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Cameron Parsell , Andrew Clarke & Ella Kuskoff

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Understanding responses to homelessness during COVID-19: an examination of Australia

Cameron Parsell, Andrew Clarke and Ella Kuskoff

School of Social Science, The University of Queensland, St Lucia, Queensland, Australia

ABSTRACT

Following the outbreak of COVID-19, governments have spent unprecedented sums of money to accommodate people experiencing homelessness, often in underutilized hotels. This intervention contrasts with the policy stasis and "poverty of ambition" that characterized responses to rising homelessness over the past decade in countries such as Australia, the UK, the US, and much of Europe. This is a situation that has prevailed despite rigorous evidence on both the harms of homelessness and the ability of policy to address it. Using Australia as a case study, this policy review examines this sudden change in approach. After detailing various initiatives to respond to COVID-19, we show how these interventions are rationalized by the threat posed to people who are homeless, and the threat posed by homeless populations—who are at high risk of contracting and transmitting the disease—to the health of the non-homeless population. We discuss how these findings contribute to debates about how the framing of homelessness as a problem shapes policy.

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Introduction

On 30 January 2020, the World Health Organization declared an international public health emergency over the spread of novel coronavirus, which causes COVID-19. At the time of this announcement, the transmission of novel coronavirus had reached 19 countries across the globe (World Health Organization, 2020a). By the end of August 2020, the virus had spread to over 200 countries and territories worldwide, with a cumulative total of nearly 25 million cases and 800,000 deaths (World Health Organization, 2020b). Alongside the health and cascading economic consequences of COVID-19 (Vandoros, 2020), the pandemic has had a profound impact on responses to homelessness. Homelessness has been identified as a public health emergency, and governments have subsequently spent unprecedented amounts in additional funding for homelessness interventions. The Government of Canada, for example, has spent

CONTACT Cameron Parsell c.parsell@uq.edu.au The University of Queensland, School of Social Science, St Lucia, Queensland 4072, Australia

an additional $157.5 million (CAD) on Canada's Homelessness Strategy in response to COVID-19 (Government of Canada, 2020). In the US, the recent *Coronavirus Aid, Relief, and Economic Security Act* (2020) pledged $4 billion (USD) "to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus." Individual US states have also responded, announcing additional funding and other measures to house rough sleepers (e.g., Seattle – see Perri *et al.*, 2020) and reduce their risk of exposure to the virus (e.g., San Francisco – see San Francisco Office of the Mayor, 2020).

Other governments' funding arrangements have been more targeted, aiming specifically to temporarily house rough sleepers in motels or similar accommodation. In England, for example, £3.2 million (GBP) has been dedicated specifically to providing accommodation for self-isolation among rough sleepers and those at risk of rough sleeping (Ministry of Housing, Communities, & Local Government, 2020). Fitzpatrick *et al.* (2020, p. 2) observe that government reports suggest, "90% of rough sleepers known to councils at the beginning of the crisis have been offered accommodation as part of the COVID-19 strategy." Similarly, the New Zealand Government has spent $107.6 million (NZD) on temporarily housing rough sleepers in motels until permanent housing can be arranged (Sadler, 2020). The French Government, based on the assertion that "the protection of the homeless is a priority", dedicated €50 million (EUR) to accommodate people who are homeless during COVID-19 (French Government, 2020).

The similar responses across numerous countries are supported by health evidence that illustrate homeless people's heightened vulnerabilities to COVID-19. Being homeless and living in shared homeless accommodation exacerbates the risk of contracting COVID-19 due to an inability to socially distance (Perri *et al.*, 2020), inadequate access to hygiene and sanitation (Culhane *et al.*, 2020), along with vulnerabilities that stem from the disproportionate extent of underlying health and medical conditions experienced by people who are homeless (Fazel *et al.*, 2014). Indeed, clusters of SARs-CoV-2 infection have been found in numerous homeless shelters across the US (Baggett *et al.*, 2020; Mosites *et al.*, 2020). Culhane *et al.* (2020, p. 9) estimated that 4.3% of the US homeless population would require hospitalization because of COVID-19, and they concluded that "most jurisdictions will need to use all potential emergency accommodation options to protect homeless populations from disease risk."

This policy review interrogates the nature and rationale for these sudden investments in homelessness responses during the pandemic. We are motivated by the fact that, prior to COVID-19, responses to homelessness were characterised by a "poverty of ambition" (Parsell, 2018), where governments remained largely unmoved by the weight of evidence demonstrating both the deleterious health consequences of homelessness and the interventions required to address it (Parsell, 2017). Taking this observation as our point of departure, we suggest that the potential impact of the disease on the health of the homeless is not the sole driver of these drastic interventions; rather, it is the risk that their heightened vulnerability to contracting and spreading

the disease poses to the health of the housed population. Using Australia's response as a case study, we substantiate this claim by examining how homelessness is represented as a problem in the pandemic, comparing this to how homelessness is typically represented in policy discourse.

