ASPHER COVID-19 Task Force

COVID-19 and People Experiencing Homelessness: Reported Measures Implemented in the European Region during the Pandemic

ASPHER Report
April 2021

An initial review and discussion paper

We hope that this report will be updated with further evidence and reviews from the second and other waves and vaccination programmes.

We welcome support and contributions from interested agencies,
our schools of public health and organisations
advocating for people experiencing homelessness.

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SUMMARY

During the first wave of COVID-19, European governments and Non-Governmental Organisations (NGOs) intervened in various ways to reduce people's risk of exposure to the virus, becoming seriously ill or dying from the virus. Some interventions specifically targeted individuals and families in temporary accommodation/hostels and people experiencing homelessness as "rough sleepers". This paper is a snapshot of reported interventions in the European Union and in the United Kingdom. Some interventions were provided directly by public sector workers, others by NGOs. Some interventions were in the form of guidance.

Getting a comprehensive inventory of interventions is not easy. Elucidating this topic is complicated, but even a snapshot of interventions allows for learning, a call for long-term collaboration between relevant organisations, and an opportunity to look at testing and vaccination issues.

ASPHER BACKGROUND

ASPHER members are particularly interested in studying health problems, disease epidemiology, and teaching and learning about public health. ASPHER also embraces principles of wider determinants of population health and approaches such as promoting social justice, Inclusiveness, reducing inequalities and sustainable development. The ASPHER COVID-19 Task Force approach has led to a variety of reviews and statements - background papers with links. https://www.aspher.org/covid-19-task-force.html

Voices of excluded and vulnerable groups need to be more actively sought out with maximum participation and institutional support for that. We found that lack of engagement and participation and related enhanced prevention activity is a broader theme across most inequalities' issues and for vulnerable groups during the pandemic. We also advocate for the widest participation in public health policymaking and action, including promoting educational initiatives, citizen science, Adult Learning and Education programmes (ALE), health literacy, and supporting wider public health workforce capacity and capability. We are publishing a booklet on basic terms for epidemiology and inequalities to support other educators in response to COVID-19.

https://www.aspher.org/how-to-count-illness.html

https://www.aspher.org/download/515/what_is_inequality.pdf

One of the greatest challenges for all interested in assessing the pandemic's Europe-wide impacts is the diversity of languages, cultures, and social organisation. A focus on marginalised, vulnerable or excluded groups may not always be welcomed or supported in politics or social debate. ASPHER will always wish to assess, comment, and advocate where the evidence points to higher health inequalities. Where the evidence is scarce or hard to reveal there is a role to prompt and make best efforts to highlight what is known and what can be better investigated or researched by epidemiologist and social scientists.

1. INTRODUCTION

Inequalities are exacerbated during epidemics and pandemics[1]. Pandemics expose the reality that homelessness is more complex than the absence of housing but a reflection of an unequal society[2]. Vulnerability to various illnesses and infections is a long-recognised feature, and early death is very high amongst people experiencing homelessness[3]. They tend to have increased mental health stressors and other priorities while experiencing "economic precipice" plus a range of other medical, psychological and social needs[4, 5]. Such conditions increase their susceptibility to COVID-19 infection and to COVID 19-related serious illnesses.

People experiencing homelessness are more susceptible to becoming unwell or dying when exposed to COVID-19[4, 6]. Infection control, including social distancing and self-isolation/quarantine, are difficult for individuals and families in temporary accommodation[7]. Handwashing is particularly difficult for "rough sleepers". Studies of people experiencing homelessness conducted before the pandemic showed higher mortality due to cardiovascular and chronic respiratory diseases, which are risk factors for contracting severe COVID-19.[8, 9, 10]. Outbreaks of COVID-19 in temporary accommodation for homeless people resulted in high illness rates despite the overall population incidence remaining relatively low[36].

During the first wave of COVID-19 (the first response stage), European governments and NGOs intervened in various ways, and levels of intensity, to reduce people's risk of exposure to the virus, further spreading the virus, of becoming seriously ill or dying from the virus. Some interventions were specifically targeted at people experiencing homelessness, such as individuals and families in temporary accommodation/hostels and "rough sleepers" (people sleeping in parks, on pavements, public transport and stations, car parks, cars, boats, tents, barns and sheds, people deliberately being hospitalised for accommodation, and squatters).

