



Listen up!

Resource for comprehensive COVID-19 response planning for people experiencing homelessness

Ok, I'm listening, tell me more

Groundswell and its [#HealthNow](#) partners developed this resource to support the planning of national and local responses to COVID-19. We have consulted with our network of staff, volunteer researchers and advocates with experience of homelessness to capture the questions, consideration and concerns that should be considered when local task forces are planning.

We know that planning processes are moving quickly, and it may not be possible to involve people who are experiencing homelessness in decision making. We hope that these questions can support their concerns to be part of your thinking.

Across the country we are aware some areas are at the beginning of planning and others have comprehensive responses in place. We hope that asking these questions will help to identify gaps and strengthen plans.

This document is intended to be a live document and has been developed by Groundswell in a short timescale. It doesn't claim to represent the views of a broad range of people across the country. If more questions are raised, we will continue to update the list. Email them to Groundswell's Research Manager: jo.brown@groundswell.org.uk

Why should we develop a task force to plan our response to COVID-19 for people experiencing homelessness?

People experiencing homelessness are disproportionately affected by ill health and experience chronic health conditions. This group are more susceptible to communicable diseases than the general population, this is particularly the case with respiratory illness.

Groundswell's peer-led health research, '[Room-to-Breathe](#)' explored the respiratory health of people who are homeless, revealing the extent of ill health and risk factors that are created from their situation. The research found that:

- 20% of people who are homeless suffer from asthma
- Where diagnosed respiratory health conditions were present, they were often not being managed
- Hostel environments and rough sleeping often aggravate respiratory health
- Drug usage can make the identification of respiratory health issues difficult



People who are experiencing homelessness face increased barriers to access healthcare and treatment to prevent admission to hospital.

The evaluation of our Homeless Health Peer Advocacy (HHPA) service¹, [“Saving Lives, Saving Money”](#) demonstrates that people face increased barriers to accessing services:

- **Practical barriers** such as the cost associated with appointment attendance or being refused GP registration due to having no fixed abode
- **Difficulty navigating the healthcare system** and communicating effectively with medical professionals due to previous negative experience and low confidence
- **Fear** of hospital settings and of discovering severe health problems
- **Attitudes to homelessness and stigma**, both as an actual experience or as a fear based on prior experience

These barriers often combine to result in treatment of health issues only being sought when there is an acute need to do so. These barriers are present when the health system is operating normally. Accessing care and treatment when the system is under pressure during COVID-19, is likely to be even more difficult.

Further to this, health advice and guidance for the general population is often difficult to follow due to practical and personal challenges. This is particularly so with guidance around COVID-19 around self-isolation and steps to manage hygiene.

Local relationships between health, homelessness and housing sectors have the ability to come together to tackle barriers to healthcare for people experiencing homelessness.

Recently, #HealthNow partners have been developing local alliances with representation of people with experience of homelessness meeting alongside representatives from health, housing and homelessness sector providers and commissioners. Though it is early days, we can already see the advantage of cross-sector alliances in planning together to understand and overcome local system challenges for people when they are experiencing homelessness.

We think that a similar approach to developing a task force and local action plan would strengthen COVID-19 response for people experiencing homelessness. The following stakeholders would be useful in inputting to a cross-sector task force action plan for supporting people experiencing homelessness in COVID-19:

- People with experience of homelessness
- Clinical Commissioning Group
- GP Federations/Primary care network leads

