfare checks conducted face to face and on the phone, which was becoming standard practice in many homelessness services. It also suggests ways to navigate social distancing guidance and offer support discretely and safely when women may be overheard by those around them.

Initial feedback from staff working in homelessness services was encouraging - despite dozens of new rules and guidance documents to follow, colleagues found the domestic abuse guidance clear and practical. The partnership will keep the document under review in preparation for future local or national lockdown measures.

LEARNING FROM OTHER PARTNERSHIP PROJECTS

Beyond the Safety by Experience project, Homeless Link was working with grantees of the Ending Women's Homelessness Fund across England as homelessness and women's sector partners adapted their practice. Whilst the vast majority of the 29 partnership projects adapted and continued to provide vital support services to women experiencing homelessness, some organisations were forced to pause.

Across the country the women's sector and homelessness sector partners advocated for women's needs to be recognised in the emergency provision, being vocal on COVID-19 task force meetings and collaborating with other agencies to ensure women's voices were heard. Despite this, very few local areas opened women only emergency accommodation, and vulnerable women were placed in mixed-sex accommodation at great risk to their safety.

Only two areas had opened a women only emergency space within the first three months of the pandemic - Leeds and Manchester. In Leeds, this rapid gendered response was built on existing hard work by frontline services across the women's and homelessness sectors, who before the pandemic advocated for a women-only emergency night shelter to be opened by the council. This proved successful, and

the Safe Space hub was opened in September 2019, based at the St Anne's Centre and supported by Simon on the Streets women's outreach workers funded by Homeless Link.

When the pandemic hit, frontline services and council acted quickly to open a women only emergency hotel, and to move women from the women's Safe Space hub into the women's hotel with a partnership of organisations coordinating support to women accommodated. This is an example of the power of partnership working cross-sector between women's and homelessness sectors, and a proactive local authority who had already embraced the need for a gender specific response to women's homelessness.

Since then, three other areas have opened women-only spaces after strong advocacy and lobbying from the partnership projects. Other areas have greatly improved the situation for women in mixed-sex accommodation, through working with the authorities to create safe zones within the hotels and providing training for hotel staff on violence against women and girls (VAWG).

Homeless Link continues to gather and share the learning from these cross-sector partnerships as the situation evolves, and as women are moved from emergency accommodation into move on housing. The charity will shortly publish a case study review of seven grantees' experiences adapting services to COVID-19, and the impact on women and services.

HOMELESS SURVIVORS OF ABUSE MUST NOT BE FORGOTTEN

As emergency hotels close, focus has switched to finding suitable move on accommodation and support for people accommodated through the Everyone In initiative. Alongside this, homelessness agencies are turning their attention to the increasing flow of people newly sleeping rough as the winter months draw in. In London, 620 women were seen sleeping rough between April and June of this year, a 20% increase compared to the same period in 2019.[7]

In preparation for a likely second spike of the virus in the UK, it is essential that local and national governments go further and embrace a gender sensitive response to women's homelessness, considering the needs of women when planning and funding emergency accommodation and move on options. Without careful consideration, women survivors experiencing homelessness, domestic abuse and VAWG alongside other disadvantages will stay hidden and go unsheltered and unsupported. .

Guidance for staff on how to best support this group is essential. However, the expertise of staff in the homelessness and specialist women's sectors can only go so far if the safeguards that women and survivors require – including women-only accommodation, the provision of ongoing specialist support and additional security measures for safety – are not there.

The Safety by Experience project will continue to work alongside partners from across government, homelessness, and the specialist women's sectors to bring to light the needs of women and survivors of domestic abuse and embed a gendered response to homelessness across England.

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7 Greater London Authority (2020) Rough sleeping in London (CHAIN reports) https://data.london.gov.uk/dataset/chain-reports

Sex workers were one of the marginal groups most deeply affected by the pandemic and subsequent lockdown measures, many losing their accommodation or their income, or both. However, monolithic ideology prevented the inclusion of sex workers in governments' provisions of financial support for those who had lost work. Luca Stevenson outlines how this ideological approach only serves to marginalise sex workers further.

PUTTING EVIDENCE BEFORE IDEOLOGY: WHY LISTENING TO SEX WORKERS WOULD PREVENT FURTHER DESTITUTION AND HOMELESSNESS

By **Luca Stevenson**, Coordinator, International Committee on the Rights of Sex Workers in Europe (ICRSE)

THE HOMES OF SEX WORKERS

Agricultural workers, remote hotel staff, soldiers, au-pairs, sailors, astronauts and sex workers. It is hard to imagine a common denominator between these occupations, however, for many working in these sectors, housing is often provided by their employer. Barracks, boats, or even space stations are often both workplace and accommodation. In Europe, many sex workers, especially migrants, live and work in brothels and pay daily fees to their employer for the room they occupy.

HOW LOCKDOWN MEASURES IMPACTED SEX WORKERS

When COVID-19 broke out, many brothels had to close down and so many sex workers, a large number of them migrants, were forced on the streets, as they had to leave not only their place of work, but their means of accommodation. Some brothel owners agreed to let sex workers stay on the premises during lockdown but many were expelled overnight. Community organisations and media also reported that migrant sex workers were unable to cross borders and rejoin their families: no income, no housing, their safety and health further compromised by the lack of support from authorities.

Not all sex workers live at their work premises and this is only one example of how sex workers were impacted by the pandemic and the associated government measures, or rather the lack thereof.

