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

Simran Kaur MPharm | Parbir Jagpal MSc | Vibhu Paudyal PhD

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 analysed 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
COVID-19, homeless persons, homelessness, homelessness services, pandemic
COVID-19 was declared a global pandemic in March 2020 (WHO, 2020). As of September 2021, over 7.4 million have been infected and over 135,000 individuals have died as a result of the infection in the United Kingdom (UK) alone (UK Government, 2021a). The pandemic has hit the most vulnerable in society the hardest. For example, epidemiological data show the highest mortality rates among the most deprived in the society and those with low incomes or in manual jobs (The Health Foundation, 2021).

Persons experiencing homelessness (PEH) are one of the most vulnerable groups within society. In the United Kingdom, they die at an average age of 46 years (males) and 43 years (females) (ONS, 2021). PEH are at greater risk of contracting the virus, as they are less likely to have the facilities to follow infection control measures (Crisis, 2020a). This was shown by the high rate of transmission observed in homeless shelters in the US (Baggett et al., 2020). PEH are more likely to suffer from chronic health conditions and have approximately seven different health conditions on average resulting in a greater risk of serious complications related to COVID-19 (Lewer et al., 2019). Previous qualitative studies suggest PEH exclusion from primary care services (Gunner et al., 2019; Paudyal et al., 2020) making them further vulnerable with their existing health needs during the crisis. They are reliant on support from health and essential resource services including food banks, housing and legal support (Crisis, 2020b) and are known to be high users of hospital Emergency Departments (Paudyal, Ghani, et al., 2021; Paudyal, Racine, et al., 2021).

In the United Kingdom, emergency funding was made available to support services to PEH during the initial phase of the pandemic. For example, in England, the ministry of housing provided emergency funds in financial support to homeless charities to allow adaptations to be made (UK Government, 2021b). Similarly, local councils made emergency funding available (Birmingham City Council, 2021). During the first national lockdown, the ‘Everyone In’ scheme was introduced in England, Scotland and Wales to limit the impact of the virus (UK Government, 2021c). The scheme provided emergency accommodation to PEH (Inside Housing, 2020). Within the United Kingdom, support for PEH is available through government pathways and non-profit organisations (Crisis, 2021). Priority support is provided by the local governments (e.g. City Councils) for individuals with dependent children. The range of support provided includes accommodation, day centres, outreach initiatives and social benefit systems (UK Government, 2021d). PEH are entitled to free health services including mental health and addiction treatment similar to all UK citizens.

Currently, there is a lack of literature that have investigated the impact of the pandemic on service provisions made by the homelessness support organisations. This study aimed to explore the perspectives of homelessness service providers in relation to the impact of the COVID-19 pandemic on service provision, adjustments made, barriers encountered and identify any learning for the future.
with COVID-19 restrictions, all interviews were completed via zoom video communications or by telephone with encrypted recordings (Zoom, 2021). This allowed interviews to be conducted with participants from across the United Kingdom with convenience and flexibility. The interviews were completed by one researcher and were audio-recorded and transcribed for analysis. Data were managed using Excel software and analysed using framework thematic technique, which involves categorisation of data into a matrix system of themes and sub-themes (Ritchie et al., 2003). A coding framework was agreed among the research team in accordance with the aim and objectives of the research. This was followed by addition of any new themes and subthemes that emerged during iterative analysis of the first four transcripts. A final coding framework was then agreed within the research team which was applied for analysis of all data sets.

3 | RESULTS

A total of 15 participants who represented organisations providing a range of support services including accommodation, essential resources, for example, food, clothing, personal care, legal advice and health care, for example, physical and mental health and addiction support services participated. Some organisations provided multiple services. These are listed in Table 1. Larger organisations were generally unable to participate. Reasons offered to the researchers included lack of time and administrative barriers to participation.

The framework analysis generated six inter-related themes including the following: the changing needs of service users; service adaptations; the impact of the pandemic and service adjustments on health and well-being of PEH; the impact of emergency housing support on service provisions; sustainability of services and learning from the pandemic. Key themes are described below with illustrative quotes.

3.1 | The changing needs of service users

Most participants explained that the negative financial implications of the pandemic led to increased demand for services. Clients already receiving low incomes were further negatively impacted due to loss of jobs or reduced income due to the furlough scheme (The furlough scheme set up by the UK government offered UK citizens whose employment or business was affected by the pandemic with compensations amounting up to 80% of the individual’s wages up to a limit of £2,500 per month. The scheme commenced in Spring 2020 and is planned to end in September 2021 [CIPD, 2021]).

