Guest editorial

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When COVID-19 (SARS-CoV-2) spread across the globe in the first quarter of 2020, decision makers from Berlin to Boston to Brisbane mobilized to mitigate the impact of the virus on people experiencing homelessness and housing stress (Jang *et al.*, 2021). Swift and decisive action was taken on the basis that homeless people were at greater risk of contracting the virus due to health disparities (e.g. the presence of underlying conditions and comorbidities), patterns of service utilization (e.g. reliance on congregate forms of accommodation and emergency service points) and the challenges of implementing effective mitigation measures (e.g. social distancing, self- isolation and shielding). To combat the coronavirus crisis and the homelessness crisis, the Westminster Government required local authorities in England to provide emergency accommodation to people sleeping rough, in unsafe communal settings or at imminent risk of rough sleeping through the "Everyone In" initiative [1]. Similar policies and practices have been enacted internationally.

In the absence of permanent housing, people experiencing homelessness are severely vulnerable to coronavirus due to the risk of transmission in congregate settings. Multiple outbreaks of COVID-19 have occurred in homeless shelters across the USA, particularly during the first wave of the pandemic (Lewer *et al.*, 2020). A much-cited New York study documented how mortality rates for people who were homeless were 75% higher than that of the city's general population (Routhier and Nortz, 2020). Similar if somewhat smaller outbreaks have also been reported in Canada (Schiff *et al.*, 2021 for an overview). Risk factors associated with some of the documented outbreaks include a lack of protective equipment, sanitation products, rapid testing and assistance for people living in group settings. Introducing further complexity, a recent Belgian study (Roland *et al.*, 2021) identified high rates of SARS-CoV-2 infection in some shelters, with a high proportion of asymptomatic cases. In such instances, homelessness service providers have been forced to quickly adapt to this new reality and therein develop a proactive approach to mitigating outbreaks and slowing down rates of transmission through testing and isolation measures.

The COVID-19 pandemic has posed, and continues to pose, a unique set of public health challenges (Lewer *et al.*, 2020). This acute public health crisis has fatally exposed the way in which central governments and subnational administrations failed to prioritize pandemic preparedness and responses not only for the general population but also for acutely vulnerable groups such as people experiencing homelessness (Babando *et al.*, 2021 for an exegesis). Concomitantly, the ongoing global pandemic has revealed the extent to which some public health surveillance and data collection systems have struggled to capture COVID-19 mortality rates among people affected by homelessness (Doran and Tinson, 2021). As a case in point, we only need to turn to the United States to see the deficiencies in publicly available data on COVID-19 among people experiencing homelessness (Leifheit *et al.*, 2021). The Centers for Disease and Prevention (CDU), the national public health agency of the United States, records deaths attributed to COVID-19 on death certificates with a high level of detail – e.g. demographic and geographic characteristics, and health disparities [2]. Despite the depth of coverage this particular monitoring and reporting system, specific information about homeless deaths and their causes are virtually non-existent [3]. Evidence where it does exist tends to be highly localized in its focus but extremely instructive in terms of recording the heightened risk of infection and adverse outcomes of COVID-19 for people who are affected by homelessness. To illustrate this point, the New York City

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Department of Homeless Services reported that 113 homeless people had died from COVID-19, including 101 sheltered individuals and 12 unsheltered individuals in the period ending February 2021 (Coalition for the Homeless, 2021).

As a counterpoint to the prevailing situation in the USA, the Office for National Statistics (2021), the UK's largest independent producer of official statistics, estimated that there were at least 688 deaths of homeless people across England and Wales in 2020 – down from 778 in 2019, which had been a record high. There were estimated to have been 13 deaths (2% of the total) of homeless people involving coronavirus. This is most likely to be an underestimate of the true number of homeless deaths, although it does seem to suggest that homeless people were protected by interventions in the general population, including the three national lockdowns, formal social distancing rules and the speed of the UK's COVID-19 vaccination program, alongside more targeted interventions such as the "Everyone In" initiative whereby a total of 15, 000 individual were moved into hostels or other emergency forms of accommodation across England, including 5,400 in London.

The research corpus on the intersection between coronavirus and homelessness, such as it is, not only provides evidence of successful mitigation strategies but also points towards some of the way in which the pandemic has facilitated new form of working and engagement. The pandemic has, for example, given rise to closer collaboration and boundary spanning between health and social care systems. In their small-scale study of a specialist homelessness provider in Scotland, Parkes *et al.* (2021) described how the pandemic has generated conditions allowing for the removal of existing and entrenched systems barriers, particularly in relation to harm reduction provision, e.g. new substance use protocols and improved access to pharmacological support. Likewise, the pandemic has arguably accelerated the recognition of the need for alternative housing arrangements for people affected by homelessness. Over and above this, COVID-19 has provided further impetus to the idea that health-care needs must be a central component in any meaningful housing solution.