A CHOICE BETWEEN LIVELIHOOD AND HEALTH

Like many socially marginalised groups, the vast majority of sex workers across Europe (and globally) have been extremely negatively affected by the pandemic. The number of clients had already dropped dramatically even before the lockdown measures were introduced. Once these measures were in place, sex workers faced difficult choices in a context of uncertainty: stop working and put themselves in a precarious situation or risk their own health, community and family members (as well as fines and policing) by continuing to sell sex. In particular, migrant sex workers who relied on their daily income to pay for hotel rooms or other temporary accommodation were suddenly at greater risk of homelessness.

ICRSE'S ATTEMPTS TO SECURE STATE SUPPORT FOR SEX WORKERS

ICRSE, a regional network for sex workers' rights, immediately raised the alarm on the impact COVID-19 would have on our communities. Due to the stigma attached to sex work, most European governments did not include sex workers in their economic and social measures leading to the greater precarity of sex workers who often rely on daily income to cover hotel or other accommodation fees. In countries where sex work is criminalised, including countries with the supposedly progressive Swedish Model, sex workers were not able to access any state support. In countries which recognise and regulate

"No income, no housing, their safety and health further compromised by the lack of support from authorities."

sex work, the situation was slightly better. If you were working legally and fulfilled countless administrative formalities - a task impossible for many sex workers who refuse to register or are unable - you might have been entitled to some governmental support. Furthermore, when ICRSE members and organisations led by and supporting sex workers directly approached Ministries or government agencies for support, they were rejected. The Ministry of Justice in Ireland for instance explained to our member, Sex Worker Alliance Ireland: *'I want to make it clear that funding is not available for NGOs whose objectives and philosophy is opposed to these values and principles. If your organisation considers that you do share our understanding of prostitution as inherently exploitative of vulnerable people, then it is of course open to you to submit a formal application for funding."* In France, the Ministry of Equality simply said that it would be *"too complicated"* to offer sex workers economic support.

In its various statements and policy demands, ICRSE made one simple and central recommendation: include sex workers in the wider development and implementation of polices, including those supposed to mitigate the public health and economic impact of COVID-19. In particular, ICRSE called for immediate economic and social support to sex workers which would have protected sex workers from putting themselves at risk of COVID as well ensuring their ability to maintain relatively safe housing during those very uncertain times. The short-sightedness and the consequences of excluding sex workers have been pointed out by public health organisations for many years: the World Health Organisation itself not only opposes the criminalisation of sex work, including the criminalisation of clients, but recommends the meaningful involvement of sex workers as a fundamental part any public health programmes.

GOVERN WITH LOGIC, NOT IDEOLOGY

Times of crises such as the one we live through immediately reveal the dysfunctions and inequalities of our societies. The issue of sex work is a controversial one and opinions are highly divided on the best way to support people in prostitution, combat exploitation and protect sex workers' rights. However, the COVID-19 crisis has shown us that by defining sex workers as victims, without agency and in need of rescue, governments and institutions only exacerbate the social exclusion of this group. We have seen further proof of how convenient it is to ignore us when sex workers call out for reforms and inclusion.

The COVID-19 crisis and the upcoming recession will not only gravely impact those currently in sex work, putting many at risks of further precarity and homelessness, it will also (as demonstrated during the 2008 financial crisis) lead to an increase in people, in particular women, migrants and LGBTIQ people, entering the sex industry to make ends meet, pay debts and rents or replace a lost job. Economic support, wether as income replacement, emergency funds or universal basic income as well as more greater availability of social housing (irrespective of one's involvement in sex work, migration status or drug use) should be a clear priority by all those who concerned by the welfare of sex workers.

The correlation between precarious or unsafe housing and sex work[12] must continue to be explored and myths about homeless people and sex workers dispelled in order to develop nuanced and adequate policies that respect the dignity of those vulnerable groups.

The pandemic has shown, for those who still needed to be convinced, that policies based on evidence rather than ideologies work best to ensure the health, safety and well-being of all society members, including those most marginalised. The demands of sex workers, from an end to criminalisation, involvement in policy-making and direct support for community-led initiatives is backed by such evidence. It is high time that voices of sex workers are heard and listened to.

> "The correlation between precarious or unsafe housing and sex work must continue to be explored and myths about homeless people and sex workers dispelled"

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1   Structural violence against sex workers https://www.sexworkeurope.org/resources/community-guide-structural-violence-2015

2   Rights violations against migrant sex workers http://www.sexworkeurope.org/fr/icrse-intersection-briefing-papers/resource-surveilled-exploited-deported-rights-violations-against

This piece shows the dire situation for refugees during the pandemic in Greece, in a context where the recently elected government had already been implementing anti-migrant and anti-refugee policies. The infamously overcrowded refugee camps faced additional hardship due to deliberately harsh government measures.

HOW COVID-19 HAS HIGHLIGHTED THE ANTI-MIGRATION AGENDA IN GREECE

By **Dominika Spyratou**, Advocacy Officer, Solidarity Now, Greece

Greece made headlines in March and April and won significant praise for its response to Covid-19. By imposing strict limitations on movement less than two weeks after its first reported case, in combination with other drastic measures, the country managed to successfully contain the spread of the virus.

Less discussed are the ways in which the Coronavirus has affected Greek society and its most vulnerable and marginalised groups, in particular, asylum seekers and refugees. For them the pandemic is a potential threat to their fundamental rights in an increasingly hostile environment.

