

# Research in Brief



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## The Impact of Covid-19 on Homeless Persons and *Jjokbahng* Dwellers and Its Policy Implications

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### Introduction

*Jjokbahng* (“sliced room”) dwellers and homeless persons are referred to legally as “the homeless, etc.,” as specified in the Act on Support for Welfare and Self-Reliance of the Homeless.” The Act defines homeless persons as people who have “lived without stable housing for a considerable period of time” (street homeless persons), “used or lived in a facility for the homeless for a considerable period of time” (sheltered homeless persons) or “lived for a considerable period of time in a place substantially unfit for habitation” (*jjokbahng* dwellers).

Social welfare services for homeless persons, delivered mostly at homeless facilities, have as their legal basis the Act on Support for Welfare and Self-Reliance of the Homeless Welfare. Facilities that are intended for homeless persons are of two types. Homeless residential facilities provide a long-term shelter. They also provide services that are intended to assist homeless persons for their self-support, rehabilitation, and long-term care. Drop-in facilities include comprehensive support centers, temporary protection facilities, and *jjokbahng* counselling centers.

This study examines the living conditions of homeless persons, who in the current Covid situations, in particular, are among the most vulnerable and on whom the impact of the pandemic is likely to

fall especially heavily, and draws implications as to what to do to improve policies on those groups. As covid-19 persists, the death toll surges and the economic damage piles up. It has repeatedly been pointed out that the impact of the pandemic has unevenly affected different social groups. Homeless persons and *jjokbahng* dwellers usually live in housing conditions that are extremely poor, have in many cases underlying health conditions and are often ailed by economic problems. They make up groups that are at especial risk in a situation of infectious disease, as most of them live in places that are cramped and insanitary where it is difficult to adhere to quarantine rules.



## Facility services for homeless persons

Of the 140 homeless facilities across to which the Survey of Facilities for Homeless Persons was sent, on which this study is based, a total of 118 (84.3 percent) responded to the survey.

[Table 1] Homeless facilities as surveyed

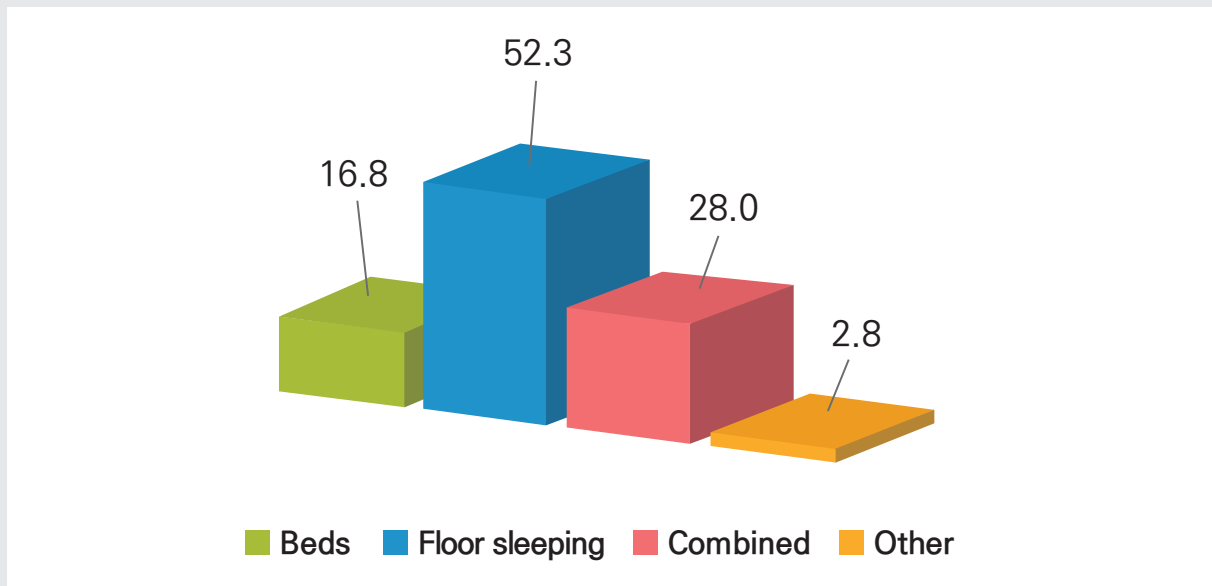
	Drop-in facilities			Residential facilities			Total
	Comprehensive support centers	Temporary protection shelters	<i>Jjokbahng</i> counselling centers	Self-support facilities	Rehabilitation facilities	Long-term care facilities	
Total number of facilities	11	9	10	54	34	22	140
Number of facilities responded	11	7	10	48	24	18	118
Response rate (in %)	100.0	77.8	100.0	88.9	70.6	81.8	84.3