This paper is a snapshot of reported interventions by governments in the European Union and the United Kingdom. Some governments provided interventions directly by public sector workers; others were NGOs. Some interventions were in the form of guidance.

2. AIMS AND APPROACH

The aim was to identify reported interventions in European countries intended to reduce the risk of exposure, transmission, and COVID-19-related severe illness or death among people experiencing homelessness - "rough-sleepers" or in temporary accommodation during the pandemic. A further aim intended to highlight interventions with optimal outcomes and also to recognise any gaps in reporting. It is acknowledged that nonreporting does not necessarily mean that no intervention took place, it could suggest that data-sharing might not have been coordinated or transparent.

Desk-based investigations of reports from the European Observatory COVID-19 Health System Response Monitor and the European Union Agency for Fundamental Rights were conducted. Also, journal articles and publicly available information from relevant websites were reviewed from June to December 2020. The focus was on measures to protect people who were already homeless. Measures to *prevent* people from becoming homeless, such as eviction bans and fiscal stimuli to secure partial incomes, have not been included. With the same focus, hospital-based testing for and the clinical treatment of positive COVID-19 cases is not part of this research. Staff, volunteers, contract workers, suppliers and delivery workers working with people experiencing homelessness are not included. Internal country reports have not been included, mainly because most are in a language other than English.

3. KEY FINDINGS

There are different ways to look at the programmes and packages of measures that were put in place. For instance, FEANTSA outlined seven broad measures relating to the wider homelessness pandemic challenge in the European region[11]:

1. Test
2. House
3. Safe services
4. Accessible healthcare and information
5. Accessible food and hygiene
6. Prevent more people from becoming homeless
7. Protect from punitive enforcement measures

Of these seven measures that prevent more people from becoming homeless, this report only documents: Testing, Safe Services, and Accessible Healthcare and Information. These have been reported openly by some but not by all countries. Reports and some examples are summarised in Table 1.

Testing (with some access to treatment facilities)

In the UK, Médecins Sans Frontières (MSF), in partnership with University College London Hospitals NHS Foundation Trust (UCLH), established a Covid-19 centre, 'Covid Care', recognising that people experiencing homelessness in the United Kingdom are medically vulnerable to the virus. The Centre provided rapid testing, accommodation to self-isolate, and medical care for homeless people with suspected or confirmed COVID-19 cases[16]. In Latvia[17] and Slovakia[18] residents (and staff in close contact) in homeless shelters were routinely tested for the virus. In France, some Agence Régionale de Santé (ARS) collaborating with medical establishments used mobile testing centres specifically for people experiencing homelessness[19]. In Dublin, Ireland, a new 'Covid Community Assessment Hub' tested, monitored and

treated vulnerable groups, including people experiencing homelessness. This facility offered both a hospital-based assessment unit and a mobile unit that allowed rapid testing turnaround times[20]. In Denmark, the mobile service provided was a bus with routes through the streets of the capital region, where testing for the virus among people experiencing homelessness, could react to changes in location where necessary[21].

Beyond testing, people experiencing homelessness needed treatment and recovery places. At a medical centre in Brussels, MSF treated Covid-19 patients who were homeless. The city of Antwerp collaborated with Médecins du Monde (MdM) to establish a recovery centre for infected people experiencing homelessness and offered both medical and psychosocial care[22]. The Belgian Red Cross opened a special sector in its homeless centre to allow people experiencing homelessness with symptoms of Covid-19 to self-isolate[23]. In France, the government established a 'Covid specialised patient centre' for people sleeping rough to self-isolate and recover from the virus[19].

In countries without a targeted policy on testing, such as Hungary, Budapest's Local Government purchased 20,000 PCR tests for the most vulnerable groups, including people experiencing homelessness[24]. Croatia[25] and Ireland[26] highlighted certain priority groups for testing, including symptomatic people in homeless shelters because of a high probability to infect a large number of people with risk of the rapid spread of the virus and cluster formation.

