Provision of services to persons experiencing homelessness during the COVID-19 pandemic

Kaur, Simran; Jagpal, Parbir; Paudyal, Vibhu

1   **Provision of services to persons experiencing homelessness during the COVID-19**

2   **pandemic: a qualitative study on the perspectives of homelessness service providers**

3

4   **Simran Kaur[1], Parbir Jagpal[1], Vibhu Paudyal[1*]**

5

6   [1]School of Pharmacy, Institute of Clinical Sciences, University of Birmingham, Birmingham,

7   United Kingdom

8

9   **Correspondence**

10   ***Vibhu Paudyal, PhD**

11   School of Pharmacy College of Medical and Dental Sciences Sir Robert Aitken Institute for

12   Medical Research University of Birmingham Edgbaston, Birmingham, United Kingdom

13   B15 2TT

14   Ph: 0044-121-4142538

15   v.paudyal@bham.ac.uk

16

28

29 **Provision of services to persons experiencing homelessness during the COVID-19**

30 **pandemic: a qualitative study on the perspectives of homelessness service providers**

31

32 **Abstract**

33 This study aimed to explore the perspectives of homelessness service providers on the impact of

34 the COVID-19 pandemic on service provision, barriers encountered and learning for the future.

35 Semi-structured online interviews were conducted with homelessness service providers (n=15)

36 identified through the network of homelessness services operating within the United Kingdom.

37 Data were transcribed verbatim and analyzed thematically using framework technique. Six key

38 themes were identified including: the impact of the pandemic on health and well-being of persons

39 experiencing homelessness (PEH); the changing needs of service users during the pandemic;

40 impact of emergency provision of housing support on services offered; service adaptations;

41 sustainability of services; and learnings from the pandemic. Participants described that being

42 able to offer accommodation through government schemes provided protection to PEH through

43 'wrap-around support'. The pandemic was deemed to have precipitated change and developed

44 resilience in some services. However, lack of resources, donations and sponsors during the

45 pandemic constrained the services forcing many to close or offer reduced services. Reduced

46 face-to-face contact with PEH and lack of ability to offer skills sessions led to the exacerbation of

47 mental health concerns amongst clients. The pandemic was also identified to have encouraged

48 positive relationship building between clients and service providers, better communications

49 between service providers and effective housing of PEH. There is a need to address the barriers,

50 sustain the positive learnings and enable organisations and PEH to adapt to the transition when

51 transient and emergency support from the government and local councils ends.

52

53

54 **Keywords:** Homeless persons, homelessness, homelessness services, COVID-19, pandemic

55

56

57

58 **What is known about this topic?**

59 • Persons experiencing homelessness face severe multiple disadvantages.

60 • The COVID-19 pandemic has hit the most vulnerable in society the hardest.

61 • Impact on the provision of services to persons experiencing homelessness during the

62 pandemic remains yet to be explored, such data can inform planning for ongoing and

63 future pandemics.

64

65 **What this paper adds?**

66 • The pandemic led to an increase in support needs of persons experiencing

67 homelessness and this coupled with constrained donations and funding received by

68 support organisations, negatively affected their ability to provide services.

69 • Emergency initiatives such as 'Everyone In' housing support was deemed to be useful,

70 however participants feared the aftermath when such support from the government ends.

71 • Increased communications between service providers, service adaptations and an

72 increase in client-provider relationships were identified as some of the positive learnings

73 from the pandemic.

74

75

76

77 **Provision of services to persons experiencing homelessness during the COVID-19**

78 **pandemic: a qualitative study on the perspectives of homelessness service providers**

79

80 **Introduction**

81 COVID-19 was declared a global pandemic in March 2020 (WHO, 2020). As of September 2021,

82 over 7.4 million have been infected and over 135,000 individuals have died as a result of the

83 infection in the United Kingdom (UK) alone (UK Government, 2021a). The pandemic has hit the

84 most vulnerable in society the hardest. For example, epidemiological data shows the highest

85 mortality rates amongst the most deprived in the society and those with low incomes or in

86 manual jobs (The Health Foundation, 2021).

87

88 Persons experiencing homelessness (PEH) are one of the most vulnerable groups within society.

89 In the UK, they die at an average age of 46 years (males) and 43 years (females) (ONS, 2021).

90 PEH are at greater risk of contracting the virus, as they are less likely to have the facilities to

91 follow infection control measures (Crisis, 2020). This was shown by the high rate of transmission

92 observed in homeless shelters in the US (Baggett, Keyes, Sporn & Gaeta, 2020). PEH are more

93 likely to suffer from chronic health conditions and have approximately 7 different health

94 conditions on average resulting in a greater risk of serious complications related to COVID-19

95 (Lewer *et al*., 2019). Previous qualitative studies suggest PEH exclusion from primary care

96 services (Gunner *et al*., 2019; Paudyal *et al*., 2020) making them further vulnerable with their

97 existing health needs during the crisis. They are reliant on support from health and essential

98 resource services including food banks, housing, and legal support (Crisis, 2020a) and are

99 known to be high users of hospital Emergency Departments (Paudyal *et al*., 2021a).

