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The Impact of COVID-19 on Homeless Service Providers and Homeless People: The Migrant Perspective

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Abstract

Restrictive immigration rules, lack of access to housing and to the labor market, discrimination, or inability to access public funding contribute to exclusion of migrants in the European Union and push individuals into destitution. Migrants are often highly represented in the numbers of rough sleepers in the big cities of Europe. Recent evidence shows that asylum seekers and refugees are also overrepresented in the homelessness sector in member states across the European Union (EU). Homeless service providers are often the only possibility for migrants to access basic support and counseling on their rights and alternatives in the EU. The COVID-19 pandemic has aggravated the vulnerable living conditions of migrants across Europe and has affected the service providers working to support homeless migrants. At the same time, the pandemic proved to be an opportunity for governments and organizations to change the way they shaped policies and the manner in which they approached homelessness.

In this article, the authors investigate how the pandemic affected migrants experiencing homelessness in the EU. Further to this, we analyze the measures adopted by EU member states where members of the European Federation of National Organisations Working with the Homeless are active; we identify innovative practices in supporting homeless migrants as well as challenges that should be addressed to ensure that human rights are respected for all. Based on data collected from July to September 2020, the authors formulate recommendations for improving European policies and for EU member states to implement measures to protect migrants throughout the COVID-19 pandemic, ensuring unconditional access to safe and adequate housing.

Introduction¹

Homelessness across the European Union (EU) has increased in the past 10 years by 70 percent. The European Federation of National Organisations Working with the Homeless (FEANTSA) estimates that 700,000 people experience homelessness on any given night in the EU (FEANTSA, 2021a). The European Commission found that national statistics in 24 of its 28 member states reported a rise in homelessness (Baptista and Marlier, 2019), with Finland being the only member state where homelessness has been decreasing.

The lack of comparable data is also an issue across the EU. Homelessness is perceived and tackled differently at a national level among the European member states. Data collection is conducted differently, and some member states do not collect information on homelessness at all. As a result, policies addressing homelessness in member states are inadequate, and they fail to address the most important aspect, which is securing permanent, adequate housing. Only 10 member states in the EU operated with a strategy or a plan for ending homelessness.

FEANTSA, the only European nongovernmental organization (NGO) fighting to end homelessness, developed and uses the European Typology on Homelessness and Housing Exclusion (ETHOS) to improve understanding and measurement of homelessness in Europe and to provide a common “language” for transnational exchanges on homelessness (FEANTSA, n.d.). ETHOS was developed by reviewing existing definitions of homelessness and the realities of homelessness that service providers face daily; therefore, the resulting definitions attempt to cover all homelessness living situations throughout Europe. ETHOS identifies four main categories of living situations: rooflessness, houselessness, insecure housing, and inadequate housing.

The profile of homelessness in the EU has also changed in past years, affecting an increasingly diverse range of groups and for a longer period. Groups such as women, families with children, children, youth, migrants (who may be women, children, or youth), or men are being pushed into homelessness. Migrants—both mobile EU citizens² and third-country nationals³—are finding themselves destitute and homeless, and they are often highly represented in the numbers of rough sleepers⁴ in the big cities of Europe (FEANTSA, 2018; FEANTSA and Fondation Abbé Pierre, 2020). Asylum seekers and refugees have been overrepresented in the homelessness sector in recent years in all countries that collected data for the latest Overview on Housing Exclusion in Europe 2020 report (FEANTSA and Fondation Abbé Pierre, 2020). Restrictive immigration

¹ The data presented in this article were initially published in the report “The Impact of COVID-19 on Homeless Service Providers and Homeless People: The Migrant Perspective” as part of the work on migration and homelessness of the European Federation of National Organisations Working with the Homeless. The report can be retrieved [here](#).

² The term *mobile EU citizens* refers to EU citizens living and working (or looking for jobs) in another member state. For more details on freedom of movement of the EU nationals access the European Commission (EC) website at <https://ec.europa.eu/social/main.jsp?catId=457>.

³ As defined by the EC, a *third-country national* is “Any person who is not a citizen of the [EU] within the meaning of Art. 20(1) of TFEU [Treaty on the Functioning of the European Union] and who is not a person enjoying the [EU] right to free movement, as defined in Art. 2(5) of the [Regulation \(EU\) 2016/399](#)” (definition available at https://ec.europa.eu/home-affairs/what-we-do/networks/european_migration_network/glossary_search/third-country-national_en).

⁴ The online definition of *rough sleeper* is “a person who is homeless and who sleeps without adequate shelter, typically on the streets of a town or city.”

rules, lack of access to housing and to the labor market, discrimination, or inability to access public funding contribute to exclusion of migrants in EU member states and push them into homelessness. Because of a lack of options, they regularly turn to homeless service providers for basic support and counseling on their rights and alternatives in the EU.

In this context, the COVID-19 pandemic has brought further challenges to migrants in specific ways, as they often experience barriers to access adequate housing and health care. Homelessness services were also affected—during the first wave of the coronavirus pandemic: night shelters did not have the capacity to allow people to isolate, staff encountered limitations in their social work, and there was confusion about the regulations regarding COVID-19, at least initially.