Background

Our contention that the COVID-19 homelessness response is not solely driven by a concern for the health of the homeless per se is supported by the fact that homelessness already constituted a health crisis prior to, and independent of, the COVID-19 pandemic. Indeed, there is a developed and diverse body of literature that has long demonstrated the profound deleterious health consequences of homelessness for people's health. People experiencing homelessness are at greater risk of a range of illnesses, diseases and debilitating conditions, as an editorial in the *American Journal of Public Health* made clear over two decades ago:

> Homeless people are at increased risk for tuberculosis and other respiratory diseases, trauma, major mental illnesses, alcoholism and its sequelae, drug abuse and dependence, sexually transmitted diseases, and a host of other relatively minor, but nonetheless impairing, respiratory, dermatological, vascular, nutritional, and psychiatric disorders. (Breakey, 1997, p. 3)

The health impacts of homelessness are exacerbated because people experiencing homelessness are often excluded from proper health care. Research shows that the state of homelessness represents a barrier to accessing essential health care (Baggett *et al.*, 2010) and it likewise subverts homeless people's capacity to control their health care (Parsell *et al.*, 2018). The result of all this is that homelessness drastically reduces people's life expectancy: the OECD (2020, p. 3) estimates that people experiencing homelessness die "up to 30 years earlier than the general population on average."

The knowledge about the impacts of homelessness on health sit alongside the knowledge on what ends homelessness, particularly for individuals who are homeless with complex health needs (Aubry *et al.*, 2019). There is a rigorous body of evidence that permanent affordable housing models with linked health and social support can provide sustainable homelessness solutions (Rog, 2004). Reflecting on voluminous international evidence, Padgett *et al.* (2016) show that Housing First models, where homeless people are provided immediate access to affordable housing and integrated support, achieve superior housing and homelessness reduction objectives compared to treatment first models, where homeless people must comply with conditions as they transition through homeless accommodation. These interventions are associated with positive health improvements. A systematic review found that Housing First participants experienced fewer emergency department visits and hospitalizations, and spent less time in hospital compared to treatment as usual, on top of positive housing stability (Baxter *et al.*, 2019).

Yet, despite the strength of the evidence of the deleterious health impacts of homelessness, as well as how to end homelessness, governments across numerous countries continued to perpetuate homelessness by providing unsuitable temporary, shared, and conditional accommodation (Clarke *et al.*, 2020; Fitzpatrick *et al.*, 2019; Loubiere

et al., 2020). In Australia, governments have ordinarily responded to homelessness with shared hostel accommodation, and little aspiration at the Commonwealth level to invest in social and affordable housing to address the structural determinants of homelessness (Pawson *et al.*, 2018). Similarly, whilst parts of the US have seen improvements for small cohorts of the homeless population (Padgett and Henwood, 2018), unsheltered homelessness and the numbers of people in homelessness shelters continue to grow in parts of the US because structural barriers and counter-productive bureaucratic procedures remain unaddressed (Padgett and Henwood 2018; Wusinich *et al.*, 2019). Researchers in the field agree that interventions and the characteristics of models need to be adapted to local policy and structural contexts, along with adaptions to reflect the heterogeneity that constitutes the homeless population. This notwithstanding, and acknowledging the argument that Housing First does not intervene to address structural causes (Parsell, 2017) or is supposedly a form of market discipline (Hennigan, 2017), there is consensus that homelessness policy should be driven by empirical evidence, and the evidence is strong for Housing First (Baxter *et al.*, 2019; Mackie *et al.*, 2017; Padgett *et al.*, 2016).

Against this backdrop of policy stasis despite strong arguments and evidence of why and how to address homelessness, the response during COVID-19 stands out for its urgency and activism. Drawing on the Australian experience, we examine the reasons for this sudden and pronounced shift in homelessness interventions. We ask: What has Australia done to respond to people who are homeless during COVID-19? Informed by Bacchi's (2009) approach to analysing how policy problems are represented, the article also addresses the question, how can we understand the Australian response?

The article adds to the literature about the importance of the problem framing of homelessness for how governments address social problems (Evans *et al.*, 2016; Gowan, 2010). Specifically, we show that during COVID-19 homelessness was framed as a public health problem, with emphasis on how the homeless represented a risk to both themselves and the non-homeless population. During COVID-19 in Australia, homeless people have benefited from increased government spending to accommodate them, and they have benefited in large part due to government's motivation to prevent homeless people transmitting the virus to those who are not homeless.

Analytical framework

As Bacchi (2009) argues, policy interventions are never simply rational responses to objective social problems, but are rather products of how those problems are "represented." Problem representations are, in turn, shaped by prevailing political rationalities, whose assumptions, categories and aetiological logics set the conditions of possibility for exercising political power in particular times and places.

Informed by prevailing neoliberal rationalities, homelessness has in recent decades been represented as a problem of defective individuals who require tailored support to address problematic behaviours and personal pathologies (Farrugia and Gerrard, 2016).

