

March 2022

Homelessness and the pandemic

Emergency measures during
Covid-19: what worked in
global cities?

Person-first language

This report uses person-first language, putting a person before their circumstances. This is to avoid defining a person by homelessness, which should be a temporary experience.

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Emergency measures during Covid-19: what worked in global cities?

Written by Tim Gray

About the Centre for Homelessness Impact

The Centre for Homelessness Impact champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

About the International Public Policy Observatory

The International Public Policy Observatory aims to mobilise and assess evidence from around the world to inform UK policymakers. IPPO is a collaboration between University College London, Cardiff University, Queen's University Belfast, the University of Glasgow, the University of Auckland, University of Oxford, think-tanks including the International Network for Government Science (INGSA) and the academic news publisher The Conversation.

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Summary

Homelessness presented a unique challenge to governments as they designed public health measures in response to the Covid-19 pandemic. Many governments at national and regional levels introduced lockdowns, requiring citizens to stay at home other than for defined purposes.

For people experiencing homelessness this was much more of a crisis than for others, with street-based services closing down and with many people around the world living in shelters with a very high risk of infection transmission.

This inability to self isolate was feared by many to likely result in high incidence of infection, hospitalisation and death, with people experiencing homelessness also becoming a vector for transmission of the disease.

In practice, governments and cities around the world acted decisively to prevent this, with the result that many lives were saved and thousands of people experiencing homelessness were accommodated overnight, in empty hotels and other emergency accommodation and then in many cases with support to move to more settled accommodation.

This paper explores how this was achieved in practice, what lessons can be learned and what can be taken forward in the future. The strongest focus is on the UK nations, but we present case studies and analysis from North America, Europe and Asia. These show fascinating differences and similarities between systems for addressing homelessness around the world and how they were able to respond in the context of a global crisis.

01

Homelessness
and the
Covid-19
pandemic

Introduction

The Covid-19 pandemic presented governments and cities around the world with an unprecedented public health emergency. From late February 2020, following the lockdown in China and the beginning of the disastrous spread of Covid-19 infection to countries like Italy¹, it became clear that, unchecked, the virus was likely to spread exponentially across the world, causing millions of deaths.



As more was understood about the transmission of the disease, an increasing number of countries imposed severe constraints on interaction between people which might allow infection to take place.

This included many countries imposing lockdown conditions with stringent restrictions on mixing between households, other than for essential purposes. Remarkably, in just a few weeks, by the beginning of April 2020, most developed countries had implemented a lockdown² of some kind, with cities, where transmission would be likely to take place fastest, arguably of primary importance.

Homelessness and Covid-19 transmission

In this scenario, a clear problem emerged of how to prevent the spread of Covid-19 amongst people experiencing homelessness. Not having a home meant not being able to isolate from other households and it would no longer be possible to use many of the services which had previously been available to access food, support and shelter, as these were closing or due to close with the lockdowns.

There was also a perceived risk that, in addition to the health risk to people experiencing homelessness themselves, mixing at homeless shelters, encampments or other concentrations of street homelessness could undermine the effectiveness of the wider measures imposed to contain Covid-19 transmission.

¹ Cereda et al. (2021). The early phase of the COVID-19 epidemic in Lombardy, Italy. *Epidemics*, 37.

² FT Visual & Data Journalism Team (2022). Lockdowns compared: tracking governments' coronavirus responses. *Financial Times*

People experiencing homelessness might therefore become vectors for the spread of the disease, as was explicitly acknowledged in some of the news coverage at the time³.

These concerns were similar around the world, but the nature of both the threat and the response varied according to the levels of homelessness, the nature of accommodation and services already available to alleviate homelessness within the system, political will, and perhaps in some cases, sheer luck.

Some of the first cities to take direct action to address the issue were in the United States. Seattle had its first documented case on 1 March 2020. By 2 March an Emergency Operations Center was activated to coordinate the overall City response to Covid-19. This included developing an action plan to manage Covid-19 impacts for people experiencing homelessness⁴. San Francisco was one of the first cities to announce the use of hotels, with a plan to identify at least 3,500 rooms to accommodate people needing to be isolated announced on 19 March⁵.

On 18 March 2020, the European Federation of National Organisations working with the Homeless (FEANTSA) called for public authorities and homeless services in Europe to procure emergency housing as an alternative to shared accommodation and enable people experiencing homelessness to self-isolate⁶, pointing out that shelters may need to close because of infection, and/or falling staff and volunteer levels. By 31 March, FEANTSA had refined this advice into a seven point plan⁷.

Everyone In

In England, there was a quite remarkable instruction from government to local authorities on March 26, 2020⁸ that “it is now imperative that rough sleepers and other vulnerable homeless are supported into appropriate accommodation by the end of the week”.

Now referred to as Everyone In, this explicitly included people deemed to be at risk of sleeping rough as well as those actually sleeping rough, included those in accommodation such as night shelters where it is difficult to self isolate, and included people without recourse to public funds due to their immigration status, for whom councils had no legal duty of care. Local authorities were told that funds to support the additional costs would be made available.

A moratorium on evictions from rented accommodation was also introduced, which lasted until May 2021 in England.

³ Fujita, A. (2020). LA mayor looks to hotels to shelter homeless as COVID-19 spreads. Yahoo

⁴ Taylor-Judd, M. (2020). Seattle Human Services Response to COVID-19. Seattle.gov

⁵ Dolan, M. (2020). 2,500 ‘pop-up’ shelters, 3,500 hotel rooms to be used to isolate homeless people, others in San Francisco. Los Angeles Times

⁶ FEANTSA (2020). COVID-19: “Staying Home” Not an Option for People Experiencing Homelessness.

⁷ FEANTSA. (2020). Seven measures authorities must take to protect homeless people from Covid.

Compared to many countries around the world, local authorities in England were in a good position to respond to such an instruction, as the number of people experiencing street homelessness was relatively low (4,270 in Autumn 2019 or around 7.5 per 100,000 population¹⁰). English local authorities also already had statutory duties to provide emergency accommodation to families and some others experiencing homelessness under existing legislation.

Nevertheless, the fact that by mid April 2020, a reported 5,400 offers of emergency accommodation had been made¹¹ and that by November 2020, 33,000 had been helped to find accommodation, is extraordinary.

In considering these figures, it must be borne in mind that not all of these offers would have been made to people actually sleeping rough. Also, the nature of rough sleeping is that there is a constant flow of people onto and away from the streets, with only a minority of people living on the streets longer term. As a result, even a concentrated effort like Everyone In could not end rough sleeping for the longer term, but it did make a remarkable short term difference.

Response around the UK

The position in other parts of the world varied significantly. Wales instituted a similar response to England from a similar starting point and achieved significant success¹². There were explicit Welsh Government Ministerial statements from March 2020 onwards that all people sleeping rough, including those with No Recourse to Public Funds (NRPF), should be accommodated. Subsequent guidance on the Priority Need status of rough sleepers, issued in April 2020, provided that, for the duration of the pandemic, people sleeping rough should be considered ‘vulnerable’ and therefore ‘in priority need’ entitled to accommodation¹³.

This guidance is much less ambiguous than the June 2020 revision to the English code of guidance which states that local authorities should “consider whether people with a history of rough sleeping should be considered vulnerable in the context of Covid-19, taking into account their age and underlying health conditions¹⁴”.

In Scotland, the homelessness legislation is different. Unlike in England, Wales and Northern Ireland, since 2012 single people experiencing homelessness and

⁸ Hall, L. (2020). Letter from Minister Hall to local authorities on plans to protect rough sleepers. MHCLG

⁹ DLUHC. (2022). Rough sleeping snapshot in England: autumn 2021. DLUHC, gov.uk

¹⁰ Statista. (2021). Population of England 1971-2020

¹¹ MHCLG (2021). Investigation into the housing of rough sleepers during the COVID-19 pandemic. NAO

¹² Fitzpatrick et al. (2021). The homelessness monitor: Wales 2021. Crisis [p29]

¹³ James, J. (2020). Guidance letter for local authorities in supporting people sleeping rough. Welsh Government

¹⁴ DLUHC. (2021). Chapter 8: Priority need - Homelessness code of guidance for local authorities.

applying to a local authority in Scotland have had an automatic right to accommodation, regardless of their assessed level of vulnerability, and so the extra help offered by Everyone In would have represented less of a change to the status quo. Scotland also differs from England in that it does not conduct an annual rough sleeping count or estimate.

Even so, there are reports of significant decreases in street homelessness in Scotland at the beginning of the pandemic¹⁵, especially in Edinburgh and Glasgow. This was a result of the extension of support to people without recourse to public funds, the provision of extra funding and a better join up between local authority homelessness services, social care, health and the voluntary sector, as well as a rapid move away from the use of dormitory style shelters.

US and Canada

In most cities in the US and Canada, pre-pandemic levels of street homelessness were much higher than in the UK, with no equivalent statutory duty to accommodate people experiencing homelessness or to attempt to prevent homelessness, and a much less comprehensive welfare system. The reliance on congregate-style night shelters, often closed during the day, was also much greater. Nevertheless, many US cities have made significant strides to reduce homelessness and improve the services available to people experiencing homelessness in recent years.

Worries about encampments of people being vectors for Covid-19 transmission caused some US cities to take measures to clear encampments¹⁶. This can be expensive and ineffective at the best of times¹⁷, but was specifically recommended against at the beginning of the pandemic by the Centre for Disease Control (CDC) unless accommodation was available, as “Clearing encampments can cause people to disperse throughout the community,” which “increases the potential for disease spread¹⁸”.

¹⁵ Watts et al. (2021). The homelessness monitor: Scotland 2021. Crisis [p40]

¹⁶ Wiltz, T. (2020). Against CDC Guidance, Some Cities Sweep Homeless Encampments. The Pew Charitable Trusts

¹⁷ Capps, K. (2021). The High Cost of Clearing Tent Cities. Bloomberg City Lab

¹⁸ CDC. (2022). Interim Guidance on People Experiencing Unsheltered Homelessness

The CDC also, controversially, introduced a federal moratorium on evictions which was extended several times until the US Supreme Court ruled it unconstitutional in August 2021. However, as of March 2022, several states still have versions of evictions bans in place, in some cases linked to whether a person has applied for federal rent assistance¹⁹.

Cities like San Francisco and Toronto moved quickly to join up services and move people out of shelters and respite centres and into hotels. In Houston, the response has been similar to the UK's, with hotels used only in the short term, and efforts made to move people into permanent housing and to prevent homelessness by accommodating those at risk as well as those actually sleeping rough.

Europe

There are significant variations in both levels of homelessness and types of provision between European countries. Different counting methodologies make direct comparison difficult, but in general, and with the possible exception of Finland, levels of street homelessness have been higher in Europe than in the UK. There is also often a greater reliance on ‘shared air’ homeless shelters in Europe compared to ‘own room’ hostels in the UK.

Almost all EU member states introduced some form of eviction ban in response to the pandemic. According to FEANTSA research²⁰ some emergency shelter services were closed because they were ‘shared air’ services in which people lived and slept in communal areas, with others being modified, either to change shelters into ‘quarantined’ services to prevent external infection or by allowing existing services to enact social distancing (e.g. halving the number of bedspaces).

Several countries have used hotels or other emergency accommodation to assist people off the streets. According to the same research by FEANTSA, this has led to, “on a temporary basis, the ‘complex’ problem of street homelessness being largely and rapidly stopped²¹”.

¹⁹ Davis, G. (2022). Eviction Moratorium Status: Federal & State Rules in 2022. Spark Rental

²⁰ Pleace et al. (2021). European Homelessness and COVID 19. European Observatory on Homelessness

²¹ Ibid



The different experiences in Paris and Budapest are discussed below. Paris increased the number of shelter beds from 70,000 in December 2019 to 96,000 one year later and doubled city food distribution capabilities from 11,000 to 22,000 meals per day within a week.