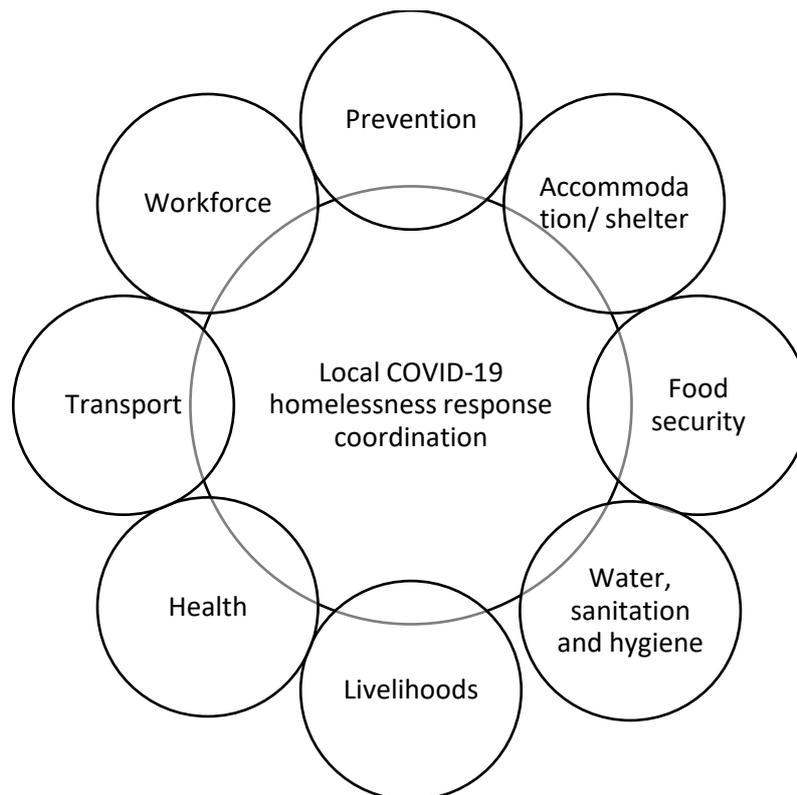
¹ Groundswell has been delivering homeless health peer advocacy services across London since 2010. Our volunteer advocates accompany people to healthcare to ensure they get the care and treatment they need. A number of other partner organisations across the UK have worked with us to bring this service to their own area.

- Homelessness service providers (including commissioned, non-commissioned and volunteer led services)
- Housing providers
- Local Authority
- Local pharmaceutical committee
- Police
- NHS Trusts (including ambulance trusts, 111, acute and mental health trusts)
- Public Health Team
- Substance misuse services
- Local volunteer centres

What kind of things should our task force action plan include?

To help people who contributed to think through what themes should be covered by a comprehensive local action plan, we have clustered people's questions based on the international emergency planning framework of a 'cluster management approach'.²

The clusters of questions for planning are:



² <https://emergency.unhcr.org/entry/41813/cluster-approach-iasc>

SPHERE have produced guidance for coronavirus response³ based on these clusters that may be useful and they emphasise:

“For the Coronavirus response, there are three important overarching factors: Firstly, people should be seen as human beings, not just cases. Human dignity is woven throughout the Handbook. Secondly, community engagement is crucial. And thirdly, focusing on preventing the spread of the Coronavirus should not make us forget affected people’s other needs, nor the long-term medical needs of the wider population”.

Frequently asked, frequently heard?

Concerns and questions from Groundswell and #HealthNow partners, volunteers and staff.

The following questions have been posed by Groundswell and #HealthNow volunteers, staff and partners. We recognise that many of these questions aren’t easy to answer and that the answers to these questions may change over time, but these questions should be used as prompts during your planning. We have a suggested action plan template which is available also on our website.

<p>Prevention of infection</p> <p>What are you doing to support people who are experiencing homelessness to prevent infection with COVID-19, particularly the most vulnerable people?</p> <p>What awareness raising, self-care and other health information do you need to provide to people who are experiencing homelessness and how will you deliver this in a way that is accessible?</p> <p>How can people who are rough sleeping self-isolate or socially distance themselves if they have no walls?</p>
<p>Health</p> <p>Physical Health</p> <p>How can you support people with pre-existing conditions and who are high risk (e.g. with long term health needs or weakened immune systems) to meet their needs?</p> <p><u>You may want to consider:</u></p> <ul style="list-style-type: none"> • medication/ prescriptions • street drugs • make and attend appointments or reschedule them • regular health checks <p>If people have new or worsening symptoms how will you support them to get their needs met when using 111 or GP appointments is difficult for them?</p>

³ <https://spherestandards.org/wp-content/uploads/Coronavirus-guidance-2020.pdf>

Work with services to reduce barriers to access (e.g. not requiring people to phone into a service when they may not have phone credit).

How will you monitor the ongoing health and wellbeing of people experiencing homelessness to identify if they are becoming unwell?

If people are admitted to hospital during the outbreak, how will you make sure they have their needs met when there and once they are discharged how will you plan to meet their needs back in the community (including accommodation and ongoing treatment)?

