



Monitoring the Impact of COVID-19 Fortnightly Homelessness Briefing 2

Introduction

Groundswell are delivering research to explore the impact of COVID-19 on people experiencing homelessness. The research aims to ensure the voices of people who are homeless are heard and are utilised to inform the ongoing response to COVID-19 both locally and nationally.

This is the second in a series of briefings that outlines what we are hearing through our day-to-day work, conversations with our [#HealthNow](#) network, telephone interviews with people experiencing homelessness and from logging any concerns we hear from our network of people with experience of homelessness. Further details of the research approach can be found here: [‘Monitoring the impact of COVID-19 for people experiencing homelessness’](#).

The response to COVID-19 so far

Responses to COVID-19 for people experiencing homelessness were developed rapidly and continue to vary based on location, commissioning and service providers. Given the rapid and significant onset of COVID-19 it can be a challenge to engage people in the decision-making process and response, but it is never more important than it is now. We have continued to log the key responses, both locally and nationally, in order to better understand how they are impacting on people’s lives.

Across the UK, people who rough sleep continue to be accommodated into emergency provisions largely provided by hotels. The planning and process of this differs across areas with some following a strict cohorting process, some hotels providing clinical support and others not. Concerningly, there are also reports of evictions continuing to take place across England of people who are not complying with the hotel rules or for anti-social behaviour.

Despite the call for all Local Authorities to accommodate rough sleepers there are still people sleeping rough. Moreover, areas across England have reported an increase in new people on the streets, likely due to changes in circumstances such as job loss and no longer being able to ‘sofa surf’. We are aware that some homelessness support services have had to stop taking referrals due to increased demand from new cases¹. Alongside this surge, Tom Copley, London’s deputy mayor for housing, reported that that 498 people are still sleeping rough from a recent street count.

In other parts of the UK, Sheffield City Council’s street count found a significant reduction in people sleeping rough (from 29 in November 2019 to six in April). Whilst the news that the government has pledged an extra £1.6 billion to local authorities is welcome, it is unclear how this funding will be allocated within each local authority. The need for financial support was highlighted by the Local Government Association who stated that councils will need solid financial support to deal with the social challenges caused by the pandemic.

¹ An example is The No First Night Out Project run jointly by the City of London and Tower Hamlets local authorities that has put a temporary freeze on new referrals into the service on the 30th April due to a significant increase in referrals and new cases taken on over the previous two weeks.



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It has been reported that at least six people who are linked to homelessness hostels in London have died from coronavirus since March. This increasing concern has been highlighted by initial results of a survey by the [UCL Collaborative Centre for Inclusion Health](#). The survey reveals that the coronavirus death rate of people living in London’s homelessness hostels is 25 times higher than the general adult population. It found that 38% of hostels in the capital had suspected COVID-19 cases, with 41% of sick residents sharing bathrooms with other residents and 35% of affected hostels still using communal dining rooms. At least 17 residents have been admitted to hospital with more severe symptoms since March.

The role of front-line support for people experiencing homelessness is continually changing in response to the challenges COVID-19 brings. The voluntary sector is finding new ways to help people who are self-isolating in hotels by providing and distributing activity packs and exploring online resources. For example, St Mungo’s, Cardboard Citizens, The Reader and With One Voice have worked together to produce a mobile library for hotels. Groundswell’s Homeless Health Peer Advocacy (HHPA) team have redesigned the service to deliver a ‘call and check’ service which offers regular phone calls with clients as often or as little as they require and follow-up support to address arising needs.

Timeline of key policy responses April 2020

8 April - The City of London on behalf of the Greater London Authority (GLA), and in coordination with Public Health England launches Homeless Hotels Drug and Alcohol Support Service (HDAS-London). This is a 24/7 Single Point of Contact via telephone and email, staffed by experienced substance misuse workers and clinicians. This service is only for GLA run hotels.

- The Greater Manchester Combined Authority announce £200k funding for foodbanks in Greater Manchester.
- NHS England release the guidance Clinical guide for the management of people with alcohol dependence during the coronavirus pandemic.
- HM Treasury announce that charities across the UK will receive a £750 million package of support to ensure they can continue their vital work during the coronavirus outbreak.