Safe Homeless Services

The Danish Ministry of Social Affairs and the Interior published guidelines for social institutions and authorities, when reopening, to prevent the spread of the virus among the homeless and workers in close contact with them[12]. For homeless shelters and day centres, guidance documents around hygiene and spatial distancing were also produced by public authorities in Ireland[13] by government ministries in Poland[14] and supervisory authorities in Belgium[15] to prevent the spread of the virus and the handling of positive cases.

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Access to health information and wider support

In Belgium[27] and France[28], free telephone hotlines were established for people experiencing homelessness to access information and receive health advice from general practitioners (GPs). Posters and pamphlets provided health information on Covid-19 for people experiencing homelessness without social media or other digital technology forms. For example, the Danish National Board of Health prepared two posters and a booklet with advice for people experiencing homelessness in hostels[29]. In Portugal, the Association of Social Work Professionals produced a flyer to distribute to people experiencing homelessness with information about Covid-19[30].

Some social services were unable to sustain provision during the first wave. Volunteers from NGOs, care professionals, restaurants and kitchen staff collaborated to distribute food, find places where people could shower and change their clothes. For example, soup kitchens in Croatia provided food during the day for "rough sleepers". Similarly, in many large cities in Finland,[31] and Hungary, day centres were available[24]. Portugal's President of the Republic and the Portuguese Navy were involved in distributing meals to "rough sleepers" and people in temporary shelters in Lisbon[32].

Social services in Finland remained open. Cities and municipalities were responsible for services offered to people experiencing homelessness. Where services were previously offered to other vulnerable groups as well as people experiencing homelessness, these services became available exclusively for people experiencing homelessness during the first wave. In addition, health services, free of charge for Covid-19 care, were available under the Infectious Disease Law[33]. A civil society organisation in Hungary[24] reported increased hatred towards people experiencing homelessness on the streets, accusing them of being 'host bodies for the Coronavirus'. In Slovenia[41], people experiencing homelessness faced a sudden income suspension when their monthly magazine sales stopped. Despite the difficulties, some people experiencing

homelessness who passed through emergency shelters in Lisbon were referred to city council programmes designed to help with housing and work[32].

Table 1. Summary of examples of reported European preventive and healthcare interventions for homeless rough sleepers and in temporary accommodation facilities during the first wave of Covid-19

(* as this is an initial review and discussion paper we would welcome any future contributions from public health investigators or other colleagues or agencies to highlight examples from those countries where no reports found).

EU Countries (+ UK)	Intervention Category	Intervention
Austria	No reports found	No reports found
Belgium	• Testing (including isolation and quarantine) • Safe Homeless services • Access to health information and wider support	• Hygiene and preventive guidelines around spatial distancing in shelters and managing positive cases. • Isolation and recovery centers for symptomatic homeless patients • Access to free hotlines for medical advice
Bulgaria	No reports found	No reports found
Croatia	• Testing (including isolation and quarantine)	• Priority testing for people experiencing homelessness

	• Access to health information and wider support	• Provision of foods during the day for people experiencing homelessness
Republic of Cyprus	No reports found	No reports found
Czech Republic	No reports found	No reports found
Denmark	• Testing (including isolation and quarantine) • Safe Homeless services • Access to health information and wider support	• Mobile testing • Posters and booklet on COVID-19 preventive measures • Guidelines for social institutions and authorities in the reopening of social services
Estonia	No reports found	No reports found
Finland	• Access to health information and wider support	• Distribution of meals in shelters, day centers and streets • Available social services
France	• Testing (including isolation and quarantine) • Access to health information and wider support	• Specialised mobile testing and recovery centers • Access to free hotlines for medical advice
Germany	No reports found	No reports found
Greece	No reports found	No reports found

Hungary	• Testing (including isolation and quarantine) • Access to health information and wider support	• Purchase of PCR tests • Provision of food in day centres
Ireland	• Testing (including isolation and quarantine) • Safe Homeless services	• Hygiene and preventive guidelines around spatial distancing in shelters and managing positive cases. • Priority testing for people experiencing homelessness • A Covid assessment centre for testing and treatment
Italy	No reports found	No reports found
Latvia	• Testing (including isolation and quarantine)	• Testing in homeless shelters
Lithuania	No reports found	No reports found
Luxembourg	No reports found	No reports found
Malta	No reports found	No reports found
Netherlands	No reports found	No reports found
Poland	• Safe Homeless services	• Hygiene and preventive guidelines around spatial distancing in shelters and managing positive cases.