Since coming into power in July 2019, the New Democracy government has taken a hard line against migration by swiftly changing laws and policies.[1] Reports of illegal and violent pushbacks by authorities against migrants are increasing- an indication that new methods to keep refuges out of the country are being tested and implemented.[2] One of the government's earliest actions was the violent evacuation of squats- where refugees who could not access overcrowded camps were staying- without offering viable alternatives.[3] The government's ongoing anti-migration rhetoric has created an unprecedented opportunity for far-right groups to promote their xenophobic and racist agenda leading to an increase in violent attacks against refugees and those who assist them.[4]

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1 https://www.asylumineurope.org/news/29-10-2019/greece-new-restrictions-rights-and-procedural-guarantees-international-protection

2 https://www.unhcr.org/news/briefing/2020/6/5ee33a6f4/unhcr-calls-greece-investigate-pushbacks-sea-land-borders-turkey.html

3 https://www.theguardian.com/world/2019/aug/26/greece-police-raid-athens-squats-exarcheia-arrest-migrants-agency-reports

4 http://rvrn.org/2020/03/racist-violence-recording-network-serious-concern-over-attacks-against-refugees-and-humanitarian-workers/

It is in this context that the Coronavirus outbreak started in Greece in March 2020, exacerbating the already dire living conditions for refugees and creating additional barriers to their protection and integration. Preventative measures taken by the government included a six-week restriction of movement for all residents, during which time movement permits were mandatory. These measures, however, were not proportionately and equally applied to the whole population, especially when it came to migrants.
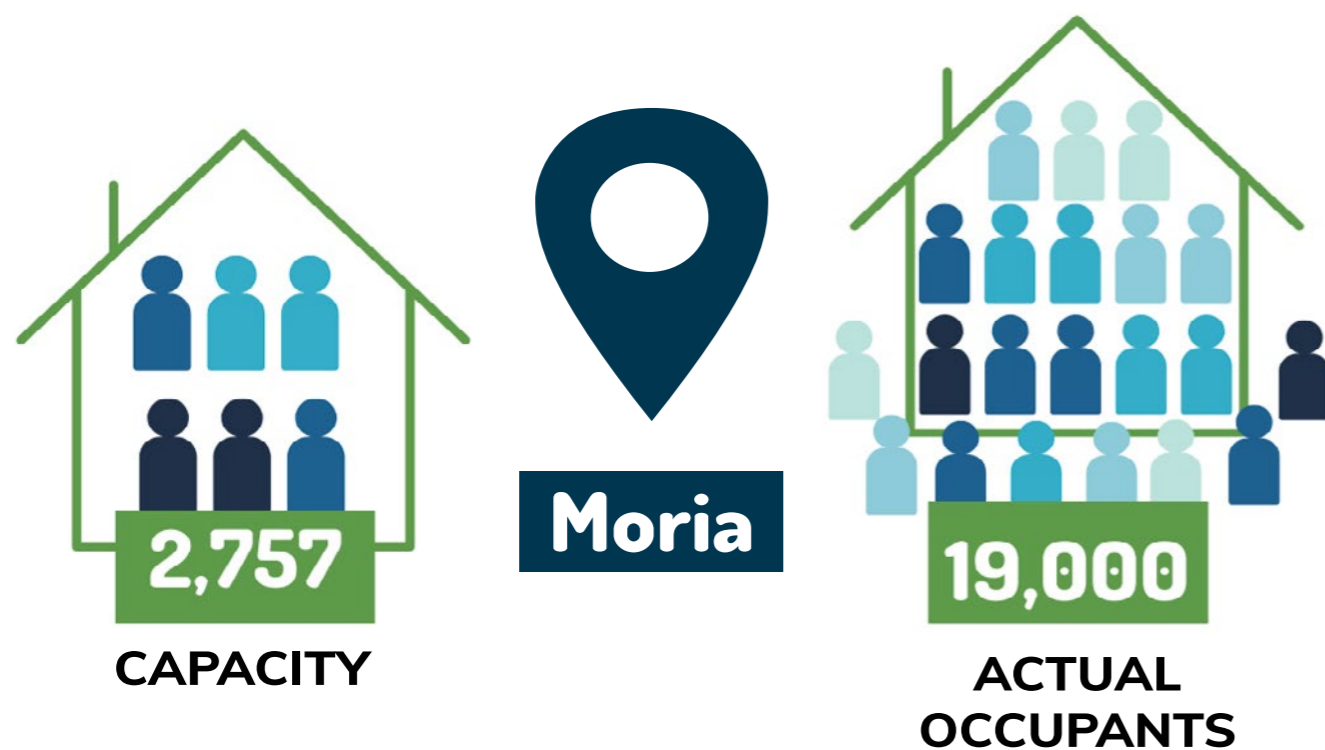
RESTRICTION OF MOVEMENT IN REFUGEE CAMPS

At the refugee Reception and Identification Centres (RICs) on the east Aegean islands, the government imposed a tougher lockdown, severely limiting the movement of residents even though no Covid-19 cases were reported during the six-week national lockdown period.[5] Over the last four years, these facilities have become infamous for overcrowding, as well as for their appalling and inhumane living conditions. When the lockdown started, the Moria RIC on Lesvos housed more than 19,000 migrants while its actual capacity was just 2,757. The situation on other islands was similar,[6] characterised by limited access to proper sanitation, food and basic services, including healthcare. Given overpopulation, the creation of Covid-19 isolation areas was impossible and an outbreak of the virus would rapidly spread among residents. The enforcement of lockdowns in the RICs

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5 No Covid-19 cases were reported in the RICs between March and August

6 https://infocrisis.gov.gr/8279/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-22-3-2020/?lang=en

Refugee Reception and Identification Centres before lockdown

Moria

2,757

CAPACITY

19,000

ACTUAL OCCUPANTS

created additional hardships for residents as it prevented them from going to nearby towns for food, medicine and other basic needs and put their lives at risk, potentially exposing healthy people to the virus.