100

101 In the UK, emergency funding was made available to support services to PEH during the initial

102 phase of the pandemic. For example, in England, the ministry of housing provided emergency

103 funds in financial support to homeless charities to allow adaptations to be made (UK

104 Government, 2021b). Similarly, local councils made emergency funding available (Birmingham

105 City Council, 2021). During the first national lockdown, the 'Everyone In' scheme was introduced

106   in England, Scotland, and Wales to limit the impact of the virus (UK Government, 2021c). The

107   scheme provided emergency accommodation to PEH (Inside Housing, 2020). Within the UK,

108   support for PEH is available through government pathways and non-profit organisations (Crisis,

109   2021). Priority support is provided by the local governments (e.g. City Councils) for individuals

110   with dependent children. The range of support provided includes accommodation, day centres,

111   outreach initiatives and social benefit systems (UK Government, 2021d). PEH are entitled to free

112   health services including mental health and addiction treatment similar to all UK citizens.

113

114   Currently, there is a lack of literature that have investigated the impact of the pandemic on

115   service provisions made by the homelessness support organisations. This study aimed to

116   explore the perspectives of homelessness service providers in relation to the impact of the

117   COVID-19 pandemic on service provision, adjustments made, barriers encountered and identify

118   any learning for the future.

119

120   **Methods**

121   This study used a descriptive phenomenological approach and qualitative study design

122   (Christensen *et al.*, 2017). Semi-structured interviews were conducted with representatives

123   including staff or volunteers of homelessness service providers. Homelessness service providers

124   were identified through the network of homelessness services and charities across the UK

125   through web search and researchers' professional network. Email and telephone invitations were

126   made to the service providers addressed to senior staff or volunteers who could describe the

127   organisational and personal perspectives of service provision during the pandemic. Participation

128   was encouraged from personnel involved in service provision prior to the pandemic to draw

129   comparisons to the pre-pandemic era. One member of staff from each organisation was invited

130   to participate.

131

132   A total of eighty organisations were invited to take part in the study. A participant information

133   leaflet and consent forms were attached with the invitation email. A topic guide was developed

134   based on the literature and researcher team experience of homelessness research. A pilot

135   interview with a volunteer from a food and wellbeing resource charity was conducted before the

136   main data collection, to test the face and content validity topic guide before a final version was

137   agreed upon (electronic supplement material 1). The main data collection period was throughout

138   November and December 2020 during the second national lockdown in England. To limit social

139   interaction and comply with COVID-19 restrictions, all interviews were completed via zoom video

140   communications or by telephone with encrypted recordings (Zoom, 2021). This allowed

141   interviews to be conducted with participants from across the UK with convenience and flexibility.

142   The interviews were completed by one researcher and were audio-recorded and transcribed for

143   analysis. Data were managed using Excel software and analyzed using framework thematic

144   technique which involves categorisation of data into a matrix system of themes and sub-themes

145   (Ritchie, Lewis, McNaughton Nicholls & Ormston, 2003). A coding framework was agreed

146   amongst the research team in accordance with the aim and objectives of the research. This was

147   followed by addition of any new themes and subthemes that emerged during iterative analysis of

148   the first four transcripts. A final coding framework was then agreed within the research team

149   which was applied for analysis of all datasets.

150

151   *Ethical approval*

152   Ethical approval was acquired from the University of Birmingham School of Pharmacy Safety and

153   Ethics subcommittee (UoB/SoP/2020-21).

154

155   **Results**

156   A total of 15 participants who represented organisations providing a range of support services

157   including accommodation, essential resources e.g. food, clothing, personal care, legal advice,

158   and healthcare e.g. physical and mental health and addiction support services participated.

159   Some organisations provided multiple services. These are listed in table 1. Larger organisations

160   were generally unable to participate. Reasons offered to the researchers included lack of time

161   and administrative barriers to participation.

162

163   The framework analysis generated six inter-related themes including: the changing needs of

164   service users; service adaptations; the impact of the pandemic and service adjustments on

165   health and well-being of PEH; the impact of emergency housing support on service provisions;

166   sustainability of services; and learning from the pandemic. Key themes are described below with

167   illustrative quotes.

168

169   **Table 1 Participants and roles and services offered through respective organisations**

170

171   *[Insert here]*

172   *The changing needs of service users*

173   Most participants explained that the negative financial implications of the pandemic led to

174   increased demand for services. Clients already receiving low incomes were further negatively

175   impacted due to loss of jobs or reduced income due to the furlough scheme (The furlough

176   scheme set up by the UK government offered UK citizens whose employment or business was

177   affected by the pandemic with compensations amounting up to 80% of the individual's wages up

178   to a limit of £2,500 per month. The scheme commenced in Spring 2020 and is planned to end in

179   September 2021 (CIPD,2021)).

180   *"…they were already on low incomes so only receiving 80% of their normal monthly*
181   *salary was really hitting them hard or they were still waiting on their universal credit"*
182   *(Manager of a charity offering food and wellbeing resources)*
183

184   Several participants expressed the uncertainty and fear PEH experienced, as their access to

185   information including popular news and media were restricted due to the closure of city libraries.

186   This increased the need for counselling services as the only source of information on the

187   pandemic and uncertainties for PEH

188   *"…they were scared stiff, a lot of them don't have access to the media so they were*
189   *scared of what was happening" (Manager of a charity offering food and wellbeing*
190   *services)*
191

192   Some participants explained the difficulties faced when meeting the basic personal hygiene

193   needs of PEH, as facilities such as showers were unavailable. As the first lockdown ended the

194   general population were able to access personal care services, but this remained a challenge for

195   PEH. The increased demand put an immense strain on services, but many participants noticed

196   positive consequences. Participants suggested that the pandemic increased awareness of these

197   organisations, making them more approachable to the public as shown by the increased

198   numbers of volunteers during the pandemic.

