



Monitoring the Impact of COVID-19 Fortnightly Homelessness Briefing 3

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 third 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

Timeline of key policy responses

1 May – Office for National Statistics figures show the death rate as higher in more deprived areas.

4 May – Public Health England announce plans to analyse the factors impacting health outcomes from COVID-19. The review will also look at vulnerable groups such as people experiencing homelessness and rough sleeping.

7 May – High Court rules that ‘no recourse to public funds’ condition on migrants on 10-year route to settlement is unlawful.
- MHCLG announce a £6 million ring fenced funding for frontline homelessness services during COVID-19.

14 May – Manchester Evening News releases article that *Homeless people put up in hotels amid pandemic to be kicked out as government quietly scraps scheme*.

15 May – MHCLG denies through twitter that funding is being withdrawn and that people are being asked to leave hotels.

2 May – Ministry of Housing, Communities & Local Government (MHCLG) announce the creation of a specialist taskforce led by Dame Louise Casey to lead the next phase of the Government’s support people who are street homeless during the pandemic.
- Communities Secretary announces £76 million extra funding to support survivors of domestic abuse, sexual violence, vulnerable children and their families and victims of modern slavery.
- Communities Secretary announces that those fleeing domestic abuse and facing homelessness as a result will be automatically considered as priority need by their council.

8 May – The Scottish Government announce an extension to the Unsuitable Accommodation Order, which currently prevents pregnant women or families with children from being placed in B&Bs and hotels for more than a week.



Data Collection so far

Between 22 April and 8 May we have received 70 daily diaries and reflective logs from Groundswell's team of staff, volunteers and #HealthNow partners. We have also carried out 13 telephone interviews over this period with people experiencing homelessness during the pandemic. Data gathered over this fortnightly period is the focus of this third briefing.

From the offset of the project we have received 259 daily diaries and reflective logs which continue to reflect key issues highlighted by the Groundswell team and conversations with stakeholders from across the UK. In total, we have also spoken to 23 people who are homeless through telephone interviews. Please note that the findings below illustrate emerging themes which will be investigated further in the research interviews to follow.

What are we hearing?

The Government's national push for local authorities to provide emergency accommodation for people who are rough sleeping has meant a significant shift in accommodation status for many people. However, across the country and in different accommodation settings initial findings illustrate a significant disparity of experience for those who are both remaining in existing accommodation or transitioning into emergency accommodation. Through this research we have spoken with people who have remained in hostel accommodation, moved into temporary emergency accommodation and others who are sofa surfing during the pandemic. This briefing will focus on illustrating the inconsistencies we are hearing and reflect on how accommodation can have a highly positive impact or, in some cases, have a significantly detrimental impact on people's lives.

Emergency accommodation

The movement of people into emergency accommodation and providing appropriate support can have a beneficial impact in the short term and can create the foundation for recovery. For example, through providing an opportunity for people to self-isolate and effectively adopt preventative measures, and providing access to in-house clinical support and the opportunity to begin treatment for substance use issues. Staff who are supporting people in hotel accommodation have noted an improvement in the organisation and coordination of emergency accommodation to ensure complex needs are also addressed.

'Everybody now in there, their scripts are sorted, any kind of health things have been addressed. We have contacted a GP; their prescriptions have been changed to the local pharmacy. And it's kind of died down in terms of what the need was'

However, emerging insights illustrate that people are also experiencing detrimental impacts from the transition and provision of emergency accommodation. One stark example of this is when someone explained that they were moved into an emergency Bed and Breakfast in a local area where they had previously experienced significant trauma and been moved out of area for their safety and wellbeing.

Hotel accommodation – 'It's much better than the other place'

Eddie (not his real name) has been moved from his hostel to a hotel on a temporary basis to reduce the risk of COVID-19 transmission. With regards to the new accommodation he explained his hostel is a dirty place - the hotel is spotless. I take my washing to reception on a Tuesday, they stick a label with my name on it and on Friday my clothes come back clean and fresh. I have a shower in my room, a nice big double bed. There is a portable cooker and a built-in fridge. The staff are friendly and there are staff from my hostel working here. I love drawing and they have given me art stuff. It is much better than the other place and I have a nurse who looks after me here now. She calls me to see how I am doing.