In Budapest, different priorities between the national government and the city's mayor have caused conflict in some areas of provision, with a continuing dispute over the threatened closure of a Budapest hospital serving people experiencing homelessness. Nevertheless, a moratorium on evictions was put in place as well as additional accommodation and health services being made available to people experiencing homelessness in the city.

Japan

In Tokyo, street homelessness is at very low levels compared to most other cities worldwide, with the official estimate equivalent to 6 people per 100,000 population²² and the use of night shelters is minimal, limiting the potential for people experiencing homelessness to contract and spread the virus. However, the pandemic did increase demand for voluntary sector services like soup kitchens and also radically increased the number of people seeking government housing assistance.

A feature of homelessness in Tokyo is the use of internet cafes, where people can rent a tiny booth to sleep for the night. When these cafes closed at the start of the pandemic, the city secured several thousand rooms in hotels to provide accommodation temporarily. This has been the main action taken on homelessness as a direct consequence of Covid-19.

It should be noted that public attitudes towards homelessness in Japanese cities tend to be different to those in most western countries, with individuals impacted by homelessness facing even higher stigma and prejudice. Homelessness itself is reportedly often seen in Japan as the fault of individuals, rather than a failure of support systems (as of course can be the case to a greater or lesser extent in other countries too), and can be regarded as a source of shame and even a threat to society. The very low levels of street homelessness in Tokyo in comparison to other global cities before the Covid-19 pandemic may partly reflect this. An illustration is the way in which people who had been sleeping in parks, train stations and other outdoor spaces in central Tokyo were evicted as part of preparations for the Olympic Games, which the city was due to host in the summer of 2020 but which were delayed for a year as the pandemic spread²³.

²² Tokyo Street Homelessness Count The likelihood that this may be an underestimate is discussed in the case study.

²³ Bettiza, S. (2021). Olympics: The hidden sight of Tokyo's homeless. BBC News



02

Steps to
protect people
experiencing
homelessness

Use of commercial hotels

One consequence of lockdowns in cities internationally was the closure of hotels to their normal business. Many cities took advantage of this situation by brokering deals with hoteliers to provide accommodation for people, who had been sleeping rough or living in congregate accommodation with a high risk of Covid-19 transmission.

Moving people into hotels had a number of advantages compared to shelters. As well as the accommodation providing better opportunities to self isolate, the quality, autonomy and security of the accommodation was also often better, and there were opportunities to address individual concerns and support needs in a way that had not previously taken place^{24,25,26}.

In addition to this, in the UK at least, there were many reported examples²⁷ of people experiencing street homelessness who had previously been resistant to coming in and engaging with services, who, due to the type of accommodation on offer and their own fear of infection, were prepared to move into a hotel room or other self contained unit.

Also in the UK, people whose immigration status had meant that they had not previously been able to access publicly funded accommodation or support were now able to do so. This often meant that people who had been 'off the radar' of local authorities, staying in shelters run by local community or faith based groups, or



- ²⁴ Robinson, L (2021). Hotel housing for homeless teaches an important lesson for future. The Connecticut Mirror
- ²⁵ Johnston, A. (2021). Shelter-In-Place Hotels Offer Unlikely Health Benefits For Houseless Seniors. KALW
- ²⁶ Maybin, S. (2021). 'We want another homeless hotel - and we can make it work'. BBC News
- ²⁷ Local Government Association (2020). Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic.

sleeping on friends' floors, were now able to get self contained accommodation for the first time. In some cases the number of people in this situation was a real 'eye opener' to the statutory authorities.

However, accommodating people in hotels also had significant problems. These included the lack of support services available. In addition, there was a need to provide meals, health care and security, and to ensure that the hotels themselves did not become Covid-19 transmission sites.

Service coordination

Broadly speaking, these problems were successfully alleviated by an unprecedented collaboration between different services. These included rough sleeping outreach services, mental and physical health services, public health services to help get people vaccinated, drug and alcohol services, legal services around immigration status, and voluntary sector wrap around support services.

Some of the coordination of support was through new or revised commissioning and some was through better joint working between existing services, greatly facilitated by the use of Zoom, Microsoft Teams, and Google Meet, which became ubiquitous almost

²⁸ Office for National Statistics. (2022). Number of deaths in care homes notified to the Care Quality Commission, England.

²⁹ Lewer et al. (2020). COVID-19 among people experiencing homelessness in England: a modelling study. *The Lancet Respiratory Medicine*, 8(12)



overnight and allowed rapid multi-agency communication and problem solving that would simply not have been feasible pre pandemic.

Surprising success

Overall, and perhaps counter-intuitively, homelessness may emerge as the 'good news' story of the pandemic. The situation could have developed disastrously, with high infection rates and worsening stigma as the public perceived people experiencing homelessness as vectors of the disease. Large numbers of people experiencing homelessness might also have died, mirroring the tragic consequences of the pandemic for people living in the UK care home sector²⁸.

These were real fears, and some people did tragically die, either from Covid-19, or as a result of changes in patterns of substance abuse, for example, but bold action by cities and governments across the world averted many of the risks.

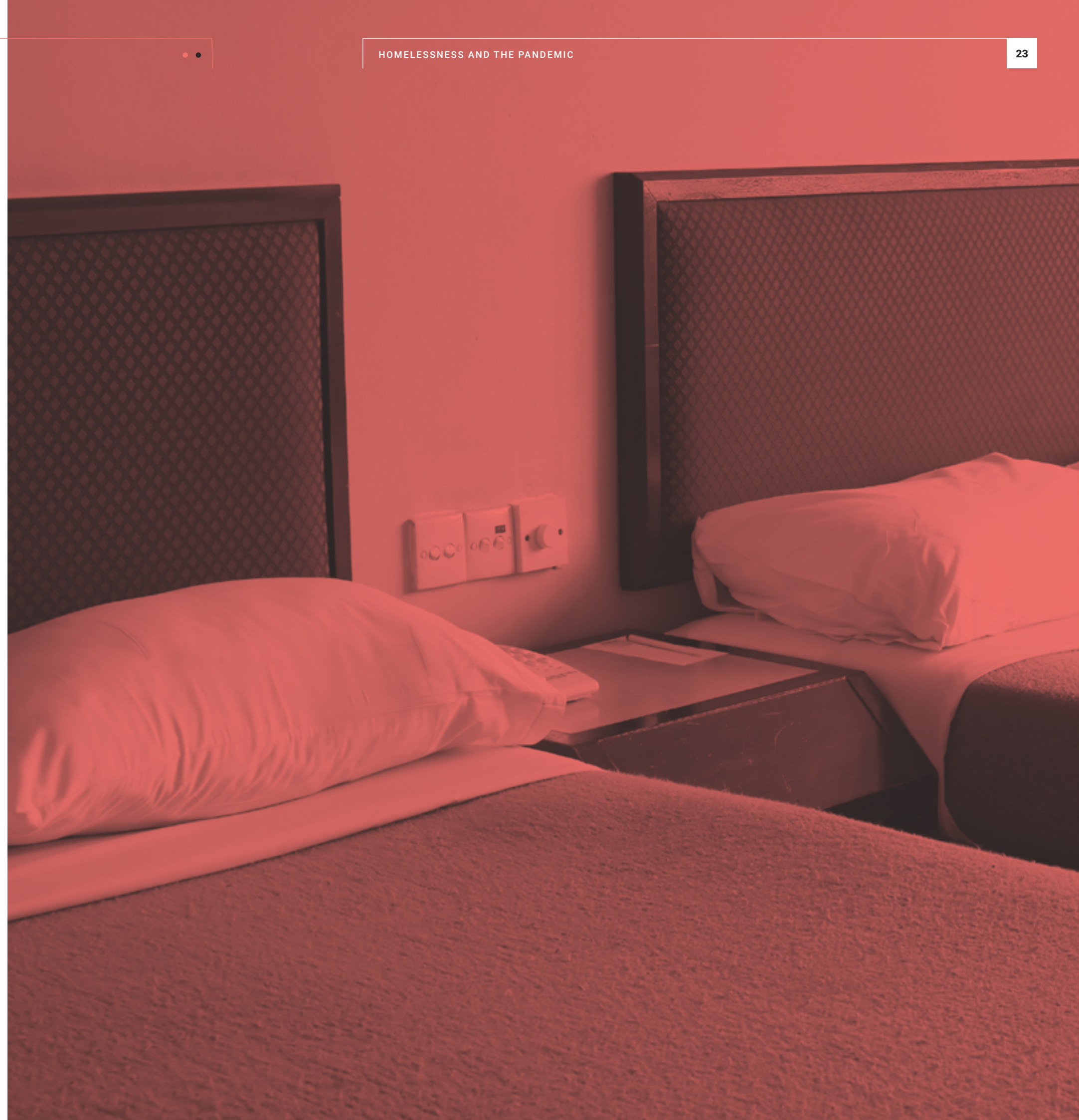
Research published in the *Lancet*²⁹ concluded that the Everyone In approach in England may have prevented 21,092 infections, 1,164 hospital admissions and 266 deaths amongst people experiencing homelessness in the period up to 31 May 2020. Research in Wales³⁰ found that between March 2020 and March 2021, Covid-19 infection rates amongst people experiencing

³⁰ ADR UK (2021). Welsh research finds Covid-19 infection rates lower amongst people who had experienced homelessness than the general population.

homelessness were 5%, compared to 6.9% among the general population of similar demographics.

This contrasts with very high infection rates amongst residents of night shelters in some US cities, with research³¹ concluding that in high-risk homeless shelter environments and locations with high community incidence of COVID-19, even intensive infection control strategies are unlikely to prevent outbreaks, suggesting a need for non-congregate housing arrangements for people experiencing homelessness. That so many cities did reduce the use of congregate shelters, or took steps to make them safer, is likely to have saved many lives.

31 Chapman et al. (2021). Comparison of infection control strategies to reduce COVID-19 outbreaks in homeless shelters in the United States: a simulation study. *BMC Medicine*, 19



03

Sustaining
progress made
during the
pandemic

Support following Everyone In

In England, while some people accommodated during Everyone In have returned to street homelessness, the number of people not going back to the streets and moving on to more settled accommodation has been impressive. According to the UK government, 40,000 people moved out of emergency accommodation into longer term accommodation between March 2020 and November 2021, with 4,300 people continuing to be accommodated in emergency and short term accommodation, who would “otherwise have been sleeping rough or were at risk of sleeping rough³²”

In Scotland, the initial £1.5 million funding given to third sector organisations in March 2020 to provide safe accommodation was supplemented by £279,000 further funding specifically to organisations supporting people with no recourse to public funds to prevent destitution in November 2020³³. Also in Scotland, the existing focus on reducing the use of temporary accommodation through Rapid Rehousing Transition Plans³⁴ and Housing First is likely to be added to through the implementation of new statutory homelessness prevention duties³⁵.

Revenue and capital funding

This has been achieved by a sustained focus beyond the initial Everyone In phase, through continued revenue funding to support local authorities in reducing rough sleeping. In England, this has included the Rough Sleeping

³² DLUHC. (2022). Rough sleeping snapshot in England: autumn 2021.

³³ Fitzpatrick et al. (2021). The COVID-19 crisis response to homelessness in Great Britain. UK Collaborative Centre for Housing Evidence

³⁴ Homeless Network Scotland. (2022). Rapid Rehousing. Homeless Network Scotland: we are all in.

³⁵ Scottish Government. (2021). Prevention of homelessness duties: consultation.

Initiative (RSI)³⁶ revenue funding stream and both capital and revenue funding to provide accommodation through the Next Steps Accommodation Programme (NSAP)³⁷ and Rough Sleeping Accommodation Programme (RSAP)³⁸ programmes. Although initially subject to criticism that these funding streams were short term, both RSI funding and RSAP funding are now being allocated for the period up to the end of the current spending review period, allowing local authorities a better opportunity to deliver over the medium term.