Eventually, the government proceeded with a response plan that included, among other measures, the transfer of some of the most vulnerable RIC residents to hotels in mainland Greece and the creation of Covid-19 isolation areas outside the facilities. Initial proposals for transfers to hotels on the islands were turned down by local authorities who have grown frustrated over the years with the mismanagement of the situation. In some cases, local authorities were unwilling to collaborate with the central government and NGOs on the new isolation centres, even forcing one to close.[7] Both examples are indicative of the gaps and inadequacies in the implementation of the response plan which, considering the overcrowded state of the RICs, was impossible to execute.

The situation in the camps on the mainland was similar. Strict lockdowns were applied, and some camps went into full quarantine when several refugees tested positive for the virus, causing stress and frustration among residents. Even more troublesome was the government's decision to continue the lockdowns of all RICs and camps even after movement restrictions and mandatory permits were lifted for the rest of the country. Meanwhile, none of the camps had reported Covid-19 cases at the time. These lockdowns, which remain in place today, are unjustified and discriminatory and run the risk of becoming the norm, especially since the government announced its intention to build new 'closed' camps well before the pandemic.[8]

7 https://www.msf.org/msf-forced-close-covid-19-centre-lesbos-greece

8 https://www.themigrantproject.org/greece-closed-camps/

> "Until [the government] proceeds with a proper emergency response plan that places people in safe and adequate housing, people's lives will be at risk and a potential second Coronavirus wave in the fall could have catastrophic results."

FURTHER MEASURES AND THE IMPACT OF COVID-19 ON REFUGEES

During the lockdown, many refugees did not have access to sufficient information about the pandemic in a language that they understand and found it hard to comprehend the extraordinary government measures that led to fines for "non-essential movement". Newcomers could not apply for asylum since the asylum service had closed its doors to the public. As a result, newcomers were denied access to the healthcare system and labour market, as proof of application for international protection is required for refugees to access most services. Refugees who were gainfully employed had to stop working, yet they could not access financial assistance from the state because most of them work on the black market. Children stopped going to school and families found it hard to adjust to the digital environment due to lack of mobile equipment, digital literacy or access to the internet.

Greece has never had a social housing programme and social services for citizens are limited. Accommodation and social services for refugees are even scarcer, and the current government has consistently put in place obstacles that preclude meaningful integration. However, some housing schemes exist for asylum-seekers awaiting the outcome of their application, and the Hellenic Integration Support for Beneficiaries of International Protection programme (HELIOS) - the only programme for recognised refugees - was created just 15 months ago. While HELIOS is supposed to contribute to rent costs for up to one year, the

programme is hard to get into and approximately 70 percent of those enrolled have yet to receive their subsidies.[9] Meanwhile, the Greek rental market has seen a dramatic price increase in the last years and migrants are often turned away by landlords. It is in this context that, prior to the pandemic, the government announced a change in legislation, which would force refugees out of their accommodation within 30 days of receiving official refugee status - whereas the grace period had previously been six months. Refugees and communities that work with them were heartened when these forced evictions were paused for six weeks, but it was to be short-lived, as the forced evictions immediately resumed after lockdown measures were lifted.[10] As the forced evictions began in earnest in early June, hundreds of recognised refugees became homeless overnight, seeking shelter in Victoria Square[11] and other locations in central Athens.

The impact of strict lockdowns and other restrictions imposed by the government exclusively on refugee populations is yet to be fully understood. However, civil society organisations that work with the refugee community are reporting an increase in mental health issues, domestic violence, and levels of stress.

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9   https://greece.iom.int/sites/default/files/HELIOS%20Factsheet%20September%202020%20W3_0.pdf

10 https://www.solidaritynow.org/en/exits/

11 https://rsaegean.org/en/recognised-but-unprotected-the-situation-of-refugees-in-victoria-square/

AD-HOC SOLUTIONS ARE NOT THE ANSWER

In September, the first Covid-19 case in an island RIC was confirmed. Shortly thereafter, another 35 people were found to be positive and Moria camp in Lesvos was quarantined. A few days later the camp was evacuated due to a massive fire, forcing approximately 13,000 people to sleep rough. Arson was determined to be the cause - allegedly an attempt to destroy the camp after the harsher restrictive measures were announced. Police and far-right groups gathered around the camps to stop refugees from moving to other locations whilst tensions between local villagers and asylum-seekers mounted. A new temporary camp, which is likely to become a closed facility, was built nearby to host the homeless refugees. In central Athens, riot police rounded up recognised refugees sleeping in Victoria Square, taking them to detention centres.

Unless the government changes its anti-migration narrative and agenda, and until it proceeds with a proper emergency response plan that places people in safe and adequate housing, people's lives will be at risk and a potential second Coronavirus wave in the fall could have catastrophic results. At the same time, the EU should meaningfully share responsibility - sending funds is not enough. Since April, a coalition of willing Member States have safely and successfully relocated hundreds of unaccompanied children from the Greek islands to their territory.[12] More countries should join the coalition and more vulnerable groups should be included in the relocation programme to bring people stranded in deplorable conditions in Greece to safety.