Portugal	• Access to health information and wider support	• Flyers with information about Covid-19 • Distributing meals around the city and streets.
Romania	No reports found	No reports found
Slovakia	• Testing (including isolation and quarantine)	• Testing in homeless shelters
Slovenia	No reports found	No reports found
Spain	No reports found	No reports found
Sweden	No reports found	No reports found
UK	• Testing (including isolation and quarantine) • Accommodation	• Covid care center for testing, isolation and medical care • "Everyone In"

4. DISCUSSION

Albeit limited, available research studies and country reports suggest that while higher numbers of cases, serious illness and deaths were expected, there appears to have been a low number of positive cases[34, 35] and deaths[36, 37] from COVID-19 among people experiencing homelessness. These can most likely be attributed to the early preventive measures implemented. However, there were some examples of very high numbers, and living conditions were critical[38]. The impact of COVID-19 on people experiencing homelessness in the European Region and the United Kingdom remains largely unreported and therefore, undocumented. Preventive measures such as testing and the management of COVID-19 positive cases were efficient and effective in reducing COVID-19 transmission among people experiencing homelessness[39].

Established preventive measures and sustainable integrated, comprehensive care models, are likely to keep the number of positive cases and deaths low. However, due to the risk factors experienced by people experiencing homelessness, if these measures are discontinued, it could lead to outbreaks and high mortality rates. Implementing preventive measures such as physical distancing in temporary shelters may decrease the number of beds available if extra space cannot be found, unintentionally leading to insufficient numbers of beds for people experiencing homelessness[24].

Asides from the medical and psychological impacts of the pandemic on people experiencing homelessness, there are inevitably social and economic impacts. Not all are based on strong information or evidence, and there are variations across Europe. The current COVID-19 pandemic has triggered social stigma and discrimination against vulnerable and minority groups because they are perceived to be transmission links for the virus[40]. The number of people experiencing homelessness during the first wave, who now have homes because of city council programmes implemented in Lisbon, is unreported. In countries where measures were implemented for people experiencing homelessness during the first wave, the measures were mostly in large urban cities. People experiencing homelessness in small cities and towns, and rural areas appear to have been less well protected.

Internal country reports may indeed contain this information but sharing it throughout the European region is important if we are to understand what works to protect our populations. Gaps in reporting provide fewer opportunities to be transparent, link policies and to integrate interventions. Gaps raise concerns about how population groups, especially people already experiencing health inequities such as homelessness, are protected.

5. CONCLUSION AND RECOMMENDATIONS

Housing and Health

Despite the initial scarcity of information about interventions during the first wave[42], now there are more dynamic exchanges of ideas, successes and concerns[43]. The critical point to take from the learning is the importance of integrating health and housing, working in partnership, to reduce homelessness's health inequalities. Accommodation and health (hygiene, testing, and treatment) saved hundreds of lives[44]. There are examples of good swift local action with improved health outcomes attributed to partnerships between health and housing[45]. More specifically, health outcomes improved when "safe, clean en-suite accommodation provided with additional support" were offered for other problems, which means health and homeless teams worked together in a genuinely integrated way[46].

Not all European countries were well prepared and able to respond swiftly[47]. In the United Kingdom, "Everyone In" facilitated the accommodation of thousands of people who had been "sleeping rough" and was effective during the initial first wave[36], and a less comprehensive approach without fully protected local government funding during future waves could produce fewer positive health outcomes[48]. As countries develop policies and programs to mitigate the impacts of COVID-19 on the economy and the public, creating safer housing and inclusive policies for homeless populations should be a priority. The COVID-19 pandemic has shown that the health risks of homelessness needed to be mitigated, and more efforts be employed to reduce widespread homelessness across the European region. The United Kingdom is an example with its commitment to invest over £105 million in providing housing during the pandemic, which will lead to more sustainable, long-term housing for people experiencing homelessness[49].

The number of people who experience homelessness can be expected to rise when insecure housing conditions and unemployment increase, there are more people with precarious incomes, and when embargoes on evictions are lifted. Loss of secure housing is a deep structural determinant of health inequalities and future vulnerability that entreats each European country to assess its housing policies and housing stock.

