



LESSONS LEARNT: COVID-19 RESPONSES AND HOMELESSNESS IN EUROPE

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INTRODUCTION

The Covid-19 pandemic had a significant impact on people experiencing homelessness throughout Europe. On one side, the levels of exclusion experienced by those who did not have shelter in this period were exacerbated and, in some cases, especially in the initial phase, mitigation measures did not consider the needs of the most vulnerable in our society. On a more positive side, an unintended consequence of the policies adopted in this period in the name of public health was to reveal the importance of housing as a social determinant of health. Never before was it clearer that having a place to call 'home' was the most basic preventive measure for ensuring good health – #stayhome. The innovative solutions adopted by governments during the Covid-19 lockdown periods often revolved around providing shelter.¹

When Covid-19 first hit Europe, FEANTSA took note of the impact that the virus could have on people experiencing homelessness and continued to monitor the situation on the ground throughout the different stages of the pandemic.²³ Now, a retrospective look at the Covid-19 response, including what could have been done differently (especially from the perspective of the services involved), not only paints a useful picture of the past, but may help inform the future.

This paper aims to bring forward the reflections of several services which support

people experiencing homelessness, including both the medical field and the homelessness sector. Particularly, it will identify lessons learnt from the pandemic period and will formulate recommendations on how to implement work regarding access to vaccinations. Implementing Covid-19 vaccination campaigns for people facing homelessness required the consideration of certain factors, and both the medical and homelessness sectors took steps in this direction. These lessons learnt can be utilised and transposed into the work with other types of vaccines.

Services on the ground were the first responders to the crisis, adapting their activities according to the different contexts in which the pandemic developed its impact. It is important to remember how countries experienced different amounts of contagion during different times. Consequently, the responses to the (at the time) novel virus changed in a stochastic manner, resulting in varying measures between different States and services. The difference regarding the levels of preparedness and reaction to the event is also linked to the backgrounds and characteristics of each country, which corroborates a variety of 'lessons learnt' and 'to learn' in each country.⁴

As services are a defining characteristic of the responses regarding needs and assistance that citizens can find, a look into how they adapted and acted to counter the pandemic can help to see what preparedness means when working in the field. Moreover, it is important to understand how the solutions they developed

1 <https://www.feantsa.org/en/event/2021/01/18/webinar-perspectives-on-lasting-housing-solutions-for-the-homeless-after-covid19?bcParent=27>

2 <https://www.feantsa.org/en/news/2020/03/31/seven-measures-authorities-must-take-to-protect-homeless-people-from-covid?bcParent=27>

3 <https://www.feantsa.org/en/newsletter/2020/10/20/homeless-in-europe-magazine-autumn-2020-the-impact-of-covid19?bcParent=27>; https://www.feantsaresearch.org/public/user/Observatory/2021/EJH_15-1/EJH_15-1_RN1_Web.pdf; and <https://www.feantsa.org/en/report/2023/08/08/how-did-destitue-mobile-citizens-experience-the-covid-19-pandemic?bcParent=27>

4 An example from Italy, one of the first recipients of the virus in Europe, discussing its background while facing Covid-19 compared to other countries: Boccia S., Ricciardi W., Ioannidis J.P.A. (2020) 'What Other Countries Can Learn from Italy During the COVID-19 Pandemic', JAMA Internal Medicine, 2020, 180(7), 927-928.

were essential at a time when every attempt to reach the “hard to reach”⁵ seemed equally difficult and urgent.

METHODOLOGY AND INTERVIEWS

FEANTSA interviewed several of our members and partners from different countries and services who assist people experiencing homelessness, as well as healthcare providers responsible for the provision and accessibility of services. The interviews were conducted both in person and online, focusing on different themes throughout the conversation. This work was conducted in the framework of the internship of Franca Viganò, PhD student at the University of Padua (Human Rights Centre “Antonio Papisca”) enrolled in the International Joint PhD Programme ‘Human Rights, Society, and Multi-level Governance’. The interviews and the research related to this analysis are complementary to her project, which investigates policies and access to healthcare for people experiencing homelessness during the Covid-19 pandemic.

The questions posed to our interviewees were mostly open-ended and acted as guides to understand their perspectives and their definitions of ‘good practices’. The interviews focused on experiences during the approximate period of 2020 to 2021. The interview was divided into three parts by the researcher, the questions tailored to their relative objective. This work had two main themes: the measures and practices put in action by services and organisations in a period of drastic and rapid changes, and the vaccination campaigns with a focus on vulnerable groups and, when applicable, people experiencing homelessness.

The first part focused on learning about the role of the person interviewed and their organisation’s aims and activities. This part

was useful to uncover and discuss the main issues they focused on before and after the pandemic, linking them to social and health care for vulnerable groups.