In Wales, £10m Phase 1 funding announced on 20th March 2020 to provide emergency accommodation was later followed by £50m capital and revenue funding to support long term resettlement of those accommodated. The Welsh government also committed to continue to meet the costs of temporary accommodation provided for the duration of the pandemic, including for people without recourse to public funds³⁹.

Winter pressures

To deal with more immediate pressures over the winter of 2020-21, the UK Government announced the Cold Weather Payment⁴⁰ in October 2020, followed by the the Protect Programme⁴¹ in November 2020, followed by the Protect Plus Programme⁴². These amounted to continued support for local authorities and faith and community groups to keep people who had been sleeping rough safe and in accommodation during the winter.

Retreat from Everyone In

It is also clear that the massive impetus towards ending rough sleeping in the UK and around the world by bringing in people in at the beginning of the pandemic has not been fully sustained anywhere.

In England the initial instruction to accommodate everyone at risk of rough sleeping, including people not in priority need under the homelessness legislation and people without recourse to public funds, was diluted as early as June 2020 by the amendments to the Homelessness Code of Guidance⁴³. These effectively stated that local authorities need only accommodate people assessed as vulnerable, rather than everyone experiencing or at risk of rough sleeping. The position on accommodating people without recourse to public funds has also gradually become

³⁶ MHCLG. (2021). Councils given further £200 million in next stage of successful rough sleeping programme.

³⁷ DLUHC. (2021). Next Steps Accommodation Programme.

³⁸ DLUHC. (2022). Rough Sleeping Accommodation Programme 2021-24.

³⁹ Welsh Government. (2020). Written Statement: Homelessness Prevention Update.

⁴⁰ MHCLG. (2020). Rough sleepers to be helped to keep safe this winter.

⁴¹ MHCLG. (2020). Jenrick launches 'Protect Programme': the next step in winter rough sleeping plan.

⁴² MHCLG. (2021). Extra covid protections for rough sleepers and renters.

⁴³ DLUHC. (2021). Updates - Homelessness code of guidance for local authorities.

less favourable, and few local authorities now feel able to accommodate this group unless they have received specific grant funding enabling them to do so.

Perhaps the move away from a universal approach was inevitable. Accommodating everyone deemed to be at risk of rough sleeping is expensive and almost unavoidably means housing many people who would never actually have gone on to sleep on the streets. Accommodating people without recourse to public funds effectively undermines the UK Government's immigration policy as currently formulated.

It may be the case that ministers felt able to sanction such unprecedented measures in response to Covid-19 only because street homelessness and sofa surfing were considered to be a threat to wider public health, rather than because such a response was justified by the desire to alleviate homelessness. Having said this, Scotland continues to operate a policy of accommodating single people experiencing homelessness regardless of priority need and the Welsh Government has been considering whether to go down a similar path⁴⁴.

Outcomes

Providing the resources necessary to get people off the streets, out of congregate accommodation, and to enable people to succeed in hotel accommodation, required an often unprecedented collaboration between governments, local authorities, health services and the voluntary sector, with many staff being redeployed at short notice, rapid contract variations, and redesignation of services. This was possible because of the clear focus and direction towards helping people off the streets, suspension of normal regulations around immigration status, procurement and service eligibility, and the availability of funding.

Rough sleeping in England⁴⁵ fell by 37% from 4,270 on a single night in autumn 2019 to 2,690 in autumn 2020, with this being a clear consequence of actions taken during the pandemic. This was followed by a further 9% fall to 2,440 in autumn 2021.

Looking at the wider homelessness statistics⁴⁶ for England for July to September 2021, numbers appear to have broadly returned to pre-pandemic levels. The relative increase in homelessness demand from single people following Everyone In and the fall in demand from families following the evictions ban, look to have ended, although it is too early to conclude this with certainty.

⁴⁴ Welsh Government. (2020). Review of priority need in Wales.

⁴⁵ DLUHC. (2021). Rough sleeping snapshot in England: autumn 2021

⁴⁶ DLUHC. (2022). Statutory homelessness live tables.

Longer term changes to rough sleeping totals in Scotland and Wales are less clear. The data in Scotland suggests a drop in street homelessness between March 2020 and March 2021, but then a subsequent rise in the period to September 2021⁴⁷, albeit not yet to pre-pandemic levels. It should be stressed that the Scottish figures are not based on a single-night count or estimate, which is not collected in Scotland, but reflect numbers of individuals approaching local authorities for support on grounds of a risk of homelessness over a period, who state that they had recently slept rough. In Wales the annual snapshot statistics have not been updated since Autumn 2019⁴⁸. Monthly snapshot figures using a different methodology have been published since August 2020⁴⁹. These show significant fluctuations but no clear pattern indicating a sustained fall.

Can the gains in combating rough sleeping achieved during the pandemic continue and be built upon, or might they start to be reversed?

⁴⁷ Scottish Government. (2021). Supporting documents - Homelessness in Scotland: 2020 to 2021.

⁴⁸ Welsh Government. (2020). National rough sleeper count

⁴⁹ Welsh Government. (2021). Homelessness accommodation provision and rough sleeping: December 2021



Factors which may affect this include:

- The £20 per week reduction in Universal Credit in October 2021
- The delayed consequences of the end of the evictions ban
- The potential recovery of the rental market following of the lifting of Covid-19 restrictions, which may make properties less affordable
- Further tightening of local authorities' ability to provide support to people with restricted access to public funds
- The cost of living crisis with further rises in the price of energy bills from April 2022 and an increase in National Insurance contributions
- The economic fallout of the conflict in Ukraine
- The possible influx of refugees fleeing the conflict in Ukraine

Whatever may come next, there have been clear benefits and real learning from the approach to homelessness drawing Covid, both in the UK and across the world.



04

Case Studies

London

London has the highest rates of street homelessness of any region in England. The snapshot figure for Autumn 2019 showed 1,136 people sleeping out on a single night, equivalent to 12.7 per 100,000 population⁵⁰. In the full year 2019-20, before the pandemic hit, a total of 10,726 people were recorded on the CHAIN database as seen sleeping out in the city, which uses a different methodology⁵¹. Westminster, a borough in the centre of the city, consistently records the highest numbers of people out on a given night of any area in the country.

During the first months of the pandemic, the city's response focused on support for people sleeping rough under the central government-led and funded Everyone In initiative. The initiative provided a broad directive to local authorities to accommodate those sleeping out or at risk of street homelessness, or who were staying in Covid-19 unsafe emergency accommodation, such as communal night shelters. This was a significant change from 'business as usual', where local authorities were not legally required to accommodate people experiencing street homelessness unless certain legal criteria were met. In London, this shift meant Everyone In replaced the standard No Second Night Out partnership approach led by Greater London Authority for new rough

⁵⁰ Centre for Homelessness Impact. SHARE - Preventing Homelessness. This figure had fallen to 640 (7.0 per 100,000) by Autumn 2021.

⁵¹ <https://data.london.gov.uk/dataset/chain-reports>

sleepers aimed at quickly supporting those new to the streets into accommodation alongside local authority commissioned hostel provision for those who had been on the street longer and charity and faith based shelter accommodation for those ineligible for benefits (so unable to access hostel services), which had previously underpinned city-wide rough sleeping strategy.

Within the city, although there were similarities in different boroughs' experiences, there were also notable variations in approach. The numbers and needs of people experiencing street homelessness varied considerably between boroughs, and the range, type and availability of accommodation influenced areas' options and approaches, with some areas having to move significant numbers out of Covid-unsafe settings such as bed and breakfast accommodation with shared facilities⁵². Several areas made use of hotel accommodation that was otherwise closed due to wider national restrictions.

In terms of overall impact, the response saw unprecedented numbers of people accommodated. Between March and May 2020, approximately 4,500 people in London were moved to self contained or single room accommodation, including many who had been living in Covid-19 unsafe accommodation, comprising 30% of the national total.

However, despite these successes, the net reduction in the numbers of people seen sleeping out was lower than might be expected, given the size of the scale and intensity of the initiative. This was partially due to the broad parameters of the Everyone In response – many people who would previously have been seen as either not meeting the statutory threshold for accommodation (based on their support needs) or who would not have been picked up by outreach teams were identified. There were also some for whom the accommodation offered was not suitable and returned to sleeping out,

Notably, ongoing flow into street homelessness occurred despite significant interventions to increase security of tenure (e.g. an 'eviction ban' and, latterly, other emergency measures to increase security of tenure were in place from March 2020 into spring 2021) and uplifts in financial support to households via the benefits system and schemes like the Coronavirus Job Retention Scheme, which paid a proportion of employee wages while staff were temporarily 'furloughed'.

The response saw a beneficial increase in partnership working between different agencies and organisations, particularly those not directly involved in housing and homelessness. Health workers were involved earlier and more closely (e.g. initial health screening) and, latterly, mental health services were able to work more

effectively with people accommodated. This is likely to have had particular benefits for people with physical and mental health needs with whom services may not have been able to work as effectively prior to the pandemic. However, there were some examples where hotel accommodation was less suitable for individuals requiring greater support such as hostels or more personalised housing led solutions such as Housing First. That said, there were benefits as, for some in this cohort, individuals began working with services for the first time during their time in Everyone In accommodation.

The pandemic meant that many people experiencing homelessness, whose immigration status meant there were limits on the ability of statutory bodies to use public funding to support them, were suddenly and for the first time eligible for help and accommodation. However, providing longer term solutions for this group has proved to be more difficult. Individuals with whose entitlement to public funds is limited or unclear due to their immigration status (some of them whose immigration status meant they had 'No Recourse to Public Funds') were found to make up a significant proportion of people accommodated in hotels - seven of the 12 boroughs estimating that people with No Recourse accounted for around 40-50% of the total (Ibid). This was a positive step as individuals were being accommodated; however, it was difficult to identify longer-term solutions for many as immigration restrictions limited options for move-on accommodation.

This has become more challenging as the acute public health emergency has receded, and local authorities face uncertainty about the extent to which they remain able to use the Everyone In precedent to accommodate individuals whose current immigration status would otherwise limit their access to public funds.





Birmingham

The city of Birmingham significantly reduced the number of people rough sleeping during the Covid-19 pandemic, building on a strong homelessness strategy, existing planned strategies such as a Housing First pilot and taking good advantage of the additional funding made available by the UK government.

Birmingham is one of the biggest cities in England, with a population of over 1.1 million people. Its City Council is the largest local authority in Europe. Like much of the nation, Birmingham experienced a rise in the number of people sleeping on the streets after 2010, with numbers peaking at 91 people seen sleeping out on a single night in 2018.

The city had a strong foundation from which to tackle the new challenges which the pandemic posed. Along with a mature model of partnership working between voluntary and statutory sectors, by early 2020 Birmingham had already achieved a significant reduction in street homelessness.

As in most other parts of the country, Birmingham's response to the Covid-19 pandemic in the first few months was shaped by the central government-led Everyone In initiative.

The initial impact of Everyone In for Birmingham was clear: a snapshot count in November 2020 found the number of people sleeping on the streets had fallen to 17, down from 52 by the same measure in 2019, and 91 in 2018, a reduction of 81%. This was partially reversed the following year when the number of people sleeping out in the city rose to 31 but the rate of street homelessness in Birmingham, of 2.7 people per 100,000⁵³, was well below the national average (4.3) and other comparable cities across England such as Manchester (7.7) and Bristol (14.3).

To achieve this, Birmingham City Council increased outreach activity and commissioned additional accommodation, including 70 rooms in a city-centre hotel commissioned in the early months of the pandemic. Through this increase in activity, by October 2020, the city council had provided accommodation and subsistence to more than 240 single people.

Alongside this additional outreach and accommodation provision, Birmingham also took steps to ensure services remained accessible for people at risk of homelessness during lockdown by establishing an emergency Housing Options Service for single people experiencing or at risk of homelessness, initially based in a hostel before moving to a day centre. This service assessed more than 1,000 people presenting as homeless in the six months between March and September 2020.