Health and medical discourses have played an important role in the neoliberal problematiszation process. As Gowan (2010) argues, these forms of "sick talk" orient interventions to the individual pathologies that accompany—and purportedly explain—homelessness, particularly for people sleeping rough. The focus has thus been on "fixing" individuals through therapeutic interventions, rather than addressing their homelessness *per se* (i.e., by providing them permanent housing).

Sick talk, and the interventions that flow from it, often coincide with other, more moralizing and castigatory discourses that blame homelessness on "bad behaviour" and "irresponsible choices." These forms of "sin talk" (Gowan, 2010) tend to accompany punitive and dehumanising interventions ranging from police sweeps, to electronic surveillance, to defensive architecture (Amster, 2003; Mitchell, 1997). What are less common in the contemporary neoliberal context, are the forms of "system talk" (Gowan, 2010) that position homelessness as a consequence of structural processes (e.g., housing and labour market dynamics, welfare policy, etc.), and which promote collective, state-mediated solutions, such as the provision of social and affordable housing. There are, however, some expectations to this. The Scottish Government's rights based agenda (Watts, 2014) recognises that structural determinants of homelessness that is at odds with neoliberal rationalities. In Australia, punitive forms of homelessness governance driven by neoliberalism co-occur with caring interventions that seek to promote housing as a solution to homelessness (Clarke and Parsell, 2020).

In what follows, we employ these concepts to make sense of the problematizations underpinning the drastic interventions in homelessness in light of COVID-19. In particular, we show how homelessness is represented as a *public* health problem, thus breaking with the prevailing neoliberal/individualising framework that has dominated homelessness policy in recent decades.

Research design

This policy review draws on a conventional content analysis (Hsieh and Shannon, 2005) of Australia's formal policies on and political statements about the COVID-19 response to people who are homeless, along with qualitative interviews with 20 key actors across Australia's five mainland states during June/July 2020. The five states constitute approximately 95% of Australia's 25 million population. We selected interview participants based on their knowledge of COVID-19 homelessness interventions because of either their role working in government (n = 9) or not-for-profit organizations (n = 11). The conventional content analysis sought to identify the government actions toward people who are homeless during COVID-19 and the formal justifications presented. Qualitative interviews aimed to understand how the policies and resultant programs were designed and implemented, and how key government and not-for-profit actors saw Australia's response to people who are homeless during COVID-19 as the same or different from business as usual. Qualitative interviews were analyzed thematically; the findings from the interviews were triangulated with the conventional content analysis to develop a

comprehensive understanding of Australia's COVID-19 homelessness response (Padgett, 2017).

Results

What have governments done?

In the six months following Australia's first confirmed case of COVID-19 in January 2020, governments committed hundreds of millions of dollars (AUD) on specific homeless accommodation interventions over and above routine funding. Australia's funding to homelessness accommodation during COVID-19 is unprecedented; the Housing Minister from Australia's most populous state described it as "the largest single investment to tackle rough sleeping, or street homelessness, in history" (Koziol, 2020). The combined additional funding in the five Australian states is $229 million (AUD). The majority of this funding is to move rough sleepers off the streets or to move people out of congregate shelter accommodation into "self-contained accommodation" (Queensland Government, 2020a), including to pay for head leased properties from the private rental market (Premier of Victoria, 2020).

The government funding has meant that "motel accommodation would be made immediately available to people experiencing homelessness" (Richards, 2020). In one Australian state, the government leased an entire student accommodation building to empty the city's three large congregate shelters (Queensland Government, 2020 b).

With levels of government funding never seen before, not-for-profit organizations moved swiftly. A Chief Executive Officer of one not-for-profit organization explained:

> So getting people into hotels – the government had announced the $24.7 million (AUD), so we put 240 people in a hotel over Easter … Well, the government had sent letters saying, "Whatever you need to do to respond to COVID, you do it." So I took them literally, and we did.

In another Australian state, a manger of a homelessness service said that for the first time in her long career, the government funding provided because of COVID-19 meant that:

> We've met demand … Not just the demands that we can afford to meet … So we just went, "Okay, time to get everyone off the streets into accommodation."

The manager above, along with other government and non-government stakeholders, described how the funding enabled people who had slept rough for many years to access accommodation. Street outreach and shelters experience significant challenges engaging people who are homeless in Australia, consistent with the literature from the US and UK, because many people are unwilling to take up shared homeless accommodation, especially when offers are tied to conditions about compliance with case management, abstinence, and sobriety (McMordie, 2020; Stuart, 2016). During COVID-19, however, people were offered accommodation that is self-contained (i.e., their own kitchen, bathroom, and toilet), and there are no behavioural conditions mandated. In turn, and as a government stakeholder asserted:

> Rough sleepers, many of whom have been on the streets for a long time, have very low levels of trust in government and agencies and institutions, [are now] saying "I'll accept help. I want the accommodation when it's offered and I'll accept that help from you at this time, when I acknowledge that I haven't been willing to accept it previously."