At the same time, the pandemic has proven that achieving social rights for all is not only possible but also economically feasible—if the political will exists. The public health threat posed by COVID-19 has highlighted governments' key roles in ensuring adequate living conditions for all, irrespective of people's immigration status. While the virus took hold, governments hurried to put initiatives in place to respond to the crisis. Many managed to implement successful practices to support the most vulnerable in their society. Big cities in countries such as Ireland, Denmark, Germany, Poland, the United Kingdom (UK), France, and Portugal are examples: they adopted measures that allowed everyone to access accommodation during the first wave of the pandemic, either by opening extra night shelters or by facilitating access to hotels and hostels. It was an innovative and promising policy for tackling homelessness during a global health crisis and was particularly promising in the several cases for which immigration status did not count as an excluding factor. Access to safe accommodation that is not conditional upon immigration status is a measure that FEANTSA has advocated when promoting the right to safe housing for all (PICUM, 2014).

With support from several members who work as homeless service providers, FEANTSA collected information on developments throughout the initial lockdown and the immediate period after the first wave of COVID-19. This article presents findings on the measures adopted by several member states, focusing on migrants experiencing homelessness. The article also analyzes the impact that the crisis has had on the homeless service providers involved in this report and their staff. The second part of the article brings forward the voices of the migrants themselves through statements and case studies that reveal situations of job loss and homelessness—including unsafe housing—caused by the crisis. This article aims to identify the impact, both positive and negative, that the COVID-19 pandemic has had on homeless migrants and the services that support them. The article also looks at potential human rights abuses. The data presented in this article will serve to bring forward the topic of living conditions for migrants who continue to experience homelessness in the EU during the pandemic. With this data, the authors continue to support the claim that everyone should be allowed access to safe and adequate accommodation—especially during a global health crisis—regardless of their immigration status.

The data for this article were collected over the summer of 2020 (July–September) and come from semi-structured interviews FEANTSA members conducted with migrants who lived in homelessness in cities where homeless services operate. The data also draw from consultations with staff at homeless services about the impact of COVID-19 on homeless people and on the personnel

at the services. The case studies that describe how the pandemic has affected people's lives present information from the internal files of organizations doing casework to support homeless migrants in accessing their social rights. The testimonies and case studies have been collected with full consent from the respondents and in full anonymity.

Reactions to COVID-19 During and Post-First Lockdown

The global health crisis generated by the new coronavirus took over Europe progressively and led to a fast closing of societies. Although everyone was affected by the pandemic, authorities soon came to realize that the virus will have a disproportionate impact on communities and individuals living in destitution and marginalization. Across the EU member states, measures were designed and implemented to support those who were in vulnerable situations and, implicitly, to protect public health. Those measures included developing ways to house homeless people and to ensure that everyone received shelter and could “stay inside,” one of the most advocated prevention measures for avoiding contagion of COVID-19.

Innovative Measures for Supporting Homeless Migrants

At the beginning of the pandemic, FEANTSA issued a statement calling for public authorities at the local, regional, national, and European levels to adopt seven measures for protecting homeless people and public health (FEANTSA, 2020a, 2020c). Measure number two was to house homeless people in a manner that would allow them to self-isolate and to have a private space where they could comply with the minimum prevention measures to protect themselves from the new virus. A quick mobilization and repurposing of existing housing facilities was required to achieve that objective, from vacant housing, tourist apartments, and hotels to student housing, barracks, and so forth.

Public authorities in many member states acted accordingly and set in place new rules to provide shelter for the homeless population during the first wave of the pandemic. In Berlin, new shelters were established, amounting to 450 new sleeping spots in services running on a 24-7 basis. Berlin previously had no shelters that were open 24-7. Hostels were also used as shelters for homeless people. During the first wave of the pandemic, the Senate of Berlin instructed the district authorities to accommodate all homeless people, regardless of nationality. Although the legal basis for that measure already existed, in practice, it was regularly ignored before the health crisis (Berlin Regulation Information System, 2007). The Senate also gave instructions at the outbreak of the pandemic for the district authorities to provide all EU citizens with welfare benefits, shelter, or other temporary benefits, if necessary, quickly and easily. FEANTSA members in Berlin noticed a change in the willingness of authorities to provide welfare benefits and shelter for EU citizens at the beginning of the lockdown. Because of the Senate instructions, those resources were available from the middle of March until the end of June. Welfare benefits from job centers, temporary benefits for EU citizens (called in German *Überbrückungsleistung*; Federal Ministry of Justice and Consumer Protection, 2003), and shelter were readily provided.

In the UK, an unprecedented number of people who were usually sleeping rough had access to emergency accommodation. When COVID-19 hit the UK, to contain the spread of the virus, the government decided to provide funding toward emergency accommodation for the whole of its homeless and rough-sleeping population, including people of migrant background, who are usually prevented from accessing public support. Migrants with “no recourse to public funds (NRPF),”⁵ either as a condition on their leave to remain⁶ or because they did not hold a visa, are among that population. Local authorities and Great London Authority (GLA) commissioned homeless organizations to run hotels, where in some cases more than 50 percent of the new residents had NRPF.⁷ This measure eventually reduced rough sleeping by 90 percent; although the accuracy of that percentage is debatable, what has become clear is that the “Everyone In” scheme produced a record result never achieved before in cutting down rough sleeping (U.K. Parliament, 2020). To that end, hotels have been repurposed to host people who would otherwise be rough sleeping or relying on night shelters, which were eventually closed because of COVID-19. Immigration advice is essential to lift the NRPF condition and gain access to mainstream support. Authorities have therefore been able to closely observe during this period how access to immigration advice is key for individuals to move on from homelessness. Once people can lift the NRPF condition or obtain needed papers, they become able to access vital services from which they were previously barred, including health care, mainstream housing, and welfare support.

