



Promoting Safety and Connection During COVID-19: Tiny Homes as an Innovative Response to Homelessness in the USA

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Accepted: 12 May 2022 / Published online: 9 June 2022
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Abstract

Using an international human rights framework, this study explores how tiny home villages have provided unhoused individuals with critical shelter necessary for preserving health and safety during the COVID-19 pandemic, while attending to the needs of social connection and community maintenance. The gaps and inadequacies of conventional shelter systems in the USA for people experiencing homelessness have been highlighted by COVID-19. Physical distancing can be challenging for people experiencing homelessness due to the crowded congregate shelters and encampments. Furthermore, closed agencies and limited transportation can increase risk for isolation. People experiencing homelessness are more likely than the general population to have health risks, such as diabetes and heart disease, both of which can increase the risk of death for people who test positive for COVID-19. Through qualitative analysis of 32 open-ended survey responses of experts working and/or living in tiny home communities addressing homelessness, we explore how these leaders in the field responded to the COVID-19 pandemic. Two primary themes emerged through analysis: (1) villages prioritize safety through physical distancing, and (2) villages preserve social connection and combat isolation. This balance of being responsive to the safety guidelines of COVID-19, while also maintaining social connection and community building, highlights the need for social work to embrace new and innovative responses to homelessness and other social issues, particularly given the uncertainties and complexities of the future.

Keywords Homelessness · Tiny homes · Innovation · COVID-19

Introduction

The coronavirus (COVID-19) pandemic made it abundantly clear that social work must be responsive to a rapidly changing environment. In a matter of weeks, the traditional ways social workers engage with the community were upended and social work agencies had to rely on the fundamental social work practice of meeting clients where they were at. The need for a nimble and flexible approach to service delivery and social systems is not limited to COVID-19. Due to rapid changes from technology and the environment, the social work field must find innovative approaches to address the dynamic needs of people in general and particularly those who are the most vulnerable and marginalized.

The shortcomings of conventional shelter systems and the need for housing first interventions for people experiencing homelessness¹ in the USA have been highlighted by the COVID-19 pandemic. The United Nations identifies homelessness as a violation of human rights and, in the context of COVID-19, a “potential death sentence” (Farha, 2020, para. 3). Although service systems have prioritized the issue of homelessness through shelters and more long-term solutions, such as permanent supportive housing, as access to affordable housing decreases and income inequality increases, homelessness continues to grow in the USA (Byrne et al., 2021; National Alliance, 2020a; U.S. Department of Housing and Urban Development, 2021). According to the 2020 US Department of Housing and Urban Development (HUD) Point-in-Time Count, more than 580,000 individuals and families experienced homelessness in the USA on a single night in January and nearly 40% were in unsheltered locations such as on the street, in parks, or abandoned buildings (United States Department of Housing and Urban Development, 2021). In fact, for the first time since

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the inception of the Point-in-Time Count, more individuals experiencing homelessness were unsheltered than sheltered (United States Department of Housing and Urban Development, 2021). This highlights the gap that congregate shelters have been unable to fill, even prior to the health concerns that were emphasized by COVID-19.

Conceptual Framework: International Human Rights Framework

The United Nations has identified homelessness as a violation of human rights (Farha, 2020), particularly in the context of the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social, and Cultural Rights (ICESCR) (Lynch, 2005; Lynch & Cole, 2003). The ICCPR and the ICESCR include several rights that scholars have argued are violated during the experience of homelessness (Lynch & Cole, 2003; Tars et al., 2021). These rights include rights to life, liberty, and security; adequate housing; education; the highest attainable standard of health; social security; freedom of opinion and expression; freedom of association; work; vote; privacy; non-discrimination; and participation (Lynch & Cole, 2003; Tars et al., 2021). These rights can be tied directly to the social work profession through our Code of Ethics, in particular the dignity and worth of all people and the importance of interpersonal relationships (National Association of Social Workers, 2021). While the USA has ratified the ICCPR, it has not ratified the ICESCR, so the right to housing is not a formal right in the USA (Alexander, 2018; Tars et al., 2021).