In addition to an unprecedented amount of funding, the response to people who were homeless during the pandemic involved new forms of collaboration across government departments and between government and the not-for profit sector. Participants from government and the not-for-profit sector described how COVID-19 represented an impetus to overcome siloed practices that had characterised their work. A government representative said that the emergency the pandemic represented meant that diverse government departments were compelled to come together, which meant government and the not-for-profit sector developed a "shared understanding of the nature of the problem." Whereas prior to COVID-19, "everyone gets the funding streams, and sometimes never the twain shall meet."

Another government representative similarly saw the collaboration as unique to the COVID-19 homelessness response. Further, the government representative argued that collaboration between government and the not-for-profit sector, over and above the new funding available, explained the success of moving such large numbers of people off the streets and into independent accommodation:

> Without this new level of cooperation and alignment, it wouldn't matter how much money you threw at it, it still wouldn't be a significant difference that it has. Our support agencies … identifying quickly where there are issues, responding. And I'm not saying there used to be turf wars, but everybody is overcoming their own systems and boundaries and really rising to the occasion to deal with the solutions.

The experience of government and non-government actors coming together to assist people who are homeless during COVID-19, including assisting them to access temporary accommodation, resonate with the findings from England during the pandemic (Fitzpatrick *et al.*, 2020).

How can we understand what they have done?

It is reasonable to ask why Australia has spent so heavily in overhauling homelessness responses during the pandemic, given that its pre-COVID response was characterized by policy stasis and a "poverty of ambition" (Parsell, 2018) despite the evident health impacts of homelessness (see above) and consistent national increases in the rate of homelessness (Pawson *et al.*, 2018). Formal policy statements and our in-depth interviews illustrated that Australia's interventionist approach to homelessness during COVID-19 was informed by a stark reframing of the problem from one pertaining to "sick" individuals (Gowan, 2010) to a public health emergency that threatens the health of the wider population.

This is not to say that the COVID-19 response eschewed concerns for the health of the homeless. Indeed, when explaining to the Australian public the millions spent on accommodating homeless people into hotels during COVID-19, formal statements identified the importance of protecting a vulnerable group's health (Hansard, 2020; New South Wales Government, 2020). However, what differentiates the

representation of homelessness underpinning the COVID-19 responses from earlier forms of sick talk is that it links the health of the homeless (in terms of their risk of contracting COVID-19) to that of the broader population.

In a statement from a government minister responsible for housing, the COVID-19 response to people who are homeless is presented as a benefit to both people who are homeless and the wider community:

> These measures will protect our most vulnerable residents and help to slow the spread of the COVID-19 virus across Victoria (Victorian Government, 2020).

Elsewhere in an Australian state, the COVID-19 homelessness intervention to move people into hotels was framed to reduce "the spread of COVID-19 more generally" (Government of South Australia, 2020). A statement from the Western Australian Government further identifies the importance of accommodating homeless people in hotels to benefit the broader society. The government explains that the hotel pilot initiative will "take the pressure off the health system in Western Australia and potentially help to flatten the curve as the state fights to stop the spread of COVID-19" (Government of Western Australia, 2020). The Queensland Government justified its approach as "a critical health response to a community health emergency:"

> COVID-19 presents an enormous challenge for Queenslanders, and it's important that we are proactive in responding to any potential broader community health impacts (Queensland Government, 2020b).

The Queensland Government makes clear that the additional support and resources deployed during COVID-19 will be available only "until the pandemic is over" (Queensland Government, 2020c). Hence, the benefits to people who are homeless will be retracted when the public health risks are no longer evident. In Western Australia, a government minister explained to Parliament that the state government would not extend the pilot initiative to support homeless people into hotels, "due to the low numbers of COVID-19 infections in Western Australia" (Hansard, 2020), further evidencing the centrality of public health considerations to government responses.

Discussion

The risk of death broadly (Vandoros, 2020), and the health risks that COVID-19 represent for people who are homeless specifically, are significant (Culhane *et al.*, 2020). The Australian response to move people into self-contained hotels and student accommodation, similar to action by other countries such as England, the US, Canada, France, and New Zealand, is an appropriate means to mitigate the health risks that COVID-19 presents. The money spent to accommodate people who are homeless in Australia sits within a broader suite of heavy government intervention and spending into large sections of society, including a $130 billion (AUD) wage subsidiary program and policy change to prevent evictions from private rental properties (Prime Minister of Australia, 2020a, 2020 b).

In relation to the homelessness response, it would be a mistake to think that these interventions arise primarily from a concern for the impact of COVID-19 on the health of the homeless. As we showed above, the evidence has long demonstrated the negative health impacts of shared homeless accommodation and rough sleeping, along with the housing solutions available to address them. Despite this, governments have been reluctant to act on this evidence and make the necessary investments required to address the health (and moral) crisis that homelessness constitutes. As our Australian analysis illustrates, what has driven the recent response has rather been the reframing of homelessness from an individual to a *public* health crisis, where the vulnerabilities experienced by the homeless are identified as a threat, not only to their own health, but also to that of the public more broadly.