Everyone In encouraged councils to provide accommodation and subsistence for people usually not able to access public funded support. In Birmingham, the number of people who came forward from this category was many times greater than the number initially expected. It far exceeded indications from local partners of people in this category who were sleeping on the streets before the pandemic, but highlighted hidden need. For many the opportunity of some stability, alongside referrals into legal assistance, led to positive immigration and status outcomes.

The pandemic response particularly positively highlighted Birmingham's approach to provision for people experiencing homelessness aged under 25. The Birmingham City Council Homelessness Prevention Strategy, developed in 2017, uses the Positive Pathway model for responding to homelessness⁵⁴. This existing provision meant that young people during the pandemic often had positive outcomes before reaching the stage where they needed support via Everyone In. The Kerslake Commission, an independent inquiry that looked at lessons from the emergency response to homelessness during the pandemic, found that despite having the youngest population in the country, it has one of the lowest levels of under 25s rough sleeping or needing to use crisis services through Everyone In, largely because of the approach taken and the focus on all aspects of the Pathway model⁵⁵.

It is important to note that while Covid-19 funding from the central government was vital to bring so many people in from the streets in this time, the action taken was in many cases already planned, as a response to the high levels of street homelessness seen in 2017-18. During this time new, grant-funded services for drug and alcohol support commenced, as well as a hospital discharge programme and mental health service for people experiencing homelessness. The city's Housing First pilot, (which offers permanent housing to people experiencing homelessness

⁵⁴ St Basils. (2020). The Positive Pathway Framework.

⁵⁵ The Kerslake Commission on Homelessness and Rough Sleeping. (2021). A new way of working: ending rough sleeping together.

and then uses that stable base to address other issues such as substance use and health), saw them reach the target of supporting 175 people into tenancies. It can therefore be difficult to quantify the number of people who were supported solely due to Covid-19 response funding, as the efforts during the pandemic were merged with new 'business as usual' initiatives.



Aberdeen

Aberdeen is the third largest city in Scotland and has a population of almost 230,000. The published street homelessness figures in Scotland are not based on a snapshot count or estimate, but on the number of people approaching local authorities for homelessness assistance who state that they slept rough immediately beforehand. On this basis, Aberdeen's levels of street homelessness peaked in 2003 with 670 people sleeping out on the day before their homelessness application. By 2019-20, this figure had dropped to just 60⁵⁶.

⁵⁶ Scottish Government. (2021). Homelessness in Scotland: 2020 to 2021. This figure had dropped to 55 by 2020/21

Aberdeen had also introduced a rapid rehousing transition plan which outlined goals and strategies to end all forms of homelessness for good as a city in Aberdeen⁵⁷, although progress was slower.

Aberdeen's homelessness services provided a strong foundation for the city to adapt to the pandemic, and they were prepared to do so, as they usually adapted their services during the winter months. The small number of people who were sleeping out were assisted by Turning Point Scotland, a leading social care developer and provider that works across Scotland. Turning Point Scotland also received funding from the Scottish Government to assist people at risk of homelessness who were not entitled to most welfare benefits ("no recourse to public funds") because of their immigration status. Turning Point was able to help people return to other destinations or assess their housing rights and benefits eligibility. The low number of people remaining were placed in accommodation.

Aberdeen City Council prioritised maintaining access to accommodation for people experiencing or at risk of homelessness during the pandemic. The council's rapid rehousing service was the only housing provider in Aberdeen that continued to provide permanent tenancies to people during the pandemic. In the past, Aberdeen would commission a night shelter, but throughout the pandemic it focused on moving clients into accommodation straight away, working with them immediately, regardless of their eligibility.

Aberdeen City Council's rapid rehousing team extended its business-as-usual approach by harnessing a model of partnership working between the statutory and voluntary sectors. This enabled it to tailor services to provide thorough support throughout the pandemic. On one occasion, the council worked with hotels to book rooms when it was unable to provide people with other accommodation. The council also worked with Aberdeen Cyrenians, a charity that provides care and support to anyone experiencing homelessness or at risk of losing their home through poverty, by providing food parcels to people in temporary accommodation, which ensured that people were able to continue to isolate, and so protect themselves from the virus by avoiding social contact, if they needed to.

The process of providing people with temporary accommodation during the pandemic was also adapted. The council allocated flats for people who needed to isolate and, as the primary landlord in the city, it had to change the process of how people could gain access to shelter while minimising the number of people they came into contact with. Placing a key safe outside properties meant residents could sign their tenancy and then go straight to their accommodation, further limiting the number of people waiting outside or in offices to find out where they would be staying.

⁵⁷ Aberdeen City Council. (2019). Rapid Rehousing Report.

For the first few months of the pandemic, Aberdeen City Council started seeing a change in the presentation of people who needed support. As a result of the lockdown restrictions, people sleeping on sofas or staying in relatives' spare rooms were being asked to leave. This brought the number of applications of people experiencing hidden homelessness across Aberdeen to the fore. Just over a half (55%) of all applicants facing homelessness gave their last address as their parents' home or that of a relative, friend or partner. There were a total of 426 applications for housing from this group, 16% higher than the previous year. In line with this, there was also a 24% rise in the number of applicants citing the reason for their homelessness as "asked to leave", the equivalent of 49 more applications.

Communication was another area where Aberdeen City Council was able to adapt and improve its service. Implementing weekly wellbeing checks with people in temporary accommodation highlighted areas where their service could be more effective. The council also signed a data sharing agreement with the prison service and set up a multi-agency group with its social services department, charities and drug and alcohol services to plan for the release of people leaving prison and better track their outcomes, which was a success.

Aberdeen City Council struggled to maintain contact with people who were struggling to maintain tenancies as they didn't have means to communicate with them. To overcome this issue they purchased mobile phones which could be given to people once they received their tenancy. Aberdeen City Council was also supported by Aberdeen Cyrenians Connecting Community fund, which enabled the council to install Wi-Fi and a telephone line in a block of supported accommodation. Providing a number of ways to communicate gave people using support services a choice about how to interact with the council: young people would commonly use WhatsApp, whereas other people would prefer a phone call or a video call.

During the pandemic, Aberdeen City Council closed its only hostel for people experiencing homelessness in April 2020 as lockdown restrictions and the need for physical distancing among residents rendered it not fit for purpose. By 2020-21 the number of households who slept rough the day before applying for support on grounds of homelessness fell to 55, a rate of 50.5 per 100,000 households. The city moved away entirely from hotel-based accommodation in favour of rapid rehousing to more settled accommodation, with the exception of one accommodation unit in the city centre, which opened in 2015 and is all ensuite accommodation with bathrooms rooms for people who are disabled, and individual cooking and washing facilities for all residents.

Paris

France ordered one of the world's most strict lockdowns in the early stages of the Covid-19 pandemic. For two months most people were only allowed to leave their homes for essential activities such as grocery shopping.

"We are at war," President Emmanuel Macron said in a televised address. "The enemy is there, invisible, elusive, and it's making headway. That requires widespread mobilisation⁵⁸."

For the approximately 3,600 people who were sleeping out in the centre of Paris at the beginning of the pandemic, based on the annual street-count in January 2020, the services they relied on for basic needs like food, water, and shelter vanished at a stroke⁵⁹. The underground Paris Metro - a common sleeping spot - shut down. Bars and restaurants that typically gave out leftover food were forced to close. Even public lavatories were shuttered over fears they could aid the spread of the coronavirus.

"The whole ecosystem that [those experiencing homelessness] depended on just disappeared overnight," said Vanessa Benoit, the Director of the Paris chapter of Samu Social, a charity that provides 24-hour hotline services to people experiencing homelessness across France. "There was a real sense of absolute panic and breakdown of services. And almost immediately after that, there was a reaction that we can't let this happen."

According to Benoit, the wave of urgency that carried the first phase of the pandemic played a key role in being able to act swiftly and effectively, leading today to an overall 30 percent decrease in homelessness in Paris.

⁵⁸ French Embassy in London. (2020). "We are at war" with COVID-19, says President in national broadcast.

⁵⁹ APUR. (2020). People in street situations in Paris, the night of January 30-31, 2020.



Two-pronged approach

Addressing the situation head-on meant responding to two main issues: rapidly increasing the number of emergency shelters, and continuing to provide the same essential services that were available pre-pandemic. Layers of government bureaucracy were unclogged, local charities and non-government organisations pooled their resources under a single umbrella, and distribution centres were quickly set up across the city to provide continued access to essential services like meal and clothing distribution. While emergency housing is funded and managed at the national level in France, the city of Paris played an essential role in speeding up this process, says Christophe Vitu, who works for the Paris city hall's housing division.

"Even if the city does not have the jurisdiction, you still have situations like extreme poverty happening on our territory. And so, politically, we want to act" said Vitu.

According to Vitu, around 40 city-owned buildings were quickly converted into temporary social housing, providing some 4,000 beds to those in need. The state, meanwhile, swiftly negotiated a memorandum of understanding with the Paris region's hotel industry to open up rooms to the city's homeless.

"If we'd had to negotiate with each different hotel, it would have taken much longer," says Benoit.

With tourism ground to a halt, Benoit says the state was able to negotiate a special rate with the hotel industry that fit within the state's €2.4 billion (£2 billion) emergency housing budget⁶⁰. Those experiencing homelessness were connected to a call centre that would then provide accommodation, either in a hotel or emergency shelters.

In the centre of Paris proper, nearly 5,000 beds in new shelters and hotel rooms were added. The greater Paris region of 12.2 million people, meanwhile, increased its number of shelter beds by 37 percent. Whereas on December 31, 2019, the Paris region provided 70,000 beds, there were more than 96,000 beds one year later.

⁶⁰ Dallier, P. (2020). Information report on the emergency accommodation policy. Vie Publique

Keeping essential services going

With Paris under lockdown, the vast network of meal distribution, health services, and other kinds of support for the city's homeless needed to be redrawn. The network of some 1,700 volunteers that were essential in overseeing these distributions – many of whom were people over the age of 65 – were now being told to stay at home. Meal distribution sites that people had grown to rely on stopped running. But not before sending out an alert to the city hall.

“They immediately told us what the needs were and said ‘big warning, we are closing down. There are people who will not be able to eat,’” said Christophe Vitu with Paris City Hall.

According to Vitu, the city was able to double its food distribution capabilities – from 11,000 to 22,000 meals per day – in the space of a week. Five sites were set up across the city, including the Carreau du Temple in central Paris.

“If we managed to open these large centres in a week, it’s because we knew the associations,” says Vitu. In other words, the preexisting bonds between the city, the state, and local associations helped them quickly establish where there were gaps that needed to be filled.

Increased exposure to Covid-19

Remarkable strides were made in increasing access to emergency shelters and ensuring continued essential services. Still, the risks related to catching Covid-19 amongst the city's homeless population were significantly higher than the general population. According to a joint study carried out by the Institut Pasteur and the charity Doctors Without Borders during the first phase of the pandemic, more than half of the people experiencing homelessness in the city had contracted the virus⁶¹.

“Living in crowded conditions was the strongest factor associated with exposure level,” the authors concluded, adding the study “underscores the importance of providing safe, uncrowded accommodation, alongside adequate testing and public health information.”

Vaccination rates amongst people impacted by homelessness are difficult to obtain, but experts suspect they remain low. “Vaccination may not be very high in your list of priorities if your first issue is where do I eat and where do I sleep tonight,” says Benoit.

⁶¹ Roederer et al. (2021). Seroprevalence and risk factors of exposure to COVID-19 in homeless people in Paris, France: a cross-sectional study. *The Lancet Public Health*, 2021, 6

The pandemic did shine a spotlight, however, on the link between housing and health.

“As the pandemic was both a health crisis and a social crisis, it forced the two universes to meet and work together,” says Vitu, adding that different associations across the city have been working on providing vaccinations directly in shelters.