Note: "Total number of facilities" was as of December 2019.

Source: Survey of Facilities for Homeless Persons (2020). Korea Institute for Health and Social Affairs

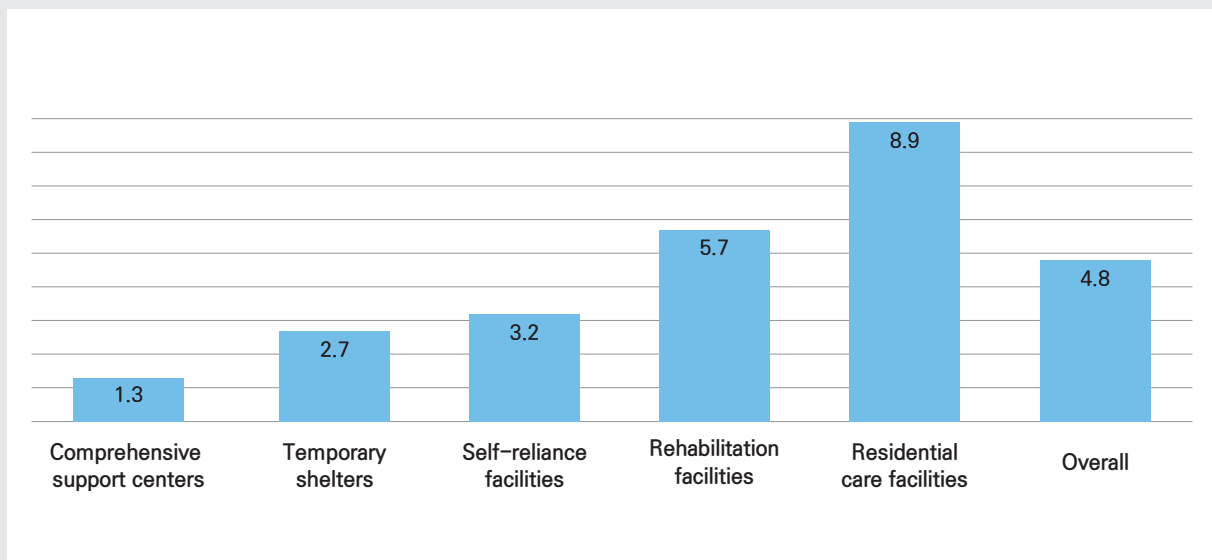
The sleeping quarters that the facilities surveyed had in place were in many cases not roomy enough to allow for individual spaces needed for the prevention of infection. A total of 107 facilities (90.7 percent of the facilities surveyed) had sleeping quarters, of which 52.3 percent had floor (underfloor heating) sleeping accommodations; 16.8 percent were bed-based, and 28.0 percent provided a combination of beds and floor sleeping accommodations. Comprehensive support centers and temporary shelters, which provide short-term accommodations for homeless people, had a narrow sleeping space of 1.3m<sup>2</sup> and 2.7m<sup>2</sup>, respectively, per person.