This shift in the underlying problematiszation of homelessness constitutes an (at least temporary) break with prevailing neoliberal representations of the problem as a product of individual deficiencies, and the "sick" and "sin" talk that informs them (Gowan, 2010). Whilst both existing forms of sick talk and the COVID-19 public health frame are grounded in the authority of health and medical discourses, it differs from existing forms of sick talk. Sick talk is individualizing in focus, in that it is concerned with health at the level of what Foucault (2008[1978]) called the 'species body'—i.e., the biological/health process specific to the population—rather than the bodies of homeless individuals. Indeed, the individual pathologies or 'comorbidities' that sick talk generally associates with homelessness (substance abuse, mental illness, etc.) are conspicuously absent from the political and policy justifications presented in the previous section. So too, for that matter, are the concerns with bad behaviour and irresponsible choices – "sin talk" (Gowan, 2010) that often coexist with medical framings, and which are equally individualising in their focus.

This does not mean, however, that the COVID-19 interventions signal a return to the forms of "system talk" that characterized the Post-War period, where the focus was on ameliorating the structural inequalities that gave rise to homelessness (Gowan, 2010). Rather, homelessness during COVID-19 is represented as itself a *threat* to the health of the population; not because of the choices or pathologies of homeless individuals per se, but because their living conditions mean that they pose a particularly high *risk* of catching and spreading the disease. Homelessness is thus inserted into the broader biopolitical, and particularly epidemiological, calculations informing government responses to COVID-19, and the risk-based reasoning that underpins them (Brown, 2020).

It is true that previous epidemiological problematiszation of homelessness failed to garner the same kind of support as seen during COVID-19; however, these initiatives, too, focused on the risk of particular individuals or groups falling into homelessness (Farrugia and Gerrard, 2016; Somerville, 2013), not on risks posed by homelessness to the broader society. That is, they focused on identifying predictive factors that explained why particular individuals or groups are at greater risk of homelessness, in the same way that an epidemiologist seeks to explain differential vulnerability to particular diseases.

The present situation is not wholly unique, however: it has important similarities to recent efforts to calculate the costs of homelessness to the taxpayer, and to use

cost-benefit analyses to rationalise the provision of housing support (Evans *et al.*, 2016). As Evans *et al.* (2016) show these economic problematiszation are similarly focused on the risks that homelessness poses to broader society (albeit economic rather than public health risks), and have similarly been successful in mobilising resources to address homelessness. When considered alongside these economic problematiszation and their effects, the COVID-19 responses to homelessness point to a broader tendency wherein responses to homelessness only receive the resources required to get people off the street when homelessness is represented as a risk to both people who are homeless and society writ large.

There are also similarities to the operation of the broader housing system. Others have observed that fundamental motivations for state intervention in housing are not primarily borne of an aspiration to enhance the situation of people suffering unsatisfactory conditions, but rather to advance interests of the real estate and finance sectors, or middle class property owners (Jacobs, 2015; Madden and Marcuse, 2016; Pawson *et al.*, 2020).

Recognising the centrality of the public health problematiszation to government action to support people into independent and often quality accommodation, scholars and advocates are confronted with a challenge about how to progress housing justice post-pandemic, particularly given what is known about the need to achieve structural change in the housing market to bring about significant reform (Pawson *et al.*, 2020). Although formal political statements in both Australia (Premier of Victoria, 2020) and England (Fitzpatrick *et al.*, 2020) identify the importance of the pandemic to be an opportunity to achieve long term housing outcomes for those individuals accommodated during COVID-19, there is little in the COVID-19 homelessness response or its framing to offer hope to realize long term structural housing reform. Indeed, in addition to some assertions for the need to provide pathways from hotels into housing, in some Australian jurisdictions the formal policy states that the interventions will be removed as soon as the pandemic is over (Queensland Government, 2020c), or that initial pilots were not extended because the rate of COVID-19 in the population was low (Hansard, 2020). It was clear that these interventions sought to address an immediate public health risk, rather than address the housing and poverty conditions that drive homelessness per se.

Focusing on New Zealand, White and Nandedkar (2019) have illustrated the importance of political ideology in how housing problems are framed, including how the framing of the problem directly leads to policy solutions that reflect political ideology, i.e., housing affordability is a problem of regulation with less government the supposed solution. Although housing policy to respond to homelessness is not always rationally informed by evidence (Parsell *et al.*, 2014), COVID-19 provides an example of how the public health emergency gained traction because the response became informed by clinical health expertise. As one of our government participants said, "but in prioritising the health response, it created a new hierarchy of decision making, it created a new hierarchy of how we allocate resources." This Australian case study of homelessness policy in response to COVID-19 provides important lessons for ongoing scholarship to work toward reframing homelessness as a not only a social injustice, but also a political problem that has policy solutions. COVID-19 has shown that governments can act to address homelessness, even if only temporarily, and to do so requires a framing of the problem that locates its source in housing and

social policy failure, and not in the individuals to whom society fails to provide access to adequate affordable housing.

