



COVID-19 and Homelessness

Disclaimer:

This *Quick Response Report* was published on April 6, 2020. Given the rapidly changing nature of the coronavirus pandemic, some of the references included in this report may quickly become out-of-date. We further caution readers that researchers at the Newfoundland & Labrador Centre for Applied Health Research are not experts on infectious diseases and are relaying work produced by others. This report has been produced quickly and it is not exhaustive, nor have the included studies been critically appraised.

Original Health System Inquiry

A big issue for vulnerable populations is maintaining housing so that they are not couch surfing, in poor housing such as overcrowded bedsitters or staying in emergency shelters multiple times a year.

1. *How can we help individuals maintain housing? Often they can find housing but get evicted due to a variety of issues such as violence, damage to property etc.*
2. *What type of housing is most effective? Anecdotally we know single unit housing is better but there is a shortage in St. John's.*
3. *What types of intensive supports are needed to help people become more mentally and physically healthy so that they can get jobs, etc.?*
4. *Does Housing First work for this very vulnerable population?*

About this Quick Response Report

The first section includes information about responding to homelessness in the context of COVID-19. The second section addresses solutions for homelessness more broadly. The last section contains links to local resources and information related to strategies to address homelessness.

Homelessness and COVID-19

NCCDH Equity-Informed Responses to COVID-19 Resources

Resources from the **National Collaborating Centre of Determinants of Health** ([LINK](#)) which include publications on a range of topics. Included below are some links from the **Housing and Homelessness** section that appeared to be relevant ([LINK](#)).

- **2019 Novel Coronavirus (COVID-19): Interim guidance for homelessness service settings providers**. Toronto Public Health. 2020.

From document: “This document provides varied recommendations for (1) “visitors/volunteers” who are people who may enter shelter and drop-in settings to visit and support programs, but do not themselves rely on those services for meeting their shelter and housing needs, (2) “staff” who are employed in general shelter and drop-in settings, and (3) “clients/participants” who access shelters and drop-ins and rely on these settings for housing, food, and other services. Recommendations should be applied with consideration and not interchangeably to each of these groups.”

- "[Coronavirus resources for the homelessness sector](#)." The Canadian Alliance to End Homelessness. 2020.
 - **Pandemic Preparedness and Homelessness: Lessons from H1N1 in Canada** (Chapter 5, [LINK](#)):

The purpose of the research described in this chapter was to better understand the ways in which the current emergency response to homelessness in cities across Canada would affect the vulnerability of this population in the event of an influenza pandemic. A majority of research has focused on experiences in larger urban centres and communities in dense networks of urban centres (e.g., the dense network of urban regions in southern Ontario). The case study presented in this chapter focuses on homelessness and pandemic preparedness in a small and relatively isolated city, specifically, Regina, Saskatchewan. The goal of this research was to identify the experiences and challenges of pandemic planning in the context of homelessness in smaller and more isolated urban areas, as well as suggestions for improved responses in the case of future pandemics.

Additional Resources

- The US Department of Housing and Urban Development has a “COVID-19 Prevention and Response for Homeless Providers: Daily Resource Digest” with additional linked resources that appears to be quite comprehensive ([LINK](#)).
- The US Centres for Disease Control also maintains a support page titled “Interim guidance for homeless service providers to plan and respond to COVID-19” ([LINK](#)).

Research on Solutions for Homelessness

Systematic Reviews

- **Baxter AJ, Tweed EJ, Katikireddi SV, et al** **Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials** J Epidemiol Community Health 2019;73:379-387. [LINK](#)

Abstract

Background Homelessness is associated with poor health. A policy approach aiming to end homelessness across Europe and North America, the 'Housing First' (HF) model, provides rapid housing, not conditional on abstinence from substance use. We aimed to systematically review the evidence from randomised controlled trials for the effects of HF on health and well-being.

Methods We searched seven databases for randomised controlled trials of interventions providing rapid access to non-abstinence-contingent, permanent housing. We extracted data on the following outcomes: mental health; self-reported health and quality of life; substance use; non-routine use of healthcare services; housing stability. We assessed risk of bias and calculated standardised effect sizes.