The second part focused on the discussion and analysis made by interviewees regarding the changes that happened in different areas, related to both the organisation and the institutional context, during the pandemic period. The questions focused on different themes and happenings that influenced the reaction and solutions implemented by services to face the novel challenges brought by the spread of the virus. The main topics covered discussed both internal and external factors that might have impacted the services’ provision and organisation. The discussion started with a reflection on the directives given by governments during the emergency period and the eventual collaboration with health authorities within the vaccination campaigns. The interview continued towards an analysis of the good practices developed and observed by services, paired with an evaluation of the attention reserved towards vulnerable groups within the different measures implemented. The interviewees were asked about their thoughts on the roles that the Third Sector and, more generally, civil society, played in this scenario. The objective here was to discuss additional barriers and obstacles faced by service users when accessing healthcare, especially during an emergency period. Another theme discussed in this part was related to the role of the public’s “attention” towards people experiencing homelessness and their access to services during the pandemic. The questions asked if the attention was already present, if it rose during the pandemic, and if its effects were still observable after the emergency. While approaching the end of this set of questions, the interviewees were asked about their own perception of their work during the pandemic and if anything changed after it. Their perspectives on aspects of their job such as workload, effectiveness, satisfaction,

5 See: Flanagan, S. M. and Hancock, B. (2010) ‘Reaching the hard to reach. Lessons learned from the VCS (voluntary and community sector). A qualitative study’, BMC Health Services Research, Volume 10, Article 92.

and other related characteristics, helped to frame the different nuances of working on the field during a period that necessitated rapid responses for workers themselves as well as for the people they assisted.

The third and final part was used to discuss and evaluate the effect of this period on the present, and eventual perspectives and predictions for the future. The main topics covered were the lessons learnt from the pandemic period in terms of the support offered to people experiencing homelessness, specifically within the vaccination campaigns and services. The needs that were overlooked or in some way “silenced” during this time were discussed and analysed together with the interviewee, as well as the observation of innovative measures implemented by services and institutions (at both the European and national levels).

To conclude, the respondent was then asked about recommendations that they would consider useful in the future for services and at a national level when facing another social and health crisis. Moreover, the interviewees were asked about their perspectives on useful advice to give for future vaccination campaigns, especially when related to vulnerable groups and eventually to people experiencing homelessness.

The organisations and experts who participated in the interview were FEANTSA members and partners from England, Ireland, Denmark, Belgium, and Italy.⁶ This variety of national contexts allowed us to compare and contrast different points of view, finding common areas where the experts agreed or experienced similar adversities and events. Most of the organisations worked in fields related to health assistance and some were specifically focused on supporting people experiencing homelessness.

The following sections focus on the main themes that emerged during the interviews, reflecting

on common and differing key points which illustrate a dynamic picture of implemented measures, aftermaths, and perspectives on the future concerning the Covid-19 pandemic.

LESSONS LEARNT

The Covid-19 pandemic brought to light the vulnerabilities faced by people experiencing homelessness, underscoring the urgent need for comprehensive and flexible solutions. The crisis highlighted the inadequacies in existing support systems, as many people were left especially exposed to the virus due to crowded living conditions and limited access to hygiene facilities. The pandemic underscored the importance of housing as a fundamental human right and emphasised the necessity of secure and stable shelter to protect against public health threats. Additionally, the pandemic has shown that a collaborative, community-driven approach is crucial for addressing homelessness. Initiatives that involve local governments, non-profit organisations, and communities working together proved effective in providing essential services and support to those facing homelessness in this period. As societies move forward, the lessons learnt during this challenging period should inspire sustained efforts to address the root causes of homelessness and create more inclusive, resilient communities.

Institutions such as the European Parliament or the European Commission have taken stock in the past years of the lessons learnt from the pandemic, aiming to put together preparedness plans for future health crises. While some of the documents do mention marginalised people, at FEANTSA we strongly believe that more attention should be given to those who experience deep marginalisation in our societies. For this, more consideration should be given to the experiences of the services which have worked directly to support individuals on

⁶ Basing this choice on their work with people experiencing homelessness and healthcare assistance for vulnerable groups.

the ground, such as the service providers from the homelessness sector.

In particular, regarding reducing the risks of contracting the Covid-19 virus and conducting vaccination campaigns, the homeless organisations and the medical staff interviewed for this analysis raised numerous issues that must be taken into account in any preparedness plans.

