Commentary

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

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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 (aged <18 years) and transition-aged youth (generally aged 18—24 years) who are experiencing homelessness or are unstably housed (Figure 1) [3]. Although much of our collective expertise draws on experiences in well-resourced countries, our hope is that this commentary prompts a global dialog 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]. The 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
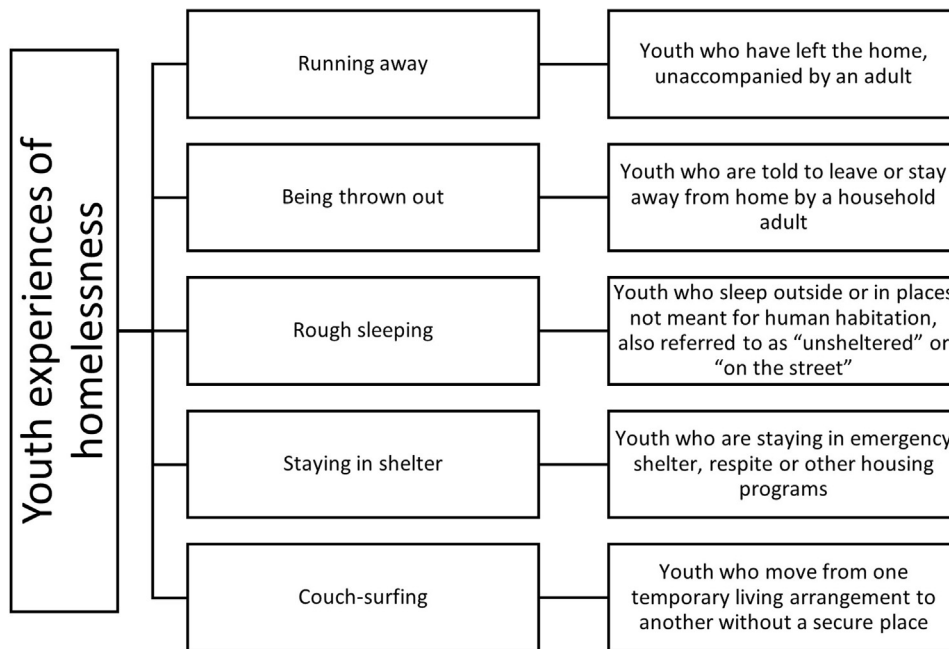

Figure 1. Subgroups of unaccompanied YEH. These are not mutually exclusive, and many youth belong to more than one of these subgroups.

[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 because of decreased funding [5,13]. Community-based clinics, having refocused on COVID-related care, have reduced routine adolescent services. Many health care providers have switched at least in part to telemedicine. Although 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 the 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 health care system in particular, health care 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

Table 1
Practical strategies to mitigate the impact of COVID-19 on youth experiencing homelessness