We therefore recommend

1. Partnerships and integrated working practices between housing and health services
2. Plans for government to respond swiftly to emergencies and provide funding and support for local governments to offer sufficient, self-contained emergency accommodation for people sleeping rough (and this should be regardless of immigration status)
3. Help people to find a route out of homelessness through partnership working

Testing

Experience has shown that COVID-19 testing is crucial for detecting infected people and reducing the spread of the virus in the population. Testing and treating COVID-19 for people experiencing homelessness is complex as they do not have a permanent residence. Countries need to adjust and set up new initiatives targeted at this population group to provide adequate testing and treatment. The potential for rapid spread of the virus among people experiencing homelessness supports the need for proactive COVID-19 testing and support strategies within this population, even during periods of low incidence between waves. People experiencing homelessness should be prioritised for testing and given extra support if diagnosed with COVID-19.

We therefore recommend

1. Creating a good practice COVID-19 response model for people experiencing homelessness to offer effective management of the virus among the homeless.
2. Prioritised testing and extra support for positive cases in people experiencing homelessness.
3. Widespread COVID-19 testing efforts must be paired with sufficient spaces for isolation and care management of new cases.

Vaccines

People experiencing homelessness often have underlying health conditions and "health problems typically associated with older people"[50]. A needs-based approach could make "rough sleepers" and people in hostels a priority group. Hostels may or may not be classified as care homes. Public health (health improvement/illness prevention and community development) has an opportunity to integrate with local and country-wide vaccination programmes to optimise health outcomes by offering mental health, substance treatment and other relevant support.

Taking vaccinations to people who are currently experiencing homelessness is happening, with examples from the UK in Liverpool[51], Oldham[52], with emerging narratives from Redbridge, Oxford and Chester. Calls for people experiencing homelessness ("sleeping rough" and in hostels) and link workers to be prioritised for vaccination include having a plan that responds to realities such as access to mobile phones and data amongst people experiencing homelessness[46]. It is clear from participatory research that consistency in the way support is communicated, coordinated and delivered is important and that Public Health messages failing to acknowledge the practical realities, such as the digital divide, have been criticised[53, 45].

We therefore recommend

1. Public health work collaboratively with health and housing to prioritise vaccination for people sleeping rough and in hostels
2. Include homelessness in vaccination plans to reduce health inequalities (national and local)
3. Include solutions to the digital divide in delivery planning

Further recommendations

People experiencing homelessness often struggle to access health and social services. Due to the pandemic, many health services and social care resources have been diverted to manage emergency cases and support the elderly and clinically vulnerable. Homelessness can also be considered an emergency that has escalated in some European countries and requires further and continued resources and policy priority. Hence, countries should make additional efforts to provide health and social support services for people experiencing homelessness in order to mitigate the risks associated with being unstably housed or on the streets during the COVID-19 pandemic. Social support services should be recognised as interventions to help the homeless as many people experience social difficulties such as feeding, social isolation and receiving support.

Large numbers of people are still in emergency accommodation or hostels. Fears for the new and hidden homeless are growing[54]. People who are new to the experience of "sleeping rough" need support without delay. Networks, information sharing, listening to people's experiences[55], events, webinars and focus groups, and up-to-date briefings enable timely and informed policy decisions that can genuinely be delivered[53].

Finally, more research projects and programs centred on homelessness and housing inclusion should be set up and funded to improve information gathering on homeless populations' needs. This should have a strong comparative international emphasis to identify best and least practices. This will also allow governments to develop more well-informed policies and long-term solutions to address the challenge of homelessness.