20 April - NHS England and NHS Improvement release Homeless Staffing Approaches and COVID-19 Homeless Health Oversight Implementation.

9 April - Department of Health and Social Care announce that NHS debt of £13.4 billion will be written off to support the NHS in its response to COVID-19 and ensure long-term financial sustainability.

15 April - Public Health England and Department of Health and Social Care release COVID-19 guidance for commissioners and providers of services for people who use drugs and alcohol.

- Department of Health and Social care announce that essential workers who have symptoms are now eligible for testing including charities and workers delivering critical frontline services.

18 April - Ministry of Housing, Communities and Local Government pledge an extra £1.6 billion for councils.

27 April – The Guardian reports that forty-seven of the roughly 200 homeless people accommodated have voluntarily left or evicted in Manchester.

Data Collection so far



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Between 6th April and 21st April, we have received 85 daily diaries and reflective logs from Groundswell's team of staff, volunteers and #HealthNow partners. We have also carried out 10 interviews over this period: seven with people currently experiencing homelessness and three with people working on front-line delivery services during the pandemic. Data gathered over this fortnightly period is the focus of this second briefing.

From the offset of the project we have received 186 daily diaries and reflective logs which continue to reflect key issues highlighted by the Groundswell team and conversations with stakeholders from across the UK to establish an initial picture of areas which need further investigation. Please note that the findings below illustrate emerging themes which will be investigated further in the research interviews to follow.

What are we hearing?

Overall, we continue to hear that COVID-19 and the responses to the virus are having a significant impact on people's physical health, mental wellbeing and even in some cases the rights of individuals. Early insights show that some people's essential needs are not getting met by the current responses to COVID-19. This includes insufficient income, lack of adequate, nutritious food and the significant reduction in access to non-COVID-19 medical support for those with a raft of existing health conditions. Despite the Government's pledge to move all those rough sleeping into accommodation, we continue to see and hear from people living on the streets and hear mixed experiences of the type of support available within the commonly utilised hotel provision.

Access to essential food and income

A key area of concern we are increasingly hearing about is the availability of sufficient and nutritious food for people who are rough sleeping or in temporary accommodation. Lack of public footfall continues to raise barriers for those who rely on income through begging. Through our [Homeless Health Peer Advocacy Service](#) (HHPA) we are providing regular welfare phone check-ins to clients of the service in London. Among clients who are being supported through the calls over half have needed support to access food and have had referrals to food banks or have had Groundswell deliver food to them. We have heard reports back from understaffed hostels that food is being dropped off in communal kitchens for people who are self-isolating, but concerns have been raised to us that this is not being distributed fairly:

"When the food arrives, people have to fight it out to grab as much they can"

Access to regular food for those living alone has been sometimes even more challenging, with several people relying on friends and neighbours to drop-off food every couple of weeks due to reduced availability from soup kitchens and daycentres.

"[My] neighbour is doing [the] shopping, but this is only once a fortnight"

This was reflected by one of our HHPA team who has been carrying out 'call and check' telephone welfare calls with Groundswell clients:

"Doing welfare calls has made me aware that a lot of people are going without essentials like food, medications, benefits, gas and electric due to having no money either from waiting on benefits or not being able to afford to live as their accommodation has no cooking facilities. So not being able to afford takeaway food. Also not being able to go to day centres which normally help as they are closed"



Despite the DWP’s commitment to pausing sanctioning, benefits continue to cause financial hardship and challenges for those during the pandemic. The insufficiency of benefits continues to be highlighted; the fact that there is not enough money leaving people worried about being able to buy food, pay bills, etc. One of our HHPA team recently dropped off a food parcel and topped up the electricity for a client whose Universal Credit payments had been stopped for two months. This poses questions around how benefit sanctioning decisions made before the COVID-19 outbreak have been managed and will continue to impact those experiencing hardship.