Strategic goals	Practical strategies to achieve goals
Reducing the risk of entry into homelessness	*Provide and expand supports for youth at high risk for entry into homelessness, including youth in the child protection system, foster care and the juvenile justice system, as well as for youth on the move (e.g., migrant, refugee, and displaced youth).* Examples: - In New South Wales, Australia, "A Place to Go" provides supports for 10- to 17-year-olds entering and exiting the juvenile justice system, with a focus on young people in remand. - In King County, WA, the Family Intervention and Restorative Services (FIRS) program offers youth arrested for domestic violence incidents housing at an overnight respite center instead of detention. Family and youth receive free de-escalation counseling, family counseling, and services for mental health and substance use promoting return to safe housing. - In their recent report, Taking and Inspiring Action: UNICEF Practices for Children on the Move during COVID-19, UNICEF outlines specific strategies used globally for supporting children on the move during the pandemic, citing specific examples in Gabon, Nigeria, Ethiopia, and Somalia to ensure safe living conditions [11]. *Allow college and university students to remain in housing and provide financial support for them to do so.* Example: - In Beirut, Lebanon, international students were able to remain in dorms with respect of social distancing. Hygiene products were made available for free to all students. The counseling center and the youth clinic were available for support on site and remotely. In case of symptoms, students could reach then get tested if needed. *Provide financial support for friends and family providing temporary shelter to YEH.* No current examples exist to our knowledge, but this is recommended by the report, "For the Good of Us All: Addressing the Needs of Our Unhoused Neighbors During the COVID-19 Pandemic," published by the University of California-Berkeley [4]. *Implement consistent screening and referral to resources for housing instability and homelessness across youth-serving systems, including health care, education, child protection, foster care, and the juvenile justice system.* Example: - The Society for Adolescent Health and Medicine advocates for cross-sector collaboration and consistent screening for housing instability and homelessness across youth-serving systems [1]. The American Academy of Pediatrics also recommends that health care providers consistently screen for homelessness, housing instability, and running away and help connect youth and families with community supports [2,16].
Expanding access to safe housing options for YEH	*Expand youth-specific single occupancy options for shelter-in-place.* Examples: - In Australia, Canada, and multiple U.S. cities (New York City, New Orleans, Boston, and Minneapolis), government agencies worked with local services and industry to provide temporary accommodations (in hotels, motels) as a preventive measure. Some of these included youth-specific areas or buildings. *Ensure options for isolation of youth who have tested positive for or suspected of having COVID-19.* Examples: - Kids Come First Health Team and Youth Services Bureau in Ottawa, Canada partnered to secure safe space for isolation of youth with suspected or confirmed COVID. - In Victoria, Australia, YEH who tested positive have a safe space for isolation in hotel rooms.
Reducing the risk of COVID transmission among youth in shelter (applicable to people of all ages experiencing homelessness)	*Expand access to testing for YEH accessing shelters* [4]. Examples:- In Calgary, Canada, Avenue 15 implemented rapid testing at intake for youth to prevent delay if a youth or youth worker was found to have symptoms consistent with COVID-19. - In King County, Washington, U.S.A., public health teams worked with local clinics and mobile services, to offer free proactive and reactive testing for COVID-19 at shelters (and encampment) sites. *Implement shelter policies to reduce transmission based on public health guidance.* Example shelter policies (*similar guidelines released in the U.S., Alberta, Canada, and Victoria, Australia*): - Universal masking policies for youth and staff - Frequent disinfection protocols - Education for youth and staff on hand hygiene - Clear process for procurement of adequate PPE for youth-serving agencies and shelters that see vulnerable youth - For shelters without single-occupancy options, the CDC recommended placing beds six feet apart. - Decrease shelter density by restricting shelter capacity
Reducing COVID risk among youth who are unsheltered or living in encampments (applicable to people of all ages experiencing homelessness)	*Provide access to sanitation and handwashing sites for those who are unsheltered and/or living in encampments* Examples: - San Francisco, California's Pit Stop Program, which provides public toilets staffed with attendants and equipped with needle and trash disposal sites, was temporarily expanded with 15 additional restrooms, all open around the clock [4]. - Seattle, Washington and Portland, Oregon, U.S.A., have approved newly sanctioned encampments with toilets, showers, handwashing stations, food delivery, and medical services.

Table 1
Continued

Strategic goals	Practical strategies to achieve goals
Improving youth access to health and social services during the pandemic	*Decriminalize youth homelessness.* Example: - In Minnesota, an Emergency Executive Order (Order 20–55) was issued in June 2020, providing certain limited protections to homeless encampments and attempting to prevent sweeps and disbandment by law enforcement to ensure continued access to health and service providers and limit viral spread. *Expand street outreach, mobile units, and health fairs to ensure continued access to health care and COVID-19 testing.* Examples: - In Western Sydney, Australia, a multidisciplinary team of Youth Health Services through state government community health rapidly developed an enhanced COVID-19 testing strategy (including onsite and outreach COVID-19 testing), administered seasonal influenza vaccines, planned multiple outreach clinics, disseminated public health messages, and disseminated supplies to youth on the street. - In Calgary, Canada, Calgary Woods Homes EXIT Youth Hub's mobile service van provides supplies to youth on the street and developed biweekly service fairs in the parking lot to provide a spectrum of services normally provided onsite. - In California, U.S.A., the Teen Health Van Mobile Clinic Program at Stanford Children's Hospital in California received grants to provide COVID testing, as part of their health care outreach. *Expand virtual shelter-based health care, with technical assistance and mobile devices.* Examples: - In Beirut, Lebanon, daily online medical consults were made available for YEH and a 24-hour hotline was implemented to facilitate mental health referrals and provide support to students and youth. - In Calgary, Canada, Calgary Adolescent Treatment Services (CATS) provided virtual care with the technology/space provided by Calgary Woods Homes EXIT Youth Hub, with medical care provided by the CATS medical clinic. - In Seattle, Washington, U.S.A., health care providers collaborated with shelters and community partners to provide telehealth to residents and street youth during expanded shelter drop-in hours. Because of a long-standing partnership, clinics coordinated hours of operation to expand access. Where possible, funding was allocated funding to supply equipment for telehealth needs to shelters. *Collaborate across systems to facilitate early identification and integrate and streamline available resources for youth during the pandemic.* Example: - In Seattle, Washington, U.S.A, a working group launched for clinics/agencies serving YEH and to expand partnerships. One partner, Doorway Project, manages a Web page listing community services on one website, including a service calendar and map. In collaboration with King County's Healthcare for the Homeless Network, the team updated and distributed a pocketbook of resources in the county to share with youth.

YEH = youth experiencing homelessness.

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 for these programs was already inadequate before 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 handwashing 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 health care and social support, SARS-CoV-2 testing, and immunizations. Virtual shelter-based health care (e.g., telemedicine) has also expanded in some communities, facilitated by technical support and access to mobile devices. Multisectoral 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 dialog 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

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