Results We included four studies, all with 'high' risk of bias. The impact of HF on most short-term health outcomes was imprecisely estimated, with varying effect directions. No clear difference in substance use was seen. Intervention groups experienced fewer emergency department visits (incidence rate ratio (IRR)=0.63; 95%CI 0.48 to 0.82), fewer hospitalisations (IRR=0.76; 95%CI 0.70 to 0.83) and less time spent hospitalised (standardised mean difference (SMD)=-0.14; 95%CI -0.41 to 0.14) than control groups. In all studies intervention participants spent more days housed (SMD=1.24; 95%CI 0.86 to 1.62) and were more likely to be housed at 18–24 months (risk ratio=2.46; 95%CI 1.58 to 3.84).

Conclusion HF approaches successfully improve housing stability and may improve some aspects of health. Implementation of HF would likely reduce homelessness and non-routine health service use without an increase in problematic substance use. Impacts on long-term health outcomes require further investigation.

- Leclair, M. C., Deveaux, F., Roy, L., Goulet, M.-H., Latimer, E. A., & Crocker, A. G. (2019). **The Impact of Housing First on Criminal Justice Outcomes among Homeless People with Mental Illness: A Systematic Review**. *The Canadian Journal of Psychiatry*, 64(8), 525–530. [LINK](#)

Abstract

Objective: Housing First is increasingly put forward as an important component of a pragmatic plan to end homelessness. The literature evaluating the impact of Housing First on criminal justice involvement has not yet been systematically examined. The objective of this systematic review is to examine the impact of Housing First on criminal justice outcomes among homeless people with mental illness.

Method: Five electronic databases (PsycINFO, MEDLINE, Embase, CINAHL, Web of Science) were searched up until July 2018 for randomised and nonrandomised studies of Housing First among homeless people with a serious mental disorder.

Results: Five studies were included for a total of 7128 participants. Two studies from a randomised controlled trial found no effect of Housing First on arrests compared to

treatment as usual. Other studies compared Housing First to other programs or compared configurations of HF and found reductions in criminal justice involvement among Housing First participants.

Conclusions: This systematic review suggests that Housing First, on average, has little impact on criminal justice involvement. Community services such as Housing First are potentially an important setting to put in place strategies to reduce criminal justice involvement. However, forensic mental health approaches such as risk assessment and management strategies and interventions may need to be integrated into existing services to better address potential underlying individual criminogenic risk factors. Further outcome assessment studies would be necessary.

- Leonie Boland, Anita Slade, Richard Yarwood, Katrina Bannigan, “**Determinants of Tenancy Sustainment Following Homelessness: A Systematic Review**”, *American Journal of Public Health* 108, no. 11 (November 1, 2018): pp. e1-e8. [LINK](#)

Abstract

Background. Tenancy sustainment—maintenance of a tenancy to avoid a premature end of tenure—is fundamental to prevention of homelessness. Understanding what enables a successful tenancy is essential in informing interventions designed to support people in leaving homelessness.

Objectives. To conduct a systematic review identifying determinants associated with tenancy sustainment following homelessness.

Main Results. Forty-three articles reporting 38 studies were included. Determinants were categorized at 4 levels: individual, interpersonal, community, and structural. Participation in specific programs (e.g., Housing First), receipt of social support, and older age were identified as positive determinants of tenancy sustainment.

Conclusions. This systematic review is the first, to our knowledge, to focus solely on tenancy sustainment as a primary outcome. Although a range of determinants associated with tenancy sustainment were identified, it was difficult to draw strong conclusions owing to the heterogeneity of the studies. Despite being a fundamental concept in homelessness research, tenancy sustainment is poorly defined and conceptualized. A deeper understanding of tenancy sustainment will inform the development and evaluation of interventions that support people in leaving homelessness and maintaining tenancies.

Public Health Implications. Housing stability is central to preventing homelessness and addressing the numerous public health concerns that can co-occur with homelessness. Our review highlights that a standardized approach to measuring housing stability and more high-quality intervention studies are essential.