The UK central government did not initially provide clarity on continuing funding toward emergency accommodation beyond the first COVID-19 wave, with hotels progressively closing down and the number of rough sleepers increasing again throughout the summer. With a second and third wave of the pandemic hitting hard, especially in the UK, homeless organizations have asked for extending central funding and for a reiteration of the strict guidance adopted in March, which required local authorities to ensure access to emergency accommodation for all (Butler and Walker, 2021). Following those calls to continue the “Everyone In” scheme, the central government announced additional waves of short-term emergency funding to support the homelessness provision until March 2021. Without that provision, at the end of the first COVID-19 wave, many people would have faced a return to the streets, with winter provisions unlikely to be fully in operation.

In Denmark, the Parliament adopted an aid package of DKK (Danish Krone) 5.5 million (approximately USD [U.S. Dollars] \$880,000) for nine organizations in the homeless area who

⁵ The NRPF condition applies to people who are “subject to immigration control” in the UK, which might include people who have limited leave to remain, refused asylum seekers who are “appeal rights exhausted,” those with no status or no documents to prove their status, or European Economic Area (EEA) citizens who are unable to pass the right-to-reside test. This condition bans immigrants from accessing certain benefits, homelessness assistance, or a local authority allocation of social housing. More information [here](#).

⁶ *Leave to remain* is the permission granted to non-UK nationals to enter and stay in the UK for a limited period of time. After a qualifying period of residency in the UK, they may then become eligible to settle and apply for indefinite leave to remain. More information [here](#).

⁷ Obtaining accurate figures and a full picture of the level of entitlement to public support for the people hosted in hotels is very difficult. The population of hotels’ guests has been fluid throughout the pandemic: guest turnover has been quite high, and some people may have left the accommodation before their immigration status could get assessed. A [report](#) by the Ministry of Housing, Communities & Local Government on the housing of rough sleepers during the COVID-19 pandemic said that “In London where, by the end of September, around 2,000 people (or around [one-]half of the 4,000 in total) who remained in hotels and other emergency accommodation were ineligible for benefits” (paragraphs 2.10 to 2.13).

would use the funds directly to improve and fit their services to the new situation, rent rooms in hotels, or distribute meals to homeless people. One of those organizations is Project OUTSIDE, a FEANTSA member (Project UDEFOR, 2020). The funds from the aid package enabled Project OUTSIDE to intensify the support for their target group, who are mostly rough sleepers, often lacking an alternative for housing, and who struggle with complex social problems, addictions, mental illness, and poor health. Among this group are also mobile EU citizens who have benefited from these funds. The Danish authorities have also made testing homeless people for COVID-19 possible by establishing a mobile unit to do testing at the shelters. People who tested positive, including migrants, could isolate in a designated facility under medical surveillance. Unfortunately, as explained in the following section, it was a measure that in practice was only available for migrants with a regular status in Denmark (Kompasset Kirkens Korshaer, 2020). During the first lockdown, the Municipality of Copenhagen opened an emergency hostel in record time, with 32 beds available and where people could also receive a meal. The government funds and private donations have also helped organizations support homeless people in other ways, such as handing out lunch boxes and grocery gift cards.

In Poland, NGOs reacted quickly and efficiently. They started to provide food parcels, cleaning products, and other material support frequently and flexibly. In that sense, the service called “Mobile Help Desk”—a bus that delivered those goods—was remarkable for being particularly effective.

Those examples show how the pandemic compelled authorities and NGOs to think creatively and develop new solutions to help homeless people during lockdown and avoid a public health crisis. The situation provided opportunities through which societies demonstrated their capacity to reimagine the ways the EU member states deal with homelessness. Innovative measures such as repurposing buildings and opening hostels and hotels for everyone to access safe shelter have become possible during the pandemic. In the case of destitute migrants, having unconditional access to safe housing and public funds in this period has been crucial in preventing infection with the virus and for saving lives. Although those measures were undertaken in response to a crisis and so are temporary, they reveal the importance of access to safe shelter and support that is not conditional upon immigration status.

Potential Dangers to Migrants’ Rights

Despite encouraging and innovative measures, challenges for migrants living in homelessness in the EU persisted during the first wave of the pandemic. European authorities’ response to the health crisis has meant, for many homeless people, having a safe shelter without having to worry about their administrative status in the host country. Nevertheless, on the less positive side of the issue, many aspects of people’s lives worsened during that period, and, as the initial wave of the pandemic drew to a close, access to safe shelter proved to be temporary. In the countries covered by this article, as soon as the restrictions were lifted, the situation went back to the way it had been before the pandemic or, in some cases, became even worse for migrants living in homelessness and destitution.