Access to adequate housing has become critical for the preservation of health and safety during the COVID-19 pandemic. The United Nations published guidance for addressing the human rights violation of homelessness during COVID-19, which also envisions a response to homelessness beyond the pandemic (Farha, 2020). Measures included providing accommodation for all individuals experiencing unsheltered homelessness with a focus on transitioning to permanent shelter, providing emergency accommodations for physical distancing and isolation in the event of contracting COVID-19, and ensuring needed services and supports remain open to and providing free health care and testing for individuals experiencing homelessness (Farha, 2020). While tiny homes addressing homelessness have not, to our knowledge, been assessed through a human rights lens, they are considered to be a more dignified response to homelessness than congregate shelters (Community Frameworks, 2015; Mingoya, 2015). Using this framework of human rights allows us to contextualize the importance of shelter at all times, particularly during a global pandemic.

Literature Review

Prior to the onset of the COVID-19 pandemic, underserved groups, including members of the LGBTQ community, individuals who have been incarcerated, couples, pet owners, residents without documentation, youth, and employed individuals with nontraditional work schedules, faced barriers to shelter and housing, making these groups more vulnerable to the experience of unsheltered homelessness (Poppe, 2016; Copeland et al., 2009; Fowler, 2018; Klimkiewicz et al., 2014; Mingoya, 2015; Morton et al., 2017; Mottet & Ohle, 2003; Rooney et al., 2016; Singer et al., 1995). Additionally, individuals experiencing homelessness who also use substances or have mental health conditions face a myriad of health and social problems often resulting in long-term homelessness and barriers to housing (Smartt et al., 2019; Susser et al., 1993). These barriers and restrictions toward housing have been exacerbated during COVID-19, leaving congregate shelters as one of the few options (Perri et al., 2020).

Interventions that address some of these barriers to shelter and housing, such as housing first models, have been utilized. Housing first models, similarly to UN guidance on the right to adequate housing, prioritize permanent housing to individuals experiencing homelessness (National Alliance to End Homelessness, 2016). This intervention is guided by the idea that individuals need basic necessities, such as food and shelter, before addressing any other need, such as workforce training and employment (National Alliance to End Homelessness, 2016). Housing first models were developed in New York (Tsemberis et al., 2004) and have proven to be successful in addressing homelessness across the USA, Canada (Goering et al., 2014), and several European countries (Busch-Geertsema, 2013). Housing first models provide a low barrier, harm reduction approach to treatment intended to target the hardest to reach individuals experiencing homelessness; these are individuals with serious mental illness, often with co-occurring substance use problems (United States Department of Housing and Urban Development (HUD), 2007). Limitations of housing first models, such as the expense and the need for available housing subsidies (Tsai & Rosenheck, 2012), contribute to the limited available space and may lead one to need to utilize congregate shelters or remain unsheltered.

To address the housing needs of individuals who remain unhoused, innovative responses to homelessness have been growing in communities across the USA, including tiny home villages, safe parking programs, and sanctioned campsites. The onset of COVID-19 further highlighted the importance of alternatives to congregate shelters. This study seeks to explore the ability of tiny home community

leaders in the USA to be responsive to the changing homelessness service provision landscape that emerged with COVID-19.

Congregate Shelters and COVID-19 Risk

Those experiencing homelessness and economic instability have been hit especially hard by COVID-19 (Baggett et al., 2020). Homelessness in particular poses challenges that not only increase the transmission of COVID-19 but also exacerbate its risk. Physical distancing can be especially challenging for people experiencing homelessness due to the crowded nature of congregate shelters (Mosites et al., 2020) and encampments (Finnigan, 2020b). Furthermore, people experiencing homelessness are more likely to have health risks, such as diabetes and heart disease (National Alliance, 2020b), which can increase the risk of death for people who test positive for COVID-19 (Mosites et al., 2020).