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12 https://ec.europa.eu/commission/presscorner/detail/en/IP_20_1288

THE INTERSECTION OF HOMELESSNESS, RACE, AND THE COVID-19 CRISIS

Systemic racism and racial injustice in the USA have recently been put into a long-due spotlight. For years, the National Alliance to End Homelessness have been working on the links between racial disparities and homelessness. In a context where Black people are dying of the coronavirus at twice the rate of Whites in the US, and where the Black community is disproportionally affected by homelessness, this article makes some crucial points about the links between homelessness and race which would also need urgent addressing in the EU too.

By **Chandra Crawford**, Ph.D. (Director of Individual Homeless Adults) and **Joy Moses** (Director of the Homelessness Research Institute), National Alliance to End Homelessness, USA

Racial injustice has rightfully gained a spot on the national agenda in the U.S. Sparked by a series of videos of Black people dying at the hands of law enforcement, people of all colors have taken to the streets in cities and towns across the country and around the world to advocate for racial equity. At the same time, the disproportionate impact of COVID-19 and the recession on communities of color has placed a spotlight on existing racial disparities that have spanned every segment of life, including health, education, employment and housing. Homelessness is a part of this story.

HOMELESSNESS AND RACE IN THE U.S.

Most minority groups, especially African Americans and Indigenous people, experience homelessness at higher rates than Whites, largely due to long-standing historical and structural racism. The most striking disparity can be found among African Americans, who represent 13 percent of the general population but account for 40 percent of people experiencing homelessness and more than 50 percent of homeless families with children.

These disparate numbers have begun to spur action in recent years at both the national and local levels. The Center for Social Innovation launched Supporting Partnerships for Anti-Racist Communities (SPARC) in 2016 to study and respond to racial disparities in homelessness. The U.S. Department of Housing and Urban Development (HUD) started to award points for addressing racial inequity in the Continuum of Care (CoC) funding application, and released an analysis tool on race/ethnicity and homelessness.

African Americans in the US

13%

GENERAL POPULATION

40%
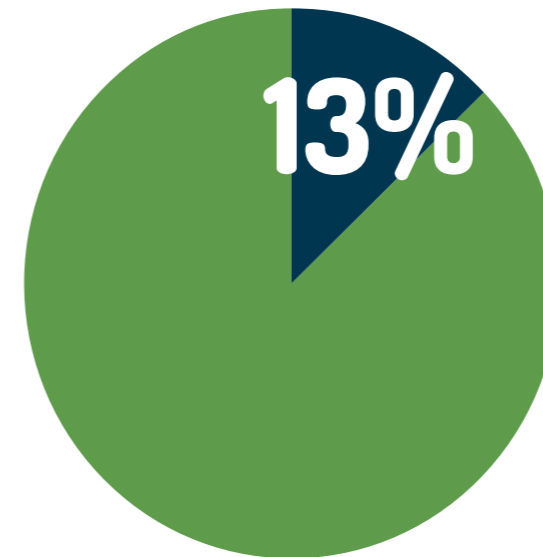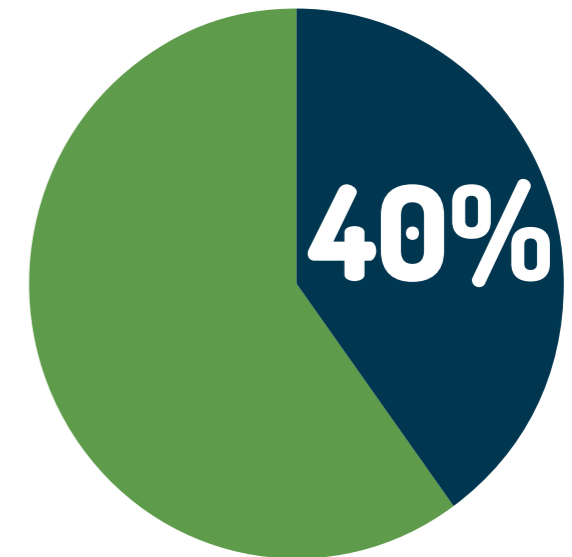
HOMELESS POPULATION

There is still much more work to be done, but the field has started to grapple with racial inequity and homelessness in a more aggressive way. Now there are credible fears that these disproportionalities could worsen as the nation faces a two-part crisis: 1) the COVID-19 public health emergency; and 2) a recession brought on by the pandemic.

> "At the beginning of the crisis, Black people were the racial/ethnic group most likely to be living in shelters [...] and Black and Latinx people are more likely to experience evictions [in the post–Covid recession]."

PART 1 OF THE CRISIS: THE PUBLIC HEALTH EMERGENCY

Multiple factors have raised concerns that the public health crisis is disproportionately impacting people of color experiencing homelessness.

General Population Disparities. In general, the COVID-19 pandemic is not affecting all communities the same way. The most current data show that Black people are dying of the coronavirus at twice the rate of Whites. A tracking project by the *Atlantic* found that out of the top five U.S. counties with the highest death rates, three of them have majority Black populations. Black people are also 4.7 times more likely to be hospitalized due to COVID-19, followed by Latinx populations. Indigenous groups have the highest rates of hospitalizations at 5 times greater than Whites.