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Notes on contributors

Cameron Parsell is a social scientist who works on homelessness, poverty and solutions to social problems.

Andrew Clarke is an urban sociologist who works on homelessness and cities.

Ella Kuskoff specialises on domestic violence and contemporary public policies that seek to address violence against women.

ORCID

Cameron Parsell http://orcid.org/0000-0002-0785-3896
Andrew Clarke http://orcid.org/0000-0003-1324-8032
Ella Kuskoff http://orcid.org/0000-0003-4124-6755

References

Amster, R. (2003) Patterns of exclusion: Sanitizing space, criminalizing homelessness, *Social Justice*, 30, pp. 195–221.

Aubry, T., Bourque, J., Goering, P., Crouse, S., Veldhuizen, S., LeBlanc, S., Cherner, R., Bourque, P.-E., Pakzad, S. & Bradshaw, C. (2019) A randomized controlled trial of the effectiveness of housing first in a small Canadian City, *BMC Public Health*, 19, pp. 1–14.

Bacchi, C. (2009) *Policy Analysis: What is the Problem Represented To Be* (French Forest: Pearson).

Baggett, T., Keyes, M., Sporn, N. & Gaeta, J.M. (2020) Prevalence of SARS-CoV-2 infection in residents of a large homeless shelter in Boston, *JAMA*, 323, pp. 2191–2192.

Baggett, T.P., O'Connell, J.J., Singer, D.E. & Rigotti, N.A. (2010) The unmet health care needs of homeless adults: A national study, *American Journal of Public Health*, 100, pp. 1326–1333.

Baxter, A.J., Tweed, E.J., Katikireddi, S.V. & Thomson, H. (2019) Effects of housing first approaches on health and well-being of adults who are homeless or at risk of homelessness: Systematic review and meta-analysis of randomised controlled trials, *Journal of Epidemiology and Community Health*, 73, pp. 379–387.

Breakey, W. (1997) It's time for the public health community to declare war on homelessness, *American Journal of Public Health*, 87, pp. 153–155.

Brown, P. (2020) Studying COVID-19 in light of critical approaches to risk and uncertainty: research pathways, conceptual tools, and some magic from mary douglas, *Health, Risk & Society*, 22, pp. 1–14.

Clarke, A., Parsell, C. & Vorsina, M. (2020) The role of housing policy in perpetuating conditional forms of homelessness support in the era of housing first: Evidence from Australia, *Housing Studies*, 35, pp. 954–975.

Clarke, A. & Parsell, C. (2020) The ambiguities of homelessness governance: Disentangling care and revanchism in the neoliberalising city, *Antipode*. doi: 10.1111/anti.12671

Coronavirus Aid, Relief, and Economic Security Act (2020), (United States). Available at https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf (accessed 27 July 2020).

Culhane, D., Treglia, D., Steif, K., Kuhn, R. & Byrne, T. (2020) Estimated emergency and observational/quarantine capacity need for the U.S. homeless population related to COVID-19 exposure by county: Projected hospitalizations, intensive care units, and mortality. Available at https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf (accessed 27 July 2020).

Evans, J., Collins, D. & Anderson, J. (2016) Homelessness, bedspace and the case for Housing First in Canada, *Social Science & Medicine*, 168, pp. 249–256.

Farrugia, D. & Gerrard, J. (2016) Academic knowledge and contemporary poverty: The politics of homelessness research, *Sociology*, 50, pp. 267–284.

Fazel, S., Geddes, J. & Kushel, M. (2014) The health of homeless people in high income countries: Descriptive epidemiology, health consequences, and clinical and policy recommendations, *Lancet (London, England)*, 384, pp. 1529–1540.

Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2019) *The Homelessness Monitor: England 2019* (London: Crisis).

Fitzpatrick, S., Watts, B. & Sims, R. (2020) *Homelessness Monitor England 2020: COVID-19 Crisis Response Briefing* (London: Crisis).

Foucault, M. (2008 [1978]) *The History of Sexuality, Volume One: The Will to Knowledge* (London: Penguin).

French Government (2020) Interministerial Delegation for Accommodation and Access to Housing. Available at https://www.gouvernement.fr/covid-19-l-etat-mobilise-50-millions-d-euros-et-met-a-disposition-des-chambres-d-hotel-pour-les-plus (accessed 07 September 2020)

Government of Canada (2020) Reaching Home: Canada's homelessness strategy – COVID-19. Available at https://www.canada.ca/en/employment-social-development/programs/homelessness/notice-covid-19.html (accessed 27 July 2020).

Government of South Australia (2020) People who are homeless or at risk of homelessness. Available at https://www.housing.sa.gov.au/housing-sa-information/Coronavirus-COVID-19/people-who-are-homeless-or-at-risk-of-homelessness (accessed 04 September 2020).