Even when people are eligible for hotel accommodation, not everyone accepts this due to the conditions and restrictions attached. A common example was people who were unable to bring their pet dogs with them. More concerningly, we heard about an instance where someone was offered accommodation, but their partner was not which led to the couple having to choose between their health and being together.

We spoke to another person, who was currently sofa surfing, after being evicted from an emergency hotel when staff suspected they were smoking in their room. They described often feeling judged by the hotel staff and finding there was little flexibility to support their needs.

'I came out of my room asking for a bit of food. And yeah it had gone past the meal hours, but I was a bit hungry you know, a bit stressed. And I thought I will ask for a bit of food. And it was just the way I was treated. Like no you can't have anything, no there wasn't anything, so they told me... And they got right ... They got a bit funny, they got really funny about it. And I said look if I go in the back there... there will be some sort of food, an apple or a banana or something. Yeah, they just made a big song and dance about it basically.'

Another person explained that they were currently self-isolating in emergency hotel accommodation with no food or money.

'[I] was homeless before this... [I have] no food or money but am receiving benefits. [I have] a microwave and a kettle in my room and am begging for money for food and alcohol. [I've been] given a sandwich and a small carton of food a day from the hotel and am struggling with hunger'

Meeting basic needs

Issues around lack of food were not just highlighted in relation to those in hotel accommodation. People told us about difficulties in accessing food during increasing need as lock-down measures continue. We have heard that people had often initially been provided food through food banks but now need it again and face challenges in doing so.

'[I have] been told I cannot get any more food unless I provide evidence from my Dr that I am vulnerable'

When people have been able to access food parcels, they have been described as a 'strange mix of items' and often perishable items are about to 'go-off' or have already become rotten by the time they have received them.

'The food parcels he's received haven't been good, no meals and went off quickly.... He wants better quality food and more choice. He was given food which had gone off and it wasn't food that could be made into a meal'

'the food donations he's received has been rotten food which he can't eat. He has to be careful with his diet because of IBS and he's careful with food. He said it took 3 weeks for the food parcel from the food bank to arrive'

Challenges persisted when people receive food which they do not have the equipment and appliances to cook with, meaning often people are left to go without or eat food of poor nutritional value. One person told us they had no facilities to cook so ate a tinned can of curry raw. Another said they have no plates, saucepans or any means of cooking so struggled to make a meal with the food they were supplied.



Hostel accommodation

When speaking with people who have stayed in their current hostel accommodation during the COVID-19 outbreak, we have heard mixed experiences of how they have been supported to manage their wellbeing.

'I think I've had COVID-19. [I] was in bed for 4 days with these symptoms: hot and cold, sweating, pains all over, dry and then wet cough... spent 16 days in bad way and received no real support from the staff at the hostel despite being seriously ill'

Similarly, participants have raised concerns about the levels of preventative measures that are in place for hostel settings. One person with COVID-19 symptoms told us that their hostel staff were 'not wearing protective clothing or providing hot meals'. Another person explained that they did not want to use their hostel as people continued to bring in guests and they did not feel it was a safe environment.

'The problem with that is in shared hostels it's really difficult. So, if one person gets it and you are in a kitchen with them, then everyone else gets it...They have implemented some steps in hostels...if someone is symptomatic, they use their own kitchen. There is a separate kitchen for symptomatic. So, then they keep everyone separated... So, you are split into two different groups in the same house to minimise transmissions'

However, when hostel accommodation did follow preventative measures, such as social distancing, the existing set up with communal based areas meant that often people were significantly restricted and left to live within one room.

'[I am on my...] own most of the time so feeling isolated from the world. The people that usually look out for me can't anymore because of the new rules. I can't wait for things to return to normal so I can see people again'

Social isolation and wellbeing

The impact of social isolation is particularly important to explore in relation to COVID-19, especially as people who are homeless often already experience significantly higher levels of isolation and worse mental health. We are beginning to hear about the increasing impact that social isolation is having on people, specifically the exacerbation of mental health issues and issues managing addictions.

'Mostly at home and staying in bed. Extremely down and depressed. Was very busy before lockdown but not doing much of anything now. Before lockdown was feeling positive and was very involved in college, doing bookkeeping and volunteering. This gave [me...] a purpose and was something [I...] really appreciated. Now these are no longer happening and [I'm...] unable to socially interact with friends [so...] finding life difficult'

'No WIFI, no TV, can't walk, suffering from severe anxiety and depression and mental health has deteriorated over the last few weeks. Not being able to go out is difficult... Lonely and bored'



Difficulty accessing medical appointments and support with substance usage has continued to be a key issue we are hearing about over this period.