[Figure 1] Distribution of sleeping accommodations by type (in %)



Source: Survey of Facilities for Homeless Persons (2020). Korea Institute for Health and Social Affairs

[Figure 2] Sleeping space per person (in m<sup>2</sup>)



Source: Survey of Facilities for Homeless Persons (2020). Korea Institute for Health and Social Affairs

The facilities surveyed were mostly found ill-equipped to set up rooms for isolation, with only 34.9 percent having sleeping areas spacious enough to allow individuals to keep a distance of a minimum 2 meters between them and only 20.8 percent equipped with curtains or screens for spatial separation. A total of 80 facilities (67.8 percent) had in place spaces to use for isolation in case of infection. Of these, 71.3 percent had separate toilets and 56.3 percent single-rooms. Overall, however, these facilities to some extent lacked space to isolate suspected cases in strict compliance with infectious disease control regulations.

[Table 2] Facilities with or without spaces for isolation

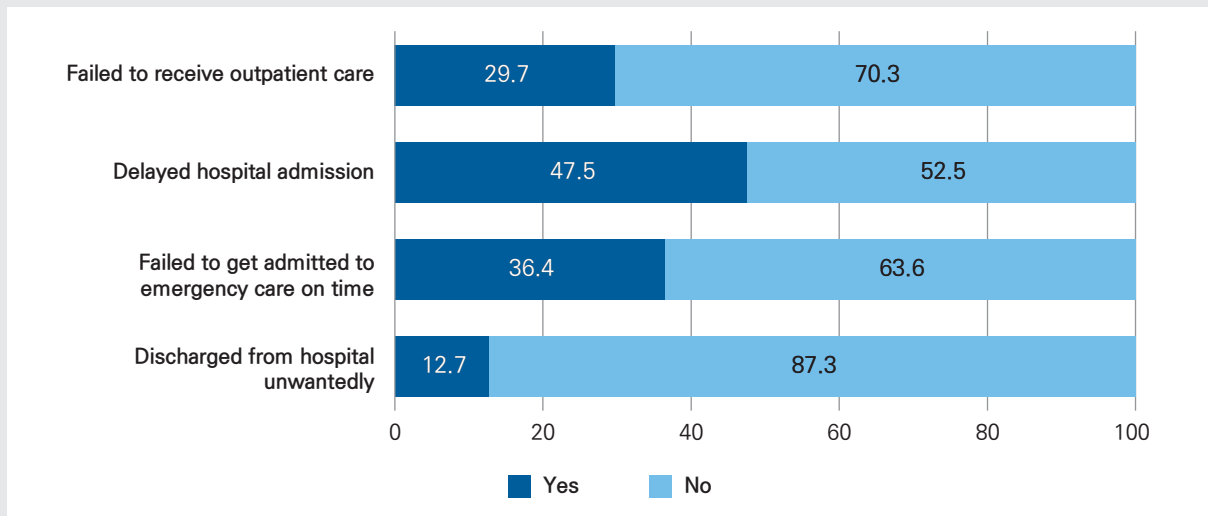
	Without space for isolation	With space for isolation					All facilities
		Separate toilets	Single rooms	Spaces with closing doors	Ventilation	Facilities with spaces for isolation	
Number	38	57	45	80	80	80	118
%	32.2	48.3 (71.3)	38.1 (56.3)	67.8 (100.0)	67.8 (100.0)	67.8 (100.0)	100.0

Note: For the bracketed numbers, the divisor is the number of facilities with spaces for isolation

Source: Survey of Facilities for Homeless Persons (2020). Korea Institute for Health and Social Affairs

Of the facilities surveyed, those that reported having suspected covid-19 cases found among their residents accounted for 38.1 percent, of which 51.1 percent involved facility staff accompanying the suspected cases in the same car, running the risk of infection, on the way to a designated screening clinic. Most of the facilities reported experiencing various forms of healthcare void after the covid-19 pandemic. One in three facilities (33.9 percent) reported having residents who failed to receive necessary health checks as a result of the pandemic, while 18.6 percent reported having residents who failed to receive necessary primary care services. The facilities also reported having residents who experienced being discharged from hospital against their will (12.7 percent), who failed to get admitted to emergency care when needed (36.4 percent), who experienced delayed hospital admission (47.5 percent), and who failed to receive needed outpatient care services (29.7 percent).