While public officials urged people to shelter in place under “safer at home” orders to mitigate the spread of COVID-19, people experiencing homelessness have been left out, which has been identified as a violation of human rights by the United Nations (Farha, 2020). Not only is “safer at home” not an option for people experiencing homelessness, but people who are unhoused also cannot easily distance themselves from others when staying at congregate shelters (Finnigan, 2020b). Initial studies show a higher risk of transmission and outbreaks of COVID-19 in congregate settings, such as shelters (Baggett et al., 2020; Culhane et al., 2020), with examples of outbreaks in Seattle, San Francisco, Boston, and other communities across the USA (Finnigan, 2020a; Mosites et al., 2020). Public health response to COVID-19 outbreaks at shelters in Seattle, San Francisco, and Boston revealed COVID-19 positivity rates ranging from 17 to 66% (Mosites et al., 2020). One study in Denver, CO, reported a 24% prevalence of COVID-19 antibodies in people staying in shelters compared to an 8% prevalence of people staying in encampments (McCormick et al., 2020), suggesting that COVID-19 spread more widely in shelters than encampments.

In addition to not being able to distance from others physically, access to resources has been limited due to agency closures and restricted public transportation (Tsai & Wilson, 2020). Public transportation can be essential for accessing resources such as food, shelter, and health care, and it was greatly impacted by COVID-19 (Chen et al., 2021). Additionally, these abrupt closures not only limit access to needed services but also limit access to social relationships and support that come from formal and informal social relationships (Perri et al., 2020). Social isolation, commonly associated with homelessness, violates human rights (Lynch, 2005). This proved to be particularly salient during

COVID-19 as social isolation was commonly experienced by housed and unhoused individuals.

Recognizing that congregate shelters posed an increased risk to the spread of COVID-19, public officials looked to alternative sheltering options, including moving people into motels and hotels, opening congregate shelters in larger venues, and establishing sanctioned camping sites (Perri et al., 2020). These responses reflect guidance from the Centers for Disease Control and Prevention (CDC), which states the following: (1) overflow sites to allow for physical distancing; (2) isolation sites for people who test positive for COVID-19; (3) quarantine sites for people who are waiting to be tested or who know they have been exposed to COVID-19; (4) protective housing for people who are at increased risk of COVID-19 (CDC, 2020, para. 4). While these decisions were necessary at the height of the COVID-19 pandemic, they are not long-term solutions, and there is concern about what happens once the risk of spreading COVID-19 decreases. Additionally, these responses do not address the social isolation risks and limited access to resources.

One growing response to the limitations of congregate shelters is the establishment of tiny home villages for people experiencing homelessness. Tiny home villages gained popularity prior to the onset of COVID-19 to address the barriers and challenges of traditional congregate shelters for various groups of people experiencing homelessness. Though empirical evidence of the impact of tiny home villages on addressing homelessness has yet to be published, as of 2019, there were more than 115 tiny home villages for people experiencing homelessness in the USA (Evans, 2020).

Tiny Homes as a Response to Homelessness

While there is no formal definition of what constitutes a tiny home, many agree that a home under 400 square feet is considered a tiny home (Evans, 2018). Tiny home living has become more popular in the general population as a way to reduce environmental impacts and pursue a minimalist lifestyle (Evans, 2020). As a response to homelessness, tiny homes have gained popularity over the past decade as a more inclusive and dignified housing option for those experiencing housing insecurity. While no research on the outcomes of tiny home villages exists to our knowledge, studies have explored the implementation of tiny home villages. Common elements of successful implementation of tiny home villages addressing homelessness include a strong community with elements of self-governance, public support, funding with few restrictions, and affordable housing options post-graduation (Wong et al., 2020). While tiny homes follow the housing first approach in providing low barrier shelter with a harm reduction approach, it should be noted that tiny homes are not meant to be a permanent housing option like most responses that follow a housing first model. Instead, tiny home villages are meant to be an alternative to

congregate shelters or bridge housing while transitioning into permanent housing (Wong et al., 2020).

The first formal use of tiny homes as a response to homelessness was in 2000 with Dignity Village in Portland, Oregon (Mingoya, 2015), and as of 2019, there were more than 115 tiny home villages for people experiencing homelessness (Evans, 2020). Moreover, as the debate for the right to housing advances in the USA, tiny homes have been framed as a way to advance the right to housing (Alexander, 2018). Several cities in the USA that have enacted a right to housing policy have used tiny homes as a mechanism for transitioning people out of housing and into more permanent housing (Alexander, 2018). Four prevalent arguments in favor of tiny homes as a response to homelessness are that they are relatively affordable, quick to build, more sustainable and environmentally friendly, and more dignified than congregate shelter options (Kilman, 2016; Lee, 2019; Mingoya, 2015; Turner, 2017).