- Julia R. Woodhall-Melnik & James R. Dunn (2016) **A systematic review of outcomes associated with participation in Housing First programs**, *Housing Studies*, 31:3, 287-304, [LINK](#)

Abstract: Housing First (HF) models have gained popularity among many politicians, policy-makers, and social service providers. Proponents of this model argue for its strength by drawing on research evidence. In other words, the use of HF is deemed an ‘evidence-based practice.’ Despite this, a strong synthesis of the evidence used to champion these models is lacking. This article seeks to address this gap, with a review focused on outcomes associated with participation in HF programs. Specifically, we investigate the details of program design coupled with specific outcomes, so as to better inform future action and research. We conclude that the research forming the evidence base for HF is methodologically strong. However, additional research is needed to determine the benefits of HF for diverse populations. Additional research is also required to conclusively determine the impact of HF on substance use and psychiatric treatment. We recommend that policy-makers consider the needs of local populations when developing and implementing HF programming.

- Paulie, Bernie, Ellie Carlson, and Kathleen Perkin. "Strategies to end homelessness: Current approaches to evaluation." (2012). [LINK](#)

The purpose of this paper is to provide a summary of research on interventions that aim to end or reduce homelessness. Our specific goals were to gain an understanding of the different populations for whom interventions have been tested and the type of interventions evaluated, as well as to create an inventory of the indicators used to assess the effectiveness of interventions. We provide an overview of the methodology used to gather research on strategies to end homelessness. In the findings, we review the types of interventions evaluated, highlight the populations studied, and summarize the indicators of effectiveness used in the evaluations. Finally, we discuss the findings of this review in relation to current and future research on homeless interventions.

- Fitzpatrick-Lewis, D., Ganann, R., Krishnaratne, S. et al. **Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review**. *BMC Public Health* 11, 638 (2011). [LINK](#)

Abstract

Background: Research on interventions to positively impact health and housing status of people who are homeless has received substantially increased attention over the past 5 years. This rapid review examines recent evidence regarding interventions that have been shown to improve the health of homeless people, with particular focus on the effect of these interventions on housing status.

Methods: A total of 1,546 articles were identified by a structured search of five electronic databases, a hand search of grey literature and relevant journals, and contact with experts. Two reviewers independently screened the first 10% of titles and abstracts for relevance. Inter-rater reliability was high and as a result only one reviewer screened the remaining titles and abstracts. Articles were included if they were published between January 2004 and December 2009 and examined the effectiveness of an intervention to improve the health or healthcare utilization of people who were homeless, marginally housed, or at risk of homelessness. Two reviewers independently scored all relevant articles for quality.

Results: Eighty-four relevant studies were identified; none were of strong quality while ten were rated of moderate quality. For homeless people with mental illness, provision of housing upon hospital discharge was effective in improving sustained housing. For homeless people with substance abuse issues or concurrent disorders, provision of housing was associated with decreased substance use, relapses from periods of substance abstinence, and health services utilization, and increased housing tenure. Abstinence dependent housing was more effective in supporting housing status, substance abstinence, and improved psychiatric outcomes than non-abstinence dependent housing or no housing. Provision of housing also improved health outcomes among homeless populations with HIV. Health promotion programs can decrease risk behaviours among homeless populations.

Conclusions: These studies provide important new evidence regarding interventions to improve health, housing status, and access to healthcare for homeless populations. The additional studies included in this current review provide further support for earlier evidence which found that coordinated treatment programs for homeless persons with concurrent mental illness and substance misuse issues usually result in better health and access to healthcare than usual care. This review also provides a synthesis of existing evidence regarding interventions that specifically support homeless populations with HIV.