How will you support people who may reach end of life during the outbreak?

What role can hostel staff and residents have in supporting health issues and responding to new advice?

Addiction and recovery

How can you support people to manage their addictions and recovery during the outbreak?

You may want to consider:

- involuntary withdrawal during periods of self-isolation
- manage ongoing prescribed opioid replacement therapy and other prescriptions (in the community and in hospital settings)
- manage danger of relapse during self-isolation
- manage the anxiety that people won't get something they are dependent on?

Mental well-being and social exclusion

How can you help people to manage the impact on mental wellbeing of further isolation and anxiety about their health, benefits and medication?

You may want to consider:

- ensuring people have social contact during isolation
- interruptions to ongoing counselling and therapy and treatment
- reduced contact with people who aren't engaged with a service
- mental health crisis

Accommodation/shelter

How can you make sure that people have access to self-isolation facilities if they are infected or having symptoms?

You may want to consider:

- how to prevent people needing to present as homeless
- using other accommodation sources such as hotels
- if hostels and shelters are appropriate places for self-isolation
- plans for people with dogs who need to self-isolate
- what to do with people who have symptoms of coronavirus who refuse accommodation

- providing 3 types of accommodation (for people with confirmed diagnosis, suspected and symptoms or no infection)

How can you keep existing temporary accommodation running?

You may want to consider:

- move on from temporary to more stable accommodation during the outbreak
- impact of high levels of staff sickness
- residents not abiding by the current guidance to prevent spread of infection

Food security

What do you need to do to make sure that access to food and nutrition is available to people who are homeless during the outbreak (non-infected and infected population)?

You may want to consider:

- food bank delivery
- storing food surplus at hostel
- food provision for people without money who are self-isolating
- coordination between existing street kitchens and hostels
- introduction of food stamps for people experiencing homelessness

Water, sanitation and hygiene

How can you make sure that people have access to water and sanitation facilities to prevent spread of the virus and promote recovery?

You may want to consider:

- provision and access to water, showers and laundry facilities if day centres have to close
- provision of free tissues, soap and sanitiser
- ensuring access for people sleeping rough – mobile hand washing, access via local businesses

Livelihoods

How can we ensure people can claim or continue to access their benefit entitlement during the outbreak?

You may want to consider:

- measures for people unable to comply with DWP requirements (such as signing on) due to infection or self-isolation
- how people can be best supported with making new claims

How can we support people who have been recently moved into private rented accommodation?

You may want to consider:

- practical support and guidance for those newly moved into the private sector
- financial support (such as benefit awards) for those who are living in private sector accommodation



How can we support people who are currently working in insecure and/or low-paid jobs to meet their needs?

You may want to consider:

- Support for people on zero-hours contracts whose income might drop
- Support for people who lose their jobs due to the outbreak

Transport

How will you advise and support people experiencing homelessness to travel?

You may want to consider:

- travel to and from health settings
- travel to and from accommodation
- travel for people to collect essentials such as food or medication

What transport can be made available locally to support the delivery of essential resources?

You may want to consider:

- delivery of food and medication
- deliveries to hostels/temporary accommodation where people are self-isolating

Workforce

What plans need to be in place to support delivery of essential services if staff are off?

How will you keep staff informed of new advice and your plan?

How can you make sure that staff follow guidelines to protect others who may be more vulnerable than themselves?

Coordination and communication

How will you plan and communicate with cross sector stakeholders in your area?

You may want to consider:

- who will lead the coordination of the response
- understand the numbers of people experiencing homelessness in your area
- monitor infection (or suspected infection) rates, hospital admissions and deaths
- work together to plan and adapt services
- communicate regularly with all stakeholders (e.g. situation reports, regular meetings)
- how can you make sure that people who are facing multiple disadvantages have the support they need to access health and care

How will you communicate your plans and health information to people who are experiencing homelessness during the outbreak?

You may want to consider:

- about your services and or alternative ways to get support
- to find and engage people who aren't accessing services



#HealthNow



- to reach people without mobile phones, laptops or television
- to make guidance more accessible and applicable
- how will you communicate service changes and alternative ways to access support

How will you check out your plan with people who are currently homeless to get their views on it?