Government of Western Australia (2020) Hotel rooms pilot to protect rough sleepers from COVID-19. Available at https://www.mediastatements.wa.gov.au/Pages/McGowan/2020/03/Hotel-rooms-pilot-to-protect-rough-sleepers-from-COVID-19.aspx (accessed 27 July 2020).

Gowan, T. (2010) *Hobos, Hustlers, and Backsliders: Homeless in San Francisco* (Minneapolis: University of Minnesota Press).

Hansard (2020) Coronavirus – rough sleepers – hotels with heart trial. https://www.parliament.wa.gov.au/Hansard/hansard.nsf/0/c0c2858361418311482585a4000cc65e/$FILE/A40%20S1%2020200623%20p4093c-4094a.pdf (accessed 27 July 2020).

Hennigan, B. (2017) House broken: Homelessness, housing first, and neoliberal poverty governance, *Urban Geography*, 38, pp. 1418–1440.

Hsieh, H. & Shannon, S. (2005) Three approaches to qualitative content analysis, *Qualitative Health Research*, 15, pp. 1277–1288.

Jacobs, K. (2015) A reverse form of welfarism: Some reflections on australian housing policy, *Australian Journal of Social Issues*, 50, pp. 53–68.

Koziol, M. (2020) NSW launches $36 million program to get rough sleepers into homes. Available at https://www.smh.com.au/politics/nsw/nsw-launches-36-million-program-to-get-rough-sleepers-into-homes-20200607-p5507y.html (accessed 27 July 2020).

Loubiere, S., Taylor, O., Tinland, A., Vargas-Moniz, M., O'Shaughnessy, B., Bokszczanin, A., Kallmen, H., Bernard, R., Wolf, J., Santinello, M., Loundou, A., Ornelas, J. & Auquier, P.

(2020) Europeans' willingness to pay for ending homelessness: A contingent valuation study, *Social Science & Medicine*, 247, pp. 1–11.
Mackie, P., Johnsen, S. & Wood, J. (2017) *Ending Rough Sleeping: What Works?* (London: Crisis).
Madden, D. & Marcuse, P. (2016) *In Defence of Housing* (New York: Verso).
McMordie, L. (2020) Avoidance strategies: Stress, appraisal and coping in hostel accommodation, *Housing Studies*. doi: 10.1080/02673037.2020.1769036
Mitchell, D. (1997) The annihilation of space by law: The roots and implications of anti-homeless law in the United States, *Antipode*, 29, pp. 303–335.
Mosites, E., Parker, E.M., Clarke, K.E.N., Gaeta, J.M., Baggett, T.P., Imbert, E., Sankaran, M., Scarborough, A., Huster, K., Hanson, M., Gonzales, E., Rauch, J., Page, L., McMichael, T.M., Keating, R., Marx, G.E., Andrews, T., Schmit, K., Morris, S.B., Dowling, N.F. & Peacock, G, COVID-19 Homelessness Team (2020) Assessment of SARS-CoV-2 Infection Prevalence in Homeless Shelters - Four U.S. Cities, March 27-April 15, 2020, *MMWR. Morbidity and Mortality Weekly Report*, 69, pp. 521–522.
New South Wales Government (2020) Guidelines: Homelessness accommodation and COVID-19. Available at https://www.homelessnessnsw.org.au/sites/homelessnessnsw/files/2020-04/Guidelines-Homelessness%20Accommodation%20and%20COVID19.pdf (accessed 29 July 2020).
OECD (2020) *Better data and policies to fight homelessness in the OECD: Policy Brief on Affordable Housing*. Paris: OECD. Available at http://oe.cd/homelessness-2020 (accessed 08 (September 2020)
Padgett, D. (2017) *Qualitative Methods in Social Work Research*, 3rd ed. (New York: Sage).
Padgett, D. & Henwood, B. (2018) End homelessness, in: R. Fong, J. Lubben, & R. Barth (Eds), *Grand Challenges for Social Work and Society*, pp. 124–139 (New York: Oxford University Press).
Padgett, D., Henwood, B. & Tsemberis, S. (2016) *Housing First: Ending Homelessness: Transforming Systems, and Changing Lives* (New York: Oxford University Press).
Parsell, C., Fitzpatrick, S. & Busch-Geertsema, V. (2014) Common ground in Australia: An object lesson in evidence hierarchies and policy transfer, *Housing Studies*, 29, pp. 69–87.
Parsell, C. (2017) Do we have the knowledge to address homelessness?, *Social Service Review*, 91, pp. 134–153.
Parsell, C. (2018) *The Homeless Person in Contemporary Society* (Abingdon: Routledge).
Parsell, C., ten Have, C., Denton, M. & Walter, Z. (2018) Self-Management of Health Care: Multimethod Study of Using Integrated Health Care and Supportive Housing to Address Systematic Barriers for People Experiencing Homelessness, *Australian Health Review : a Publication of the Australian Hospital Association*, 42, pp. 303–308.
Pawson, H., Milligan, V. & Yates, J. (2020) *Housing Policy in Australia: A Case for System Reform* (Singapore: Springer).
Pawson, H., Parsell, C., Saunders, P., Hill, T. & Liu, E. (2018) *Australian Homelessness Monitor* (Melbourne: Launch Housing).
Perri, M., Dosani, N. & Hwang, S. (2020) COVID-19 and people experiencing homelessness: Challenges and mitigation strategies, *CMAJ : Canadian Medical Association Journal = Journal de L'Association Medicale Canadienne*, 192, pp. E716–E719.
Premier of Victoria (2020) Homes for homeless Victorians during pandemic and beyond. Available at https://www.premier.vic.gov.au/homes-homeless-victorians-during-pandemic-and-beyond (accessed 03 September 2020).
Prime Minister of Australia (2020a) $130 billion JobKeeper payment to keep Australians in a job. Available at https://www.pm.gov.au/media/130-billion-jobkeeper-payment-keep-australians-job (Accessed 07 September 2020).
Prime Minister of Australia (2020b) National cabinet statement (07 September 2020). Available at https://www.pm.gov.au/media/national-cabinet-statement (Accessed
Queensland Government (2020a) COVID-19: Immediate housing response fund to support Queensland's most vulnerable. Available at https://www.hpw.qld.gov.au/news-publications/