Beyond the pandemic we recommend

1. Strengthen joint work across government nationally and embed integrated working in practice between housing, mental health, substance treatment, health improvement, ambulance services and other health services locally
2. Include homelessness in all plans to reduce health inequalities

3. Improve access to health, welfare and housing support for people without digital technology
4. Respond quickly to people who are new to the experience of "sleeping rough"
5. Help to find routes out of homelessness
6. Any future vaccination programmes to prioritise people experiencing homelessness
7. Plan for people experiencing homelessness in future large-scale emergencies

REFERENCES

1. What is Inequality? Basic Health Inequality Concepts for Understanding the COVID-19 Pandemic [PDF file]. *The Association of Schools of Public Health in the European Region (ASPHER)*. Available from https://www.aspher.org/download/515/what_is_inequality.pdf

2. Mabhala M. Being homeless in an unequal society: A qualitative analysis of stories of homeless people. *European Journal of Public Health* [Internet]. 2018 Nov 1; 28(cky213.276). Available from: https://doi.org/10.1093/eurpub/cky213.276
3. Fajardo-Bullón F, Esnaola I, Anderson I, Benjaminsen L. Homelessness and self-rated health: evidence from a national survey of homeless people in Spain. *BMC Public Health* [Internet]. 2019 Aug 9; 19. Available from: https://doi.org/10.1186/s12889-019-7380-2
4. Kirby T. Efforts escalate to protect homeless people from COVID-19 in UK. *The Lancet Respiratory Medicine*. 2020 May 1; 8(5):447–9. Available from: https://doi.org/10.1016/S2213-2600(20)30160-0
5. Lima NNR, de Souza RI, Feitosa PWG, Moreira JL de S, da Silva CGL, Neto MLR. People experiencing homelessness: Their potential exposure to COVID-19. *Psychiatry Research.* 2020 Jun; 288:112945. Available from: https://doi.org/10.1016/j.psychres.2020.112945
6. Perri M, Dosani N, Hwang SW. COVID-19 and people experiencing homelessness: challenges and mitigation strategies. *CMAJ*. 2020 Jun 29; 192(26):E716–9. Available from: https://doi.org/10.1503/cmaj.200834
7. Self-isolation? Try it as a homeless family living in one room [Internet]. Shelter. 2020. Available from: https://blog.shelter.org.uk/2020/03/self-isolation-try-it-as-a-homeless-family-living-in-one-room/
8. Baggett TP, Hwang SW, O'Connell JJ, Porneala BC, Stringfellow EJ, Orav EJ, et al. Mortality among homeless adults in Boston: shifts in causes of death over a 15-year period. *JAMA Internal Medicine.* 2013 Feb 11; 173(3):189–95. Available from: 10.1001/jamainternmed.2013.1604
9. Hwang SW, Wilkins R, Tjepkema M, O'Campo PJ, Dunn JR. Mortality among residents of shelters, rooming houses, and hotels in Canada: 11 year follow-up study. *BMJ*. 2009 Oct 26; 339:b4036. Available from: https://doi.org/10.1136/bmj.b4036
10. Zheng Z, Peng F, Xu B, Zhao J, Liu H, Peng J, et al. Risk factors of critical & mortal COVID-19 cases: A systematic literature review and meta-analysis. *Journal of Infection*. 2020 Aug; 81(2):e16–25. Available from: 10.1016/j.jinf.2020.04.021
11. Seven measures authorities must take to protect homeless people from Covid [Internet]. Available from: https://www.feantsa.org/en/news/2020/03/31/seven-measures-authorities-must-take-to-protect-homeless-people-from-covid?bcParent=26
12. Coronavirus pandemic in the EU - Fundamental Rights Implication Denmark [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/dk_report_on_coronavirus_pandemic_june_2020.pdf
13. Ireland [Internet]. Available from: https://www.covid19healthsystem.org/countries/ireland/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section
14. Poland [Internet]. Available from: https://www.covid19healthsystem.org/countries/poland/livinghit.aspx?Section=3.1%20Planning%20services&Type=Section