The most recent census – carried out in early February 2022 – counted 2,600 people sleeping out in Paris city centre, compared to 3,601 people counted in January 2020^{62,63}. Experts credit the 30 percent decrease to the swift response prompted by the first wave of the pandemic. Officials from charities, the city, and national government acted together to move through red tape, cut deals with the Paris hotel industry, and ensure essential services like food distribution continued. One area where the city continued to struggle, however, was in vaccinating people experiencing homelessness. The consequences made this group both at higher risk of catching Covid-19 and being shut out of any establishment that required people to show a vaccine pass to enter until the ‘pass sanitaire’ was scrapped in mid-March 2022.



⁶² Ville de Paris. (2022). Night of Solidarity 2022: 2,600 homeless people identified.

⁶³ APUR. (2020). People in street situations in Paris, the night of January 30-31, 2020

Budapest

Budapest is a particularly challenging city in which to address homelessness. Local charities, such as From Streets to Home Association, say that the support provided by the Hungarian national government does not provide people with an effective way out of homelessness, as there is no comprehensive national policy or strategy to tackle either homelessness or housing exclusion, and exact data on street homelessness does not exist.

It is widely understood that Budapest is suffering a housing crisis as skyrocketing real estate prices combine with a lack of municipal housing to present one of the most serious challenges for Hungarians today⁶⁴.

In 2018, Hungary's national government, led by Prime Minister Viktor Orbán of the Fidesz Party, attracted national and international condemnation with the introduction of a new law stating that "Habitual residence in a public space is forbidden", claiming that this would save lives. Those opposing this law stated that it was inhumane, was not the solution to the problem of homelessness, and that it represented the criminalisation of poverty⁶⁵.

In late 2019, when Gergely Karácsony of the Dialogue (opposition) Party became Budapest's Mayor, he and the City Council began looking at how to improve standards in hostels, reduce homelessness and reject the stigmatisation and fining of people living on the street⁶⁶. They viewed the provision of affordable housing as a viable solution to homelessness. In early March 2020, the Mayor launched a joint programme focusing on women experiencing homelessness and the social workers caring for them, a cooperation between municipal, civil and for-profit sector participants. The Mayor highlighted the importance of "a new public policy approach" by the city's leadership to people who are homeless and in providing homeless care⁶⁷.

State of emergency

On 11 March 2020, the Hungarian government declared a state of emergency as a result of the Covid-19 pandemic. Some measures were put in place across the country by the national government, including a moratorium on evictions⁶⁸.

In Budapest, the pandemic gave an added urgency to the intentions of providing more, better or independent housing for those living in crowded – and therefore poorly ventilated – homeless institutions. At the Mayor's direction, the Municipality implemented a range of additional city-wide measures early on to help people experiencing homelessness, recognising the added vulnerability of the situation many faced.

Gergely Karácsony spoke about the fact that there are "many people among [those experiencing homelessness] who could be severely affected by the epidemic, as they are older than average and in poorer health, so the capital, in cooperation with the government, is expanding accommodation for [people experiencing homelessness]"⁶⁹.

Additional measures introduced in Budapest included using empty flats and expanding the capacity of homeless shelters; sending packages of medicine, antiseptics and 60,000 FFP2 masks to homeless shelters; early access to vaccinations for homeless individuals; suspending the fees that homeless people would normally pay in some of the shelters⁷⁰; setting up tents to enable those testing positive to self-isolate; and, continuing to give free passes to use public transport to registered jobseekers⁷¹.

⁶⁴ Inotai, E. (2020). Hungary: A Nation of "Haves" and "Have Nots". Balkan Insight

⁶⁵ Verseck, K. (2018). Hungary's homeless ban: When poverty becomes a crime. Deutsche Welle

⁶⁶ Xpat Loop. (2019). Budapest Hostels For Homeless To Be Upgraded.

⁶⁷ Daily News Hungary. (2020). Budapest Programme to Help Homeless Women and their Social Carers

⁶⁸ This remains in place in February 2022.

⁶⁹ MTI (2020). Christmas: Homeless shelters are expanded in the capital. MTI-Hungary Today

⁷⁰ Office of the commissioner for fundamental rights of Hungary

⁷¹ MTI (2020). Coronavirus: Budapest Homeless Shelter Capacities to be Expanded. MTI-Hungary Today

While the final numbers are not available, isolated figures and the rationale for the actions taken by the municipality and local charities were published at different points since the start of the pandemic.

In March 2020, new protocols were introduced in homeless care institutions, developed by the Mayor's Office alongside the Shelter Foundation and the Budapest Methodological Social Centre and Institutions (BMSZKI - the homeless service provider of Budapest Municipality). These aimed to reduce crowding in hostels, improve entry screening and reduce transmission.

Overcrowding and the high turnover of people using homeless shelters made it difficult to isolate the most physically vulnerable. In April 2020, 71 empty apartments owned by the Municipality were made available to provide 'isolation shelters'. The flats offered "preventive, segregated accommodation of homeless people at risk of age and pre-existing health problems among residents of night shelters and temporary accommodation". The 71 flats were managed by BMSZKI and originally provided at no cost until April 2021⁷².

After the first positive COVID-19 case was recorded in a Budapest shelter the local government began testing social workers, nursing home and homeless care staff to try to reduce ongoing infection⁷³. After those who worked in medical positions, people experiencing homelessness were among the first to receive the vaccine when it became available at the start of 2021. BMSZKI assisted the vaccination efforts.

In May 2020 the Mayor claimed they had created spaces for 500 people and would develop more⁷⁴. One development was in September 2021, when the Budapest Assembly approved a new hostel for 100 individuals, one of the few in Hungary accommodating couples. The shelter was intended to ease the burden on other facilities in the city, an especially important step in view of a potential fourth wave of the coronavirus pandemic⁷⁵. They agreed to create 40 further places in containers near a 10th district daytime shelter.

Just before Christmas Eve 2020, the Mayor personally handed over apartment keys to people experiencing homelessness in the Hungarian capital who had successfully applied for rental housing in the 12-apartment tender, announced in November⁷⁶.

⁷² MTI. (2020). At-risk homeless people are segregated in Budapest. MTI-Hungary Today

⁷³ MTI. (2020). Coronavirus Appears in Homeless Shelters, First Positive Case Sent from Hospital before Test Result. MTI-Hungary Today

⁷⁴ Budapest City Hall. (2020). City Hall providing shelter for homeless people.

⁷⁵ MTI. (2021). Budapest Assembly to Set Up New Homeless Shelter. MTI-Hungary Today

⁷⁶ Themayor.eu. (2020). Budapest provides homeless residents with rental apartments.

The city's plans and intentions did not all run smoothly. In 2020, as part of the commitment to expand accommodation for people who were experiencing homelessness, Budapest's Mayor announced his intention to set up a 'quarantine centre' at the City Hall for those who wanted to enter voluntarily. The site in Budapest was earmarked after opposition to using a former school building. The National Government's local office rejected the plans, saying that setting up a shelter in this 18th-century building would violate zoning rules⁷⁷. Similar such quarantine centres have been developed by national governments in other capitals such as Bratislava, Slovakia, to mixed success – often prioritising the provision of accommodation over support services, with extremely high thresholds for access.

In 2021, city leaders clashed with national government over the threatened closure of a Budapest hospital for people experiencing homelessness, after Hungary's National Asset Management agency terminated the building's rental agreement⁷⁸. The hospital provides medical care, social services and shelter to more than 1,000 people annually. Equipped with nearly 75 beds, state of the art facilities, a temporary hostel and outpatient treatment, it is the only such hospital in Budapest... Hungary's public health authority requires homeless patients needing chronic care to be treated at approved facilities that can provide specialised medical attention... But the only other such facility in Budapest is full.

Ultimately, the hospital has not closed after the resistance of the Mayor, opposition parties and local NGOs. The government extended the deadline until 30th June 2022, although no alternative property or solution has been suggested. Budapest's Mayor continues to defend the centre, stating that "he wouldn't let the hospital go anywhere as long as the epidemic poses any danger to the patients, or until the government offers a suitable venue to replace the current one⁷⁹."

Overall, since the start of the pandemic, the Municipality of Budapest has tried to do its best to house, isolate, protect, support and respect its residents impacted by homelessness, with the help of service providers and NGOs. Their actions appear compatible with the seven measures authorities must take to protect homeless people from Covid, published by the European Federation of National Organisations working with the Homeless (FEANTSA) in March 2020⁸⁰. However, clashes with the national government resulted in several distracting and time-wasting battles over services needed to meet the fundamental needs of vulnerable homeless individuals during a global health emergency.

⁷⁷ Vass, A. (2020). After Fidesz Protests in Csepel, Karácsony Would use City Hall to Quarantine the Homeless, Causing Further Turmoil. MTI-Hungary Today

⁷⁸ The Hungarian National Asset Management Inc. (nd).

⁷⁹ Vass, A. (2021). Homeless Hospital's Evacuation Deadline Extended, Future Still Unknown. MTI-Hungary Today

⁸⁰ FEANTSA. (2020). Seven measures authorities must take to protect homeless people from Covid.



San Francisco

In San Francisco's 2016 street count, more than 1,000 tents and 30 large encampments were spotted throughout the city. On a daily basis, over 179 calls are made regarding homeless-related incidents (65,000 per year), relating to the violation of the City's ban on tents, sitting or lying on the sidewalk, illegal lodging or asking for money⁸¹. In parks, on city sidewalks, alongside highway bridges and in vacant lots, homelessness is a very visible issue in San Francisco, and in 2018, the Healthy Street Operation Centre (HSOC) was formed to coordinate the city's response to encampments and 'behaviours that impact quality of life in San Francisco's public spaces'. With HSOC's focus on responding to visible homelessness in the city, by April 2019, the number of tents and temporary structures fell to 381, with fewer than 10 large encampments⁸².

⁸¹ San Francisco Department of Emergency Management (nd). 911 dispatch presentation

⁸² Healthy Streets Data and Information (2022). Tent, Structure, and Vehicle Count. City and County of San Francisco

The city's most recent estimates show that there are 8,035 people experiencing street homelessness in San Francisco⁸³. This puts it in 11th place among US cities for its rate of homelessness, at 397 per 100,000 residents. Alongside this population, the 49 sq mi metropolis is also home to the most billionaires per capita of any city in the world. The San Francisco Bay area includes four out of ten of the most expensive counties in the United States (US), and coupled with California's crippling housing shortage, major cities attribute large numbers of people experiencing homelessness directly to a state housing shortage⁸⁴. Prior to the pandemic in February 2019, the average monthly rent for a 1-bedroom apartment in San Francisco was \$3,668 (£2,785), making it one of the most expensive places to rent in the country, according to Zumper⁸⁵. To put this into perspective, in the state of California, a worker on minimum wage would have to work approximately 3.3 full-time jobs in order to afford a two-bedroom property at fair market rent, without paying more than 30% of their income.

So when the pandemic hit in early 2020, San Francisco's existing challenges with homelessness were thrown into overdrive. On 25 February 2020, the city was the first in the US to declare a state of emergency, issuing a shelter-in-place order soon afterwards. Libraries, community spaces, food programmes and other resources once available were shuttered overnight, and there was little guidance on what the 8,000 individuals experiencing homelessness in the City could do to stay safe, healthy and sheltered.

To reduce Covid-19 outbreaks in crowded settings, shelter capacity in the city was cut by 76% and over 1,400 beds were rendered out of action to aid social distancing⁸⁶. But fewer beds didn't mean fewer people in need of housing, and by April 2020, 1,108 tents and over 40 large encampments sprung up across the city – a three-fold increase from one year earlier in the space of six weeks. While there were no major Covid-19 outbreaks, deaths among people experiencing homelessness tripled compared to the previous year (48 in total) over an eight-week period from 30 March 2020, many relating to drug overdoses and worsening health issues.

The initial response was shaky, chaotic and slow as departments stuck to their silos and struggled to collaborate, explains Jeff Kositsky, former head of the Department of Homelessness and Supportive Housing. But soon after the pandemic rippled through the city, an emergency operations centre was launched, bringing City departments together under one roof to coordinate the pandemic response.

