

## **Adolescent and young adult homelessness during the COVID-19 pandemic: Reflections and opportunities for multi-sectoral responses**

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### **Overview**

The COVID-19 pandemic has intensified national attention to homelessness over the course of 2020 because of concern about the spread of the novel coronavirus amongst homeless persons. It has also produced compelling reasons to look more closely at the long-neglected area of homelessness policy, and created opportunities to reverse years of inattention. Homelessness disproportionately affects adolescents and young adults, with rates rising before the pandemic. Recent homelessness funding increases and housing policy responses have also addressed health and social needs, and are continuing for the time being, however the risk of the virus is likely to remain for some time. Although Victoria has now successfully suppressed a second wave of infection in the community, the risk of a third wave is ever-present. As temporary homelessness funding and housing policy responses are scaled back, we may see a delayed 'wave' of adolescent and young adult homelessness, compounded by the multiple economic and social impacts of the pandemic, and associated state-wide lockdown. Preventing this 'wave' requires immediate evidence-based multi-sectoral action.

### **The COVID-19 pandemic**

A recent Lancet paper (1) highlighted the vulnerability of homeless persons to Coronavirus disease 2019 (COVID-19), caused by exposure to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The authors emphasised the difficulty in tracking, containing, and preventing virus transmission among homeless people. This is due largely to their social marginalisation, transience, and uniquely complex, multiple, interrelated health and social needs (2, 3). Homeless persons typically lack regular health care, despite often experiencing a recognised need for treatment or care (4). They report high distrust in health professionals

and an unequal balance of power in health care settings, often the result of the extreme shame and social stigma associated with being homeless (5).

Despite various policy reviews (6, 7) and modest fiscal investment, rates of homelessness in Australia continued to rise prior to the pandemic (8), with devastating effects on health and wellbeing (9, 10). There has been an upward trend in the number of young people accessing homelessness support services as a result of COVID-19 (11). In Australia our response to COVID-19 has led to unprecedented temporary spending targeted towards funding for homelessness services and the provision of emergency hotel/motel accommodation to those who are rough sleeping and precariously housed (e.g., in crisis and emergency accommodation, youth refuges) (12). This outbreak response strategy aimed to prevent and curb the incidence of the virus among the homeless, and reflects an awareness and intent to respond to the health needs of this vulnerable group and the broader community. Our response to the COVID-19 pandemic has also driven short-term changes in housing policy aimed at decreasing rates of new homelessness, including a moratorium on evictions and rent increases, provision of rental relief for tenants, and increased government income support in the form of JobSeeker and JobKeeper payments (13). These interim funding and policy responses are set to continue until March-April 2021.

Although these have been crucial and appropriate crisis responses, the social and economic impacts of COVID-19 are likely to be evident for some time to come. The withdrawal of temporary crisis responses, coupled with the social and economic costs of the virus, bring with them the substantial risk for a new and larger wave of homelessness which increasingly affects adolescents and young adults. The economic impact of the pandemic is likely to drive high rates of youth unemployment (14). Family breakdown and changes in household structure are likely to result from economic strain and the pressure of extended state-wide lockdown (14, 15). State-wide restrictions that mandated remote learning have heightened the digital and social inequalities experienced by our most vulnerable adolescents and young adults with significant educational consequences for those who were disengaged or disengaging from education and training pre-pandemic (16). Consequences for mental health challenges, psychological distress and social isolation (17) remain as these social and economic impacts continue and change during and beyond the pandemic. Interim changes to housing policy and access to subsidised social housing alone will not be enough to mitigate the impact of the pandemic for this highly vulnerable group. At present there has been no indication from government that the current increased homelessness funding and housing policy responses will be maintained in the long-term. Tackling homelessness will inevitably need coordinated multi-sectoral response across housing, health, social services, education and training, employment, police, and justice services. We must acknowledge the very real risk of a substantial increase in the number of homeless adolescents and young adults as economic and social supports are scaled back. Preventing this 'wave' will require immediate multi-sectoral responses and action.