Homelessness Reports from Nordic Countries

Tends to focus on Housing First approaches

- **Homelessness Research and Policy Development: Examples from the Nordic Countries** (Review paper: [LINK](#))

The interaction between research and policy development has played an important role in the transformation of homelessness policies and services over the last decade. Evidence from research on Housing First programmes and interventions in North America has informed the development of experimental Housing First programmes in many European countries. Moreover, studies on the profiles of homeless people and patterns of service use have supported an ongoing transition from mainly emergency and temporary responses towards strategic approaches with a focus on long-term and permanent solutions. This article will focus on the Nordic countries, where there has been close interaction between research and policy development in the formation of national strategies and programmes. In Denmark, Norway and Sweden, comprehensive national counts of homelessness have been

carried out based on similar definitions and methodology and in Finland, monitoring of the extent and profiles of homelessness has been carried out for several years. In Denmark and Finland, national data have been used in the formation of national homelessness strategies that have been based on the Housing First principle, and data have been used to monitor developments in homelessness following implementation of these programmes. In Sweden, influential research on the staircase system has contributed to in-depth understanding of the unintended exclusion mechanisms that may sometimes be inherent in homelessness policies.

- **The Finnish National Programme to reduce long-term homelessness (Synthesis report: [LINK](#))**

Part A: Policy Context at European Level. Part B: The Finnish Programme to Reduce Long-Term Homelessness. Part C: Policies and Experiences in Peer Countries and Stakeholder Contributions. Part D: Discussions at the Peer Review Meeting. Part E: Conclusions and Key Lessons.

- **The Strategic Response to Homelessness in Finland: Exploring Innovation and Coordination within a National Plan to Reduce and Prevent Homelessness (Book chapter: [LINK](#))**

This chapter explores the results of an international review of the Finnish Homelessness Strategy covering the period from 2008–2015. The chapter discusses the development of the Finnish strategy, explores the results that have been achieved and considers some lessons for transferring policy and service models between different contexts. Alongside discussing the successes that have been delivered, the chapter also looks at the challenges that Finland still faces. The final section considers the challenges that Finland continues to face as it seeks to sustainably reduce all forms of homelessness and to end the experience of long-term homelessness.

- **The Finnish Homelessness Strategy : From a ‘Staircase’ Model to a ‘Housing First’ Approach to Tackling Long-Term Homelessness (Evaluation: [LINK](#))**

This paper reviews the Finnish government’s recently established Programme to Reduce Long-Term Homelessness, which is attempting to halve long-term homelessness over the period 2008 to 2011. It outlines the current homeless situation in Finland and describes the development of the present system of provision. Despite change over time, the emphasis has tended to remain on the ‘staircase’ model of provision for long-term homeless people, common across Nordic countries, which requires people to demonstrate an ability to move from one level of accommodation to another by addressing lifestyle issues, particularly problematic alcohol use. In contrast, the new programme focuses firmly on the extension of ‘housing first’ principles, already in use for some groups, to homeless people with high levels of support needs. We argue that this emphasis is to be welcomed but that there is a need for a more detailed analysis of the elements required in successful ‘housing first’ solutions.

Local Resources / Information

- A RoadMap for Ending Homelessness in Newfoundland and Labrador, 2014 [LINK](#)
- LOOKING BACK TO MOVE FORWARD: An assessment of progress on the 2014-2019 St. John's Community Plan to End Homelessness Released December 2019 [LINK](#)

Methodology

Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) COVID-19 Quick Response reports are initiated by, and shared with, our partners in the provincial health system, including the four Regional Health Authorities, the Departments of Health and Community Services and Children, Seniors and Social Development, and public health officials.

NLCAHR staff work with topic submitters to clarify the research question. We then search for related systematic reviews, meta-analyses, other reviews, interim and other guidance statements, primary research, expert opinion and health and science reporting.

We use several search strategies, with a focus on the following databases:

- [CADTH](#)
- [Canadian Pharmacists Association](#)
- [Campbell Collaboration](#)
- [Cochrane Collaboration](#)
- [Centre for Disease Control](#) (CDC)
- [Centre for Evidence Based Medicine](#) (CEBM)
- [Evidence for Policy and Practice Information and Co-ordinating Centre](#)
- [European Centre for Disease Prevention and Control](#)
- [Health Canada](#)
- [Joanna Briggs Institute](#)
- [Johns Hopkins](#)
- [MedRxiv](#)
- [National Institutes of Health](#) (NIH)
- [National Institute of Allergy and Infectious Diseases](#) (NIAID)
- [National Library of Medicine](#)
- [Public Health Agency of Canada](#)
- [Trip Database](#)
- [World Health Organization](#)

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