Although the authorities responded to the outbreak of the virus by trying to provide accommodation solutions for everyone, some emergency shelters were simultaneously being forced

to close. For example, although the number of shelter beds in Berlin has increased, the overall number of shelters in Germany has diminished. Small shelters had to close because they could not provide enough space for people to keep a safe distance and will probably remain closed until the situation improves. Likewise, because the lockdown coincided with the end of the winter emergency program, some emergency shelters were closed. Some of the day centers also closed, or their capacity was reduced, with limited or no counseling. In addition, two of the shelters in Berlin specifically set up for the pandemic stopped working after the end of lockdown, and authorities went back to exclusionary practices.

The innovative measures were bound not to last. As soon as borders opened again, the Berlin Senate went back to previous rules regarding access to accommodation and welfare benefits for (non-German) EU citizens. People had even more difficulty accessing welfare benefits, which were, in general, denied. As soon as the lockdown measures were eased and borders opened again, the authorities began to act in a repressive fashion. For people to access the specific temporary benefit known as *Überbrückungsleistungen*, German authorities required mobile EU citizens to fill in a questionnaire, which, NGOs believe, aims to force EU citizens to return to their countries of origin. FEANTSA members in Berlin are concerned about the data that this questionnaire requires from people because it could be used to withdraw the right of free movement and, therefore, a forced return to the country of origin. Other professionals working with homeless EU citizens in Germany agreed, through network exchange, with that observation. In some cases, authorities seem to follow an even more restrictive policy than before the pandemic.

Although people moved into repurposed hotels in the first few weeks of lockdown in the UK, as time went by, newly homeless people found access to emergency accommodation hard to get. The reasons were that resources became progressively scarce, public instructions on how to apply for this service were unclear, and fewer opportunities were available for homeless people to access the Internet and interpretive services, especially for migrant homeless people.

In Denmark, a serious problem concerning irregular migrants was the lack of official guidelines in cases in which individuals would test positive for COVID-19 (Kompasset Kirkens Korshaer, 2020). In the beginning of the pandemic, staff at shelters, homeless hostels, and other services did not know how to handle cases in which the migration status was unclear and ended up in situations in which they could not guide people who needed support (Nicolai, 2020). Also reported was that migrants who did not have regularized status were afraid to come forward if they had COVID-19 symptoms because they knew they risked deportation. Although migrants had access to testing and isolation facilities, in cases where their status was unclear, the immigration authorities requested to be notified. Undocumented migrants could go into quarantine at two asylum centers in the country, but they would be faced with a deportation order after the quarantine period. That condition was highly criticized by Danish civil society and has proven to discourage people from asking for help when needed, which posed a big threat to both migrants' health and public health in general (Nicolai, 2020).

During the state of alarm in Spain (March 14–June 21), emergency resources were opened for homeless people in large cities, such as Madrid and Barcelona, which generated the displacement of people to those locations. After the closure of those sites, people had to return to the streets,

and the number of people sleeping rough has again increased. Although authorities worked to offer solutions for the problem, concern for the situation of migrants remains pertinent among FEANTSA members in Spain, as well as other organizations, especially in the case of migrants coming from outside the EU. A recent study in Spain showed that non-EU migrants suffer higher exclusion levels than national citizens, including in the labor and housing market (Congostrina, 2020). Caritas Internationalis notes that the situation escalated with the crisis. During the pandemic, a Spanish FEANTSA member also observed that widespread rejection of non-EU citizens—due to stigmatization and xenophobia—appeared as well.

Impact on Homeless Service Providers

At the beginning of the pandemic, many users and staff of homeless shelters experienced an initial shock when shelters began to close all over the EU as part of the prevention measures adopted by governments in response to COVID-19. The closures required an adaptation of services, and managers and staff had to find ways of functioning in the new situation created by the health crisis. The pandemic has brought several challenges and restrictions to the work of the services that support homeless people in fulfilling basic needs and obtaining legal and general counseling.

Hygiene and Prevention Measures

After the period of closure, the staff in shelters went back to work and learned that they had to implement new rules and new ways of working with clients—for everyone's safety. As staff returned to work, several of the organizations consulted for this article voiced a common uncertainty about

"I have friends who are sick in my home country ... I use disinfecting gel, but now it is finish [shows empty bottle]. I buy when I can, but often no money ... No information in my language, friends tell me little. From English to Romanian. I want to stay here and work and then go home to family."

(homeless migrant, male, rough sleeper in Denmark, age category: 30–49)

implementing hygiene and infection control measures because no clear instructions were available from the authorities. As a result, similar organizations were working quite differently from one another, not offering standardized services, and sometimes providing poor-quality accommodation.

After the shock of the forced closure of many shelters, however, they were equipped with disinfection products and began implementing health measures to respect social distancing rules and follow authorities' guidelines as much as possible. Another issue for services was the already insufficient infrastructure for hygiene and cleaning services for homeless people, which was even weaker during that period. Only a few places could still offer services such as laundry or showering, and the number of people allowed to enter facilities had to be reduced according to government guidelines.