## Responding beyond the immediate COVID-19 crisis

The COVID-19 crisis has again highlighted the absence of coherent and sustained policies to address homelessness. National homelessness support systems remain underfunded (18) and the proportion of adolescents and young adults (<25 years) in subsidised social housing is low (19). To effectively respond beyond the immediate crisis, our response needs to be evidence-based, data-driven, multi-sectoral, coherent, and sustained. We have insufficient data on homeless Australians at the population level (20). In the context of a comprehensive response we need to integrate and analyse data across the different sectors that need to collaborate in responding to homelessness – housing, health, social services, education, employment, police and justice. Data-driven findings will strengthen a case for viewing and tackling homelessness at a population-level, requiring responses from multiple sectors and service systems. At present we don't know enough about either (a) pathways into homelessness (to inform prevention and reduce the number of young people entering homelessness), or (b) the health needs and patterns of healthcare for those who are homeless. Multi-sectoral data linkage (i.e. the linkage of data from multiple related health and social sectors) will be a cornerstone of research in this area and requires urgent investment.

Given the extreme morbidity and premature mortality associated with homelessness, ensuring that adolescents and young adults *do not enter homelessness* should be a priority. Yet, there has been a failure to develop population-level homelessness research capacity. Subsequently, we do not have a current evidence base in Australia that informs population-level prevention or compels key stakeholders and policymakers to invest in this programming. Identifying modifiable health, social and economic drivers that increase risk for, or protect against, homelessness prior to young people becoming homeless, is critical to prevention (21-23). Population-level prevention approaches should be complemented by targeted (selected and indicated) prevention strategies that intervene with adolescents and young adults already established as homeless, or at high risk of homelessness. These strategies should support the transition into safe and stable social or long-term housing and ensure that those who have emerged from homelessness have sustainable accommodation and income, access to comprehensive healthcare, education, training and employment opportunities, and genuine opportunities for a brighter future.

To better *meet the health and social needs* of the homeless we need to understand their health needs and patterns of healthcare. This should include an investigation into how our responses to the COVID-19 pandemic have impacted on access to healthcare among this group. Available Australian data characterising both homelessness and access to healthcare have not yet been linked or analysed. Consequently, existing policies and system-wide capacity to develop evidenced-based population-level approaches to increase healthcare and address morbidities are not data-driven. Multi-sectoral data linkage in an effort to promote the health of Australians remains rare (24), but it is now feasible and should be central in driving whole-

of-government policy reform. For example, injuries sustained from being a victim of violence (25) would link to social housing policy – the provision of safer and more stable shelter and accommodation options to mitigate the physical risks of homelessness. Evidence regarding use of federally-subsidised mental health services among homeless adolescents and young adults may inform efforts to increase access to these services, making a strong case for the minimisation of co-payments required for psychological services.

Multi-sectoral data linkage may also shed light on unanticipated positive impacts emerging from the crisis. Relatively low rates of COVID-19-related morbidity and mortality in Australia may point to the effectiveness of current response strategies, and inform both the development of public health management plans for other communicable diseases, and multi-sectoral linkages between housing, social welfare, health, and emergency response teams. Beyond COVID-19, national data-driven health surveillance strategies, monitoring for example rates of mortality, violence-related injury, overdose, self-harm, and suicide, will provide policymakers and health services with information critical to the development of flexible and strategic policies and programs that can be scaled and varied proportionately to not only the needs of homeless adolescents and young adults, but all homeless persons.

### **Concluding Remarks**

The COVID-19 pandemic has drawn attention to the need to address adolescent and young adult homelessness at the population level. While the initial focus has been on temporary increases in homelessness funding and modified housing policies, we now need sustained and coherent policies that address homelessness and the multiple social and economic indirect effects of the virus on the lives of vulnerable young people. This is critical to reducing the risk of a new and larger wave of adolescent and young adult homelessness. Our response must be evidence-based, co-ordinated, sustained, and multi-sectoral. Better data, through multi-sectoral data linkage will be an essential tool both in designing and implementing these policies and in prevention. Our response will need to encompass both the prevention of homelessness, and better responses to the health needs of those adolescents and young adults who are currently homeless, in driving policies to reduce the number of homeless persons in Australia.

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