199   *"Support you get from community has been astounding" (Community worker from a food*

200   *and wellbeing support charity)*

201

202   ***Service adaptations during the pandemic***

203   A range of adaptations were described by participants and these are explained in table 2. The

204   pandemic forced innovation to ensure services could continue safely. One participant suggested

205   the pandemic…

206   *"…propelled organisations into the 21st century" (Outreach worker from a charity which*
207   *provides food and addiction related support)*
208
209   New services were introduced to include the provision of mobile phones and data plans to PEH

210   thereby enabling the use of podcasts (digital audio or video support offered online).

211   Organisations that continued to provide face-to-face support implemented other measures such

212   as screening for symptoms and temperature checks prior to each appointment.

213

214   Further adaptations included weekly prescription collections for individuals supported by

215   addiction services instead of daily collections reducing the time burden for PEH collecting opioid

216   substitution therapy. To note, many patients on opioid substitution therapy are offered daily

217   collection of their methadone to promote adherence and prevent illicit diversion.

218

219   Most participants shared the safety measures implemented to ensure safe continuity of services

220   that included increased cleaning procedures, use of personal protective equipment (PPE), and

221   social distancing but many services moved to virtual means. A total of eight participants described

222   that their respective organisations transitioned certain services to telephone or online. Compliance

223   with the measures in place resulted in a relatively low number of COVID-19 cases among PEH.

224 However, adjusting to virtual methods had many practical barriers as PEH often lacked the

225 required equipment or facilities such as mobile phones and internet access:

226
227 *"…trying to get through to people and having to run around the street looking for people*
228 *because they hadn't got phones, it was a bit of a nightmare" (Manager from a food and*
229 *wellbeing resource charity)*
230

231 Closing day centres removed a safe space for individuals to socialise and reduced the capacity

232 for donations.

233

234

235 **Table *2*: Adaptations made to the services [to be inserted here]**

236

237 ***The impact of the pandemic and service adjustments on PEH health and wellbeing***

238 Participants described that the pandemic brought intersecting crises to PEH. They described

239 access to mental health support was restricted during the pandemic and was the service most

240 affected. Many of their clients were suffering due to isolation, lack of social interactions, and

241 worsened financial issues during the pandemic.

242 *"They don't know when this is going to end. A lot of people are struggling for money, a lot*
243 *of people are sitting between 4 walls, they don't have company, they don't have social*
244 *interaction. So coming here was very important for people so not having that is really*
245 *huge for them" (Manager of a charity offering food and wellbeing services)*
246

247 Participants described that some of the mental health and substance misuse services were

248 managing to continue their services remotely during the pandemic. Also, participants described

249 that access to illicit substances such as street heroine and methadone by PEH was hindered

250 during the pandemic which led to a higher demand for the drug and alcohol services.

251 *"…it has made services more accessible because some services that would refuse to do*
252 *things over the phone now will, like drug and alcohol services or probation services"*
253 *(Outreach worker from a charity which provides food and addiction related support)*
254

255 Many described that the lack of face-to-face contact made the support individuals received less

256 effective as many struggled with remote forms of communications.

257 *"The fact that they don't have to go in for an appointment they can do it on the phone*
258 *keeps them on the fringes and means that there is a superficial level of*
259 *engagement…they are not getting the level of support that they would be if they were*
260 *going in" (Outreach worker from a charity which provides food and addiction related*
261 *support)*
262

263 ***Provision of emergency housing support during the pandemic***

264 Most participants described a positive impact of the 'Everyone In' scheme which was deemed to

265 reduce the number of rough sleepers and provided access to "wrap-around support":

266 *"…in temporary accommodation there was a lot of work done with them [clients] and*
267 *quite a few of them [clients] were accommodated during that time as well so we have*
268 *seen some amazing outcomes" (Community worker from a food and wellbeing resource*
269 *charity)*
270

271 Some participants explained the pandemic prompted housing providers to work with PEH whom

272 they previously deemed as high risk. This resulted in successful outcomes for marginalised

273 individuals as housing providers were-

274 *"…forced to give some of the people that we work with that are quite chaotic and haven't*
275 *got the best histories, to sort of take a bit of a bet on them" (Navigation worker from a*
276 *food and wellbeing resource charity)*
277

278 Many participants shared the caveats of the emergency accommodation initiative. They

279 described that it had many "teething problems [initial challenges to overcome]" *(Support worker*

280 *from a food and wellbeing charity)* as it was a rapid response initiative. There was a heavy

281 demand for staff that led services to compromise.