⁸³ City Performance Scorecards. (2019). Homeless Population. City and County of San Francisco

⁸⁴ Hart, A. (2017). How California's housing crisis happened. The Sacramento Bee

⁸⁵ Zumper. (2022). San Francisco, CA Rent Prices

⁸⁶ Breed, L. [@LondonBreed]. Tweet. Retrieved February 2022 from www.twitter.com/LondonBreed

One such action was the implementation of an alternative shelter programme between March 2020 and June 2021, which ran three types of shelter: congregate sites, shelter-in-place (SIP) sites, and isolation and quarantine sites, serving over 9,000 guests in total.

As the pandemic progressed, the City used available Federal and State funds to begin leasing hotels to provide shelter for people experiencing homelessness. These were coordinated by services providers like the Episcopal Community Services (ECS), who managed eight of the city's 30 hotels. The \$105 million (£77 million) operation – Project RoomKey – was 75% Federally funded, and implemented by California Governor Gavin Newsom, “to get people out of encampments and into environments where we can address their growing anxiety and our growing concern about the health of some of our most vulnerable Californians”. For individuals who tested positive, San Francisco rapidly and safely scaled a hotel-based isolation and quarantine model that reduced strain on inpatient capacity at other healthcare settings. One study of 1,009 hotel guests referred from hospitals, outpatient settings and public health surveillance found that 81% completed their recommended isolation course, ultimately reducing strain on the healthcare system⁸⁷.

Utilising vacant hotel rooms and other empty beds as temporary shelter for those experiencing street homelessness was a move seen in cities across the globe. San Francisco was among the first cities to announce the use of hotels to house people experiencing homelessness on the March 19, with London and Los Angeles following closely behind⁸⁸. But one unique SIP intervention was to authorise a number of ‘safe sleeping sites’, essentially city-sanctioned encampments with social distancing, security and access to services and amenities like water, food and toilets. These sites popped up before the City got involved, located where people organically assembled their tents, and were soon designated as official encampments.

Since the pandemic hit San Francisco, the total number of Covid-19-related deaths stands at 843. Of these, 11 (1.3%) were people whose status was ‘homeless’. However, in the year starting 17 March 2020, more than twice as many people died while homeless compared with any year prior (331 in total). The majority of these deaths are associated with drug overdose⁸⁹.

Going forward, collaboration is essential, says Kositsky. While things were initially chaotic and slow due to siloed City departments, the emergency operations centre

⁸⁷ Fuchs et al. (2021). Assessment of a Hotel-Based COVID-19 Isolation and Quarantine Strategy for Persons Experiencing Homelessness. JAMA Netw Open. 2021, 4(3)

⁸⁸ Dolan, M. (2020). 2,500 ‘pop-up’ shelters, 3,500 hotel rooms to be used to isolate homeless people, others in San Francisco. Los Angeles Times

⁸⁹ Cawley et al. (2022). Mortality Among People Experiencing Homelessness in San Francisco During the COVID-19 Pandemic. JAMA Netw Open. 5(3) <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789907>

quickly pulled people together for a coordinated effort, and the pandemic magnified how effective this collaboration can be in times of crisis.

Cooperation is key, too, for service providers like ECS who depended on City contracts to continue operations during the pandemic. However, the city also relied on ECS, and the organisation's ability to quickly pivot to the changing landscape in the early stages are what kept them afloat, explains Beth Stoke, ECS executive director. When cases began showing up in nearby Washington state in January 2020, Stokes and her team acted ahead of public health advice to ban visitors to shelters – a move that may have been in opposition to their funders. “We were bold, focused, and clear-eyed”, says Stokes, who also had the foresight to acquire PPE for staff and clients ahead of it becoming a scarce commodity. Eight months after the pandemic began, the organisation's efforts proved successful, with only four positive cases out of a client population of nearly 900, and eight among their 600 staff.

As the mayhem of the early pandemic began to calm down, in July 2020, Mayor Breed launched her Homelessness Recovery Plan, leveraging \$500 million (£369.4 million) from federal, state and local sources⁹⁰. This includes state funding for Project HomeKey (which follows RoomKey) to establish permanent housing facilities for people experiencing homelessness. Committing to rehousing the 2,000-plus individuals as they come out of hotels, the City has a big task on its hands. Some of the spaces leased during the pandemic have been bought and transformed into permanent supported housing, but there still remains a huge demand for housing in San Francisco.

As for the safe sleeping sites, in early 2022 three still exist on San Francisco's streets. But due to the security and on-site amenities, the initiative comes at a huge price. Each tent costs the city \$5,000 per month (£3,700), and unlike the SIP hotels, the sites are not eligible for federal reimbursement⁹¹. In June 2021, the bill for the 260 tents came to \$18.2 million (£13.4 million) for the City, and the homeless department is now considering another \$15 million (£11 million) for a similar number of tents to keep people off crowded sidewalks and in a place where they can socially distance. But however they choose to clear the streets, the focus on encampment sweeps has been criticised by advocacy groups like the Coalition on Homelessness, who argue that HSOC are tackling the wrong issue, with policies “inherently built to clear visible homelessness”, says a spokesperson.



⁹⁰ City and County of San Francisco. (nd). Homelessness Recovery Plan

⁹¹ Thadani, T. (2021). S.F. spends more than \$60K per tent at homeless sites. Now it's being asked for another \$15 million for the program. San Francisco Chronicle

Houston

Houston's response to protect its citizens experiencing homelessness during the pandemic stands out for its clear strategic focus on twin goals of moving people into permanent housing and on prevention.

The city was in a relatively good position when Covid-19 escalated into a global crisis, having already reduced the number of residents impacted by homelessness by half in less than a decade⁹².

This long-term downward trend was disrupted when Hurricane Harvey hit Texas in August in 2017 and severe damage pushed local levels of homelessness back upwards for the first time since 2011. But in its response to re-house people after the storm, the city pioneered an approach of moving residents as fast as possible into permanent housing rather than paying for beds in emergency shelters.

It was this experience that shaped Houston's strategy in the pandemic: leasing one-bedroom apartments as long-term stable housing was its default, rather than paying for thousands of rooms in motels or hotels.

Sylvester Turner, Houston's Mayor, memorably described this as using permanent housing as an infectious diseases control response.

Working together

Houston, with a population of 2.3 million in the city and 7 million in the wider metropolitan area, had another strength that drove its dramatic pre-pandemic



falls in homelessness, which was a tightly coordinated homelessness system. More than 100 organisations, spanning city and county authorities, and voluntary and community groups, were committed to working together towards shared goals to respond to homelessness and so avoid competition or duplication of services. The system, called The Way Home, meant there was a single philosophy and organisations pulled in the same direction to maximise impact, with standardised accountability and a centralised coordinating agency.

The injection of \$65 million (£50 million) of largely unrestricted federal Covid-19 relief funds into this cohesive but sparsely funded eco-system enabled the city to react quickly and with much greater ambition⁹³.

Its flagship community Covid-19 homeless housing programme⁹⁴ set a goal of housing for 5,000 people over two years; by August 2021 it had surpassed this and by February 2022 the figure reached 7,720⁹⁵. In 2021 alone, 3,870 people had been placed into permanent housing. The substantial funding available meant that the average time between referral to signing a lease also fell from 60 to 32 days for permanent supported housing.

The larger number reflected Houston's less visible, but just as important step change in work to prevent people from falling into homelessness. This targeted assistance at people at the point of eviction to support them into alternative housing. By November 2021 this prevention programme had diverted 2,895

⁹² Search Homelessness. (2019). Houston Leads the Nation in Reducing Homelessness: Results of the 2019 point-in-time count released

⁹³ Schuetz, R.A. (2022). Houston, Harris County aim to cut homelessness in half with \$100 million investment. The Houston Chronicle

⁹⁴ Coalition for the Homeless. (nd). Community COVID Housing Program.

⁹⁵ Villarreal, C. (2022). Coalition for the Homeless' 2022 Homeless Count Results Suggest Housing-Focused Pandemic Response Kept Numbers Down. Coalition for the Homeless

individuals away from the risk of homelessness and into housing. The city and county had a separate rent relief programme that supported tens of thousands more tenants facing eviction.

The approach enabled Houston to avoid a surge in homelessness linked to pandemic restrictions, as happened in many large cities in the United States. Other than isolated flare-ups in some congregate facilities, it also meant that widespread transmission of the virus among people experiencing homelessness was prevented.

An annual point-in-time count in January 2021 recorded 3,055 people experiencing homelessness in the counties of Harris, Fort Bend and Montgomery, around half sleeping out and half in shelters⁹⁶. This represented a fall of more than a quarter compared with the previous year (3,974), although the unusual circumstances of the count during a pandemic means these are not directly comparable with previous years. When volunteers were able to return to using the standard methodology in January 2022, they recorded 3,223 people either unsheltered or sleeping in shelters: a 19% decrease since 2020⁹⁷.

Closing encampments

The city was also able to start dismantling some of the unauthorised tented encampments beneath its enormous highways that had been a long-term feature of the urban landscape. At the peak, Marc Eichenbaum, special assistant to the Mayor for homeless initiatives, estimates that between 400 and 500 people were sleeping in these encampments; by spring 2022 around 200 people had voluntarily left their tents. Again, their destinations were overwhelmingly permanent housing.

At the height of this activity, buses arrived at encampments to collect their residents. A housing navigation centre was established in a motel where case workers discussed housing options with individuals. After a target period of between 30 and 60 days, individuals were moved to an apartment.

Houston did pay for rooms in a relatively small number of motels and hotels as places for isolation and recovery from Covid-19 infections for people unable to isolate or quarantine elsewhere after testing positive or showing symptoms of the virus. When people left an isolation and recovery centre they were given an assessment of their housing needs so that they, too, could be considered for long-term housing.

But the default, says Eichenbaum, was that the city “did not want to put a bunch of people into hotels and motels without knowing what we would do afterwards”.

⁹⁶ Southern, C. (2021). 2021 Homeless Count Results Suggest Housing-Focused Pandemic Response Kept Numbers Down. Coalition for the Homeless

⁹⁷ Troisi & Rausch. (2022). The Way Home Continuum of Care: 2022 Homeless Count and Survey Analysis. Coalition for the Homeless

At its peak of activity, in the spring of that year, the city was finding permanent housing for 439 individuals a month in both permanent supportive housing and rapid rehousing, although this rate of placements fell significantly thereafter.

One reason was a growing shortage of one-bedroom apartments in the Houston area, as the rental market recovered from the shock of Covid-19 lockdowns and investors began buying apartment complexes. Another reason was that the shrinking population of people experiencing homelessness had more people with high support needs.

Houston's next goal is more ambitious still: a \$100 million (£76 million) plan to house another 7,000 people who are or will experience homelessness over a three-year period.



Toronto

Toronto is considered to have had the longest lockdown of any city in the world⁹⁸. For almost 400 days since the pandemic began, restaurants, cafes, and other community spaces have been closed or at limited capacity to reduce the spread of the virus. On any given day, over 8,700 people⁹⁹ experience homelessness of some kind in Toronto (300 per 100,000 residents). With 75 shelters spread out across Canada's biggest city (64 run by nonprofits, 11 by the City), Toronto has the largest shelter system in the country, serving over 7,000 guests every night.

⁹⁸ Levinson-King, R. (2021). Toronto lockdown – one of the world's longest? BBC News

⁹⁹ Homeless Hub (2022). Community Profiles: Toronto

This shelter system is at or near capacity every night. So when the pandemic hit, potential guests who called the intake line to secure a bed for the night were met with endless hold music, as shelters cut their capacity to reduce the spread of the virus. Many also left or chose not to enter shelters for fear of contracting the virus, and encampments sprung up in downtown city neighbourhoods in the cold of the Ontario winter. Like many other global cities, by April 2020, Toronto leased 1,200 hotel rooms to support the bursting shelter system. Hand washing facilities and toilets were installed in neighbourhoods with high concentrations of people experiencing homelessness, and a 40-bed isolation centre was opened in another hotel.