While affordability is a key argument for tiny home villages, the cost of a tiny home unit can vary greatly. The average cost of a tiny home unit is \$21,160 but can range from \$1,200 to \$190,632 (Evans, 2020). They are also quick to build. As one report shows, three villages in Seattle were planned, constructed, and implemented in a single year, providing housing for 155 people (Lee, 2019). It is also argued that tiny homes also have a smaller environmental impact because fewer building materials are used in development, and they use less energy than other housing options (Kilman, 2016). Tiny homes also offer more dignity than congregate shelters, not only because they provide privacy of closing and locking a door, but they also offer choice and autonomy through resident self-governance, meaning leaders of tiny home villages are often the residents themselves (Community Frameworks, 2015; Mingoya, 2015).

Tiny homes have been used in the past as an adaptive response to a changing environment. When people lost their homes and were displaced following Hurricane Katrina in 2005, tiny homes were used as a solution, coined “Katrina Cottages” by architect Marianne Cusato (Jackson et al., 2020, p. 1). Katrina Cottages were 300-square-foot homes with one or two bedrooms, one bathroom, a living space, and a kitchen (Jackson et al., 2020). Katrina Cottages were an innovative solution that offered safety, privacy, and comfort that is often absent in congregate shelters (Jackson et al., 2020). This example of a quick response to crisis is similar to the response currently needed in the face of the COVID-19 pandemic.

Based on the growing use of tiny homes as a response to homelessness and their adaptability to crises, such as Hurricane Katrina, we seek to answer the following research question: *How are leaders of tiny home communities addressing homelessness being responsive to the COVID-19 pandemic?*

Methods

Study Design

These data came from a four-part sequential explanatory mixed methods research design (Wilson, 2021). This qualitative study examined the lived experience of operating tiny home villages addressing homelessness during the COVID-19 pandemic. Structured interviews were carried out remotely via two rounds of online surveys.

Sampling and Recruitment

The study employed a purposive, reputation-based, snowball sampling of field experts on tiny home communities addressing homelessness. Villages dedicated to mobile homes, RVs, tents, and shipping containers were not included in recruitment efforts, as the study’s defined focus is tiny homes (Author, in progress).

A total of 75 initial recruitment attempts were made (including 58 emails, 12 website contact forms, four phone calls, and one Facebook message) to individuals directly representing tiny home villages addressing homelessness (employees of tiny home organizations and/or residents serving in key leadership roles) as well as individuals providing a range of public and private sector supports to tiny home communities (such as governmental officials and private builders; Author, in progress). Recruitment efforts resulted in a total of 35 qualifying participants enrolled in the study. Thirty-two participants completed the first online survey (a response rate of 91% of those initially enrolled), and 31 participants completed the second online survey (a response rate of 97% of those who completed the initial survey).

The Institutional Review Board (IRB) waived the requirement to obtain informed consent from study participants due to the minimal risk associated with the research. Thus, each participant was sent an IRB-approved information letter outlining the study’s purpose and procedures. Participants were informed that they would receive individual \$50 Amazon gift cards upon completion of each online survey, which took an estimated 60 to 90 min to complete (Author, in progress).

Measures

Two rounds of electronic surveys were administered using an online research platform called Optimal Workshop. Participants were first asked to answer questions, which provided descriptive information about the panel of experts consulted in the study, including race/ethnicity, gender

identity, personal experience with homelessness, and residency in a tiny home village addressing homelessness.

Participants were then asked the following COVID-19-related questions: (1) What are some of the policies and practices your village has started/changed in response to COVID-19? (2) How are you monitoring symptoms in your village? (3) What are you doing, or planning on doing, if village residents/guests present with symptoms/test positive for COVID-19? (4) How has village decision-making changed since COVID-19? (5) What COVID-19-related question(s) do you have for other tiny home communities addressing homelessness? (Author, in progress).