The shelters' conditions were not always compliant with the regulations in place, as many shelters did not have enough space to give separate rooms to people who needed to go into quarantine. Even if they had, those rooms had no toilets, which was dangerous because disinfecting the common area after each use was not always possible. In Poland, a FEANTSA member reported that homeless people they worked with and who were in quarantine initially reacted positively and

were attentive to each other's needs. After some time, however, they became tired of the situation and could not cope with being inside all the time. Some of them ran away from the isolation rooms through windows, which created additional challenges for the service providers, who did not have enough staff or lacked competencies to deal with that type of situation. The quality of the accommodation and support offered has not been consistent across all local authorities in the UK. In some cases, people did not have access to food or specialist support. Such a situation could be particularly hard for those with health needs or who lacked support networks—common experiences for homeless migrants.

What was specifically worrying about migrants regarding prevention measures during the first lockdown was the language barrier, which could become an obstacle to respecting regulations and applying prevention measures. Shelters quickly realized that impediment, however, and adjusted to the need by translating information into the languages that homeless migrants spoke, thus facilitating access to information about coronavirus and related measures. In addition, from the consultations conducted over the summer with homeless migrants, the authors found that people obtained information about the virus by following the news in their country of origin or from friends and family. Having access to a smartphone or computer and an Internet connection proved important for accessing relevant information.

Staff

Issues such as stress, burnout, or insufficient funding for salaries and staff development were already present among staff working in homeless services in countries where resources dedicated to this field were scarce (European Observatory on Homelessness, 2020). During the first wave of the pandemic, those issues deepened and other challenges appeared, as the staff were directly affected both on a personal and a professional level. As the initial response to the pandemic across the EU was to close public services (including kindergartens and daycares), some of the staff at the shelters had to stay home to take care of their young children—a phenomenon reported by Danish and Polish members who contributed to this article. Others were afraid of the virus—contracting it themselves as well as infecting others in the shelters—so they decided to remain in their homes as a measure of protection. Lack of staff was an additional problem for many NGOs in Poland and other countries where many volunteers are people over 60 and so part of the at-risk group.

After adjusting to the restrictions and introducing preventive measures, the staff in most shelters returned to work with a better understanding of the new conditions. To protect themselves and the users of the services, staff adapted their lifestyles and limited their travels, going out only for work and doing shopping once a week. Even so, accommodation providers often found supporting their guests challenging, as the roles of the personnel at some shelters had changed during that period. Many guests with complex needs and who were used to living outdoors needed support to adapt to the new conditions. The staff found it challenging to help people adhere to lockdown measures and stay indoors—often confined to a single hotel room, as in the case of the UK service providers. In some shelters in Poland, social workers were perceived by service users as oppressive at times because, initially, they believed that closure and isolation was the social workers' decision. In Germany, the staff found reaching out to all potential clients and working toward their objective to be difficult because access to services as intended was not possible.

Facilitated Cooperation and Shedding Light on Immigration Issues

A positive effect of the crisis in the UK was that homelessness organizations worked more closely together than ever before in getting people off the streets, and new inter-sector partnerships were established. Also, having most rough sleepers housed gave social workers and the staff at the shelters the opportunity to better assess people's needs and quantify them—in particular, the situation contributed to raising awareness of NRPF as a condition all too often shared by people usually sleeping rough or being homeless in the UK, and that immigration advice is key in providing pathways out of homelessness. As a primary provider of immigration advice to rough sleepers and destitute migrants in London, FEANTSA member Praxis used the situation created by the pandemic as an opportunity to showcase its Street Legal model of immigration advice with rough sleepers across the GLA-commissioned accommodation (APPG, 2018: 9). Furthermore, the crisis allowed the local authorities in the UK to see the impact of NRPF on the migrant homeless population. This condition too often prevents migrants in the UK from accessing public services and benefits, including access to food and phone credit. Many people had previously relied on charities to fulfill those needs, but with many centers shut down because of COVID-19, the local authorities had to fill an overwhelming gap. The GLA built new partnerships with homelessness organizations that they did not work with previously.

Impact on Migrant Homeless People

Main Findings

Homeless people were affected in multiple ways by the pandemic. The exclusion to which they are typically subjected deepened during the first wave, and, as a result, access to information and consequently their ability to take preventive measures against the new virus was hindered. As discussed, a language barrier or lack of knowledge about the system in the host country can serve to exclude migrants living in destitution even further. Many migrants who experience homelessness and destitution in the EU have declared that a main objective of their travels abroad is to look for jobs and better income opportunities (Striano, 2020). That fact is also confirmed by FEANTSA members who work as homeless service providers. With a health crisis that locks societies down, those goals become even harder to achieve. Those migrants who were forced to accept informal jobs or who relied on daily part-time jobs for income found it even harder to earn money as even those offers became increasingly scant. With a closed society and a lack of access to social rights, homeless and destitute migrants have experienced a new level of exclusion as well as additional mental health challenges.

In Poland, the first weeks of the lockdown were particularly hard for people experiencing homelessness, as many of them did not know why some shelters and social kitchens were closed and why no one was on the streets (hence, begging or recycling of beverage containers became impossible, too). Most of those living in homelessness had no information about what was going on in the beginning and why social life had suddenly disappeared. Later, when people were accommodated in shelters for isolation, many of the residents started to feel frustration or discomfort, and they found the situation hard to accept. In the shelters, as the residents'

nervousness increased significantly, more frequent quarrels and conflicts occurred. Some people who did not accept isolation left the shelters despite the prospect of living on an empty street. Those who had alcohol addictions found coping with being inside 24-7 even more difficult: the felt need for alcohol was increased by feelings of confinement and loneliness.