“Benefits are a big issue as no one can get through to them and people are scared they will get sanctioned or their claim won’t get dealt with. Also finding someone who will help with benefit advice is really difficult. A lot of clients cannot use the internet for their claims and rely on support staff at centres to help, as they are closing not doing face-to-face appointments it’s difficult for some people”

Limited support for existing health conditions

It has become increasingly evident that the significant focus on COVID-19 has had an adverse effect on the support available for people to manage existing health conditions. Of the people we have spoken with, a majority would fall into the [‘shielding’](#) category due to their complex health needs. An example is illustrated below:

“[They are] physically disabled, they have been in temporary hostel accommodation for 11 months. Their GP isn’t happy about their housing situation and is trying to support them to move into more suitable housing. They were told by her GP to self-isolate for 11 weeks because they are at risk. They have to share a kitchen with other residents and isn’t happy about this.... Their GP is sending more of their medication than usual to avoid them having to go out unnecessarily. They had 1 hospital appointment cancelled which was for blood tests to check medication levels and kidneys. They don’t want to go out at the moment. They have problems with their blood circulation and weak bones. They have been using their friend’s address so they can remain using their GP who is supportive”

The cancellation of appointments and treatment for existing health needs is concerning, especially when we know that many deaths of people experiencing homelessness are preventable through adequate health interventions. The reduction in medical support for people with existing conditions that can rapidly worsen has the potential to be more harmful than the outbreak of COVID-19 virus to the homeless population. One staff member disclosed:

“We have seen two long term clients die over the week - due to long term conditions not Corona. This could just be coincidence, it’s sadly not unusual for the people we are working with to die. However, I wonder whether the standard of care for non-corona stuff is dropping”

Case study: Evictions from temporary hotel accommodation

John (not his real name) has a long history of rough sleeping in London. As part of the COVID-19 pandemic response he was moved into emergency hotel accommodation. He reports that he was not clear who had placed him in the hotel and felt this was not explained to him. John was accused of smoking in his room and was required to leave the accommodation. John was given no written warnings and was expected to pack-up his belongings and leave the accommodation immediately, with no support offered to make alternative arrangements. John denies smoking in the room but has no means of appeal or complaint. He is currently staying on a friend’s sofa but is at risk of returning to rough sleeping. His friend has a chronic lung condition and should be ‘shielding’. John feels guilty about this but has nowhere to go and is not sure where to get help as the local resource centre is closed.



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including increased chronic pain and anxiety over lack of clarity about when appointments may resume:

“I have been on lockdown for 3 weeks. Can't access a GP service and unable to speak with my keyworker as they are unwell”

“had a hospital appointment next week which has been cancelled. Don't know when [I] will get another appointment”

“[I] experience pain in legs and hips and back. Walk on crutches. In pain constantly. Sometimes the pain is so bad [I] can't get out of bed for days. Had an opp [operation] for spine delayed until August”

Although the cancellation of appointments and treatment for health conditions is not a unique response to COVID-19 for people experiencing homelessness, it is likely that it will have an increased impact the homeless population who already have more prevalent health conditions than the general population and face significant barriers to accessing services. The move towards digital approaches to managing people's health and social care needs has been reported to be having an adverse impact on people experiencing homelessness who commonly have reduced access to digital devices.

Worsening of mental wellbeing and loneliness

The last briefing introduced insights around the exacerbation of mental health conditions for those experiencing homelessness. This continues to be a key aspect we hear in relation to COVID-19 and the measures in place to prevent the spread of the virus. Similarly, to physical medical appointments changes in the way mental health services work has meant people are struggling to adapt to the new ways of receiving support:

“He is feeling suicidal and told me he has tried to end his life 3 times recently. He is being supported by the mental health team. His appointments have been cancelled and are over the phone rather than face-to-face. He finds this more difficult”

As the UK Government, health and homelessness policymakers and professionals are increasingly talking about plans for recovery or transition post-lockdown, there is already a sense of uncertainty and fears about the future post-COVID and around the current measures people should be putting in place.