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

Several participants expressed the uncertainty and fear PEH experienced, as their access to information including popular news and media were restricted due to the closure of city libraries. This increased the need for counselling services as the only source of information on the pandemic and uncertainties for PEH.

“…they were scared stiff, a lot of them don't have access to the media so they were scared of what was happening” (Manager of a charity offering food and wellbeing services)

| Participant number | Service sector | Roles as described by the participant |
|---------------------|----------------|-------------------------------------|
| 1                   | Food and well-being resources | Volunteer |
| 2                   | Housing support | Support worker |
| 3                   | Housing, food and well-being resources | Support worker |
| 4                   | Food and well-being resources | Manager |
| 5                   | Food and well-being resources | Manager |
| 6                   | Food and well-being resources | Support worker |
| 7                   | Healthcare, food and well-being resources | Senior support worker |
| 8                   | Housing, food and well-being resources | Support worker |
| 9                   | Housing support | Manager |
| 10                  | Food and well-being resources | Navigation worker |
| 11                  | Food and well-being resources | Manager |
| 12                  | Food and well-being resources | Manager |
| 13                  | Healthcare, food and well-being resources | Manager |
| 14                  | Healthcare, food and well-being resources | Outreach worker |
| 15                  | Food and well-being resources | Support worker |
Some participants explained the difficulties faced when meeting the basic personal hygiene needs of PEH, as facilities such as showers were unavailable. As the first lockdown ended the general population were able to access personal care services, but this remained a challenge for PEH. The increased demand put an immense strain on services, but many participants noticed positive consequences. Participants suggested that the pandemic increased awareness of these organisations, making them more approachable to the public as shown by the increased numbers of volunteers during the pandemic.

“Support you get from community has been astounding” (Community worker from a food and wellbeing support charity)

3.2 | Service adaptations during the pandemic

A range of adaptations were described by participants and these are explained in Table 2. The pandemic forced innovation to ensure services could continue safely. One participant suggested the pandemic...

“...propelled organisations into the 21st century”
(Outreach worker from a charity which provides food and addiction related support)

New services were introduced to include the provision of mobile phones and data plans to PEH, thereby enabling the use of podcasts (digital audio or video support offered online). Organisations that continued to provide face-to-face support implemented other measures such as screening for symptoms and temperature checks prior to each appointment.

Further adaptations included weekly prescription collections for individuals supported by addiction services instead of daily collections reducing the time burden for PEH collecting opioid substitution therapy. To note, many patients on opioid substitution therapy are offered daily collection of their methadone to promote adherence and prevent illicit diversion.

Most participants shared the safety measures implemented to ensure safe continuity of services that included increased cleaning procedures, use of personal protective equipment and social distancing but many services moved to virtual means. A total of eight participants described that their respective organisations transitioned certain services to telephone or online. Compliance with the measures in place resulted in a relatively low number of COVID-19 cases among PEH. However, adjusting to virtual methods had many practical barriers as PEH often lacked the required equipment or facilities such as mobile phones and internet access:

“...trying to get through to people and having to run around the street looking for people because they hadn't got phones, it was a bit of a nightmare” (Manager from a food and wellbeing resource charity)

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

3.3 | The impact of the pandemic and service adjustments on health and well-being of PEH

Participants described that the pandemic brought intersecting crises to PEH. They described access to mental health support was restricted during the pandemic and was the service most affected. Many of their clients were suffering due to isolation, lack of social interactions and worsened financial issues during the pandemic.

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

Participants described that some of the mental health and substance misuse services were managing to continue their services remotely during the pandemic. In addition, participants described that access to illicit substances such as street heroine and methadone by PEH was hindered during the pandemic, which led to a higher demand for the drug and alcohol services.

“...it has made services more accessible because some services that would refuse to do things over the phone now will, like drug and alcohol services or probation services” (Outreach worker from a charity which provides food and addiction related support)

Many described that the lack of face-to-face contact made the support individuals received less effective as many struggled with remote forms of communications.