news/new-immediate-response-fund-to-support-queenslands-most-vulnerable (accessed 27 July 2020).
Queensland Government (2020b) Rapid Housing Response. Available at https://www.hpw.qld.gov.au/about/initiatives/rapid-housing-response (accessed 27 July 2020).
Queensland Government (2020c) $24.7 million coronavirus housing and homelessness response. Available at http://statements.qld.gov.au/Statement/2020/3/25/247-million-coronavirus-housing-and-homelessness-response (accessed 27 (July 2020)
Richards, S. (2020) Adelaide rough sleepers put up in motels to limit coronavirus spread. Available at https://indaily.com.au/news/local/2020/03/25/adelaide-rough-sleepers-put-up-in-motels-to-limit-coronavirus-spread/ (accessed 27 July 2020).
Rog, D. (2004) The Evidence on supported housing, *Psychiatric Rehabilitation Journal*, 27, pp. 334–344.
Sadler, R. (2020) Government to spend $100 million on housing the homeless in motels. Available at https://www.newshub.co.nz/home/politics/2020/04/government-to-spend-100-million-on-housing-the-homeless-in-motels.html (accessed 27 July 2020).
San Francisco Office of the Mayor (2020) San Francisco increases COVID-19 protections for homeless residents and people living in single room occupancy hotels. Available at https://sfmayor.org/article/san-francisco-increases-covid-19-protections-homeless-residents-and-people-living-single (accessed 27 (July 2020)
Somerville, P. (2013) Understanding homelessness, *Housing Theory & Society*, 30, pp. 384–415.
Stuart, F. (2016) *Down, Out & Under Arrest: Policing and Everyday Life in Skid Row* (Chicago: University of Chicago Press).
Ministry of Housing, Communities, & Local Government (2020) £3.2 million emergency support for rough sleepers during coronavirus outbreak. Available at https://www.gov.uk/government/news/3-2-million-emergency-support-for-rough-sleepers-during-coronavirus-outbreak (accessed 03 (September 2020)
Vandoros, S. (2020) Excess Mortality during the Covid-19 Pandemic: Early Evidence from England and Wales, *Social Science & Medicine*, 258, pp. 1–4.
Victorian Government (2020) More homelessness and public housing support in COVID-19 fight. Available at https://www.premier.vic.gov.au/sites/default/files/2020-03/200318-More-Homelessness-And-Public-Housing-Support-In-COVID-19-Fight.pdf (accessed 04 September 2020).
Watts, B. (2014) Homelessness, empowerment and self-reliance in Scotland and Ireland: The impact of legal rights to housing for homeless people, *Journal of Social Policy*, 43, pp. 793–310.
White, I. & Nandedkar, G. (2019) The housing crisis as an ideological artefact: Analysing how political discourse defines, diagnoses, and responds, *Housing Studies*. doi: 10.1080/02673037.2019.1697801
World Health Organization (2020a) WHO Director-General's statement on IHR Emergency Committee on Novel Coronavirus (2019-nCoV). Available at https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov) (accessed 07 September 2020).
World Health Organization (2020b) Coronavirus disease (COVID-19) Weekly Epidemiological Update (30 August 2020). Available at https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200831-weekly-epi-update-3.pdf?sfvrsn=d7032a2a_4 (accessed 07 September 2020).
Wusinich, C., Bond, L., Nathanson, A. & Padgett, D.K. (2019) If you're gonna help me, help me": Barriers to housing among unsheltered homeless adults, *Evaluation and Program Planning*, 76, pp. 101673–101677.