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Youth Experiencing Homelessness During the COVID-19 Pandemic: Unique Needs and Practical Strategies From International Perspectives

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Introduction

Even in the best of times, youth experiencing homelessness (YEH) face significant morbidities [1,2]. Youth from marginalized communities, many of which are disproportionately impacted by the COVID-19 pandemic, also disproportionately experience homelessness [3,4]. YEH have been overlooked in COVID-19 response planning. Drawing on our international experiences, we summarize the vulnerability of YEH during the pandemic and describe strategies to mitigate its impact. We focus on unaccompanied minors (<18 years) and transition-aged youth (generally 18 through 24 years of age) who are experiencing homelessness or are unstably housed (Figure 1) [3]. Though much of our collective expertise draws on experiences in well-resourced countries, our hope is that this commentary prompts a global dialogue about addressing the unique needs and vulnerabilities of YEH in planning, response and recovery efforts during times of global crises across geographic and sociopolitical contexts.

Vulnerability of YEH during COVID-19

YEH are particularly vulnerable during the COVID-19 pandemic [4,5]. Common upstream factors, including racism, homophobia, poverty, structural violence, and civil unrest, simultaneously place youth at risk for homelessness, poor underlying health, and exposure to the SARS-CoV-2 Virus; outcomes which, in turn, compound each other [1,2,6,7]. Globally, public health guidelines recommend physical distancing, sheltering at “home”, hand hygiene, and, in some countries, wearing a mask. Adherence to these guidelines is nearly impossible for YEH who are rough sleeping, couch-surfing, or in temporary shelter/refuges (Figure 1) [4,7]. Those residing in shelters/refuge settings or couch-surfing are at high risk of viral exposure associated with congregate living and multiple residences [4].

The pandemic also places youth at increased risk of entry into homelessness [4,7]. Financial strain during a global recession increases housing insecurity [7]. Youth dependent on couch-surfing report no longer being welcome in homes where they previously stayed [8]. With schools and places of employment closed, connections with vital resources are lost [8]. Older youth have been displaced as colleges and universities close, and international students faced challenge returning home [9]. Rates of domestic violence in families have increased - a known risk factor for homelessness among youth [2,10].

Youth living in low-income countries, war zones and politically unstable countries face an emergency within an emergency. Children on the move (e.g. migrant, refugee and displaced youth) may be uniquely vulnerable during this time [11,12]. The financial struggles of thousands of young refugees in Lebanon, for example, have been magnified by the pandemic, putting them at risk of further displacement. In Yemen, many adolescents are involved in armed forces, placing them at particularly high risk during a pandemic. Across global contexts, the pandemic has increased the gap between youth and humanitarian assistance.

Access to many supports vital for protecting adolescent well-being has been disrupted by the pandemic, including youth shelters and outreach teams, shelter-based and other adolescent health services, mental health and addiction supports, schools, and workplaces [5,8]. Many youth shelters have reduced capacity or suspended services, including shelter-based health services, to mitigate transmission, or closed due to decreased funding [5,13]. Community-based clinics, having refocused on COVID-related care, have reduced routine adolescent services. Many healthcare providers have switched at least in part to telemedicine. Though many YEH have mobile phones [14], they may not have the required devices, data, Wi-Fi access, or private space for telemedicine [5].

Supporting YEH during the COVID-19 Pandemic

YEH have been overlooked in pandemic response plans. Where response plans do address homelessness, they often focus on single adults and fail to reflect the unique vulnerabilities of youth. Interventions to support YEH need to be developmentally appropriate and recognize their diverse health and social needs [15]. For example, the needs of YEH in shelters will differ from those who are rough sleeping [3,4]. As the pandemic has evolved, a range of innovative, practical strategies to support YEH have emerged. **Table 1** summarizes these strategies and provides international examples of implementation.

Strategies to address housing instability and reduce risk of entry into homelessness are essential. This should include support for youth at high risk of homelessness, including those in child protection or foster care, youth on the move and justice-involved youth [11]. Some colleges and universities are extending student housing to prevent displacement. Tenant protections and mortgage relief could help keep families housed. Supportive family or friends of YEH have limited resources; financial support for housing YEH could be provided, based on existing models for kinship care [4,8]. Because many of the systems with which marginalized youth interact may be truncated or less accessible during this time, when youth do connect, it is essential that systems screen consistently for housing instability and homelessness and coordinate effectively. In the healthcare system in particular, healthcare providers can assess housing status and help youth and families connect with local and national resources [2,16]. Dismantling historic silos across youth-serving systems, such as education, the justice system, child protection/welfare, housing and healthcare, is one key strategy to facilitate earlier identification of youth at risk of homelessness and connections with much-needed supports to prevent entry into homelessness [1].

Strategies to provide safe and developmentally supportive alternative housing for youth are a priority. Access to safe shelter is a human right [15]. Single-occupancy units with few barriers to access are recommended to reduce viral transmission [4,13], and should be underpinned by harm-reduction and trauma-informed approaches. Programmatic options vary widely by jurisdiction based on available resources. Communities should think creatively about potential housing solutions; beyond expanded access to shelters and congregate living facilities, which could increase the risk of viral transmission, hotel vouchers and housing subsidies for independent living could be considered for older adolescents and young adults. For YEH who require quarantine or isolation (for confirmed or suspected COVID-19), international approaches have included single-occupancy hotel rooms or designated spaces in housing settings. These, however, have not been widely available, especially in rural areas [4,8].