But the City's biggest push to house people was through the establishment of the Rapid Rehousing Initiative, as part of a comprehensive response to move people out of encampments and congregate shelters, and into rent-geared-to-income housing where physical distancing could be achieved. The initiative is a new programme for the city, launched in collaboration with Toronto Community Housing – a corporation that owns and manages approximately 60,000 rental housing units in over 2,100 buildings across Toronto. The initiative has streamlined existing processes for filling units for people experiencing homelessness – the previous centralised waiting list did not focus on housing people experiencing homelessness, and the process was lengthy from start to finish. Now, it takes approximately 7-10 business days from unit identification to a client moving in.

When it comes to housing, with over 98,000 families on the housing waiting list in spring 2022, the lack of affordable housing in Toronto has no doubt been a factor in the city's high rates of homelessness. Housing costs in Toronto are rapidly rising, making renting prohibitively expensive for the average Torontonian, with 47% of residents paying more than 30% of pre-tax income on rent. According to 2022 data from Rentals.ca, a 2-bedroom apartment in Toronto costs an average of \$2,715 with a year-on-year increase of over 11%, compared to the country average of \$1,824 CAD (£1,100).

The Toronto Rent Bank (TRB) – a partnership between the City and nonprofit – provides grants to eligible Toronto residents who are behind on their rent or need help with a deposit. During the pandemic, the City made significant changes to the TRB respond to the needs of low-income households, which included an additional \$5 million (£3 million) invested, the conversion of the programme from a loan- to grant-based system until March 2022, increasing annual household income eligibility by \$15,000 (£8,750), and freezing all existing loan repayments.

While the city says roughly 430 people have been housed directly from encampments in the last two years, data shows that only 9% of former encampment occupants who came into the shelter system between March 2020 and July 2021

(139 of 1,536) had moved into permanent or temporary housing¹⁰⁰. Furthermore, of those who entered shelters, nearly half (48%) are still sleeping in shelter beds, while around 5% have left for “known locations” like healthcare facilities, while another 38% have left for unknown locations including outdoor encampments. However, recent evaluations¹⁰¹ of harm-reduction programmes in Toronto found that the integrated model for service delivery in shelter and residential settings kept people healthy and safe during their stay, and helped to prevent overdose-related deaths.

A harm-reduction approach

As physical distancing measures were enforced, Toronto also witnessed a substantial rise in fatal opioid overdoses and related shelter deaths, from an average of one per month in 2018, to four per month in 2020¹⁰². The city attributes this to a number of factors, including a higher number of people consuming drugs as a result of physical distancing, shelter residents moving to new shelters and purchasing drugs from unfamiliar dealers, reduced harm reduction services, and increased toxicity of the unregulated drug supply. Focusing on wellness and harm-reduction services, a number of shelters integrated on-site health and welfare support services, including distribution of harm reduction equipment (sterile injection and safer inhalation equipment), prescription opioids and/or stimulants as treatment or as an alternative to unregulated drugs, a managed alcohol programme, and safe consumption sites, and on-site pharmacists.

St. Michael's hospital also launched a wellness-focused initiative¹⁰³, whereby an interdisciplinary team of healthcare professionals conducted phone calls to clients likely to be disproportionately impacted by the pandemic, to assess issues relating to income, safety and food security, connecting people to the appropriate supports. This presented the possibility of intervening on challenges for those experiencing or at risk of homelessness, before they led to consequences such as a return to homelessness or loss of life.

At the end of 2020, the City committed \$7.6 million (£4.4 million) to provide harm reduction services to shelter users in a bid to reduce the risk of opioid-related overdoses, including the supervised consumption services in select shelters, mandatory staff training in drug use and overdose prevention, as well as grief

¹⁰⁰ Gibson, V. (2021). Toronto's mayor urged homeless camp occupants to enter the shelter system, saying it's a 'pathway to permanent housing.' For the majority, that has yet to happen. The Toronto Star

¹⁰¹ Kolla et al. (2021). Evaluation of the Substance Use Services at a COVID-19 Isolation and Recovery Site in Toronto: A MARCO Report. MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto

¹⁰² City of Toronto. (2022). Open Data: Fatal and non-fatal suspected opioid overdoses in the shelter system.

¹⁰³ Thulien et al. (2020). Pandemic Proof: Synthesizing Real-World Knowledge of Promising Mental Health and Substance Use Practices Utilized During the COVID19 Pandemic with Young People Who Are Experiencing or Have Experienced Homelessness. Toronto: Canadian Observatory on Homelessness Press.

and loss support services for shelter staff and residents. Still, the number of fatal overdoses in shelter settings in Toronto continues to climb.

Looking forward

Since the pandemic hit, Toronto has become more aware of homelessness than ever before, with an increase in visible street homelessness (and encampment clearing¹⁰⁴), a spike in overdoses, and ongoing Covid-19 outbreaks among people staying in congregate shelters. The virus continues to rear its head among the population living in shelters, and the City faces criticism for not doing enough to prevent infection, and prematurely winding down isolation initiatives, which resulted in a spike in Omicron cases in the winter of 2021-22.

Much of the work carried out by the City was made possible by emergency funding that the Province of Ontario provided in the form of a social service relief fund that made these interventions possible. While the one-time funding has been topped-up by the provincial government, there remains concern from the City and social sector around what will happen next.

While the status of funding for programmes like the Rapid Rehousing Initiative is currently unknown, the City has taken steps to acquire and convert two buildings (a hotel shelter and former senior citizens' home) into 334 units of supportive housing – the first of roughly 10 projects funded with over \$200 million (£120 million) in federal money to create new affordable homes.

The City is also taking steps to acknowledge and make transparent the increasing challenges relating to homelessness in Toronto. In March 2021, it launched a new data dashboard¹⁰⁵, which shows inflow and outflow from their shelter system on a monthly basis, as well as showing historical trends over time. Over time, data will be expanded to include more types of homelessness in Toronto, and demographic information will be expanded to include racial and Indigenous identity, and veteran status. This is the most comprehensive and transparent public dashboard of its kind in Canada, which as well as enabling the City to monitor the effectiveness of their interventions, it also opens them up to criticism. Armed with specific real-time data, the City hopes to better target resources, improve processes and system coordination to accelerate and end to homelessness.

¹⁰⁴ Draaisma, M. (2021). Nearly \$2 million spent on clearing encampments should have gone to housing, advocates say. CBC News

¹⁰⁵ City of Toronto. (2022). Shelter System Flow Data

Tokyo

Official surveys by the metropolitan government show that there are 862 people, nearly all men in their 50s, 60s and 70s, living on the streets, sleeping mostly in parks, by train stations and rivers, or on the side of the road in Tokyo¹⁰⁶. That's a stunningly low number for a city of almost 14 million, a rate of about 6 per 100,000 residents.

Advocacy groups say the true number sleeping rough is two or three times higher because the official estimate is based on tallies during the day, when some people experiencing street homelessness are working or out walking about. The Tokyo-based Advocacy Research Center for Homelessness (ARCH), has conducted night-time counts that indicate there are more like 1,500 to 2,000 sleeping on the streets within the city's central wards. The Tokyo Metropolitan Government says that it will also start counting homeless at night in its 2022 survey.

But homelessness in Japan is changing, manifesting itself in different ways and becoming harder to see and measure, support and advocacy groups say. More younger people impacted by homelessness are emerging, and far

¹⁰⁶ Tokyo Street Homeless Count





more people without housing are spending at least some of their nights in 24-hour internet cafes, where they can rent a tiny booth with a computer and just enough space to lie down for under 2,000 yen (£13) for a 12-hour night shift, or around twice that for a full day. Most facilities also offer access to a shower and free drinks. Tokyo authorities estimated in 2017 that there were about 4,000 such “internet cafe refugees,” as they called, but that number may well have risen.

Younger people affected by homelessness probably rotate between spending nights at friends’ homes, internet cafes, all-night fast food restaurants and on the street, activists say, making it hard to get a true read of the problem. Masami Iwata at Japan’s Women’s University says this group represents a kind of “invisible homelessness”.

vious signs that the pandemic has pushed more Tokyo residents to the edge of their financial resources. Charities that have operated in the city for years report higher numbers of people coming to their soup kitchens. These days, more than 400 people line up to receive a free bento and other food items at a twice-monthly soup kitchen organised by non-profits Tenohasi and Doctors of the World Japan in Ikebukuro, one of several downtown hubs, up from about 100 before the pandemic. Similarly, Moyai Support Centre’s free food giveaway is drawing more than 400 people a week in nearby Shinjuku compared to about 60 before Covid, said Ren Ohnishi, director at the non-profit.

Also tellingly, the number of people seeking government housing assistance has sky-rocketed. Those approved for such emergency housing aid jumped 34-fold last fiscal year to nearly 135,000 from under 4,000 the previous year.

Temporary hotel use

When the pandemic struck in early 2020 and Japan announced its first state of emergency, many internet cafes were forced to close temporarily. To avoid a sudden influx of people onto the streets, the Tokyo government secured several thousand rooms in business hotels around the city to house them until the state of emergency was over. This was perhaps the most overt, if temporary, government measure to

help those without homes during the pandemic. Without this, the number of street homeless would have jumped, says Nao Kasai, co-head of ARCH.

Tokyo has no night-only shelters, as are common in the United States and elsewhere, where people can sleep for the night and leave in the morning. This kind of set-up doesn’t fit with Tokyo’s overarching goal of getting people to stop living on the streets and under a roof, says Emi Yaginuma, who helps oversee homeless affairs at the Tokyo Metropolitan Government. “We don’t want to encourage people to come and go and stay only for brief periods in a shelter,” she says.

The city does have about 150 longer-term, dormitory-like government-supported shelters run by nonprofits indirectly supported by the government where about 4,000 people live. However, these facilities have a poor reputation. Some are dilapidated, and most are crowded, stressful places to live with lots of restrictions and little privacy. Many people experiencing homelessness prefer the streets, advocacy groups say. During the pandemic, authorities allowed residents to continue to live in these shelters but limited new entrants, housing them in business hotels instead.

Vaccine efforts dragged

Charities say there was little done by the government - national, metropolitan or ward-level authorities - to actively help those living on the street in Tokyo cope with the pandemic. Social workers hired by the Tokyo city government, who make regular rounds to check in with people sleeping rough, distributed masks and leaflets with information about Covid. But advocacy groups say much of the material was not written in an accessible way for people experiencing homelessness to understand.

Likewise, although vaccinations were available to the people impacted by homelessness, authorities were not proactive in coming up with a plan to actually inoculate them. Health ministry officials told advocacy groups that all citizens could obtain vaccines, and that the information was available on official websites or at the local ward office, not realising that many people impacted by homelessness don’t have access to the internet and are reluctant to visit ward offices. Advocacy groups had to push



local officials to make that happen - and only after most of the rest of the country had been vaccinated.

In Japan, the policies, orders and much of the funding come from the central government, in this case the Ministry of Health, Labour and Welfare, but it's up to the local governments - in Tokyo, the 23 wards or cities that make up the urban sprawl - to carry out the measures.

In a huge city like Tokyo, the metropolitan government - which functions as a prefectural, or state, government - oversaw vaccination efforts by local ward health centres, which were carried out in different ways and at different paces. "It's all quite decentralised," says Akiko Mera, executive director at Doctors of the World Japan.

Concluding that government efforts to communicate to Tokyo's homeless about the vaccines were inadequate, Mera stepped up her engagement with local ward officials. She helped craft leaflets that were easier to understand and conducted two surveys among people experiencing homelessness in Ikebukuro, in northwest Tokyo, where her group focuses its works, to collect their views about vaccines.

Some were suspicious, claiming they were being used as guinea pigs by authorities, and some were concerned about possible side effects. But many of them expressed a desire to get vaccinated, and Mera used this data to convince local ward officials to work with her group to offer immunizations to any homeless person who was interested.