DIFFERENT NEEDS

While it is not always productive nor fair to place people experiencing homelessness in a singular category, risking to distance them from the “housed population” and framing them by their deprivation,⁷ the experts interviewed recognised how the needs of these individuals are different from what other users might bring to the attention of service providers. This is a fact that was already known before the pandemic, but the different needs and barriers encountered by people experiencing homelessness when accessing services were exacerbated by the Covid-19 pandemic. The interviews underlined how the more institutionalised services are the more they tend to be standardised. This characteristic discourages people with different needs from receiving assistance or correctly following norms and measures, something that has happened especially during the pandemic. Hygienic guidelines, lockdowns, vaccines, and other provisions were difficult to comply with for people experiencing homelessness. The predominant opinion that surfaced during the interviews was indeed related to the need for simplicity for what concerned services and national campaigns regarding assistance in all its forms while trying to distance the provision of care from a “one size fits all” kind of mentality.

One of the predominant characteristics of the Third Sector is its proximity to vulnerable groups due to their presence on the ground and the

accessibility of their services. The collaboration between public authorities and the network of associations on the ground was vital to translate provisions and measures to a part of the population that could not reach services nor be reached through regular communication means, given the deep marginalisation experienced daily. The interviews also underlined how this sector, especially when related to homelessness, is always working due to continuous emergencies. This characteristic allowed associations, which are often directly on the field, to read the specific needs and report them to the competent institutions.

REACTING WHILE ADAPTING

Following the discourse on the defining characteristics of organisations in the field, which often result in easier access to services for people experiencing homelessness, their reaction was in some ways different from the rest of the social and healthcare institutions. Their general lack of a fixed and standardised system allowed them to adapt promptly to the different challenges that arose during the pandemic. The degree of collaboration with public institutions has generally grown within the different national contexts. However, this also initiated an intensification of the work within the organisations’ network on the ground. Social and health-related associations found themselves reorganising internal operations and staff (e.g., switching teams to put them directly on the street to be sure to offer assistance and monitor the situation, since many services like shelters were closed or full), with limited time available because they were often the first and sole respondents present for people experiencing homelessness. Another aspect that surfaced during this crisis was the confirmation of the effectiveness and efficiency of programmes like Housing First; people not only had accommodation but could also access medical care as part of the service.

7 Parsell, C. (2017) ‘Do We Have the Knowledge to Address Homelessness?’, *Social Service Review*, Volume 91(1), 134-153.

The intensity of the pandemic was different in each country because of the aforementioned pre-existing characteristics, and because of the different developments within the regions. It became clear how difficulties in constructing collaborations and dialogues with healthcare systems were rooted in the understanding of the needs of the target population when deeply vulnerable.

VACCINES

Concerning vaccines, situations varied between countries. Some experts reported that despite the availability of vaccines, a massive obstacle to vaccination was the lack of information given to the target audience. This latter aspect fuelled the already existing scepticism and distrust of beneficiaries towards vaccination campaigns. On the other hand, in other countries, the situation regarding barriers to vaccine access for people without the needed documentation or other administrative requirements was often difficult to overcome.

Nevertheless, associations found virtuous solutions within their networks and healthcare systems, collaborating not only as providers but also as mediators to make vaccinations possible for people in need. As previously mentioned, this is another effect of a standardised system which risks developing policies and measures that might not meet the expectations and necessities of the ones experiencing deep marginalisation. The low mortality rates related to Covid-19 registered by the people involved in this research demonstrated that, while it might be difficult to successfully reach some groups, the issues related to other aspects of health (e.g., prevention and long-term diseases), present before and exacerbated after the pandemic, remained the ones that needed the attention of healthcare systems. The most difficult situations were indeed the

ones where there was a lack of communication and directions from the authorities, making simplicity and clarity the keywords used when trying to think of useful recommendations for future vaccine campaigns - especially for vulnerable groups such as people experiencing homelessness.

Different respondents declared how the pandemic was a demonstration of how there could be financial and social resources available to respond in a fast and synchronised way towards a threat to the well-being of the population, with a focus on those in the most vulnerable life situations. The questions that need answering relate to the presence of a will to implement these solutions even in the absence of a “visible” emergency that involves all the different levels of society, including those not considered as vulnerable.

Following the interviews, as well as previous debates and work on how to conduct Covid-19 vaccination campaigns and how to increase vaccination take-up among people experiencing homelessness across Europe,⁸ FEANTSA formulates a set of recommendations which will contribute to this goal and which can also be applied when working with vaccinations in general:

- Increase awareness of the severity of the disease among target groups in a simple and clear manner, campaign to raise awareness on the importance of vaccines, and counter fake news.
- Overcome vaccine hesitation; train staff at shelters on how to promote and inform on the vaccines; vaccinate the most willing first; and ensure access to information: a good practice was to distribute radios and recommend people trusted sources and channels to listen to.
- Address primary needs first (food, shelter, etc.) which will help to make people more

8 <https://www.feantsa.org/en/event/2021/04/16/webinar-on-covid-19-vaccination-campaigns-for-people-experiencing-homelessness-across-europe?bcParent=27>, and https://www.feantsa.org/public/user/Resources/Position_papers/Vaccine_Statement_Feb_21.pdf

responsive and involved.