282 *"…these placements were not specialist or psychologically informed and the staff did not*
283 *have the skills necessary" (Outreach worker from a charity which provides food and*
284 *healthcare resources)*
285

286 Some participants explained the need for long-term support in conjunction with housing. Often

287 housing was assumed to be the solution to homelessness, which was not the case for all PEH

288 reaffirming the need for person-centred care:

289 *"It's like oh the box has been ticked they are no longer on the street so it's fine, but it*
290 *doesn't work like that" (Outreach worker from a charity which provides food and*
291 *healthcare resources)*
292

293 A number of participants explained the impact on PEH housed in supported accommodation

294 before the pandemic began. The pandemic limited the capacity within supported living services:

295   *"Majority of tenants couldn't leave or move on anyway so there wasn't a major need to*
296   *rehouse new tenants because we were occupied as it was" (Support worker in*
297   *accommodation services)*
298
299

300 Support provided for PEH was deemed to be inconsistent across the UK after the 'Everyone In'

301 scheme. This created additional stress as individuals relocated to seek support from services

302 which continue to provide accommodation. Further organisational and resource related barriers

303 were also described.

304

305 ***Sustainability of services***

306 Participants expressed concerns around the sustainability of some of the changes made during

307 the pandemic. Firstly, the emergency accommodation offered via the 'Everyone In' scheme

308 ended after the first national lockdown. After the first lockdown, those at risk of homelessness

309 such as those affected by the financial impact of the pandemic and individuals coming out of

310 prison were housed depending on the procedures of their local authority:

311   *"…in the second lockdown that everyone in scheme did not kick in again so there were a*
312   *lot more people out essentially" (Outreach worker from a charity which provides food and*
313   *healthcare resources)*
314
315 However, many participants expressed concerns regarding strategies to prevent PEH from re-

316 entering the cycle of homelessness. This issue was further exacerbated as services that promote

317 skills to maintain tenancies were temporarily paused:

318   *"…because of their issues with mental health or substance misuse they are not paying*
319   *their rent, they get evicted they get put back in the system" (Support worker from a food*
320   *and wellbeing resource charity)*
321

322 Some participants shared the fears expressed by PEH. They were worried about their prospects

323 and ability to maintain their own homes.

324   *"…the big grey area, the big worry for them, is 'what is there for us when things are better*
325   *for other people'" (Manager in accommodation services)*
326

327 Additionally, concerns regarding long-term support for PEH with 'no recourse to public funds'

328 were common among participants. Some suggested the issue may be aggravated by new

329   legislation, which will impact unregistered European citizens. One participant did confront this

330   issue, explaining a scheme introduced to support these individuals:

331
332   *"…if they have got no recourse to public funds, we have a new charity...a rapid 28 days*
333   *work around… get them their GPs [General Practitioners], get them on track, their*
334   *substance misuse, get them the support they need" (Support worker from a food and*
335   *wellbeing charity)*
336

337   ***Learning from the pandemic***

338   The pandemic sparked reflection among services as they were forced to evaluate their practices.

339   Many participants explained how organisations demonstrated flexibility and the need for change

340   to provide more person-centred care:

341   *"…you have to stop and think right, do we carry on doing what we did before or do we*
342   *adapt, do we change, do we do it better" (Manager from a food and wellbeing charity)*
343

344   Many participants emphasised the positive outcomes of the pandemic and these are listed in

345   table 3. The changes made during the crisis were seen to be beneficial and there were hopes for

346   these adaptations to continue in the future:

347   *"…in terms of drug and alcohol and housing, there is a bit more of a streamlined service*
348   *it feels a bit more flexible than it did before, if that goes back to how it was, it will feel like*
349   *we are taking a step backwards" (Outreach worker from a charity which provides food*
350   *and healthcare resources)*
351
352   Some participants explained how working with other organisations during the pandemic

353   presented further opportunities. The need for organisations to learn from one another and

354   introduce additional training was demonstrated:

355   *"…I saw their practice and how they struggled to work with people who were say trans…*
356   *I have just been in a meeting talking about it now talking about intersectionality and*
357   *looking at LGBT specific homeless provision" (Support worker from a food, wellbeing and*
358   *housing service)*
359

360   Many described that the pandemic prompted PEH to seek support including individuals with drug

361   abuse issues and the hidden homeless. A range of barriers to effective provision of services

362   were also highlighted which the participants identified to offer further learning points for the

363   future. These are listed alongside illustrative quotes in table 3.

364

365 **Table 3: Examples of positive outcomes and barriers to service provision as a result of**

366 **COVID-19 pandemic [to be inserted here]**

367

368 **Discussion**

369 This study aimed to investigate the impact of the COVID-19 pandemic on the provision of

370 services to PEH. Thematic analysis allowed the identification of six principal themes that

371 portrayed the impact of the pandemic and how services adapted. The pandemic resulted in some

372 positive progression, with the most significant transformation observed in housing demonstrating

373 the impact of emergency funding and government support. The participants of this study

374 identified that the pandemic forced organisations to creatively re-align their approach to the

375 provision of services e.g. introducing remote support, zoom meetings and support podcasts.

376 Participants noticed increased inter-professional working between organisations at the time of

377 the pandemic.

378

379 However, extensive barriers to provision of services were also described. These included

380 constrained or lack of donations and financial sponsors to continue services. With many

381 organisations facing increased client volumes, this led to additional challenges. Changes in the

382 focus of services described by the participants demonstrated the dynamic needs of the

383 population and the increase in the number of people at risk of homelessness due to the financial

384 impact of the pandemic. Significant economic impact of the pandemic and the problems

385 individuals experienced in accessing support such as Universal Credit have been previously

386 described (Crisis, 2020b). Nearly half a million households were deemed to be at risk of

387 homelessness due to the financial implications of COVID-19 (DCN, 2020).