The impact of COVID-19 on homeless people and homelessness services providers has been complex and multifaceted. But one international marker of the response to COVID-19 is apparent in the way in which various national and local governments assumed an activist role in homelessness policy (Whiteford and Simpson, 2016). Parsell *et al.* (2020) illustrate how the favored policy response of state governments in Australia was based on the use of self-contained hotels and student accommodation. Here it is possible to observe strong parallels with the "Everyone In" initiative in England and the temporary relocation of roughly 9,500 people in New York from homeless shelters into 63 hotels across the city. Drawing on the concept of "sin talk" (Gowan, 2010), Parsell and his colleagues go on to show how this strategy was justified on the grounds that it constituted an appropriate response to the health risks associated with the peaks and valleys of COVID-19. The procurement of individual rooms for people experiencing homelessness was as much a practical concern as it was a mode of discourse. This form of pandemic response thus amounted to an important shift away from homelessness being conceived solely as an individual failing to that of a wider public health problem. This in turn leads Parsell and his collaborators to suggest that the housing of rough sleepers in emergency accommodation effectively represents a rupture with neo-liberal problematizations and representations of homelessness.

One could be forgiven for thinking that the pandemic response signifies a radical challenge to the doxa (Bourdieu, 2013) of homelessness; that is, the idea that homelessness is an enduring social fact. But if we care to cast our minds back to the early stages of the pandemic it is possible to reconnect with, and indeed comprehend, the promise of a different reality and set of social relations: a reality imbued with the conviction that another world was not only possible but was necessary. A world that was more equitable and sustainable and one in which we were able to harness our shared imagination and exert our collective strength to end homelessness. But the reality is that we have yet to arrive at a post-COVID world. Rather,

we seem to be reverting steadily and surely to the status quo – a reality evident in the return to the hospitality industry and the resumption of evictions and possession. In a fundamental sense, it is a status quo wedded to congregate housing arrangements, conditional forms of welfare and, most damningly of all, the specter of on-street homelessness.

Turning to the four articles that make up this special issue, we can discern similar animating themes and concerns. The collection opens with Schiff *et al.*'s (2021) case study of Thunder Bay – a small city in Northern Ontario, Canada, which experienced a surge in coronavirus cases linked to the city's homeless shelter system. The authors carefully sketch out a detailed chronology of the COVID outbreak before moving on to describe how local actors sought to curb infection rates among people experiencing homelessness. Drawing on their positionality as local advocates and engaged scholars, Schiff and her colleagues provide something akin to a sociological autopsy. The second article (Leonardi and Stefani, 2021) in the collection similarly advances a case study approach but this time the foci of study is the City of Turin, Italy. Leonardi and Stefani's close reading of first wave of the coronavirus crisis in Piedmont leads them to argue against the use of homeless shelters and for the widespread implementation of Housing First. According to this analysis, Housing First is better able to promote and protect the health, dignity, and rights of people with experience of homelessness. The third article in the collection returns once again to the Canadian context, but in doing so it eschews the case study approach for a rapid review of traditional and social media. This methodological approach allows Oudshoorn *et al.* (2021) to compare and contrast local government policies to homelessness in the context of Covid-19. The fourth, and final, article (Waegemakers Schiff *et al.*, 2021) in the collection once again returns to the Canadian experience. The article represents a departure from the previous studies with their grounding in the qualitative tradition. The focus here is on quantitative data, specifically administrative data. But in digging deeper we encounter something that, in parts, closely resembles a reflexive account of the challenges and possibilities of conducting research with homelessness organization and people experiencing homelessness under the very peculiar conditions of a global pandemic (See also Parkes *et al.*, 2021). Overall, the four papers make a significant contribution to the small but growing cannon of research devoted to exploring and examining the intersections between homelessness and COVID-19. But in the context of a 'once in a century' pandemic the four articles herein stand as a time stamp, a contemporaneous record and in their own empirical and methodological ways a stinging indictment of our collective inability to eradicate homelessness.

Notes

1. On 26 March 2020, the Government wrote to every council leader in England asking them to accommodate all people sleeping rough or at risk of homelessness. Local Authorities (LAs) were tasked with ensuring that people sleeping rough and in accommodation where it was dicult to self-isolate (such as shelters and assessment centres) were safely accommodated to protect them, and the wider public. The devolved administrations in Wales and Scotland followed a broadly similar approach.
2. Centres for Disease and Prevention (CDU), COVID-19 Death Data and Resources. Available online at: www.cdc.gov/nchs/nvss/covid-19.htm
3. Los Angeles County should be viewed as an outlier in this regard. Further information available at http://publichealth.lacounty.gov

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