[Figure 3] Does your facility have anyone among residents and users who have experienced health service discontinuance? (in %)



Source: Survey of Facilities for Homeless Persons (2020). Korea Institute for Health and Social Affairs

When asked if there were any among the services they had provided that they ever had to stop providing after the covid-19 pandemic, 68.9 percent of the facilities cited “cultural programs” and 29.7 percent cited “out-of-the-facility counselling services”. Given that most of the services provided for homeless persons are essentially important for their survival, the impact of the discontinuing of those services can be heavily detrimental to them.

## Living conditions of homeless persons after the covid-19 pandemic

Another questionnaire survey and a series of in-depth interviews were conducted to make better sense of how the living conditions have been for homeless persons and *jjokbahng* dwellers after the covid-19 pandemic. The questionnaire survey was conducted of a total of 233 homeless persons and *jjokbahng* dwellers living in Seoul, Daegu and Daejeon. The in-depth interviews were carried out on 12 street homeless persons and 8 *jjokbahng* dwellers.

Among those surveyed, 93 percent were in daily compliance with “mask-wearing requirements,” 72.5 percent said they adhered to “the 2-meter distancing rule,” and 72.3 percent were keeping to “frequent handwashing with running water and soap for at least 30 seconds.” The in-depth interviews revealed, however, that street homeless persons, who spend most of their time outdoors or in public places like train stations, found it tiresome having to wear a mask around the clock.

[Box 1] Fatigue from having a facial mask worn on

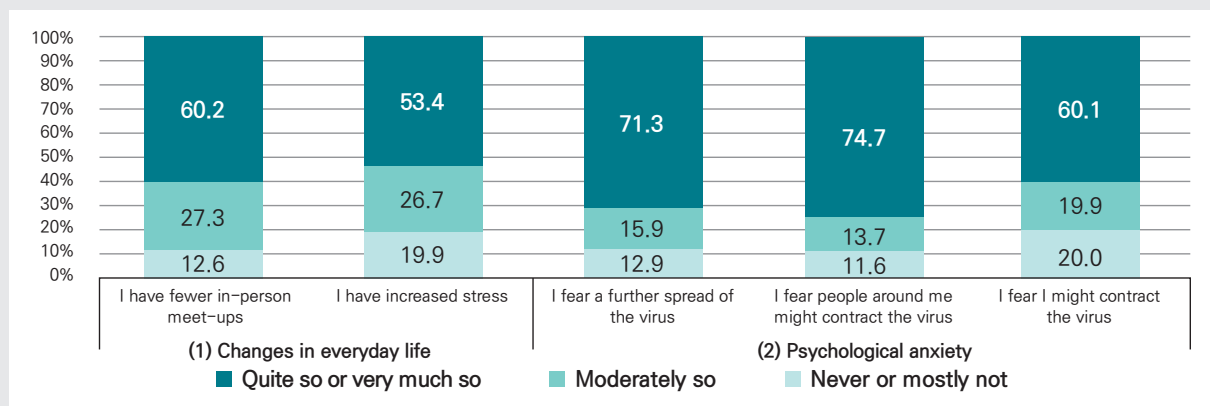
- My one nostril breathes just fine, but the other is like about half blocked. It's always like that with the left one. I get short-breathed with the mask on. Worse still, I'm hugely susceptible to heat... With the mask on, it's hot, harder to breathe, with the nostril half blocked from inside (Homeless Person A).