388

389 Some of the changes in services aimed at PEH offered further challenges. Reduced face-to-face

390 contact with their clients and lack of ability to offer skills sessions led to exacerbated mental

391 health concerns. Current literature illustrates the adverse impact of isolation on mental health

392 (Mental Health Foundation, 2020). Mental health issues were deemed by participants to have

393   been exacerbated by the uncertainty caused by the pandemic. This uncertainty was also present

394   among staff offering these services.

395

396   Participants expressed the extensive impact of the 'Everyone In' scheme. The approach to

397   emergency accommodation was similar to the 'housing first' model that has shown to be

398   successful in preventing the reoccurrence of homelessness (Woodhall-Melnik & Dunn, 2015).

399   However ongoing support for PEH is needed in terms of skills for employment and advice and

400   support to maintain tenancies is required when emergency support from the Government ends.

401   The 'Everyone In' approach has claimed to have provided accommodation accessible to those

402   affected hence improving engagement from the 'hidden homeless' population (Coombs & Gray

403   2020). Previous policies within the UK assessed individuals to determine if they were eligible for

404   support, and such screening processes have been shown to lead to fear of judgement and

405   refusal, which can hinder some from seeking support (Minnery & Greenhalgh, 2007). ransitioning

406   out of the pandemic-specific emergency support measures needs to be undertaken cautiously.

407

408   The results demonstrate that organisations practised 'adaptive resilience' as they adjusted

409   services during the pandemic to allow support to continue. In addition, a shift in the aim of many

410   service providers to first house the PEH during COVID-19 pandemic demonstrates

411   'transformational resilience' (Béné, Newsham, Davies, Ulrichs & Godfrey-Wood, 2014). Overall

412   the adaptations made presented as described by participants to be positive, but this cannot be

413   generalised to each individual.

414

415   Limited published literature appears regarding impact of the COVID-19 pandemic on service

416   provision for PEH. A study showed high rates of seropositivity to COVID-19 in crowded shelters

417   established to provide emergency housing to PEH during the COVID-19 pandemic (Roederrer et

418   al., 2021). A study in the United States demonstrated that service providers were able to offer

419   hospital inpatient services to PEH in COVID-19 isolation and quarantine facilities (Fuchs et al.,

420   2021). The results also demonstrated positive experiences of delivering addiction treatments in

421   such facilities. However, client retention in the facilities and behavioural health problems were

422   cited as barriers to service provision. Mental health and wellbeing of service providers have also

423   reported to decline during the COVID-19 pandemic in a study conducted in Canada,

424   demonstrating the importance of accessible mental health services to all concerned (Kerman,

425   Ecker, Gaetz, Tiderington & A. Kidd, 2021).

426

427   ***Strengths and limitations***

428   Current literature regarding the impact of the COVID-19 pandemic on PEH and support services

429   is limited. This study provides an in-depth insight into the effects of the pandemic on the

430   provision of services to PEH, from the perspectives of homelessness service providers.

431   Participants represented diverse geography within the UK. However, the results may not be

432   representative of organisations or support services not included in the data, particularly larger

433   nationwide organisations where participant uptake was low. Data are most likely to be relevant to

434   the UK and countries with similar socioeconomic policies in homelessness support, as the impact

435   of the pandemic is influenced by government policies, and national and local contexts.

436

437   ***Implications for practice and research***

438   This study highlights the experiences of homelessness service providers during the time of the

439   COVID-19 pandemic. The pandemic led to increase in support needs of PEH and this coupled

440   with constrained resources affected service provision. Hence government and local councils

441   should continue to focus on the most vulnerable in society to reduce inequalities. Pandemic-

442   specific initiatives such as 'Everyone In' housing support were deemed to be useful, however,

443   participants feared the aftermath when such support would end. Additional support is often

444   necessary to ensure long-term housing needs of PEH. The impact of the lack of face-to-face

445   interactions of services for PEH on mental health support and skills support should be

446   addressed. Services and PEH can benefit from reassurances and skills support for the transition

447   when emergency support from government and local councils ends. Previous research

448   demonstrates smooth transition is imperative in preventing repeat cycles of homelessness

449   (Gibson-Smith *et al*. 2018). Positive learning from the pandemic such as increased

450   communications between services and an increase in client-provider relationships should be

451 sustained. Services which have managed to remain open during the pandemic and those that

452 are accessible such as the community pharmacies can be strengthened to offer tailored advice

453 and support to PEH (Jagpal *et al*., 2020; Paudyal *et al*., 2019) as well as to offer COVID-19

454 vaccines to PEH in the community (Paudyal *et al.,* 2021b; Paudyal, Racine and Hwang*,* 2021). In

455 addition, outreach-based services are most likely to address key barriers to service access by

456 PEH (Lowrie *et al.* 2021). Perspectives of PEH, health and social care professionals must be

457 explored to improve current support and developments for the future. Outcomes of service

458 provisions during the pandemic should be longitudinally explored.

459

460 **Conclusion**

461 This study of the perspectives of homelessness service providers demonstrates the extensive

462 impact of the COVID-19 pandemic on services. Participants described constrained resources

463 coupled with increased demand for services limited their ability to support. The pandemic was

464 also identified to have acted as the catalyst for positive changes such as relationship building

465 between PEH and service providers, improved communications between service providers and

466 effective housing of PEH including the hidden homeless. There is a need to sustain the positive

467 learnings and enable organisations and PEH to adapt to the transition when transient and

468 emergency support from government and local councils end.

