# Groundswell
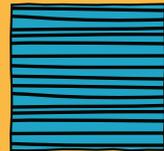
Out of homelessness

#HealthNow

# MONITORING THE IMPACT OF COVID-19 ON PEOPLE EXPERIENCING HOMELESSNESS

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## Executive Summary

The COVID-19 pandemic and the measures taken in response to the virus have, and continue to have a significant impact on people experiencing homelessness. This research was carried out by Groundswell between March and September 2020. The project was steered by volunteers who had direct experience of homelessness and it aimed to **capture the experiences, concerns and feedback of people experiencing homelessness, with a particular focus on health and human rights, during the pandemic**. Findings were shared throughout the project to ensure that the feedback from people experiencing homelessness could rapidly inform local and national decision-making processes.

Due to COVID-19 restrictions this project was delivered remotely and adopted several methods of data collection to ensure we heard stories and experiences from a range of people across the country. This included:

1. Conducting **93 telephone interviews** with people experiencing homelessness

2. Gathering **370 daily diaries** from staff and volunteers working with people experiencing homelessness

3. Working with **13 mobile reporters** affected by homelessness, who shared insights from their local communities

4. Reviewing and archiving **key policy responses** to the pandemic in relation to homelessness

The following section highlights the key findings from this research which centre on five main areas for action.

### Access to primary care: General Practice

People experiencing homelessness continue to face significant barriers to accessing primary care services, in particular general practice. Barriers include refusal to register a patient on the basis of lack of address and ID, facing stigma and discrimination in the delivery of treatment, lack of access to appointments due to inflexible or 'competitive' system booking systems and lack of access to equipment or financial means to access appointments delivered digitally. This research illustrated that these barriers were often perpetuated by the COVID-19 pandemic, which led to primary care services increasingly adopting digital means of registration and digital approaches to service delivery. Despite some positive examples of services working to ensure people in temporary accommodation were registered at a GP practice, challenges persisted and were exacerbated for those who were moved out of their local area during the pandemic and needed to register at a new GP practice.

## COVID Response for people experiencing homelessness

The approach to leading the homelessness COVID-19 response across the country was largely patchy and inconsistent, consequently people's experiences often varied significantly based on their location. With limited explicit guidance from the national Government which clearly addressed the need for coordination and accountability,  in some areas cross-sector groups rapidly worked together to ensure the needs were met of the homeless population in their areas. However, other areas were much slower to respond and lacked the coordinated taskforce multi-sector approach to ensure local plans were comprehensive, cross-sector and holistically focused on meeting people's needs including appropriate accommodation, clinical support and access to food and hygiene facilities. Involvement of people with experience of homelessness in developing response plans was very limited.

## Addressing the digital divide in access to health care

The pandemic led to health services increasingly relying on digital methods of access and delivery of services. This presented significant challenges for people experiencing homelessness due to lack of access to equipment such a phones and smart devices, lack of financial means to make calls and video conferencing and for those with limited digital and communication skills. This was also an issue when accessing other services such as the DWP, housing services and immigration services.

## Improving inclusion health through strategic collaborations and accountability

There is a lack of national oversight of how Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) partners are working together to improve health inequalities for inclusion health groups.

At a local level there is a lack of consistency in approach and stakeholders engaged in developing and delivery plans to tackle barriers to accessing health care for inclusion health groups including people who are experiencing homelessness.

## Accessible information and communication

The need to communicate at a time of crisis is paramount to the safety and wellbeing of individuals. This research found that communications which clearly and appropriately addressed the needs of people experiencing homelessness were often lacking. The key public health messages around social distancing, staying indoors and washing hands regularly failed to recognise the barriers people experiencing homelessness face to doing so. Similarly, resources and guidance around the pandemic was often not accessible, especially for people who had lower levels of literacy.

## Moving from recommendations to action

The pandemic has illuminated and, in some cases, perpetuated the existing health inequalities faced by people experiencing homelessness. Several of the key issues this research identified are illustrated within the existing evidence base. This report purposefully does not incorporate recommendations. We have set out the main areas where problems are arising and key messages for system actors. Instead working with our steering group, we will focus on how issues can be directly acted upon. As we gather insight throughout the course of the #HealthNow campaign, a new action hub will be developed and used to input, revise and monitor the concrete actions that arise – ensuring that actions are followed up and system actors are held accountable for the delivery of proposed actions. Our action hub will be launched in early 2021 with actions dedicated to these five key areas.

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