Based on participant responses in round 1 to the final question asking what they would like to learn from other tiny home communities, the following COVID-19 questions were presented in round 2:d (1) What sorts of policies have you enacted regarding use of community spaces? (2) How have you ensured social distancing? (3) Do you request or require villagers to wear masks in the village? (4) What type of community care has been organized for those who test positive or are ill? What steps have you taken to make sure villagers are not ostracized for testing positive for COVID-19? (5) Have you had to remove anyone during COVID-19 in a U.S. state under an eviction moratorium? If so, how did you go about that? (6) How do you communicate with residents about staying home and educating them about daily COVID-19 news? (7) What is the data that you focus on the most in your decision making (i.e., new cases, hospitalizations, deaths, infection rate, death rate, etc.)? (Author, in progress).

Analytic Approach

As recommended by Saldana (2016), qualitative analysis was conducted in cycles, including open or initial coding, first cycle coding, and second cycle coding. We began the process with open or initial coding in which initial reactions to the data were documented. We then used magnitude coding (Saldana, 2016) for first cycle coding to better understand how responsive participants reported they were able to be in the wake of COVID-19. In using magnitude coding, as described in Saldana (2016), we applied a scale of 0 to 3, where 0 was “not at all adaptable, stuck in previous rules”; 2 was “able to change with time,” and 3 was “able to adapt quickly and easily.” This coding strategy allowed us to focus on the responsiveness of the tiny home community.

Once we completed magnitude coding, we came together with quotes and possible codes from both initial coding and first round coding for discussion and to reach consensus on the codebook. We then used code mapping (Saldana, 2016) to begin to put the codes into categories. During the second cycle coding process, we used axial coding (Saldana, 2016) to find synonyms and reduce redundancy in the codebook. This reduced codebook and categorization of codes allowed us to see emerging themes in the data.

Table 1 Sample characteristics participants ($n = 32$)

Characteristic	<i>n</i>	%
Total villages represented	35	n/a
Total states represented	13	n/a
Gender		
Female	16	50.0%
Male	14	43.8%
Male and female	2	6.3%
Race/ethnicity		
Asian or Pacific Islander	2	6.3%
Black or African American, not Latino	5	15.6%
Latino or Hispanic	5	15.6%
Native American or American Indian	3	9.4%
White, not Latino	29	90.6%
Personal experience with homelessness	9	28.1%
Current/former resident of tiny home village addressing homelessness	6	18.8%

Results

Sample Characteristics

As described in Table 1, the sample of field experts included 32 participants representing 35 unique tiny home villages addressing homelessness across 13 states. The sample was nearly evenly split between individuals identifying as female (50.0%) and male (43.8%), with 6.3% of participants identifying as both male and female. The majority of participants identified as White, not Latino (90.6%). Additionally, 28.1% of participants reported having personally experienced homelessness, and 18.8% reported currently or formerly residing in a tiny home village addressing homelessness.

Two primary themes emerged through our analysis: tiny home leaders report that tiny home communities were able to be responsive by (1) promoting safety through physical distancing while also (2) promoting social connection and combating isolation. Within each of these themes, several sub-themes emerged. The subthemes for promoting physical safety include providing meals, community spaces, and structural changes. The subthemes for promoting social connection include changes to community meetings, communication, and extra care and consideration.

Promote Physical Distancing

Tiny home community leaders reported several strategies for promoting physical distancing. Promoting physical distancing is a recommendation for homeless services from the CDC (2020), but many of the strategies that respondents reported using went above and beyond the guidelines outlined by the CDC. These included providing meals, changes to community spaces, and structure changes.

Providing Meals

Several respondents reported beginning to provide meals to residents as a way to promote physical distancing. As one respondent reported, “We now serve a daily meal Monday-Friday, which was not practice pre-COVID-19. This was done to minimize the need for our vulnerable neighbors to leave the Village to access food.”

Community Spaces

In many villages, community buildings include kitchens, showers, toilets, and dining areas. Multiple respondents reported that having a shared community space had significant benefits and drawbacks. One respondent stated: “We’ve learned that the communal aspect of our village is our secret sauce AND also a burden.” In order to maintain public health protocols during COVID-19, respondents stated that residents had to wear masks and maintain strict hygiene protocols to use the community areas. One respondent acknowledged that villagers are unable to truly isolate due to the shared community spaces: “Since we have a shared kitchen and shared showers, our residents wouldn’t be able to completely isolate, so we are working with the county if someone has symptoms of tests positive.”