469
470 **References**
471
472

473 • Baggett T, Keyes H, Sporn N, & Gaeta J. (2020). Prevalence of SARS-CoV-2 Infection in
474   Residents of a Large Homeless Shelter in Boston. JAMA, 323(21), 2191-2192. doi:
475   10.1001/jama.2020.6887

476 • Béné, C, Newsham, A, Davies, M, Ulrichs, M, & Godfrey-Wood, R. (2014). Review article:
477   resilience, poverty and development. Journal Of International Development, 26(5), 598-623.
478   doi: 10.1002/jid.2992

479 • Birmingham City Council. (2021). Birmingham set to receive almost £600k in support for
480   rough sleepers | Birmingham City Council. Available
481   https://www.birmingham.gov.uk/news/article/713/birmingham_set_to_receive_almo.
482   Accessed 11 Apr 2021.

483 • Christensen M, Welch A, Barr J. Husserlian. (2017). Descriptive Phenomenology: A review of
484   intentionality, reduction and the natural attitude. Journal of Nursing Education and Practice.
485   2017;1;7(8):113-8.

486 • Chartered Institute of Personnel and Development. (2021). Coronavirus (COVID-19): furlough
487   guide | CIPD. Retrieved 29 June 2021, from
488   https://www.cipd.co.uk/knowledge/fundamentals/emp-law/employees/furlough#gref

489 • Coombs J, & Gray T. (2020). Lessons learnt from councils' response to rough sleeping during
490   the COVID-19 pandemic. Available https://www.local.gov.uk/lessons-learnt-councils-
491   response-rough-sleeping-during-covid-19-pandemic#conclusions. Accessed 11 Apr 2021.

492 • Crisis. (2020). How we work| Together we will end homelessness. Retrieved 10 December
493   2020, from https://www.crisis.org.uk/about-us/how-we-work/

494 • Crisis. (2020a). About Homelessness. Retrieved 11 December 2020, from
495   https://www.crisis.org.uk/ending-homelessness/about-homelessness/

496 • Crisis. (2020b). Government response to homelessness and COVID-19. Available
497   https://www.crisis.org.uk/media/241941/crisis_covid-19_briefing_2020.pdf. Accessed 11 Apr
498   2021.

499 • Crisis. (2021). Homelessness Knowledge Hub - Services and interventions. Retrieved 29
500   June 2021, from https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-
501   hub/services-and-interventions/

502 • District Councils' Network. (2020). Coronavirus: Half a Million on Brink of Homelessness Due
503   to Pandemic, Councils Warn. Available https://districtcouncils.info/press-
504   releases/coronavirus-half-a-million-on-brink-of-homelessness-due-to-pandemic-councils-
505   warn/. Accessed 11 Apr 2021.

506 • Fuchs, J, Carter, H, Evans, J, Graham-Squire, D, Imbert, E, & Bloome, J. et al. (2021).
507   Assessment of a Hotel-Based COVID-19 Isolation and Quarantine Strategy for Persons
508   Experiencing Homelessness. JAMA Network Open, 4(3), e210490. doi:
509   10.1001/jamanetworkopen.2021.0490

510 • Gibson Smith K, Paudyal V, MacLure K, Forbes-McKay K, Buchanan C, Wilson L, Smith A,
511   MacLeod J, Stewart D. Relocating patients from a specialist homeless healthcare centre to
512   general practices: a multi-perspective study. *British Journal of General Practice 2018
513   68(667):e105-e113*

514 • Gunner E, Chandan S, Marwick S, Saunders K, Burwood S, Yahyouche A & Paudyal V.
515   (2019). Provision and accessibility of primary healthcare services for people who are
516   homeless: a qualitative study of patient perspectives in the UK. British Journal of General
517   Practice, 69(685), e526-e536. doi: 10.3399/bjgp19x704633

518 • Inside Housing. (2020). Rough sleeping in lockdown 2.0: is the government's Everyone In
519   policy on the way out?. Available https://www.insidehousing.co.uk/insight/insight/rough-
520   sleeping-in-lockdown-20-is-the-governments-everyone-in-policy-on-the-way-out-68594.
521   Accessed 11 Apr 2021.

522 • Jagpal P, Barnes N, Lowrie R, Banerjee A, Paudyal V (2019). Clinical pharmacy intervention
523   for persons experiencing homelessness: evaluation of patient perspectives in service design
524   and development. Pharmacy; 7, 153; doi:10.3390/pharmacy7040153.