“The fact that they don’t have to go in for an appointment they can do it on the phone keeps them on the fringes and means that there is a superficial level of engagement...they are not getting the level of support that they would be if they were going in” (Outreach worker from a charity which provides food and addiction related support)

3.4 | Provision of emergency housing support during the pandemic

Most participants described a positive impact of the ‘Everyone In’ scheme which was deemed to reduce the number of rough sleepers and provided access to ‘wrap-around support’:

“...in temporary accommodation there was a lot of work done with them [clients] and quite a few of
Some participants explained the pandemic prompted housing providers to work with PEH whom they previously deemed as high risk. This resulted in successful outcomes for marginalised individuals as housing providers were-

### 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<br>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 health care, for example, repeat prescriptions | Prescription collection was more convenient                                                                            | "it worked well because they were able to have up to a week of script rather than picking up every day, those sort of things worked well for some people"

| Temporary accommodation, for example, 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<br>An opportunity to learn skills<br>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"

Abbreviation: N/A, Not applicable; PEH, persons experiencing homelessness.

them [clients] were accommodated during that time as well so we have seen some amazing outcomes" (Community worker from a food and wellbeing resource charity)
"...forced to give some of the people that we work with that are quite chaotic and haven’t got the best histories, to sort of take a bit of a bet on them" (Navigation worker from a food and wellbeing resource charity)

Many participants shared the caveats of the emergency accommodation initiative. They described that it had many ‘teething problems [initial challenges to overcome]’ (Support worker from a food and wellbeing charity) as it was a rapid response initiative. There was a heavy demand for staff that led services to compromise.

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

Some participants explained the need for long-term support in conjunction with housing. Often housing was assumed to be the solution to homelessness, which was not the case for all PEH reaffirming the need for person-centred care:

“It’s like oh the box has been ticked they are no longer on the street so it’s fine, but it doesn’t work like that” (Outreach worker from a charity which provides food and healthcare resources)

A number of participants explained the impact on PEH housed in supported accommodation before the pandemic began. The pandemic limited the capacity within supported living services:

“Majority of tenants couldn’t leave or move on anyway so there wasn’t a major need to rehouse new tenants because we were occupied as it was” (Support worker in accommodation services)

Support provided for PEH was deemed to be inconsistent across the United Kingdom after the ‘Everyone In’ scheme. This created additional stress as individuals relocated to seek support from services, which continue to provide accommodation. Further organisational and resource-related barriers were also described.

3.5 | Sustainability of services

Participants expressed concerns around the sustainability of some of the changes made during the pandemic. Firstly, the emergency accommodation offered via the ‘Everyone In’ scheme ended after the first national lockdown. After the first lockdown, those at risk of homelessness such as those affected by the financial impact of the pandemic and individuals coming out of prison were housed depending on the procedures of their local authority:

"...in the second lockdown that everyone in scheme did not kick in again so there were a lot more people out essentially" (Outreach worker from a charity which provides food and healthcare resources)

However, many participants expressed concerns regarding strategies to prevent PEH from re-entering the cycle of homelessness. This issue was further exacerbated as services that promote skills to maintain tenancies were temporarily paused:

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

Some participants shared the fears expressed by PEH. They were worried about their prospects and ability to maintain their own homes.

"...the big grey area, the big worry for them, is ‘what is there for us when things are better for other people’" (Manager in accommodation services)

Additionally, concerns regarding long-term support for PEH with ‘no recourse to public funds’ were common among participants. Some suggested the issue may be aggravated by new legislation, which will impact unregistered European citizens. One participant did confront this issue, explaining a scheme introduced to support these individuals:

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

3.6 | Learning from the pandemic

The pandemic sparked reflection among services as they were forced to evaluate their practices. Many participants explained how organisations demonstrated flexibility and the need for change to provide more person-centred care:

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

Many participants emphasised the positive outcomes of the pandemic and these are listed in Table 3. The changes made during the crisis were seen to be beneficial and there were hopes for these adaptations to continue in the future:
### TABLE 3 Examples of positive outcomes and barriers to service provision as a result of COVID-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 innovative, 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 United Kingdom 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" |

Abbreviations: PEH, persons experiencing homelessness; PPE, personal protective equipment.
Many described that the pandemic prompted PEH to seek support including individuals with drug abuse issues and the hidden homeless. A range of barriers to effective provision of services were also highlighted which the participants identified to offer further learning points for the future. These are listed alongside illustrative quotes in Table 3.

4 | DISCUSSION

This study aimed to investigate the impact of the COVID-19 pandemic on the provision of services to PEH. Thematic analysis allowed the identification of six principal themes that portrayed the impact of the pandemic and how services adapted. The pandemic resulted in some positive progression, with the most significant transformation observed in housing demonstrating the impact of emergency funding and government support. The participants of this study identified that the pandemic forced organisations to creatively re-align their approach to the provision of services, for example, introducing remote support, zoom meetings and support podcasts. Participants noticed increased inter-professional working between organisations at the time of the pandemic.