Within shelters, strategies designed to reduce transmission have included expanding access to testing, universal face masks, disinfection protocols, education on hand hygiene, and policies to facilitate social distancing [4,13]. Financial relief to support programs serving YEH should also be considered in light of additional costs incurred to implement infection reduction measures [5]. Funding to these programs was already inadequate prior to COVID-19.

Youth who remain unsheltered or live in encampments have unique needs. Temporary housing in an unfamiliar setting separate from their “street families” may be challenging [17]. Improved access to sanitation and hand-washing facilities to reduce transmission risk have been implemented in some communities [4,18]. Policies decriminalizing homelessness and protecting encampments have been implemented in some cities to prevent viral transmission [4,5,18].

Implementing strategies to ensure access to vital health and social services is key. Communities internationally have expanded youth-friendly street outreach, mobile health

services and health fairs to provide healthcare and social support, SARS-CoV-2 testing, and immunizations. Virtual shelter-based healthcare (e.g. telemedicine) has also expanded in some communities, facilitated by technical support and access to mobile devices. Multi-sectoral linkages integrating health and social support services and streamlining access to vital resources are critical to connecting with YEH at a time when these systems are temporarily less accessible.

Conclusions and Future Directions

YEH have been disproportionately affected by the COVID-19 pandemic; associated marginalization and social inequities have been magnified. As a global collective of concerned practitioners and advocates, we hope this commentary prompts an international dialogue to more effectively address the unique health and social needs of YEH. Fiscal investment and research must extend beyond the emergency response to COVID-19 and address the needs of YEH in all regions globally, especially in countries experiencing political instability and humanitarian crises.

Resources:

- *For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic*, Report from UC-Berkeley, California, accessed 8/21/2020: <https://publichealth.berkeley.edu/wp-content/uploads/2020/04/For-the-Good-of-Us-All-Report.pdf> [4]
- U.S. Center for Disease Control and Prevention resources for shelter service providers [13] and unsheltered homelessness [18] during COVID-19, accessed 9/12/2020: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>
- *Clinical Care for Homeless, Runaway, and Refugee Youth: Intervention Approaches, Education, and Research Directions*, Book from Curran Warf and Grant Charles, published by Swinger Nature Switzerland AG, 2020

References:

- [1] Beharry M, Harpin SB, AlMakadma A, et al. The Healthcare Needs and Rights of Youth Experiencing Homelessness. *J Adolesc Heal* 2018;63:372–5.
- [2] Gambon TB, Gewirtz O'Brien JR. Runaway Youth: Caring for the Nation's Largest Segment of Missing Children. *Pediatrics* 2020;145:e20193752.
- [3] Morton MH, Dworsky A, Matjasko JL, et al. Prevalence and Correlates of Youth Homelessness in the United States. *J Adolesc Heal* 2018;62:14–21.
- [4] Lavasani KA, Aridomi H, Auerswald C, et al. *For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic*. Berkeley, California: 2020.
- [5] Alturk R, Auerswald C, Bains A, et al. *On the COVID-19 Front Line and Hurting: Addressing the Needs of Providers for Youth Experiencing Homelessness in Berkeley and Alameda County*. Berkeley, California: 2020.
- [6] Heerde JA, Patton GC. The Vulnerability of Young Homeless People. *Lancet Public Heal* 2020;5:e302–3.
- [7] Coughlin CG, Sandel M, Stewart AM. Homelessness, Children, and COVID-19: A Looming Crisis. *Pediatrics* 2020;146:e20201408.
- [8] Point Source Youth: COVID-19 Rapid Needs Data and Toolkits. Available at: <https://www.pointsourceyouth.org/rapidneedsdata>. Accessed August 13, 2020.
- [9] Goldrick-Rab S, Coca V, Kienzl G, et al. *#RealCollege During the Pandemic: New Evidence on Basic Needs Insecurity and Student Well-Being*. Philadelphia, PA: 2020.
- [10] Campbell AM. An Increasing Risk of Family Violence during the COVID-19 Pandemic: Strengthening Community Collaborations to Save Lives. *Forensic Sci Int Reports* 2020;2:100089.
- [11] UNICEF. *Taking and Inspiring Action: UNICEF Practices for Children on the Move during COVID-19*. 2020.
- [12] You D, Lindt N, Allen R, et al. Migrant and Displaced children in the Age of COVID-19: How the Pandemic is Impacting Them and What Can We Do to Help. *Immigr Policy Pract* 2020;X:32–29.
- [13] United States Center for Disease Control and Prevention. *Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)* | CDC. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless->

- shelters/plan-prepare-respond.html. Accessed June 3, 2020.
- [14] Harpin S, Davis J, Low H, et al. Mobile Phone and Social Media Use of Homeless Youth in Denver, Colorado. *J Community Health Nurs* 2016.
 - [15] Harpin SB, Elliott AS, Auerswald CL. A Moral Case for Universal Healthcare for Runaway and Homeless Youth. *Int J Hum Rights Healthc* 2017;10:195–202.
 - [16] Briggs MA, American Academy of Pediatrics Council on Community Pediatrics. Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity. *Pediatrics* 2013;131:1206–10.
 - [17] Heerde JA, Pallotta-Chiarolli M. “I’ve seen my friend get chopped”: The Influence of Peer Networks on Exposure to Violence Among Homeless Young Adults. *J Adolesc Res* 2020:074355842091347.
 - [18] United States Center for Disease Control and Prevention. Interim Guidance on Unsheltered Homelessness and Coronavirus Disease 2019 (COVID-19) for Homeless Service Providers and Local Officials | CDC. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html>. Accessed June 3, 2020.