- I keep it worn on for a long time. How so terribly hot it must be with the mask on over here, covering here, on a hot day like this. (Homeless Person B)

Source: In-Depth Interviews with Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

When asked about the changes they had in their everyday life after the covid-19 pandemic, 60.2 percent reported coming to have in-person meetups less often, and 53.4 percent reported having increased stress. When asked about anxiety after covid-19, 71.3 percent said they feared a further spread of the virus and 74.7 percent reported fearing they or people around them might contract it.

[Figure 4] Everyday life and psychological anxiety after covid-19



Source: Survey of Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

More than 13 percent of those surveyed reported having failed to receive needed health care after the covid-19 pandemic broke out. The prevalence of unmet health care needs was notably high among street homeless persons at 19.3 percent. In the in-depth interviews there were cases reported of a needed medical surgery delayed indefinitely as some of the hospitals to which homeless residents had been sent for care came to be newly designated to function as covid-19 screening centers.

[Table 2] Facilities with or without spaces for isolation

		Street homeless persons	Homeless residents in drop-in centers	<i>Jjokbahng</i> dwellers	All
Yes	No. of persons	11	2	16	29
	%	19.3	5.0	13.2	13.3
No	No. of persons	46	38	105	189
	%	80.7	95.0	86.8	86.7
All	No. of persons	57	40	121	218
	%	100.0	100.0	100.0	100.0

Note: For the bracketed numbers, the divisor is the number of facilities with spaces for isolation

Source: Survey of Facilities for Homeless Persons (2020). Korea Institute for Health and Social Affairs

Street homeless persons and *jjokbahng* dwellers on average eat two meals a day, with many of them relying on local soup kitchens for meals service. Fifty-five percentage of street homeless persons and 56.8 percent of *jjokbahng* dwellers reported having missed meals as soup kitchens ceased operating due to covid-19 closures. A lower percentage of homeless persons who used meal services at drop-in facilities reported having missed meals after the covid-19 pandemic.

[Box 2] Health service discontinuance as experienced by homeless persons

- After a surgery, I need to get some physiotherapy. Rehabilitative treatments, too. But then those public hospitals threw out all those homeless inpatients and went all out against covid-19. They need beds to take in covid-19 patients... can't get myself scheduled for treatment. That's how things have gone. I barely get by, with this metal thing lodged in. (Homeless Person C)
- I had been told so in March or April. I was suggested to check it out. As it happened, however, the pandemic broke out about then and some of those in the hospital rooms had to leave somehow... I heard they would discharge a goodly portion of the inpatients, looking to put in extra rooms for covid-19 patients. (Homeless Person D)
- I felt really sorry for this man, for his belly had swollen badly with fluid. How hopelessly helpless he must have been being forced out of the hospital, as if having fallen ill with the disease weren't enough. It's the covid-19, yes, but it's still the health service that comes first. (Homeless Person E)

Source: In-Depth Interviews with Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

[Table 4] Homeless persons and *jjokbahng* dwellers eat two, or even fewer, meals a day

		Street homeless persons	Sheltered homeless persons	<i>Jjokbahng</i> dwellers	All
Before covid-19	Mean	1.98	2.20	2.35	2.23
	SD	0.68	0.50	0.58	0.61
After covid-19	Mean	1.88	2.09	2.31	2.16
	SD	0.70	0.36	0.58	0.61

Source: Survey of Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

Homeless persons and *jjokbahng* dwellers were found to eat two meals on average a day, largely relying on free meal services. Many of them reported having missed meals due to occasional closure of free meal services after the pandemic.

[Table 5] Have you ever missed meals due to closure of free meal services?