Structural Changes

Because of the challenges of shared community space, respondents reported that in some cases, they were able to make changes to the current structure of the tiny home village. As one respondent reported, “We made a workspace and community space adjustment to facilitate social distancing.” In addition to being able to immediately respond to the current structural challenges, respondents also reported being able to adapt plans for tiny homes to be able to respond to physical distancing demands. As one respondent explained, “Home design must include bathrooms. Cannot rely on community kitchen and shower facilities for social separation.” Respondents reported they were implementing these changes, as two respondents explained, “Home design adds small shower/toilet to enable social isolation,” and “Added bathrooms to home design to enable isolation in a tiny home if required.”

Promote Social Connection

Social connection and community building within tiny home villages is an important characteristic of many tiny home communities (Mingoya, 2015). However, COVID-19 created a challenge to maintain that sense of connection,

while also promoting physical distancing to limit transmission. Despite these challenges, respondents reported several ways they were responsive to maintaining the social connection that existed prior to COVID-19.

Changes to Community Meetings

It is common for tiny home villages to have community meetings of residents in order to make community decisions and promote connection. However, COVID-19 prompted villages to make changes to these community meetings in order to promote physical distancing. Though this had the potential to limit social connection and increase isolation, respondents reported that they found other ways to have meetings safely and continue resident input. As one respondent reported, “Village meetings have been cancelled which has affected self-management. All votes have been ‘mail in ballots’ for decision making.” Another respondent reported, “We have implemented online/phone meetings, which has actually increased attendance.”

Communication

Tiny home village leaders reported that they were able to provide residents with COVID-19 updates and information. This allowed for connection between residents and staff as well as connection among residents. As one respondent reported that they conducted “continuous door-to-door updates and education on social distancing and COVID-19 symptoms.” This also consisted of communication through various platforms, as one respondent reported, “We created and maintain a COVID-19 communication dashboard.”

Extra Care and Consideration

One additional subtheme that emerged was leaders reporting the extra care and consideration for residents during these unprecedented times. In addition to providing meals to promote physical distancing, this included connecting residents to health services, providing transportation, and acknowledging the importance of care in building community. As one respondent reported, “We have local contacts that will assist with testing, transport, and quarantine of residents with symptoms or who test positive.” Another respondent reported, “We added a transportation mobile due to the limited bus schedule.”

These themes demonstrate that tiny home villages were not only responsive to the most basic guidelines enforced during COVID-19, but also responsive to the additional needs of the community during the pandemic.

Discussion

Our analysis of qualitative survey questions allowed us to answer our research question of *How are leaders of tiny home communities addressing homelessness being responsive to the COVID-19 pandemic?* Using international human rights as a framework, we were able to contextualize the importance of shelter and social inclusion during the COVID-19 pandemic. Though not ratified in the USA, the right to housing is considered a human right as enshrined in the ICESCR and the movement to housing as a human right has gained traction in the USA (Alexander, 2018). The USA has, however, ratified the ICCPR, which outlines the right to participate in community life. Researchers and advocates have argued that the experience of homelessness increases risk of isolation and inherently violates the right to participate in community life (Lynch, 2005).

Through our analysis, two primary themes emerged: leaders of tiny home communities report that they were able to be responsive to the changing landscape of COVID-19 by (1) promoting safety through physical distancing while also (2) promoting social connection and preventing isolation. Promoting physical distancing is perhaps the more straight-forward and unsurprising theme to emerge. Tiny homes, with the ability to close a door and create personal space, inherently promote physical distancing and following a housing first approach. Through an international human rights lens, this can begin to address the right to adequate housing and the highest attainable standard of health (Lynch, 2005). However, physical distancing during COVID-19 has also brought about increased isolation (Perri et al., 2020). Villages were able to preserve social connectivity and relationship building that had been established prior to COVID-19, while instituting the necessary safety guidelines. The ability to preserve social connection and combat isolation supports the right to participation and freedom of opinion and expression (Lynch, 2005). Additionally, these two themes are particularly relevant to the social work profession when considering our Code of Ethics, most notably the dignity and worth of all people and the importance of interpersonal relationships (NASW, 2021).