“Struggling with depression, panic attacks and loneliness. The current situation with COVID-19, not being able to go out coupled with having cancer has heightened [my] fears and anxiety which has led to panic attacks and feelings of emptiness”

“[I] have noticed higher anxiety levels in most people I've talked to today. A lot of people are frightened of the uncertainty and not sure what to do. Especially those on street”



An opportunity for change?

Despite the fears and uncertainty around life following COVID-19, early insights have illustrated how responses to the virus present an opportunity for change on both an individual and system level. One person who was being supported by Groundswell told us about some positive impacts COVID-19 had on their life:

“COVID has had a positive impact on life because [I have] gone from being [street] homeless to having food delivered, making new friends and getting taxis to his health appointments there and back”

Increased public health focus brought by the current crisis to the issue of homelessness has increased awareness of the health inequality faced by people who are homeless and introduced some measures to tackle this. However, such measures need to be maintained post-COVID to ensure any positive changes continue to promote people’s wellbeing going forward. When considering opportunities for change on a system level, the increased focus on moving people into accommodation presents another opportunity support people into secure and permanent accommodation. However, this would be reliant on comprehensive planning to ensure that a transition process is in place to move people from temporary COVID-19 accommodation.

“I am aware of people that are real long-term rough sleepers who would always refuse to come in, refuse to work with services and because of this [COVID-19], they have. And to me that is the biggest thing...this can be a legacy. It really can. It can be a legacy for homelessness, for health in homelessness particularly”

Example responses to COVID-19

From our #HealthNow network we are hearing the varied responses to COVID-19 from voluntary and statutory partners across the UK. The following are examples of some of the approaches, adaptations and decisions as part of this response.

Bevan Healthcare COVID-19 response

In order to safeguard and protect the health of vulnerable patients during the COVID-19 pandemic Bevan Healthcare (BHC) has adapted normal ways of providing services and expanded provision in several ways including:

- Working with local authorities in Bradford, Leeds and Hull to enact the ‘Homeless Care and Protect Cohort’ modelling. Leading for health, BHC has provided health screening for every person housed in temporary accommodation (including hotels) during this period.
- Adaptation of late clinic for street-based sex workers – coordinating with support services led by named GP and telephone triaged.
- Developing a street health team in Hull to complete health checks for Hull cohorts.
- Expansion and strengthening of social prescribing and crisis provision for proactive phone calls to patients for health promotion messages and identification of needs including prescription delivery, mental health concerns, social isolation impact, food parcels, information and guidance and signposting.
- Occupational Therapy time redirected at mental health reviews and ensuring appropriate mobilising equipment promoting independence during social isolation.
- Working on a proof of concept to utilise new health technologies to monitor the health of the homeless COVID-19 protect cohorts at distance: daily questionnaires and biometric readings from temporary accommodation provider of homeless protect cohorts uploaded and assessed to clinical databased, flagged to clinician for review where trends/concerns are highlighted in regard to individual patient or particular group.

- Telephone consultations with patients, issuing short prescriptions and issuing to pharmacy. Liaising with drugs services to ensure that chaotic/homeless patients at BHC are not included in the 2-week supply protocol due to risk of overdose.
- Workforce contingency planning and development of a Staff Wellbeing Package to support the team during the pandemic.

What next?

We are continuing to log how the COVID-19 pandemic is impacting people experiencing homelessness through our daily diaries and by expanding our reach of telephone interviews across the UK. We are keen to hear about any similar work people are doing and share insights collaboratively to ensure our approach is informed by experiences from across the country.

We want to hear about where good practice is happening in adapting service provision and planning processes during COVID-19. Any good practice identified will be included in further briefings to amplify effective approaches and share learning with other areas and services.

Our reference group of people with experience of homelessness from across the UK will be working together to support the development of our future briefings and action updates. You can find our action updates outlining guidance for people experiencing homelessness [here](#). If you want to find out more or get involved in our project, contact Groundswell's Research Manager Jo:

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If you want regular updates about this project and other related work, please subscribe to our #HealthNow newsletter [here](#).