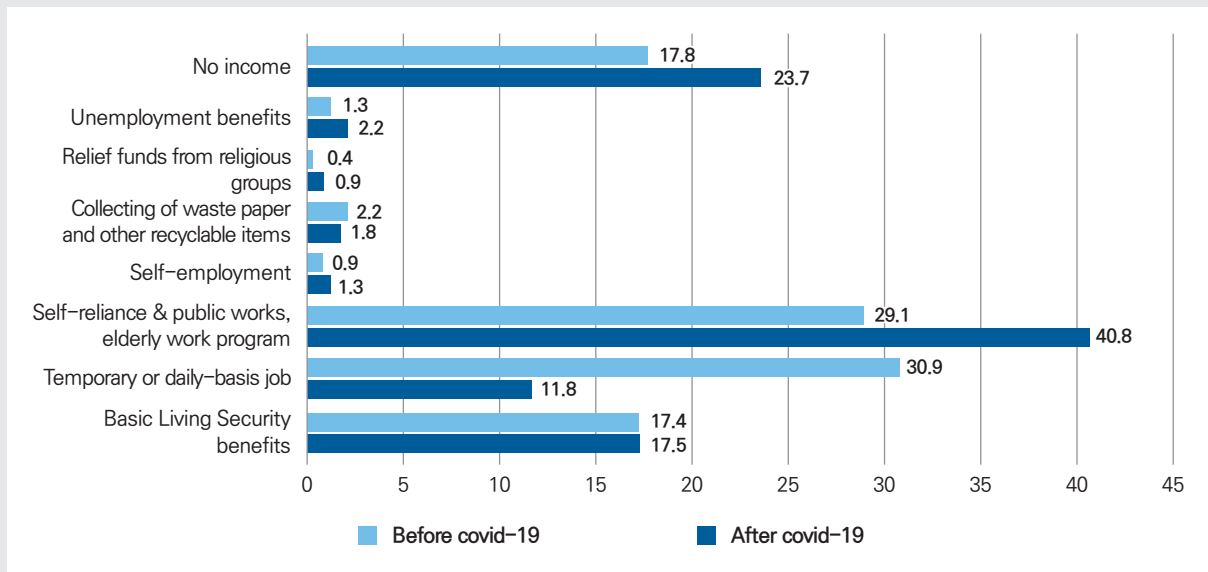
	Street homeless persons	Sheltered homeless persons	<i>Jjokbahng</i> dwellers	All
Yes	55.3	7.7	56.8	40.7
No	44.7	92.3	43.2	59.3
All	100.0	100.0	100.0	100.0

Source: Survey of Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

There were changes after covid-19 in economic activities and in main sources of income for those surveyed. Some among the interviewees said that they and others around them were unable to work because no work was available and that they would like to work if suitable jobs were made available for them in the public work sector. Of the surveyed, 30.9 percent cited temporary or daily labor jobs as their main income source before covid-19, while 40.8 percent said that after the pandemic, they came to rely for income mostly on public work jobs such as the ones created via self-reliance or elderly employment programs.



[Figure 6] Labor market inequality, by the size of the workplace



Source: Survey of Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

Those surveyed on average had a monthly income of KRW582,000 after covid-19, down by about KRW200,000 from before the pandemic. As many as 63.2 percent of the respondents surveyed said “yes” when asked if they would be interested in working if given a public works opportunity.

[Table 6] Monthly earned income for homeless persons and *jjokbahng* dwellers, before and after the covid-19 pandemic (in KRW thousand)

		Before covid-19				After covid-19			
		Unsheltered homeless	Sheltered homeless	<i>Jjokbahng</i> dwellers	All	Unsheltered homeless	Sheltered homeless	<i>Jjokbahng</i> dwellers	All
Avg. earned income	Mean	807	1,107	679	790	456	905	509	582
	Median	720	750	720	700	300	750	700	700
	SD	863	729	642	727	551	608	458	530

Source: Survey of Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs

The percentage of those who had received emergency disaster relief payments was much lower in street homeless persons than in either homeless persons in facilities or *jjokbahng* dwellers. Data from

Seoul, Daegu and Daejeon show that only 40 to 50 percent of street homeless persons in those cities have received disaster relief payments from the central government. The most often cited of the reasons for not applying for disaster relief assistance was “didn’t know how to apply” (32.7 percent). Some of those interviewed in-depth suggested that they were unable to receive disaster relief grants for reasons that had to do with their personal information about residential address or residential registration. The respondents suggested that disaster relief grants should be “paid in cash” (33.3 percent), “increased in amount” (21.9 percent), “paid without individuals having to present their ID” (7.9 percent), and “paid without individuals having to present their address” (6.6 percent).