However, extensive barriers to provision of services were also described. These included constrained or lack of donations and financial sponsors to continue services. With many organisations facing increased client volumes, this led to additional challenges. Changes in the focus of services described by the participants demonstrated the dynamic needs of the population and the increase in the number of people at risk of homelessness due to the financial impact of the pandemic. Significant economic impact of the pandemic and the problems individuals experienced in accessing support such as Universal Credit have been previously described (Crisis, 2020c). Nearly half a million households were deemed to be at risk of homelessness due to the financial implications of COVID-19 (DCN, 2020).

Some of the changes in services aimed at PEH offered further challenges. Reduced face-to-face contact with their clients and lack of ability to offer skills sessions led to exacerbated mental health concerns. Current literature illustrates the adverse impact of isolation on mental health (Mental Health Foundation, 2020). Mental health issues were deemed by participants to have been exacerbated by the uncertainty caused by the pandemic. This uncertainty was also present among staff offering these services.

Participants expressed the extensive impact of the ‘Everyone In’ scheme. The approach to emergency accommodation was similar to the ‘housing first’ model that has shown to be successful in preventing the reoccurrence of homelessness (Woodhall-Melnik & Dunn, 2015). However, ongoing support for PEH is needed in terms of skills for employment and advice and support to maintain tenancies is required when emergency support from the Government ends. The ‘Everyone In’ approach has claimed to have provided accommodation accessible to those affected, hence improving engagement from the ‘hidden homeless’ population (Coombs & Gray, 2020). Previous policies within the United Kingdom assessed individuals to determine if they were eligible for support, and such screening processes have been shown to lead to fear of judgement and refusal, which can hinder some from seeking support (Minnery & Greenhalgh, 2007). Transitioning out of the pandemic-specific emergency support measures needs to be undertaken cautiously.

The results demonstrate that organisations practised ‘adaptive resilience’ as they adjusted services during the pandemic to allow support to continue. In addition, a shift in the aim of many service providers to first house the PEH during COVID-19 pandemic demonstrates ‘transformational resilience’ (Béné et al., 2014). Overall, the adaptations made presented as described by participants to be positive, but this cannot be generalised to each individual.

Limited published literature appears regarding impact of the COVID-19 pandemic on service provision for PEH. A study showed high rates of seropositivity to COVID-19 in crowded shelters established to provide emergency housing to PEH during the COVID-19 pandemic (Roederer et al., 2021). A study in the United States demonstrated that service providers were able to offer hospital in-patient services to PEH in COVID-19 isolation and quarantine facilities (Fuchs et al., 2021). The results also demonstrated positive experiences of delivering addiction treatments in such facilities. However, client retention in the facilities and behavioural health problems were cited as barriers to service provision. Mental health and well-being of service providers have also reported to decline during the COVID-19 pandemic in a study conducted in Canada, demonstrating the importance of accessible mental health services to all concerned (Kerman et al., 2021).

4.1 | Strengths and limitations

Current literature regarding the impact of the COVID-19 pandemic on PEH and support services is limited. This study provides an in-depth insight into the effects of the pandemic on the provision of services to PEH, from the perspectives of homelessness service providers. Participants represented diverse geography within the UK. However, the results may not be representative of organisations or support services not included in the data, particularly larger nationwide organisations where participant uptake was low. Data are most likely to be relevant to the United Kingdom and countries with similar socioeconomic policies in homelessness support, as the impact of the pandemic is influenced by government policies, and national and local contexts.

4.2 | Implications for practice and research

This study highlights the experiences of homelessness service providers during the time of the COVID-19 pandemic. The pandemic led to increase in support needs of PEH and this coupled with constrained resources affected service provision. Hence, government and local councils should continue to focus on the most vulnerable in society to reduce inequalities. Pandemic-specific initiatives such as ‘Everyone In’ housing support were
deemed to be useful; however, participants feared the aftermath when such support would end. Additional support is often necessary to ensure long-term housing needs of PEH. The impact of the lack of face-to-face interactions of services for PEH on mental health support and skills support should be addressed. Services and PEH can benefit from reassurances and skills support for the transition when emergency support from government and local councils ends. Previous research demonstrates smooth transition is imperative in preventing repeat cycles of homelessness (Gibson, Smith, et al., 2018). Positive learning from the pandemic such as increased communications between services and an increase in client-provider relationships should be sustained. Services that have managed to remain open during the pandemic and those that are accessible such as the community pharmacies can be strengthened to offer tailored advice and support to PEH (Jagpal et al., 2019; Paudyal et al., 2019) as well as to offer COVID-19 vaccines to PEH in the community (Paudyal, Fialová, et al., 2021; Paudyal, Racine, et al., 2021). In addition, outreach-based services are most likely to address key barriers to service access by PEH (Lowrie et al., 2021). Perspectives of PEH, health and social care professionals must be explored to improve current support and developments for the future. Outcomes of service provisions during the pandemic should be longitudinally explored.