525 • Kerman N, Ecker J, Gaetz S, Tiderington E, & A. Kidd, S. (2021). Mental Health and Wellness
526   of Service Providers Working with People Experiencing Homelessness in Canada: A National
527   Survey from the Second Wave of the COVID-19 Pandemic: Santé Mentale et Bien-Être Des
528   Prestataires de Services Qui Travaillent Avec Des Personnes en Situation D'itinérance au
529   Canada : un Sondage National sur la Deuxième Vague de la Pandémie COVID-19. The
530   Canadian Journal Of Psychiatry, 070674372110187. doi: 10.1177/07067437211018782

- Lewer D, Aldridge R, Menezes D, Sawyer C, Zaninotto P, & Dedicoat M.*et al*. (2019). Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England. BMJ Open, 9(4), 1-8. doi: 10.1136/bmjopen-2018-025192
- Lowrie R, Stock K, Lucey S, Knapp M, Williamson A, Montgomery M, Lombard C, Maguire D, Allan R, Blair R, **Paudyal V**, Mair FS. Pharmacist led Homeless Outreach Engagement and Non-Medical Independent 1 prescribing (Rx) (PHOENIx) intervention for people experiencing homelessness: a non- 2 randomised feasibility study. International Journal of Equity in Health 2021. https://doi.org/10.1186/s12939-020-01337-7.
- Mental Health Foundation. (2020). Available https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf. Accessed 11 Apr 2021.
- Minnery J & Greenhalgh E. (2007). Approaches to Homelessness Policy in Europe, the United States, and Australia. Journal of Social Issues, 63(3), 641-655. doi: 10.1111/j.1540-4560.2007.00528.x
- ONS, Office of the National Statistics. (2021). Deaths of homeless people in England and Wales - Office for National Statistics. Available https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriage. Accessed 11 Apr 2021.
- Paudyal V, Gibson Smith K, MacLure K, Forbes-McKay K, Radley A, Stewart D (2019). Perceived roles and barriers in caring for the people who are homeless: a survey of UK community pharmacists. International Journal of Clinical Pharmacy; 41:1:215–227.
- Paudyal V, MacLure K, Forbes-McKay K, McKenzie M, MacLeod J, Smith A et al. (2020). 'If I die, I die, I don't care about my health': Perspectives on self-care of people experiencing homelessness. Health & Social Care In The Community, 28(1), 160-172. doi: 10.1111/hsc.12850
- Paudyal V, Ghani A, Shafi T, Punj E, Saunders K, Vohra N et al. (2021a). Clinical characteristics, attendance outcomes and deaths of homeless persons in the emergency department: implications for primary health care and community prevention programmes. *Public health*, *196*, pp.117-123.
- Paudyal V, Fialová D, Henman MC, Hazen A, Okuyan B, Lutters M et al. (2021b). Pharmacists' involvement in COVID-19 vaccination across Europe: a situational analysis of current practice and policy. International Journal of Clinical Pharmacy. 2021. 10.1007/s11096-021-01301-7.
- Paudyal V, Racine M, Hwang SW (2021). COVID-19 vaccination amongst persons experiencing homelessness: practices and learnings from UK, Canada and the US. Public Health. 2021. Doi: 10.1016/j.puhe.2021.08.015
- Ritchie J, Lewis J, McNaughton Nicholls C, & Ormston R. (2003). Qualitative research practice (1st ed.). London: Sage Publications.
- Roederer T, Mollo B, Vincent C, Nikolay B, Llosa A, Nesbitt R. 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, 6(4), e202-e209. doi: 10.1016/s2468-2667(21)00001-3
- The Health Foundation. (2021). Inequalities and deaths involving COVID-19 | The Health Foundation. Available https://www.health.org.uk/news-and-comment/blogs/inequalities-and-deaths-involving-covid-19. Accessed 11 Apr 2021.
- UK Government. (2021a). Official UK Coronavirus Dashboard. Available https://coronavirus.data.gov.uk/details/cases. Accessed 11 Apr 2021.
- UK Government. (2021b). Coronavirus (COVID-19): Homelessness response fund. Available https://www.gov.uk/guidance/coronavirus-covid-19-homelessness-response-fund. Accessed 11 Apr 2021.
- UK Government. (2021c). £105 million to keep rough sleepers safe and off the streets during coronavirus pandemic. Available https://www.gov.uk/government/news/105-million-to-keep-rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic. Accessed 11 Apr 2021.
- UK Government. (2021d). Help if you're homeless or about to become homeless. Retrieved 29 June 2021, from https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness

588 • Woodhall-Melnik J, & Dunn J. (2015). A systematic review of outcomes associated with
589   participation in Housing First programs. Housing Studies, 31(3), 287-304. doi:
590   10.1080/02673037.2015.1080816
591 • World Health Organisation. (2020) Coronavirus. Available https://www.who.int/health-
592   topics/coronavirus#tab=tab_1. Accessed 11 Apr 2021.
593 • Zoom. (2021). Zoom Video Communications Inc. (Version: 5.4.3) Retrieved
594   from https://zoom.us/download
595
596
597
598
599
600
601

602 **Table 1: Participant roles and services offered through respective organisations**

Participant number	Service sector	Roles as described by the participant
1	Food and wellbeing resources	Volunteer
2	Housing support	Support worker
3	Housing, food and wellbeing resources	Support worker
4	Food and wellbeing resources	Manager
5	Food and wellbeing resources	Manager
6	Food and wellbeing resources	Support worker
7	Healthcare, food and wellbeing resources	Senior support worker
8	Housing, food and wellbeing resources	Support worker
9	Housing support	Manager
10	Food and wellbeing resources	Navigation worker
11	Food and wellbeing resources	Manager
12	Food and wellbeing resources	Manager
13	Healthcare, food and wellbeing resources	Manager
14	Healthcare, food and wellbeing resources	Outreach worker
15	Food and wellbeing resources	Support worker