[Table 7] Homeless persons and *jjokbahng* dwellers in receipt of emergency relief payments

		Survey of homeless persons and <i>jjokbahng</i> dwellers				Survey of homeless-related facilities			
		Street homeless persons	Homeless persons sheltered in drop-in centers	Homeless persons in residential facilities	<i>Jjokbahng</i> dwellers	Street homeless persons	Homeless persons sheltered in drop-in centers	Homeless persons in residential facilities	<i>Jjokbahng</i> dwellers
Central government’s disaster relief grants	Receipt rate	46.6	89.7	-	95.2	-	62.2	92.7	98.4
	No. of individuals surveyed	58	39	-	126	-	944	5,949	1,278
Local government’s disaster relief grants	Receipt rate	39.3	64.1	-	89.0	-	61.4	94.3	95.3
	No. of individuals surveyed	56	39	-	127	-	779	4,947	856

Source: Survey of Homeless Persons and *Jjokbahng* Dwellers on the Impact of Covid-19 (2020). Korea Institute for Health and Social Affairs.

[Table 8] % of homeless persons and *jjokbahng* dwellers in receipt of emergency relief payments

		Seoul		Daegu		Daejeon	
		Street homeless persons	Homeless persons in drop-in centers	Street homeless persons	Homeless persons in drop-in centers	Street homeless persons	Homeless persons in drop-in centers
Central government disaster relief grants	Receipt rate	53.1	84.3	48.6	-	50.0	-
	No. of individuals surveyed	448	510	70	-	20	-
Local government disaster relief grants	Receipt rate	34.8	55.4	67.3	-	17.6	-
	No. of individuals surveyed	293	390	113	-	17	-

Source: Data from Seoul Metropolitan City (2020), Daegu Metropolitan City (2020), and Daejeon Metropolitan City, as provided requested.

When the respondents were asked if they had experienced any human rights violations or seen anyone get their human rights violated, 39.5 percent (92 out of 233) said “yes”, of whom, when asked further in what ways their human rights were violated, 40.2 percent cited “forced expulsion from a train station building”, 22.8 percent “prohibition from using a public restroom”, and 20.7 percent “prohibition from using a public drinking water dispenser.”

## ●● **Concluding remarks: limitations of and alternatives to policies on homeless persons and *jjokbahng* dwellers as revealed in covid-19 situations**

Homeless persons and *jjokbahng* dwellers are vulnerable groups whose health and socioeconomic, as well as housing, conditions are so precarious that they require continued support, attention and counseling. They may be particularly vulnerable to such infectious diseases as covid-19, as they live mostly in places where it is difficult to adhere to quarantine rules. Furthermore, there is more to their social vulnerability than their being more vulnerable than most of the rest to covid-19. If the loss engendered by a crisis has a socially constructed component, as it does, the vulnerability of those by whom the damage is suffered can be said to have at least in part been brought on as a result of social construction. It stands to reason then that such vulnerability should be responded to at the social level.

There is a need for the existing laws that concern response to infectious diseases—the Infectious Disease Control and Prevention Act, the Framework Act on the Management of Disasters and Safety, and the Disaster Relief Act—to include, along with the current eligibility criteria related to age and disability, provisions by which to render socially-vulnerable groups entitled to both preventive and compensatory support.

