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Provision of services to persons experiencing homelessness during the COVID-19 pandemic: a qualitative study on the perspectives of homelessness service providers

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Conflict of Interest

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Data availability

All data pertaining to this study are reported in this manuscript.

Provision of services to persons experiencing homelessness during the COVID-19 pandemic: a qualitative study on the perspectives of homelessness service providers

Abstract

This study aimed to explore the perspectives of homelessness service providers on the impact of the COVID-19 pandemic on service provision, barriers encountered and learning for the future. Semi-structured online interviews were conducted with homelessness service providers (n=15) identified through the network of homelessness services operating within the United Kingdom. Data were transcribed verbatim and analyzed thematically using framework technique. Six key themes were identified including: the impact of the pandemic on health and well-being of persons experiencing homelessness (PEH); the changing needs of service users during the pandemic; impact of emergency provision of housing support on services offered; service adaptations; sustainability of services; and learnings from the pandemic. Participants described that being able to offer accommodation through government schemes provided protection to PEH through 'wrap-around support'. The pandemic was deemed to have precipitated change and developed resilience in some services. However, lack of resources, donations and sponsors during the pandemic constrained the services forcing many to close or offer reduced services. Reduced face-to-face contact with PEH and lack of ability to offer skills sessions led to the exacerbation of mental health concerns amongst clients. The pandemic was also identified to have encouraged positive relationship building between clients and service providers, better communications between service providers and effective housing of PEH. There is a need to address the barriers, sustain the positive learnings and enable organisations and PEH to adapt to the transition when transient and emergency support from the government and local councils ends.

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

What is known about this topic?

- Persons experiencing homelessness face severe multiple disadvantages.
- The COVID-19 pandemic has hit the most vulnerable in society the hardest.
- Impact on the provision of services to persons experiencing homelessness during the pandemic remains yet to be explored, such data can inform planning for ongoing and future pandemics.

What this paper adds?

- The pandemic led to an increase in support needs of persons experiencing homelessness and this coupled with constrained donations and funding received by support organisations, negatively affected their ability to provide services.
- Emergency initiatives such as ‘Everyone In’ housing support was deemed to be useful, however participants feared the aftermath when such support from the government ends.
- Increased communications between service providers, service adaptations and an increase in client-provider relationships were identified as some of the positive learnings from the pandemic.

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

531 • Lewer D, Aldridge R, Menezes D, Sawyer C, Zaninotto P, & Dedicoat M.*et al*. (2019). Health-
532 related quality of life and prevalence of six chronic diseases in homeless and housed people:
533 a cross-sectional study in London and Birmingham, England. BMJ Open, 9(4), 1-8. doi:
534 10.1136/bmjopen-2018-025192
535 • Lowrie R, Stock K, Lucey S, Knapp M, Williamson A, Montgomery M, Lombard C, Maguire D,
536 Allan R, Blair R, **Paudyal V**, Mair FS. Pharmacist led Homeless Outreach Engagement and
537 Non-Medical Independent 1 prescribing (Rx) (PHOENIx) intervention for people experiencing
538 homelessness: a non- 2 randomised feasibility study. International Journal of Equity in Health
539 2021. https://doi.org/10.1186/s12939-020-01337-7.
540 • Mental Health Foundation. (2020). Available
541 https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%
542 20COVID-19%20Pandemic.pdf. Accessed 11 Apr 2021.
543 • Minnery J & Greenhalgh E. (2007). Approaches to Homelessness Policy in Europe, the
544 United States, and Australia. Journal of Social Issues, 63(3), 641-655. doi: 10.1111/j.1540-
545 4560.2007.00528.x
546 • ONS, Office of the National Statistics. (2021). Deaths of homeless people in England and
547 Wales - Office for National Statistics. Available
548 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriage. Accessed
549 11 Apr 2021.
550 • Paudyal V, Gibson Smith K, MacLure K, Forbes-McKay K, Radley A, Stewart D (2019).
551 Perceived roles and barriers in caring for the people who are homeless: a survey of UK
552 community pharmacists. International Journal of Clinical Pharmacy; 41:1:215–227.
553 • Paudyal V, MacLure K, Forbes-McKay K, McKenzie M, MacLeod J, Smith A et al. (2020). 'If I
554 die, I die, I don't care about my health': Perspectives on self-care of people experiencing
555 homelessness. Health & Social Care In The Community, 28(1), 160-172. doi:
556 10.1111/hsc.12850
557 • Paudyal V, Ghani A, Shafi T, Punj E, Saunders K, Vohra N et al. (2021a). Clinical
558 characteristics, attendance outcomes and deaths of homeless persons in the emergency
559 department: implications for primary health care and community prevention
560 programmes. *Public health*, *196*, pp.117-123.
561 • Paudyal V, Fialová D, Henman MC, Hazen A, Okuyan B, Lutters M et al. (2021b).
562 Pharmacists' involvement in COVID-19 vaccination across Europe: a situational analysis of
563 current practice and policy. International Journal of Clinical Pharmacy. 2021. 10.1007/s11096-
564 021-01301-7.
565 • Paudyal V, Racine M, Hwang SW (2021). COVID-19 vaccination amongst persons
566 experiencing homelessness: practices and learnings from UK, Canada and the US. Public
567 Health. 2021. Doi: 10.1016/j.puhe.2021.08.015
568 • Ritchie J, Lewis J, McNaughton Nicholls C, & Ormston R. (2003). Qualitative research
569 practice (1st ed.). London: Sage Publications.
570 • Roederer T, Mollo B, Vincent C, Nikolay B, Llosa A, Nesbitt R. et al. (2021). Seroprevalence
571 and risk factors of exposure to COVID-19 in homeless people in Paris, France: a cross-
572 sectional study. The Lancet Public Health, 6(4), e202-e209. doi: 10.1016/s2468-
573 2667(21)00001-3
574 • The Health Foundation. (2021). Inequalities and deaths involving COVID-19 | The Health
575 Foundation. Available https://www.health.org.uk/news-and-comment/blogs/inequalities-and-
576 deaths-involving-covid-19. Accessed 11 Apr 2021.
577 • UK Government. (2021a). Official UK Coronavirus Dashboard. Available
578 https://coronavirus.data.gov.uk/details/cases. Accessed 11 Apr 2021.
579 • UK Government. (2021b). Coronavirus (COVID-19): Homelessness response fund. Available
580 https://www.gov.uk/guidance/coronavirus-covid-19-homelessness-response-fund. Accessed
581 11 Apr 2021.
582 • UK Government. (2021c). £105 million to keep rough sleepers safe and off the streets during
583 coronavirus pandemic. Available https://www.gov.uk/government/news/105-million-to-keep-
584 rough-sleepers-safe-and-off-the-streets-during-coronavirus-pandemic. Accessed 11 Apr
585 2021.
586 • UK Government. (2021d). Help if you're homeless or about to become homeless. Retrieved
587 29 June 2021, from https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness

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

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

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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”

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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

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