603

604

605 **Table 2: Summary of adjustments made during service provisions**

Initiatives	Perceived impact of initiatives on service provision	Illustrative quotes
Use of remote communications	Made appointments more accessible for some clients Individuals who were seen as high-risk were now eligible for support as the absence of physical contact removed potential risk, providing the opportunity for rehabilitation	"so it is a story of two halves really, so on one hand yes its more flexible, it gives people access differently but on the other hand you have a problem really where the level of engagement is not the same as seeing someone face to face" "they can work with these people no matter what their history as they don't have to make contact with them"
Paperless activities	Improved efficiency	"everything is paperless, everything is running smoothly, a lot quicker, a lot cleaner"
Adjustments in healthcare e.g. repeat prescriptions	Prescription collection was more convenient	"it worked well because they were able to have up to a week of script rather then picking up everyday, those sort of things worked well for some people"
Temporary accommodation e.g. hotels	Provided the opportunity to build rapport and trust with those housed, to facilitate continued support	" I think the problem is that people just get stuck once they get into temporary accommodation" "entrenched rough sleepers that have taken up accommodation and are doing really really well"
Provision of gardening service	Improved homes for clients, helping them to maintain their tenancies	"we will continue with our gardening services as well, that was very successful"
Remote decorating service	Improved homes for clients, helping them to maintain their tenancies An opportunity to learn skills More privacy for those who may not want people in their homes	"remote hit squad painting and decorating running. We have found that clients aren't really comfortable with people in their home and I think that will probably be more prevalent" "that was very dependant on the person as not everyone felt comfortable or was able to do the decorating themselves"
Community pantry	Gives PEH more autonomy	"it offers a more dignified approach rather than just getting food which you have may not chosen or that you might not specially like"
Takeaway food service	N/A	"day centres used to be their place to relax"
Weekly meetings between different organisations	Interprofessional working, improved efficiency and care	"communication between all the organisations has certainly opened up a lot that way, we have much more regular meetings"
Smaller class sizes	Allowed services users to feel more comfortable taking part	"smaller groups are better at times because people come out their shell a bit more"

Scheduled appointments only	Encouraged individuals to attend support sessions	"having the appointments, having them knowing we are looking at this specific thing and it's getting done its been more encouraging for them" "with service users that are more complex and cannot keep appointments they are not getting any work done with them at all"

606

607

608 **Table 3: Examples of positive outcomes and barriers to service provision as a result of COVID-**
609 **19 pandemic**

Positive Outcomes as a result of the pandemic	Illustrative quotes
Increased awareness so those in the community who required support knew where to access it; pandemic provided the opportunity to build stronger community relations resulting in further support	"we had an increase in numbers of people willing to help out. And I think it just comes down to seeing it from a different perspective" "it gave us a good chance to build relationships with people in our local community"
Increased communication and cooperation between different organisations, Improved the ability to provide more efficient holistic care	"we have worked with other organisations that we have never worked with before, everyone was willing to help, everyone out"
The infection control measures implemented resulted in a low number of Covid-19 positive cases among PEH.	"we didn't have any clients with symptoms. So we are really happy because this means the measures that we put in place are working"
Providing emergency accommodation made additional support more accessible.	"once they were placed in hotels they were able to build up more trust with members of staff that were able to support them and help them to move forward"
The pandemic prompted organisations to be creative and innovate, to deliver person-centred care.	"all services that I work with re-evaluated the way they are working" "opened up quite a few more avenues and made people think a bit more creatively about how is best to support people"
The pandemic prompted individuals to seek support including individuals with drug abuse issues and the 'hidden homeless'	"it has sort of forced people to come for support" "the invisible homeless community who we didn't know where homeless before the pandemic, I think some of that has become a little bit more visible"
Barriers faced during the pandemic	**Illustrative quotes**
Services were strained during the pandemic due to: -Reduced staff numbers as many were required to shield if they were in a high-risk category or isolate if they contracted the virus -New volunteers were not initially accepted due to safety concerns -Resources such as PPE, were difficult to obtain due to the lack of supplies available	"it was difficult for that reason but we made the decision not to take on volunteers purely to try and minimise footfall throughout our warehouse" "lots of our volunteers had to step back because they were in the vulnerable category, so we still are running on a lot less volunteers" "In terms of PPE it took a while because it was a bit difficult at the start with all this panic buying"
The support provided for PEH was not consistent across the UK post the 'Everyone In' scheme. This created additional stress as individuals relocated to seek support from services which continue to provide accommodation.	"with the second lockdown there wasn't this all in from the government, in fact homeless wasn't hardly mentioned. So it was really down to each individual borough to decide, work out how much money they have got left"
Some organisations were forced to close because of restricted resources. Particularly smaller organisations felt the burden of the pandemic, due to lack of donations and sponsors.	"big thing seeing charities around us that aren't going to survive" "smaller ones, we have had nothing filter through to us from the local authorities"
The demand on existing staff was high resulting in both physical and mental health effects.	"actually putting those packs together and logistically being able to deliver them to every ones' doors was very difficult, both physical and mentally on the staff"
Mental health concerns among PEH increased, and access to support was difficult.	"The mental health side was very big, depression, isolation that was a very very tough time for our client group" "Accessing mental health services is often quite problematic"

The level of support given was compromised, as services had to adjust to ensure they limited the spread of the virus.	"it was very difficult because we couldn't be as hands on as we would be normally. So we couldn't give them that extra support that we usually give them"

610   PPE: personal protective equipment; PEH: Persons experiencing homelessness

611