FEANTSA's Spanish member reiterates that the feeling of abandonment and loneliness had a huge impact on the homeless people they met during that period. Faced with empty streets, people declared that “we have lost human contact with others” and “we have lost access to food, drinks, shower, and to collect pocket money from passersby.” A big problem for many of those living in homelessness is mental health.

In their data collection, Groundswell in the UK noted a lack of emotional support and its impact on the mental health of migrants, especially asylum seekers (Groundswell, 2020). The lack of information and advice was even more acute during this period because of financial hardships and no access to online tools, computers, or the Internet, which led to increased feelings of loneliness among the asylum seekers

supported by the team of Groundswell. FEANTSA members at Project OUTSIDE observed the great impact of the first lockdown on the mental health of homeless people in Denmark and testimonies collected from homeless people over the summer confirmed their observations. Many were surprised or even in shock when they heard about the lockdown. Confronted with the official announcement that everybody should “stay at home,” homeless people wondered where that was for them and how they would manage to comply with the recommendations from the authorities. In addition, public institutions such as libraries and churches—where many homeless people stay during the day—had to close, and homeless services were noticeably reduced (at least initially), leaving people in confusion and uncertainty. Feelings of loneliness, marginalization, and depression deepened for people living in homelessness as they were constantly reminded that they were alone, with no safe place of their own where they could be socially distanced and sheltered from the virus.

The impact on basic needs for homeless migrants was also reported during the first lockdown. The closing of all public toilets (in shopping centers and public spaces); lack of food, clean water, or access to services, such as laundry; and the inability to afford face masks for prevention were some of the issues. In Germany, those conditions especially affected homeless people

“I go to shopping center and get disinfecting gel every day. I don't have bag. I carry my stuff in my pockets, so I don't have room for gel ... I get information about corona[virus] everywhere. Everybody tells me, all the time. People die, people get sick. I do not want to know, you know. I have enough. I get depressed from this ... I don't use public transportation; I have no money for mask ... There are signs all over, and they yell it out crazy loud all day and all night at the stations. There is really no way of escaping information about corona[virus] all the time. It's depressing, actually ... I remember watching the Queen [respondent is probably referring to the Prime Minister, ed.] speak on the screen at the station that night. I was all alone. They told everybody they had to go home, to go inside, to stay inside. I was thinking, “Where is that for me? Where do I go?” I was all alone; I was in shock, man.”

(homeless migrant, male, sleeps in caravan in Denmark, age category: 18–29)

“People are afraid to touch money, the paper, or to get close to me.”

(homeless migrant, male, rough sleeper in Denmark, age category: ≥50)

outside the social work circuit. In its analysis, Groundswell also draws attention to authorities' failure to ensure the right to adequate and sufficient food during the pandemic for people living in homelessness, in destitution, or with no access to public funding. Groundswell identified that those situations in which people do not have financial support and all their means of subsistence are cut off can push those in destitution into criminal activity, such as selling drugs (Groundswell, 2020). The right to access clean drinking water was also a concern as closing of water tap posts happened in Copenhagen, Denmark. During the spring of 2020, as a response to COVID-19, Copenhagen Municipality shut down water posts and public toilets, initially without providing alternatives. Toilets later reopened, and the municipality explained (upon request) that water was available in the reopened toilets and that those facilities would be cleaned more often. No one ever answered the question of whether the municipality had found that the tap water from toilet facilities was safe to drink.

As shown in the case studies presented in the following section, some mobile EU citizens who were working in the hospitality industry lost their jobs during that period, as that industry was heavily affected by the pandemic. Obtaining welfare benefits was another major challenge for mobile EU citizens because of difficulties with bureaucracy and contacting authorities brought about by those citizens' lack of digital or linguistic competencies. As the physical offices of public authorities were closed, people had a hard time accessing their services. Cases in which people were at risk of homelessness or became homeless during the first wave of the coronavirus were also registered, as their income was cut and they could not afford to pay rent. In some situations, individuals' accommodation was bound to the employer—as is common for migrants working abroad—so once the employment was terminated, they were also threatened with homelessness. Finding a new job after the lockdown has been another challenge that migrants encountered. Businesses did not recover entirely, and attitudes toward migrants in that period deteriorated.

The severe depreciation of the economy during the first wave of the pandemic and a reduction in economic opportunities abroad for mobile EU citizens has not translated into a complete return of destitute mobile EU citizens to their countries of origin. Homeless service providers in Germany reported that only a few of the people they work with had expressed a will to return, although no clear data exists on how many may have returned before the borders closed.

At the beginning of the pandemic, the media reported waves of EU migrant workers returning to their countries of origin, hoping for better protection against the new virus. They soon realized that the crisis would affect their countries of origin severely, however, and that—from an economic point of view—they would have better chances if they continued to stay abroad. Those who returned also stated that they were concerned by the lack of income at home and hoped for borders to open so they could travel again for work. In response to the voluntary returns, an increase in hate speech and a rising wave of discrimination against and condemnation of migrants occurred. Particularly in Romania, people were judged for returning and were blamed for bringing the virus into the country (Paun, 2020).