While most Japanese citizens were mailed a vaccine coupon, that was an obvious problem for most people without housing. So Mera and her team spread the word to people affected by homelessness in Ikebukuro that they could get a first shot on a certain date in late November after the biweekly soup kitchen lunch.

Media coverage in Japan about homelessness increased after the onset of the pandemic but has focused on how the pandemic's economic fallout is pushing people to the edge, not about challenges facing people newly threatened with homelessness, or how to vaccinate them. There's more public sympathy for people newly threatened by homelessness but not much concern or attention paid to those whom it has affected for years.

Decline in homelessness

Japan experienced a surge in homelessness in the mid- to-late 1990s, after the



economic bubble of the 1980's collapsed but the size of the problem has steadily shrunk since. No official national homeless tallies were conducted until 2003, when the government estimated there were about 25,000 people sleeping on the streets nationwide, a number that has now declined to just under 4,000. This doesn't include those sleeping in internet cafes.

Experts say that a main factor behind this decline is more flexible use of a public assistance programme called "livelihood protection", which offers government money to people who are destitute and have no assets or family to rely on. For a single person in Tokyo, it offers qualified individuals 53,700 yen (£350) in monthly housing assistance, which can be used to cover apartment rents or stays in government-funded shelters, and about 75,000 yen (£485) in living expenses. In the late 1990s and early 2000s, few people received such aid due to strict enforcement of criteria, but over the past 15 years officials have become more flexible.

Until recently, a requirement for obtaining this money allowed officials to contact an applicant's family to see if they can support them. This discouraged many from applying because they were embarrassed to let family know they are destitute, or because they had strained relationships with them. In recent years, this requirement has been waived if applicants don't want relatives contacted, but some are still worried that officials will do so. Still only about 20-30% of people who qualify take advantage of it, says Hiroshi Goto, social welfare professor at Rikkyo University.

Job-search support offered at government-run "independence support centres", which also have dorm rooms, has also helped reduce homelessness, says Yaginuma at the Tokyo government.

And since Covid-19 struck, the jump in those receiving government housing assistance has also kept many from losing their homes. Increased activism of charities, including helping individuals look for jobs or apply for government aid, also contributed.

Stigma

People experiencing homelessness face strong prejudice in Japan. In a culture that prides itself on self-reliance and hard work, they are generally viewed as lazy and shameful, or even dangerous. They are often ignored, and parents tell their children not to look at them. Charity workers say many Japanese view them as a nuisance and embarrassment that should be put out of sight. "Homeless people are not

viewed as ‘normal’ people, they’re not viewed as fellow-citizens,” says ARCH’s Kasai, which conducts the night-time surveys.

Homelessness has long been seen primarily as a threat to the harmonious, prosperous ideals in Japanese culture. Generally the motivation to eradicate homelessness is to make society a better place for everyone else, not so much to help those without homes. Japanese culture can be very hospitable toward guests that are viewed as acceptable or proper, but is cold toward many of those on the margins, including its own. These factors may also be behind the relatively low rate of homelessness in Japan - it is something most people try to avoid at all costs.

This prevailing notion affects homeless people’s self-image as well. Most are deeply ashamed to experience homelessness and that keeps some from applying for government aid. Many have disabilities or struggle with depression. About half have only a middle school education, and their job options are limited, often “3-K” jobs - kitanai (dirty), kiken (dangerous) and kitsui (tough) - that few others want.

The outdoor space in Tokyo in which people can sleep out has also shrunk over the past 10 years. This has been mostly a result of park and city renovations that aim to beautify and gentrify the city, particularly ahead of the 2021 Tokyo Olympics. For example, wards renovated many parks but locked them up at night or hired security guards to escort out people experiencing homelessness.

There are still some clusters of tents in Ueno Park and Yoyogi Park, as well as men sleeping out in the open, but a lot fewer than there used to be.

Little impetus

In their assessment of government actions to help the homeless amid the pandemic, advocacy groups say that authorities proactively implemented economic and other practical stop-gap measures, such as housing “net cafe refugees” in hotels, but were slow to provide health-related measures such as vaccines, and

essentially needed non-profits to prompt them to carry them out.

Given that the visible number of Tokyo street homeless hasn’t grown, there’s little impetus for the government to change its approach or policies toward homelessness, charity workers say. So even though the problem remains, some authorities may actually be glad that homelessness has become less visible, charity workers say.

Moyai’s Ohnishi says he hopes that the closer cooperation between non-profits and the Tokyo Metro government will continue, but he still sees a reluctance among officials to “get out from their offices” and onto the street, where they should be engaging with people who are struggling.

The huge demand for emergency housing aid is likely to prompt the government to expand that programme, predicts ARCH’s Kasai. And the pandemic will also probably lead government shelters to offer more individual rooms instead of larger rooms for four to six people, she said, so perhaps some small changes will result.

Embracing a broader, more proactive approach to helping the homeless is essential, Mera says, given that for years, Japanese experts have warned that the country is due for a major earthquake that could lead to widespread destruction. “There’s going to be a lot more homeless people when that happens in Tokyo,” she says. “Are we ready?”



05

Lessons from
the pandemicWhat appears to
have worked?

There are a number of lessons that can be learned from the way cities and countries worked with homelessness during the pandemic.

Perhaps chief among these is that with the right political will and funding, street homelessness can be all but eliminated very quickly. This happened for a period in the UK, and in other parts of the world.

**The requirements for this were:**

- a supply of accommodation available immediately, achieved through a combination of the use of hotels and other forms of emergency accommodation
- A multi disciplinary focus on meeting the needs of individuals, including health and support needs as well as accommodation
- A clear mandate from government or city authorities
- Suspension of normal eligibility criteria for assistance, especially, in the UK, around immigration status and priority need
- Sufficient funding, or the promise of funding, to cover the cost
- Willingness of all parties, including government, local authorities, health services and the voluntary sector and in some cases business (e.g. hoteliers) to work flexibly and step up to meet the emergency
- Curtailment of new homelessness through the implementation of an eviction ban

Arguably, some of the elements of this package are difficult or impossible to sustain in the long term, especially the ongoing availability of sufficient hotel accommodation at a price national and local government is willing to pay.

It is also true that accommodating anyone perceived to be at risk of rough sleeping over the longer term would be a step change in the housing safety net with large ongoing costs. It would effectively mean a right to shelter and could mean a right to

settled accommodation for anyone sofa surfing or coming to the end of a tenancy.

This might be desirable but is not a light undertaking and would be a significant shift in the balance between state responsibility and personal responsibility. In practice, both government and most local authorities in England quickly moved away from this universalist approach at the end of the pandemic's first phase by limiting the people they would accommodate to those with specific higher needs.

Longer term, there is also a significant challenge in providing settled accommodation for people in areas with a shortage of housing. In the UK this was partially addressed by the increase of Local Housing Allowance (LHA) levels back to 30th percentile rents and was also assisted by the slow down of the private rental market during the pandemic.

The government has followed up in this area with significant funding for new move-on accommodation through the RSAP programme, but this is inevitably limited in scope and cannot reverse the wider housing affordability problems which are key drivers for homelessness in cities around the world.

The continued implementation of a comprehensive eviction ban long term is perhaps not feasible, but the UK government has repeatedly promised an end to no-fault evictions.

The winter of 2021-22

The first test of whether new approaches during the pandemic to protect people impacted by homelessness would be sustained looked set to be in the winter of 2021-22. The UK Government announced in advance that £66 million would be allocated to pay for short-term accommodation during the winter months and services such as rehabilitation, detoxification and counselling¹⁰⁷ for people who had been sleeping out.

The winter of 2021-22 coincided in much of the western world with renewed surges in Covid-19 infection rates, notably from a new and even more transmissible variant of the virus that was given the name Omicron and which rapidly became the dominant variant. Over time it became more clear that the threat to public health posed by the Omicron variant was far lower than that from the original strain, given that large proportions of people had been vaccinated in richer countries and data swiftly showed that Omicron caused milder disease in most patients. Nevertheless, it was taken extremely seriously by public authorities given fears that healthcare systems could become overwhelmed if larger numbers of people were infected, even if rates of hospitalisation were lower. These fears by and large did not

¹⁰⁷ <https://www.gov.uk/government/news/government-announces-support-for-rough-sleepers-over-winter>



materialise. The Omicron variant did cause high rates of sickness and self-isolation among healthcare staff and people delivering services to people impacted by homelessness. But its effect was to make public authorities more willing to continue higher cost measures to protect at-risk populations including people affected by homelessness. In the UK, this often meant sustaining the type of single room accommodation offered during the early stage of the pandemic.

What progress should not be lost?

What could and should definitely be continued is the decisive shift away from the use of shelters and congregate forms of accommodation towards own room accommodation. This is true on grounds of both welfare and health. New forms of accommodation provision, such as hotels, were remarkably successful for some people and rapid rehousing into settled accommodation, on the Housing First model or otherwise, worked well for others.

The links that have been made between different services, the breakdown of silo working, and the development of shared objectives to meet the needs of service users, with interagency communication facilitated by video conferencing platforms, must be continued wherever possible. The success of the collaboration between different services, which was pioneered during the pandemic, provides a clear mandate for continuing this way of working.

It became clear that the exclusion of some groups from services based on immigration status was causing a largely unrecognised pool of people to sleep

rough or to live in shelters without much prospect of resolution.

Having understood and begun to address this problem, it would be extremely unfortunate to return to the pre-pandemic status quo.

It is also increasingly clear that overcrowded night shelters are dangerous to public health as well as unsuitable for sustained recovery from street homelessness and the problems associated with street homelessness around mental health and substance misuse.

It is important that there is no return to this form of provision at scale in the future.

Especially in the context of aiming to end rough sleeping, and in England of the Homelessness Reduction Act, it would also be unfortunate to return to a hard interpretation of the priority need rules by local authorities. In England and, to a greater extent in Wales, the Homelessness Code of Guidance has been clarified to make it more likely that a person experiencing street homelessness would be assessed as being in priority need for accommodation.

This should be retained and strengthened in the future, rather than weakened.

Significant strides were also made in both health services and the criminal justice system to avoid discharge to the streets during Covid, with better partnership working with local authorities being established and showing what can be achieved where there is cooperation and a will to succeed. This progress must not be lost.



Conclusion

Compared to what might have happened, and in contrast to so many problems in other areas, homelessness was a real success story of the Covid-19 pandemic.

The key to this was that governments and cities around the world suddenly saw homelessness as a public health emergency. This opened up doors to funding and broke down barriers to service eligibility in unprecedented ways. This in turn enabled many cities to dramatically reduce the number of people experiencing street homelessness in the short term, with some areas making sustained gains in terms of reduced levels of rough sleeping, reduced use of congregate shelters and increased numbers of people moving into settled accommodation.

There was a particular synergy between an urgent need to accommodate people experiencing homelessness and a sudden supply of empty hotel accommodation in cities across the globe. This allowed the provision of relatively good quality accommodation and facilitated the joining up of services to support those newly accommodated, in ways which often had not seemed possible before.

The UK did particularly well compared to most other countries, with thousands of people being accommodated and supported within a few weeks from the end of March 2020, and a large proportion of those moving on from emergency to settled accommodation over subsequent months.

A clear question is whether or not it should take a public health emergency to galvanise governments and support systems into making an intense effort to end street homelessness.

The answer to that question is complex. On one hand, many services have been amazed at how successful they were actually able to be, given the right impetus and the right resources.

There is a clear desire to continue the good practice that has been discovered and develop the links between homelessness, health and voluntary sector services which have been forged.

On the other hand, continuing to give the same priority to resolving homelessness that was so possible at the beginning of the pandemic, over the long term would require a real shift in our approach to housing and homelessness and the boundaries of the responsibilities of the state. In the absence of a public health emergency, are countries prepared to provide accommodation to all those who struggle to afford to rent a home and are at risk of street homelessness or sofa surfing as a result?

This is a shift that countries and cities may not be willing to make, or that some may be willing to make more than others. Is some level of homelessness the price we implicitly accept as part of our current social contract?



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