Discriminatory Practices. Due to discriminatory practices like red-lining, certain minority populations have oftentimes been relegated to substandard housing and underserved areas with limited access to nutritious food, quality education, and health care. These factors largely account for severe illness and higher death rates among Black and Brown groups during public health crises. Added to this is the fact that minority groups are disproportionately represented in the service industry. They are thus unable to stay at home and shelter in place if they wish to maintain an income, and thus disproportionately exposed to the virus. In other words, in line with the disproportionality we see in homelessness, COVID-19 poses a higher risk to Black and Brown communities because of underlying health, social, and economic disparities rooted in historical and structural racism.

Racial Disproportionality in Shelter. At the beginning of the crisis, Black people were the racial/ethnic group most likely to be living in shelters. Every 3 out of 4 were in these often congregate and crowded settings. Under such circumstances, efforts to contain infection such as isolation, social distancing, and cleanliness are difficult and these challenges disproportionately affect Black people. Surveys conducted by the Alliance suggest that most communities have been placing some people from shelters in private hotel and motel rooms (many hotels/motels are vacant due to pandemic-related reductions in travel and tourism). This is reducing crowding at shelters and allowing more space between beds, but it is yet to be determined how effective this measure has been in reducing racial disparities in outcomes.

Racial Disproportionality among People Who Are Unsheltered. Of the nation's major racial/ethnic groups, Indigenous people are most likely to be unsheltered—56 percent are sleeping on sidewalks and other locations not meant for human habitation. Many tribal areas do not have emergency shelters and many Indigenous people avoid mainstream shelters in urban areas because they believe them to be overcrowded and dangerous.

The number of unsheltered people who are Hispanic/Latino is growing faster than that of any other racial/ethnic group. Since 2016, there has been a 50 percent increase in the number of Hispanic/Latino individuals living unsheltered. Recent changes to immigration policy could be a factor. Researchers and advocates note that those who are undocumented fear participating in services including those related to homelessness.

Being unsheltered presents different health challenges than those which exist for those in shelter. Homeless service providers are less likely to reach unsheltered people. Like shelters, encampments can be crowded congregate settings. Lack of access to water for bathing and handwashing poses risks for the spread of COVID-19. In response to the crisis, some communities (exact numbers are unknown) are targeting efforts to unsheltered people, placing them in isolation sites, installing handwashing stations, or providing other supplies. Any successes/failures in reaching and serving unsheltered individuals could have significant implications for Indigenous and Hispanic/Latino people.

Hispanic/Latinx individuals living unsheltered

+50%

2016　　**2020**
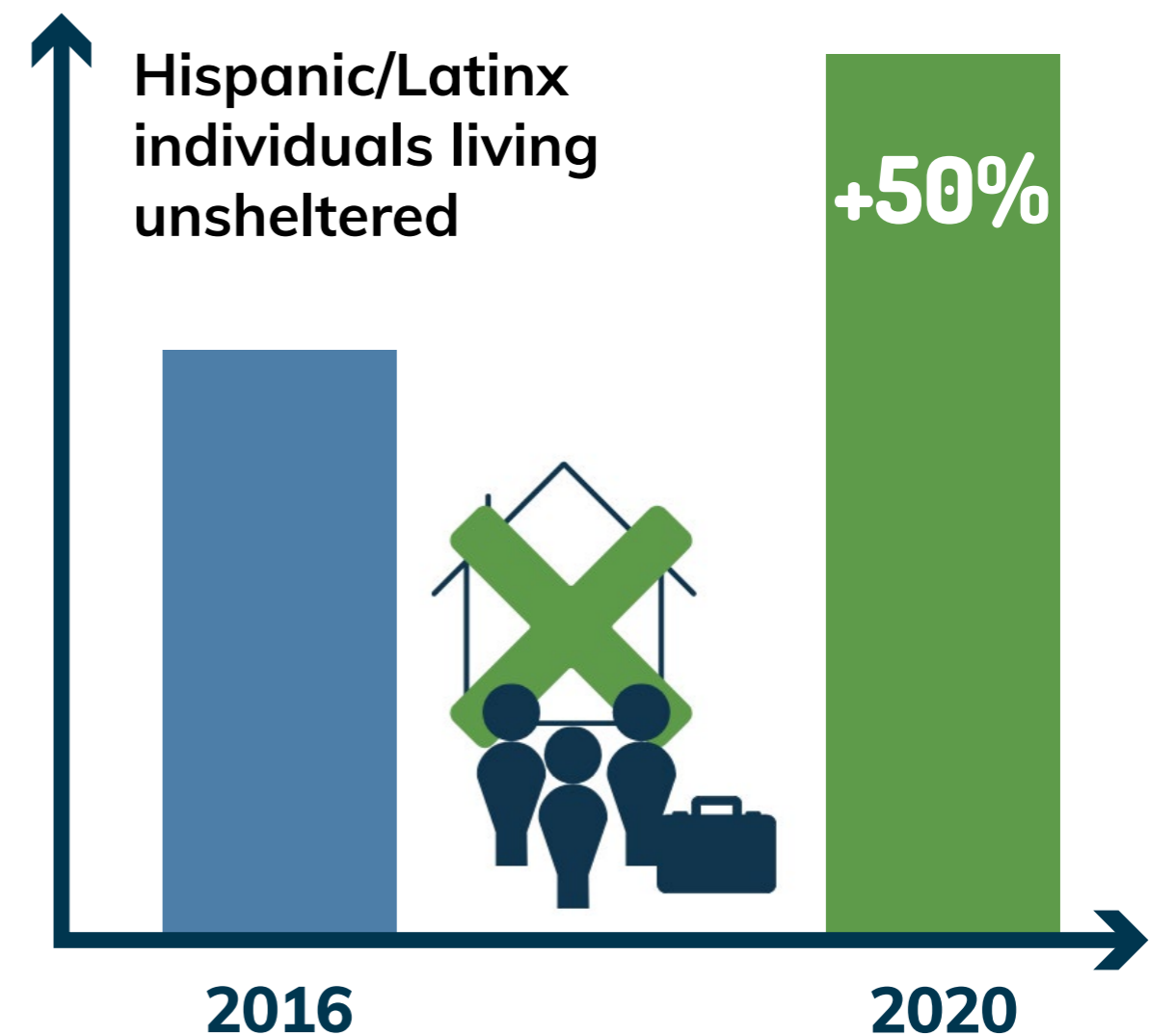
Impact of COVID-19 on Homeless Population. Nationally, there do not appear to be unusually high numbers of cases or deaths among people experiencing homelessness. Provider interventions in shelters could be helping. There is speculation that being outdoors protects unsheltered people. However certain challenges limit our knowledge of the full story—testing is not widely available, racial/demographic information is often missing, and some agencies fail to collect or share data. It is possible that the situation is worse than we think or that the worst is yet to come.