15. Belgium [Internet]. Available from: https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section
16. MSF supports Centre providing COVID-19 care to homeless people in the UK [Internet]. Available from: https://msf.org.uk/article/msf-supports-centre-providing-covid-19-care-homeless-people-uk
17. Coronavirus pandemic in the EU - Fundamental Rights Implication Latvia [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/lv_report_on_coronavirus_pandemic_june_2020.pdf
18. NotaBene, TS: The first comprehensive health screening of homeless people in the East [Internet]. Available from: https://www.notabene.sk/?aktuality&novinka=3692
19. Coronavirus pandemic in the EU - Fundamental Rights Implication France [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/fr_report_on_coronavirus_pandemic_june_2020.pdf
20. Coronavirus pandemic in the EU - Fundamental Rights Implication Ireland [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/ie_report_on_coronavirus_pandemic_june_2020.pdf
21. Refugees and homeless people, how do you self-isolate? [Internet]. United Nations Western Europe. 2020. Available from: https://unric.org/en/refugees-and-homeless-covid-19-how-do-you-self-isolate/
22. Coronavirus pandemic in the EU - Fundamental Rights Implication Belgium [Internet]. European Union Agency for Fundamental Rights. July 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/be_report_on_coronavirus_pandemic_july_2020.pdf
23. Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications [Internet]. European Union Agency for Fundamental Rights. July 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/belgium-report-covid-19-april-2020_en.pdf
24. Coronavirus pandemic in the EU - Fundamental Rights Implication Hungary [Internet]. European Union Agency for Fundamental Rights. July 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/hu_report_on_coronavirus_pandemic_july_2020.pdf
25. Additional efforts needed to care for the homeless during the coronavirus pandemic - Ombudswoman of Croatia [Internet]. Available from: https://www.ombudsman.hr/hr/additional-efforts-needed-to-care-for-the-homeless-during-the-coronavirus-epidemic/
26. Ireland [Internet]. Available from: https://www.covid19healthsystem.org/countries/ireland/livinghit.aspx?Section=1.5%20Testing&Type=Section

27. Belgium [Internet]. Available from: https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section
28. France [Internet]. Available from: https://www.covid19healthsystem.org/countries/france/livinghit.aspx?Section=4.2%20Entitlement%20and%20coverage&Type=Section
29. Plakater og pjecer giver råd om coronavirus til hjemløse og særligt udsatte [Internet]. Available from: https://sim.dk/nyheder/nyhedsarkiv/2020/mar/plakater-og-pjecer-giver-raad-om-coronavirus-til-hjemloese-og-saerligt-udsatte/
30. Coronavirus pandemic in the EU - Fundamental Rights Implication Portugal [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/pt_report_on_coronavirus_pandemic_june_2020.pdf
31. Coronavirus pandemic in the EU - Fundamental Rights Implication Finland [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/fi_report_on_coronavirus_pandemic_june_2020.pdf
32. Coronavirus pandemic in the EU - Fundamental Rights Implication Portugal [Internet]. European Union Agency for Fundamental Rights. July 2020. Available https://fra.europa.eu/sites/default/files/fra_uploads/pt_report_on_coronavirus_pandemic_july_2020.pdf
33. Finland [Internet]. Available from: https://www.covid19healthsystem.org/countries/finland/livinghit.aspx?Section=3.3%20Maintaining%20essential%20services&Type=Section
34. Coronavirus pandemic in the EU - Fundamental Rights Implication Hungary [Internet]. European Union Agency for Fundamental Rights. June 2020. Available from: https://fra.europa.eu/sites/default/files/fra_uploads/hu_report_on_coronavirus_pandemic_june_2020.pdf
35. Editor PCH. Coronavirus: Number of female deaths outnumbers males deaths for first time [Internet]. The Irish Times. Available from: https://www.irishtimes.com/news/health/coronavirus-number-of-female-deaths-outnumbers-males-deaths-for-first-time-1.4258535
36. Lewer D, Braithwaite I, Bullock M, Eyre MT, White PJ, Aldridge RW, et al. COVID-19 among people experiencing homelessness in England: a modelling study. *The Lancet Respiratory Medicine.* 2020 Dec 1;8(12):1181–91. Available from: https://doi.org/10.1016/S2213-2600(20)30396-9
37. Schrooyen L, Delforge M, Lebout F, Vanbaelen T, Lecompte A, Dauby N. Homeless people hospitalised with COVID-19 in Brussels. *Clinical Microbiology and Infection.* 2021 Jan;27(1):151–2. Available from: https://doi.org/10.1016/j.cmi.2020.08.002
38. High coronavirus COVID-19 rates found amongst people living in hardship in Paris | MSF [Internet]. *Médecins Sans Frontières (MSF) International*. [cited 2021 Feb 8]. Available from:

https://www.msf.org/high-coronavirus-covid-19-rates-found-amongst-people-living-hardship-paris
39. Baggett TP, Racine MW, Lewis E, De Las Nueces D, O'Connell JJ, Bock B, et al. Addressing COVID-19 Among People Experiencing Homelessness: Description, Adaptation, and Early Findings of a Multiagency Response in Boston. *Public Health Reports*. 2020 Aug;135(4):435–41. Available from: https://doi.org/10.1177/0033354920936227
40. A guide to preventing and addressing social stigma associated with COVID-19 [Internet]. Available from: https://www.who.int/publications/m/item/a-guide-to-preventing-and-addressing-social-stigma-associated-with-covid-19
41. Coronavirus pandemic in the EU - Fundamental Rights Implication Slovenia [Internet]. *European Union Agency for Fundamental Rights*. June 2020. Available from : https://fra.europa.eu/sites/default/files/fra_uploads/si_report_on_coronavirus_pandemic_june_2020-1.pdf
42. COVID-19 and Homelessness International learning [PDF file]. *Homeless Link*. Available from https://www.homeless.org.uk/sites/default/files/site-attachments/COVID19%20and%20Homelessness%20International%20Learning.pdf
43. Live updates COVID-19European cities respond to the coronavirus crisis homelessness EUROCITIES [Internet]. *Live updates COVID-19*. Available from: https://covidnews.eurocities.eu/tag/homelessness/
44. UCL. Emergency accommodation given to homeless during Covid-19 saved hundreds of lives [Internet]. *Institute of Epidemiology & Health Care*. 2020. Available from: https://www.ucl.ac.uk/epidemiology-health-care/news/2020/oct/emergency-accommodation-given-homeless-during-covid-19-saved-hundreds-lives
45. Responding to the COVID-19 pandemic; Case studies from the European End Street Homelessness Campaign [PDF file]. *World Habitat*; 2020 Jun p. 25. Available from: https://world-habitat.org/wp-content/uploads/2020/06/EESHC-Responding-to-Covid19-case-studies-FINAL-1.pdf
46. Housing and health; Working together to respond to rough sleeping during Covid-19 [PDF file]. *St Mungo's*; 2021 Jan. Available from: https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf
47. Owen R. COVID19 Response & Homelessness in the EU [PDF file]. *FEANTSA*; 2020 Sep p. 27. Available from: https://www.feantsa.org/public/user/Observatory/2020/conference/COVID19_OBS_FINAL.pdf
48. Investigation into the housing of rough sleepers during the COVID-19 pandemic (Summary) [PDF file]. *National Audit Office*; 2021 Jan p. 8. Available from: https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic-Summary.pdf
49. £105 million to keep rough sleepers safe and off the streets during coronavirus pandemic [Internet]. *GOV.UK*. Available from: https://www.gov.uk/government/news/105-million-to-keep-rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic

50. Vaccine Strategy: Recommendations for the Protection & Prioritisation of People Experiencing Homelessness (FEANTSA Statement) [PDF file]. *FEANTSA*; 2021 Feb p. 3. Available from: https://www.feantsa.org/public/user/Resources/Position_papers/Vaccine_Statement_Feb_21.pdf
51. Covid-19 Vaccination for Inclusion Health Groups in Liverpool [Internet]. *The Queen's Nursing Institute*. Available from: https://www.qni.org.uk/resources/covid-19-vaccination-for-inclusion-health-groups-in-liverpool/
52. McCallion L. Oldham's homeless given Covid-19 vaccine priority [Internet]. *Oldham Council*. Available from: https://www.oldham.gov.uk/news/article/1972/oldhams_homeless_given_covid-19_vaccine_priority
53. Monitoring the impact of COVID-19 on people experiencing homelessness [PDF file]. *Groundswell*; 2020 Dec p. 60. Available from: https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf
54. Has Covid-19 really ended homelessness? [Internet]. *Think NPC*. Available from: https://www.thinknpc.org/blog/has-covid-19-really-ended-homelessness/
55. Neale J. Experiences of being housed in a London hotel as part of the 'Everyone In' initiative [PDF file]. *King's College London*; 2021 Jan p. 26. Available from: https://www.pathway.org.uk/wp-content/uploads/Neale-et-al-Homeless-Hotel-Study-part-2-Jan-070121.pdf