Health care support for homeless persons and other socially vulnerable groups need to extend beyond emergency response to preventive, routine and diagnostic care. The Act on Support for Welfare and Self-Reliance of the Homeless needs to include, in addition to the current emergency measures as specified therein, more regular, longer-term measures in response to homeless persons with medical conditions such as tuberculosis, infectious disease, mental illness, and even chronic diseases.

Human rights watch groups and homeless advocacies the world over have called attention time and again to that, in times of covid-19, it is housing support that should be provided for homeless persons most urgently. They have also emphasized in one voice the importance of putting and keeping in place prompt and well-coordinated services, not discrimination and forced eviction, for street dwellers. Policies on homeless persons have been implemented with the emphasis placed mostly on residential facilities. However, as it has been revealed in the course of the covid-19 crisis that a residential facility where many people live together is itself peril-ridden, there is a need for further examination of the current policies on homeless persons and for prompt housing support for street dwellers. Options to consider include revising regulations concerning homeless shelters and improving ways of making use of emergency isolation facilities and temporary shelters for housing-vulnerable groups. Homeless shelters, and smaller ones in particular, have great difficulties setting aside areas for quarantine isolation

in their premises. These circumstances call for local governments to work out response measures at the regional level. Local governments may look for reference to some other local governments which, confronted with similar difficulties, have managed to come up with ways of making efficient use of lodging facilities, vacant units in public rental housing, and public facilities intended to house trainees. Drop-in centers which provide short-term sleeping accommodations to homeless persons must meet at least minimum space requirements for sleeping quarters. It must also be ensured that homeless persons living in residential facilities sleep with a distance of at least 2 meters kept from one another. Ways should be sought to ensure that in the long-run a separate sleeping space is provided for each homeless person.

It has been found that over the course of response to the covid-19 crisis, homeless persons have suffered from discontinuance of health services and meals provision. These services, as they have closely to do with the right of life of homeless persons, should be provided without cessation as entitlements. The problem of meals provision that has been identified as concerning homeless persons is not specific only to homeless persons. Community meals provision programs need to take a broader approach, with a view to benefiting the socially vulnerable at large, of whom homeless persons are a part. It is important to make it mandatory for local authorities and the Ministry of Health and Welfare to run homeless meals programs without discontinuance even in emergency situations.

With the health care void come on to a serious extent since the outbreak of covid-19, it has become increasingly difficult for homeless persons and *jjokbahng* dwellers to receive health services from hospital-level service providers. Given the complexity of the problem, it is unlikely that any conclusive solution can be arrived at straightaway. Policymakers may consider reinforcing for now those services as part of emergency relief and taking, over a longer haul, a well-informed and broad-based reform with a view to better protecting the health of homeless persons.

It is crucial that homeless persons are provided with support in employment, which is an element essential to making a living. The covid-19 crisis has engendered an economic crisis that in turn aggravated the employment situation. As a result, the percentage of homeless persons and *jjokbahng* dwellers who make a living by working at a temporary job or as a day laborer has declined. Meanwhile, the proportion of those with no income or with an income from a public works job or self-reliance works has increased. There is a need to offer homeless persons and *jjokbahng* dwellers jobs that are more stable and last longer than those that are currently made available to them. Also, the range of such jobs need to be broadened to include ones that, light in workload, anyone can handle with ease and come with health care services.

When it comes to such a universal transfer program as emergency disaster relief, policymakers could consider, given the living conditions of homeless persons and other socially vulnerable groups, doing away with requiring home address information and going over to allowing for more flexible options to ensure that no one among them is excluded from what they are entitled to as members of society. In our in-depth interviews there were cases reported of individuals who could not receive disaster grants either because they did not know how to apply for them or for such personal reasons as “no definite residential address” or “resident registration cancelled.” There is a need to offer flexible pathways for homeless

individuals to choose from who have no access to or are unable to use the internet or a smartphone, have neither a valid home address nor an ID card nor a bank account, or have little access to information they need to receive grants.