PART 2 OF THE CRISIS:
THE ECONOMIC RECESSION

The National Picture. The United States entered a recession in February 2020. In March 2020, various state and local governments began implementing lockdown, quarantine, or stay-at-home policies that shuttered businesses and slowed economic activities, complicating the economic recovery. Unemployment rates are elevated. As a result, far too many Americans struggle to pay the rent and are at-risk of eviction and homelessness. Government interventions for these challenges exist, but they have been inconsistent and can vary by state.

Who Is Affected? During the pandemic, jobs losses have disproportionately impacted groups that were already facing many socioeconomic barriers. According to recent unemployment reports, Black and Latinx people have higher unemployment rates at 16.1% and 16.7% compared to the national average of 12.9% (and 12.1% of Whites). These groups are feeling disproportionate pain from the unemployment crisis. Similarly, these groups are more likely to experience evictions.

When the worst happens, many people rely on family and friends for resources or a place to stay. Some get government assistance. However, research suggests that increases in unemployment rates and evictions could lead to significant increases in homelessness.

Many homeless service providers are already reporting increased requests for assistance and they anticipate influxes of new clients that could overwhelm their systems. Whether the federal government will step-in to provide additional resources for these challenges is unclear. What is clear is that racial economic gaps will likely continue if the needs of the most vulnerable communities are not addressed.

MOVING FORWARD

Clearly, at this moment in which a pandemic, a recession and homelessness have collided, certain racial and ethnic minorities in the U.S. are extremely vulnerable. In particular, Black, Hispanic/Latino, and Indigenous people are disproportionately affected by the compounding problems.

The homelessness system, strained to respond in the best of time, is challenged by this moment. But while there are certainly outside/structural factors in play, the homelessness system, itself, is not exempt from racism, implicit bias and disparities. At this moment of crisis, homelessness programs and systems, themselves, have a significant and direct responsibility to ensure that they are not adding to the problem by having a disparate impact on people based on their race or ethnicity.

A basic first step in eliminating disparities is to collect, analyze and act on data through a racialized lens – as many communities have started to do (even before COVID-19). Racial equity should be a part of the homelessness system's response to the pandemic and data analysis can help determine if and where disparities exist and what might be done about them.

In response to the pandemic, for example, the National Alliance to End Homelessness' Racial Equity Network (REN), a group of local and state system and program leaders and advocates, joined together to identify areas of disparity and advance solutions. The REN had already developed a racial equity tool to help communities collect and analyze data to identify disparities. It added a section on COVID-19 to help communities prioritize racial equity and integrate this work into their COVID-19 responses. Additional tools and resources have been developed by federal and national partners, such as the *Framework for an Equitable COVID-19 Homeless Response*, which provides guidance to governments on using federal resources in an equitable way to address the pandemic. The Framework calls for communities to apply a racial lens to all COVID-19 activities, including things such as serving the highest need (and, therefore, most likely to be people of color) people first; involving people of color with lived experience in planning and implementation, and shaping culturally responsive approaches.

Other responses among systems have included analysis of access to testing, reshaping programs to meet community needs and rethinking outreach to service those who are unsheltered and less likely to receive information about COVID-19.

Racism is a public health, housing, and economic issue in the U.S. If systems to support the most vulnerable people – like the homelessness system -- fail to address racism head on, outcomes will worsen and Black and Brown communities will continue to bear the brunt of crises like the pandemic and the recession.

"Racial equity should be a part of the homelessness system's response to the pandemic."

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.

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

By **John Kinsman** (Expert, Social and Behaviour Change) and **Tjede Funk** (Interim Junior Expert), European Centre for Disease Prevention and Control, Stockholm, Sweden.

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

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During lockdown in the UK, the government showed great ambition and will in partnering with charity organisations to house rough sleepers who would have otherwise been extremely vulnerable to contracting COVID-19. Now that this scheme is coming to an end, it is important to think about providing long-term solutions to those that were given shelter, instead of regressing and leaving them to return to the streets.

EVERYONE IN – PROTECTING PEOPLE SLEEPING ROUGH ACROSS ENGLAND DURING THE PANDEMIC

By **Matt Downie**, Director of Policy and External Affairs, Crisis UK

THE IMPACT OF LOCKDOWN ON THOSE EXPERIENCING HOMELESSNESS

It was in March that the number of Coronavirus cases started to increase rapidly across the UK, and the Westminster government implemented more severe 'lockdown' rules across the country to try and reduce infection rates. The strapline used by the Government during this time was 'stay at home, protect the NHS and save lives' but for many of us working with people who are homeless across the country, we knew 'staying home' simply wasn't an option.