Accounts of homeless mobile EU citizens who remained in host member states during the pandemic have been confirmed by several FEANTSA members and partners in the past two editions of *Homeless in Europe* magazine—one that was dedicated to the impact of COVID-19

on homeless people (*Homeless in Europe*, 2020a) and the other to the Roma experiences of homelessness across Europe (*Homeless in Europe*, 2020b). Both issues relay information about the struggles of homeless migrants during the pandemic in countries such as Belgium, Denmark, Norway, Sweden, and the UK. Migrants living abroad in homelessness during the pandemic confirmed a reduction in the money they could earn under the lockdown and not being able to comply with preventive measures such as isolating or washing hands properly. Despite those difficulties and a clear lack of protection against the virus, migrants also talked about the need to travel in search of an income, as they stand better chances abroad than in their country of origin.

Case Studies Revealing the Impact of COVID-19 on Homeless Migrants

Unsafe Housing: Bulgarian Family Living in Germany

Maria and Viktor are a couple from Bulgaria living in a German city with their 15-year-old daughter. Before the outbreak of the pandemic, both adults were employed in the cleaning industry, and their daughter attended secondary school. They rented a one-room flat in an inadequate building, where many residents live in poverty or destitution; however, they were happy with their flat and did not complain about living there. Because of the coronavirus pandemic, both Maria and Viktor lost their jobs. They were entitled to welfare benefits because they lost their jobs involuntarily. However, in the end, they could not receive those benefits because of excessive bureaucratic hurdles and language barriers, even with help from social counselors. As a result, the family received no further income, and they had to spend their savings on food, so they stopped paying rent. After 3 months of not paying rent, the landlord asked them to hand in the keys and vacate the flat. In Germany, that is illegal because the landlord needs a court order to make an eviction; however, the family did not know their rights and handed in the keys, finding themselves suddenly roofless. They contacted the local welfare center responsible for housing homeless people, but because the family handed in the keys without an eviction order, they were considered “voluntary homeless,” so they were not entitled to any accommodation. Instead, they were informed that they could reenter the flat even if the landlord did not allow it. The family has been living in the flat since then. For the time being, they had avoided rooflessness, but they face insecure housing and will continue to do so as long as they do not pay rent or take bureaucratic or legal action. In the long term, if they cannot prove their efforts to maintain housing, they will be regarded again as “voluntary homeless” without access to publicly funded accommodation and hence be at risk of rooflessness.

Offering Shelter During the Pandemic: Denmark, Man Aged 30–49⁸

“Before the corona[virus] outbreak in Denmark, I was sleeping rough in a park in Copenhagen. I was drinking too much, and I was admitted to hospital, where I got help to stop drinking. When I was discharged from the hospital, I was offered a 2-week stay in a rehabilitation facility run by

⁸ The person in this case received support with accommodation in a hotel using the government funds (the coronavirus aid package)—a great example of how the pandemic produced positive outcomes and engaged NGOs in new activities.

the Red Cross. But I only got to stay there for a couple of days because they had to close when the Danish government 'shut down' Denmark because of the outbreak. I was back on the street. Luckily, a social worker from Project OUTSIDE that I have known for some time offered me to stay in a hotel instead. I stayed there for almost 2 months until the social worker offered me a place in the homeless hostel where I am now. Part of the deal at the hostel is that they help me to apply for residency, seek jobs, learn Danish/English. I follow the instructions from the government online; some information is in Polish. But not all information is in Polish, and I do not understand English or Danish so well. I also speak with other homeless people that I know about the guidelines from the government."

Interviewer: Can you describe your current situation?

"I sleep in a shelter for homeless."

"I am trying to get a job in Denmark, then an apartment, and so on."

Interviewer: How is the corona[virus] pandemic affecting your everyday life?

"At the beginning of the pandemic in Denmark, I was sleeping at an emergency hostel for homeless people. But while I was there, I was infected with corona[virus], along with 10 or so others. So, I was sent in isolation for a long time. Since then, everything has been quite normal."

(homeless migrant, male, rough sleeper in Denmark, age category: ≥50)

Job Loss and Delay in Receiving Benefits During the Pandemic: Olga, Polish Woman in Münster, Germany

Olga is a single woman from Poland living in Münster. She has experienced destitution already several times in her life, and she has been homeless in Germany. Before the outbreak of the pandemic, she was working as a chambermaid in a hotel, where she was granted a room in which to live as part of her work contract. When the pandemic began to spread more widely in Europe, Olga was fired from her job and consequently given notice to leave her accommodation. The additional welfare benefits she received from local authorities also expired in March 2020. Suddenly, Olga was unemployed and with no source of income, as she had to reapply for welfare benefits. Luckily, she was able to find and move into an apartment within a short time; however, her chances of finding a new job were very low because of the pandemic, and with no income, she was at risk of homelessness because she could not pay rent. The only option she had left was to try to apply again for the welfare benefits.