- Conduct outreach towards people to provide information and vaccinations (mobile health units) and organise multiple easily accessed vaccine sites (without appointment).
- Ensure immediate availability of the vaccine (i.e., on-site vaccination with easy access) within the homelessness shelter. Distance from the place where the vaccine is delivered can discourage people, as well as waiting time.
- Involve people with lived experience of homelessness in the design and delivery of vaccination programmes to reach people and to encourage vaccine uptake.
- Ensure rapid response and involvement of homelessness staff who already have trusted relationships with beneficiaries.
- Engage medical teams in different settings, including shelters.
- Make sure people will be available for the second round (if applicable), give reminder documentation after the first vaccination and send them reminders before the second round. Set the date for the second dose on the spot when the first dose is done (or immediately after).
- Engage with national health authorities to prioritise people experiencing homelessness for vaccines as part of national vaccination strategies. Highlight that they often suffer from chronic diseases and, if not vaccinated, they are much more likely to need admittance in the intense care units or have a higher risk of death.

- Remove administrative and other barriers to accessing vaccines (e.g. registration with GP, fixed address). When people cannot provide IDs, special procedures should be put in place to facilitate access to vaccines; a paper from the police can be issued to obtain the required information for making an appointment for the vaccine.

- Include migrants in the vaccination process, even if they do not have a social registration number; international vaccine certificates can be issued. The provision of vaccines for undocumented people should be clearly detached from immigration control.

PREPAREDNESS

The word “preparedness” has been at the centre of different discussions and analyses reflecting⁹ on the previous years and when defining new prospects for the future in terms of any potential pandemics.¹⁰ While the interviewees explained how a lack of readiness majorly impacted the response towards the Covid-19 pandemic, the associations generally demonstrated a good level of reaction towards the emergency.

The disinformation and confusion of the first period of the pandemic were replaced by a fast-paced reassessment of staff and resources. Some innovative measures (like the use of hotels to assist people experiencing homelessness) and new skills acquired (like the strengthening of old bridges and the building of new ones between the healthcare system and the Third Sector) demonstrate how solutions are possible to achieve in a time of urgent need.

9 See: ECDC (2020) “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”, <https://www.ecdc.europa.eu/en/publications-data/guidance-medically-and-socially-vulnerable-populations-covid-19>

10 See: European Parliament resolution of 12 July 2023 on the COVID-19 pandemic: lessons learned and recommendations for the future (2022/2076(INI)) https://www.europarl.europa.eu/doceo/document/TA-9-2023-0282_EN.html

In some cases, the national healthcare services, facing a relatively new type of vulnerability, developed new approaches while at the same time collaborating with associations on the ground. The pandemic underlined the need for systematic training on the different types of target audiences, which are often still invisible to institutions. A lack of knowledge and the structural organisation of public and national services is often the first barrier between citizens and the journey to wellbeing. The health crisis rapidly became a social one, highlighting the difficulties in the process of realising basic rights for the “hard to reach”.

The interviews questioned in various ways whether these dynamics are typical of an emergency or if the word “emergency” itself has lost meaning, since many of the obstacles encountered were already there and remained present after the first pandemic period.

RECOMMENDATIONS AND PERSPECTIVES

This cycle of interviews reiterated some facts that were already largely discussed while, simultaneously offering a perspective on what services faced during an unprecedented event, its impact, and the measures developed in the attempt to contain it. The majority of interviewees debated on what remained from this period in the form of actions and future perspectives. During the interviews, it was discussed how the attention towards people experiencing homelessness and their access to healthcare was often related to the wellbeing of the general public, with few long-term solutions apparent. While it is true that new modalities and networks were consolidated in order to build a structure for future crises and vaccination campaigns, continuous work on advocacy and education on vulnerability is still much needed. The structural obstacles encountered by those experiencing homelessness and the services

which support them are still reported, showing the need for solutions that are not only linked to specific projects or funds but are structural and long term. Homelessness is an issue that involves the economic, social, and political aspects of society. The way it is represented and approached are the first important signs towards the implementation of effective policies and solutions.

As for recommendations, the organisations that participated in the study often recall the need for a system that must be ready to face marginalisation in all its forms. For what concerns homelessness, as a dynamic and pervasive phenomenon in different countries and contexts, it is important to observe how different people interact with the system to learn how assistance can be provided, reaching the widest possible audience.¹¹ Policies and measures need to take into account marginalisation as a permanent factor influencing the developments in assistance, not as a temporary issue.

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11 See: Plage, S. and Parsell, C. (2022) ‘Access to health for people experiencing homelessness’, European Journal of Homelessness, Volume 16(1), 29-52.



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