People who are homeless are three times more likely to have a chronic health condition such as asthma and COPD, meaning many face an increased vulnerability to coronavirus and the brutal effects it has on a person's health. As you can imagine, if you are living on the streets, socially distancing and regularly washing or sanitising your hands can prove incredibly difficult. Life only became harder for those rough sleeping across the country as places on the high street such as cafes, libraries and public toilets started to shut, which so many rely on in their day to day life.

People sleeping rough weren't the only ones at high risk. Many hostels and night shelters also faced issues adhering to the government's guidance. With many still providing 'dormitory' style sleeping arrangements and shared bathrooms, residents were not able to distance and isolate properly if needed.

THE BEGINNINGS OF 'EVERYONE IN'

The most severe lockdown rules from the government were announced on 23 March; people were told to stay at home wherever possible. While the week before, the government had announced some emergency funding to help rough sleepers to self-isolate, there remained no coordinated national plan to ensure people who are homeless were protected across the board.

However, just a few days later, 'Everyone In' was born. The same week as the country went into lockdown, the government wrote to all local authorities in England asking them to house all people sleeping rough- including those in hostels and night shelters - by the weekend. In a landmark moment that spanned just a few days, we saw local authorities and homelessness charities across England working together to help secure emergency accommodation.

The results were extraordinary – in a matter of weeks close to 15,000 people across England were able to access this accommodation. This will have also had a huge impact in a way figures can't show – we'll never know how many lives were saved by protecting the health of thousands.

In most areas, a lack of existing emergency accommodation meant local authorities turned to hotels that otherwise would have been empty in lockdown to house those facing homelessness, renting these out for the following months. These hotels became a hive of activity, where staff and volunteers from organisations like Crisis and St Mungo's would work with residents to get them the help they needed.

Food was delivered to people's rooms, prescriptions collected, mobile phones provided for people to stay in touch with friends and family, as well as activities organised to help residents keep busy. We have heard compelling stories of people who slept on the floor with all the windows open when they first came to the hotel, unable to get used to a bed and warmth after so many years sleeping on the streets. There are also so many examples of residents who, when given the respite of a place to call their own, have seen their mental and physical health improve vastly.

THE ACHIEVEMENTS OF 'EVERYONE IN'

Providing this kind of wrap-around care has not only meant people have been physically protected from the pandemic, but also that they have been able to get closer to leaving homelessness behind for good, with many having done so already. Every day staff and volunteers have been able to help residents with important issues like applying for EU settled status or Universal Credit, looking for employment or helping to sort more long-term accommodation. All these things are so much harder to do when people are rough sleeping, living hand to mouth and moving from place to place. Providing unconditional accommodation first and support after has enabled many people to thrive.

One of the remarkable things about the Everyone In scheme was that emphasis on everyone – the principle that all rough sleepers should be helped. This meant that people who are typically locked out of the usual avenues of support have not been left to fend for themselves

during the pandemic. One example of this would be people originally from outside the UK who have a 'no recourse to public funds' condition attached to their immigration status here, meaning that if they are unable to work and support themselves, they will not be entitled to any support such as housing benefit or universal credit. Circumstances like these, in which so many have lost their jobs and are unable to work, have shone a light on the counterproductivity of this policy which causes people to be left facing destitution with no way out. Some of our clients in this situation have been able to move out of rough sleeping for the first time in years and have been given the breathing space to really start planning for the future rather than living day by day.

GOING FORWARD

We now turn to how we support people who are homeless going forward. Many of the contracts with hotels ran out at the end of July, leaving local authorities stuck between a rock and a hard place – wanting to do right by those who are newly homeless but having provided only piece-meal funding to do so. As a result, we are seeing a resurgence in the number of people sleeping on our streets. This is a situation we only expect to worsen over the coming months as the economic effects of the pandemic force more people to the brink of homelessness and in need of support.

We stand at a crossroads: we can build on the incredible progress that has been made by helping everyone move into a secure and permanent home; or we risk seeing thousands of people returning

to the streets or to uncertain, unstable and sometimes dangerous living situations. While government has put place some short-term measures, such as extending the eviction ban by a few months, this isn't enough to stem the tide. We need something far more comprehensive and ambitious if we are to ensure that this recession doesn't lead to a sharp increase in homelessness.

What we at Crisis have proposed, with the support of many others in the sector, is emergency homelessness legislation to protect people over the next 12 months, backed by funding to ensure local authorities have the resources to provide accommodation to those who need it. By amending the law to ensure, for example, people with no recourse to public funds can access universal credit and suspending the benefit cap for the next 12 months, we will be able to protect so many people from facing homelessness in the first place.There is no doubt that 'Everyone In' has helped thousands of people and shown us the power that lies in offering accommodation first and the support needed after this. This is certainly a principle we hope to see at the heart of Westminster homelessness policy for years to come.

In the shorter term, with the cold winter months ahead and cases of coronavirus increasing, we need to see the government setting out in law the need to protect all those facing homelessness while this public health crisis is ongoing. Their response needs to match the ambition and energy shown at the start of the outbreak. The solutions are already there: tried and tested. No longer can anyone call homelessness an unsolvable problem. We've seen what can be achieved when the political will is there.

> "No longer can anyone call homelessness an unsolvable problem."

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