Furthermore, tiny home villages were able to go above and beyond the strategies outlined by the CDC for homeless services to promote physical distancing (CDC, 2020). People experiencing homelessness are more likely to have health issues that can exacerbate COVID-19 risk (Mosites et al., 2020; National Alliance, 2020b), and limited public transportation made accessing health services, and services in general, more difficult (Tsai & Wilson, 2020). However, tiny home village leaders reported not only connecting residents to health services but also providing transportation to those services. As social work ethical principles require

(NASW, 2021), tiny home community leaders reported the ability to see the injustice of gaps in services and respond with action.

Social isolation is an additional COVID-19 concern for the general population and especially for people experiencing homelessness (Perri et al., 2020). However, by providing information and updates about COVID-19 to residents and finding new ways to continue community meetings and collective decision-making, tiny home community leaders found ways to actually promote social connection during the pandemic. In doing so, these communities were able to balance being responsive to the safety needs of COVID-19 through promoting physical distancing, while also maintaining the important aspects of community building and connection.

An additional implication of this study is embedded within the research methods by relying on experts in the field with lived experience. Researchers consulted field experts about the initial round of questions to ensure their relevance and utility, and follow-up questions were created by participants themselves. Additionally, raw data was returned to participants in near real time, so as to inform day-to-day operations and critical decision-making during the pandemic. This was a way to crowdsource information and return it to those in immediate need, in spite of slow, albeit necessary, academic processes of peer review and dissemination. Interestingly, recognition of the research being in service to the field seemed to incentivize participants, as evidenced through participant retention as well as near unanimous responses from participants to all questions on an online qualitative survey.

Limitations

A few limitations to this research bear mentioning. First and foremost, surveys were administered during the COVID-19 pandemic. Thus, participants, who were direct service providers of shelter and other basic needs, were under incredible duress during this time, which certainly impacted their ability to fully engage in the study. Additionally, a search engine was used to populate the initial recruitment list, so qualifying villages and field experts may have been missed if they were not included in search results. Snowball sampling was used after the initial list was created, which may have led to sampling bias. Participants were informed that their responses would be shared with the other participants, which may have prompted self-censorship or social desirability bias, in spite of the fact that all responses were anonymous. Recruitment was only carried out in English, so future research on the topic should consider a more linguistically diverse sample. Additionally, although some of the participants were residents of tiny home villages, residents, who could provide

important information from lived expertise, were not the primary focus of the study.

Conclusion

Tiny homes have been framed as one way to advance movement toward the right to housing. Additionally, using a human rights framework highlights the importance of shelter at all times, and particularly during a global pandemic. Four prevalent arguments in favor of tiny homes are that they are relatively affordable, quick to build, more dignified than congregate shelter, and a more sustainable and environmentally friendly response to homelessness than congregate shelter (Kilman, 2016; Mingoya, 2015; Turner, 2017). These four characteristics allow for a nimble response to homelessness in the face of continuous constraints in the shelter landscape. Additionally, unlike traditional housing first models that are often expensive and require available housing subsidies, tiny homes follow a housing first approach to shelters at a more affordable cost.

According to the ICCPR and ICESCR, all individuals have the right to security, social security, and the highest attainable standard of health, which, among others, are violated in an experience of homelessness. Our analysis shows that this innovative response to homelessness allowed for both physical safety and fostering human connection during the COVID-19 pandemic in which congregate shelters struggled to meet either need adequately. Physical distancing and social connection are inherent strengths of tiny home communities, both of which have been highlighted by the COVID-19 pandemic. Tiny home villages leaders were able to be nimble and responsive to the changing environment during the height of COVID-19. This allowed leaders to maintain contact with villagers despite social distancing mandates, allowing leaders and other service providers to meet villagers where they were and maintain existing relationships. The need for a flexible approach to service delivery and social systems is not contained to COVID-19. We are experiencing rapid changes from technology and the environment, and the social work field must find innovative approaches to address the dynamic needs of people in general and particularly those who are the most vulnerable and marginalized.

Endnotes

¹We will use either the person-first term “people experiencing homelessness” or “unhoused” synonymously throughout this paper.

Declarations

Competing Interests The authors declare no competing interests.

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