5 | CONCLUSION

This study of the perspectives of homelessness service providers demonstrates the extensive impact of the COVID-19 pandemic on services. Participants described constrained resources coupled with increased demand for services limited their ability to support. The pandemic was also identified to have acted as the catalyst for positive changes such as relationship building between PEH and service providers, improved communications between service providers and effective housing of PEH including the hidden homeless. There is a need to sustain the positive learnings and enable organisations and PEH to adapt to the transition when transient and emergency support from government and local councils end.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICAL APPROVAL

Ethical approval was acquired from the University of Birmingham School of Pharmacy Safety and Ethics subcommittee (UoB/SoP/2020-21).

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DATA AVAILABILITY STATEMENT

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

ORCID

Vibhu Paudyal https://orcid.org/0000-0002-4173-6490

REFERENCES

Baggett, T., Keyes, H., Sporn, N., & Gaeta, J. (2020). Prevalence of SARS-CoV-2 infection in residents of a large homeless shelter in Boston. JAMA, 323(21), 2191-2192. https://doi.org/10.1001/jama.2020.6887

Béné, C., Newsham, A., Davies, M., Ulrichs, M., & Godfrey-Wood, R. (2014). Review article: Resilience, poverty and development. Journal of International Development, 26(5), 598-623. https://doi.org/10.1002/jid.2992

Birmingham City Council. (2021). Birmingham set to receive almost £600k in support for rough sleepers | Birmingham City Council. Available from: https://www.birmingham.gov.uk/news/article/713/birmingham_set_to_receive_almo [last accessed 11 April 2021].

Chartered Institute of Personnel and Development. (2021). Coronavirus (COVID-19): Furlough guide | CIPD. Available from: https://www.cipd.co.uk/knowledge/fundamentals/emp-law/employees/furlo ugh#ref [last accessed 01 September 2021].

Christensen, M., Welch, A., & Husserlian, B. J. (2017). Descriptive phenomenology: A review of intentionality, reduction and the natural attitude. Journal of Nursing Education and Practice, 7(8):113-118.

Coombs, J., & Gray, T. (2020). Lessons learnt from councils’ response to rough sleeping during the COVID-19 pandemic. Available from: https://www.local.gov.uk/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic#conclusions [last accessed 11 April 2021].

Crisis. (2020a). How we work/Together we will end homelessness. Available from: https://www.crisis.org.uk/about-us/how-we-work/ [last accessed 01 September 2021].

Crisis. (2020b). About homelessness. Available from: https://www.crisis.org.uk/ending-homelessness/about-homelessness/ [last accessed 01 September 2021].

Crisis. (2020c). Government response to homelessness and COVID-19. Available from: https://www.crisis.org.uk/media/241941/crisis_covid-19_briefing_2020.pdf [last accessed 11 April 2021].

Crisis. (2021). Homelessness knowledge hub - services and interventions. Available from: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/ [last accessed 01 September 2021].

District Councils’ Network. (2020). Coronavirus: Half a million on brink of homelessness due to pandemic, councils warn. Available from: https://www.districtcouncils.info/press-releases/coronavirus-half-a-million-on-brink-of-homelessness-due-to-pandemic-councils-warn/ [last accessed 11 April 2021].

Fuchs, J. D., Carter, H. C., Evans, J., Graham-Squire, D., Imbert, E., Bloome, J., Fann, C., Skotnes, T., Sears, J., Pfeifer-Rosenblum, R., Moughamian, A., Eveland, J., Reed, A., Borne, D., Lee, M., Rosenthal, M., Jain, V., Bobba, N., Kushel, M., & Kanzaria, H. K. (2021). Assessment of a hotel-based COVID-19 isolation and quarantine strategy for persons experiencing homelessness. JAMA Network Open, 4(3), e210490. https://doi.org/10.1001/jamanetworkopen.2021.0490

Gibson Smith, K., Paudyal, V., MacLure, K., Forbes-McKay, K., Buchanan, C., Wilson, L., Smith, A., MacLeod, J., & Stewart, D. (2018). Relocating patients from a specialist homeless healthcare centre to general practices: A multi-perspective study. British Journal of General Practice, 68(667), e105–e113. https://doi.org/10.3399/bjgp18X694577

Guner, E., Chandan, S., Marwick, S., Saunders, K., Burwood, S., Yahyouch, A., & Paudyal, V. (2019). Provision and accessibility of primary healthcare services for people who are homeless: A qualitative study of patient perspectives in the UK. British Journal...