The application process for the benefits turned out to be very difficult because of the lockdown. Because offices were closed, no appointments were being made, and everything was delayed and done electronically. Olga faced language barriers as well as digital ones, so she had to submit the documentation in paper only. She had to ask for help to communicate with the authorities, and the situation became even more complicated when she had to quarantine for 2 weeks. During that time, Olga could not pay rent, so after 3 months, her new landlord sent an eviction notice. In addition, the landlord lived in the same house as Olga, which put her under pressure and in

a dangerous and difficult position on more than one occasion. Finally, after 4 months from the application's date, the welfare benefits were approved, and Olga could pay her rent.

Fortunately, this second threat of rooflessness was averted at the last minute, but it was only possible with the support of the counseling center and with the help of a tenant's protection association. After receiving the welfare benefits, Olga was able to move to a new apartment.

Conclusions and Recommendations

The pandemic has aggravated the vulnerable living conditions of migrants across Europe. Situations of overcrowded, unsafe, and unhygienic conditions have increased the risk of COVID-19 transmission. The shutdown of businesses has left many migrant workers in precarious jobs vulnerable to homelessness, as accommodation is often tied to their work contract or simply because they could not afford to pay rent anymore.

This article—together with the testimonials collected from migrant people living in homelessness and the different cases presented previously—aims to shed light on how people with an uncertain migration status can be affected during a global health crisis. Furthermore, the services and the personnel who work to support homeless people, migrants included, have also been challenged during this period. They have had to adapt the services they offer and the way they work. Often, those services are the only option for homeless and destitute migrants to receive support and counseling. That fact comes with great responsibility, which homeless services staff have felt more strongly throughout the pandemic, along with the pressure to implement governments' restrictions and rules.

Certain responses to the pandemic have also proven that it is possible to ensure social rights and especially access to safe accommodation for all, irrespective of a person's immigration status. That status influences and limits a person's access to basic services, which is why during a pandemic, ensuring that everyone is protected is even more important for authorities everywhere. Based on lessons learned, the authors propose the following recommendations for the European Commission and the EU member states to develop policies and measures that protect migrants throughout the COVID-19 pandemic:

- Governments should allocate additional funding to programs supporting migrants in destitution and establish clear guidelines to ensure that no one is made homeless—both during and after the pandemic. Unstable funding and fluctuation of staff were already reported in the homelessness sector, and the situation has only become more precarious throughout the pandemic. Evaluating how COVID-19 will change the way service providers function at a national level and investing in training staff and securing jobs in the field are necessary. To that end, European funding, such as the European Social Fund Plus (ESF+) or the European Regional Development Fund, can be used.
- In dialogue with member states, the European Commission should ensure that no additional eligibility conditions are introduced at the national level that excludes migrants from accessing support programs and make access conditional on immigration status. Furthermore,

the temporary regularization of migrants without a residence permit (or waiting for a decision on their application) is crucial in ensuring that no one is left behind. During the pandemic, countries such as Portugal (*The Portugal News*, 2020) and Ireland (Angeleri, 2020) implemented this measure successfully, facilitating access to health care and social security support for migrants whose status was uncertain. In the UK, organizations have strongly called for the elimination of the No Recourse to Public Funds condition.

- Local and national authorities should make sure that people's rights are not violated under the excuse of the health crisis. They should pay attention to potential dangers to migrants' rights, such as situations of restriction of movement (particularly in Reception and Identification Centers for asylum seekers and refugees) or in the case of limiting free movement for EU nationals. Safe environments and a guarantee that data will not be shared among government departments for the purpose of immigration control need to be established.
- Member states should develop clear guidance on how to support migrants during the pandemic—support that is not conditional upon immigration status. That support includes securing access to safe housing and sanitary measures for infection prevention and ensuring that everyone has access to clean water, food, and sufficient resources, including disinfectants and masks, to enable them to comply with prevention measures. Places for self-isolation and free testing and treatment in cases of COVID-19 infection must be provided in absolute safety for people who are destitute and on the move.
- When elaborating and implementing their vaccination strategies, member states should ensure that provision of vaccines for undocumented people is clearly detached from immigration control. Developing measures that allow for transparent information and safe, nonthreatening environments for people who have multiple traumas is also needed (FEANTSA, 2021b).
- Equally important in this period is that authorities pay attention to discrimination, hate speech, and xenophobia. Those issues have increased during the pandemic and contributed to the exclusion of migrants who are destitute and homeless. The implementation of mediation and anti-discrimination campaigns is necessary, as well as sanctions when the principle of equal treatment—protected in European and national legislation—is violated.
- The mental health of people experiencing homelessness in general, and migrants in particular, must be addressed in the context of the pandemic, as research confirms that those living in asylum centers or on the streets reported the most worsening of mental health (WHO, 2020). National action plans and measures should create offers for people to come forward and receive support and counseling in a safe environment.
- Member states must design and implement measures and policies to prevent homelessness. Among other actions, they should supplement incomes that are not sufficient to guarantee decent living conditions, provide adequate prevention measures against COVID-19 (FEANTSA, 2020c), offer aid for the payment of rents, offer adequate housing options, implement moratoria on eviction orders, and protect tenants, as called for by FEANTSA at the end of the first wave of the pandemic (FEANTSA, 2020b).

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