'[I feel I've] been put to back of queue for health... hospital appointments have been cancelled. GP is doing phone consultations, medication is difficult to get, it's double the work to talk to GP and pharmacy. [I've] had to wait because of medication shortages'

The increased difficulty in access to health care is a significant concern, especially in relation to supporting any needs that people experiencing homelessness had prior to and during the pandemic. This has not just led to worsening of fear, uncertainty and anxiety but also sometimes led to people self-regulating and pausing treatment and substance use relapses.

'[I] had started Hep C treatment but stopped taking the medication. This is because [I'm] concerned that it isn't being monitored and haven't received blood tests... Been given a months worth at a time and keeping the meds to start treatment again when the crisis is over'

'She is on a methadone script and has been doing well with her recovery. Her doctor changed her script and she couldn't get her meds over the weekend which led to a relapse. Her chemist is very far from her accommodation, it takes 20 minutes in a cab'

However, it is important to note that in some instances where consistent support is provided, people have been able to effectively manage their substance usage and begin treatment plans due to being accommodated in secure emergency accommodation. In several instances, we have evidence of people beginning treatment and starting a script as they could no longer afford to buy drugs during the pandemic.

As illustrated, the emerging picture of people's experiences during the COVID-19 pandemic is complex and largely inconsistent, especially in relation to the support available across the housing and health response. Where the response is working, there is clear improvements in people's quality of life, health, and wellbeing. However, gaps in responses and the lack of support within accommodation and from health services during this time also demonstrates the potential for significant harm to those people who are already experiencing vast inequalities. Forward planning needs to consider how best to maintain the positive outcomes people have experienced from the COVID-19 response but also, consider the increased need (as a result of COVID-19 and its response) when supporting those experiencing homelessness during and after this pandemic.

Managing active addiction during lock-down

Robert (not his real name) has anxiety and depression which causes him to be tense and on edge. He finds himself pacing his room a lot due to not being able to go out much. He is addicted to crack cocaine but due to restrictions in place is no longer able to fund his habit. This has led to him spending all his benefits on drugs and then having no money for food and little resources in place like daycentres and other services where he could go before to get a hot meal. COVID-19 has had a huge impact on his health as he is currently in active addiction which he feels he has no control over and is unable to maintain. His stress levels have increased to the point where he is experiencing panic attacks regularly and his hair is falling out in clumps. Has been trying to arrange an appointment with regards to his alopecia but the GP hasn't got back to him yet (it's been 3 weeks and no reply). He has been going hungry and is hoping that some of the restrictions are lifted in May so he can move around freely again.



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.

Improving communication in Westminster emergency hotels

Change Communication (ChgCommCIC) is a not for profit organisation focusing on addressing communication barriers in homelessness services. They have been commissioned by Westminster City Council to work across their emergency hotel accommodation for people who are rough sleeping. Brain injury, autism and mental health difficulties may affect how a person processes information, understands communication and expresses themselves – these conditions are more prevalent amongst people who are homeless. During the coronavirus pandemic there has been a plethora of new rules, health concerns and life changes. Change Communication's Speech and Language Therapist has been working with guests and staff in the hotels to improve communication – ensuring that needs are understood and met. They have also been creating resources and materials to keep people occupied, engaged and well. Find out more at:

<https://www.chgcomm.org/>.

Ensuring people's voices are heard during lockdown

A collaboration between Street Support Network and Greater Manchester Homeless Action Network (GMHAN), LockdownLIVES is a docu-series co-created by Greater Manchester residents in emergency and temporary accommodation during the pandemic. Short videos, poems, drawings, and photos are submitted and compiled into twice-weekly episodes that air on social media (@StreetSupportUK and @LockdownLIVES) on Tuesdays and Fridays at 3pm, responding to various themes about life during the crisis. The project aims to creatively connect people who are self-isolating in emergency accommodation; and help the broader public understand how this crisis affects those who don't have their own homes, through artistic expression and advocacy. The LockdownLIVES team is working with other groups conducting research, so that this co-produced reporting can support evaluation efforts.

Get involved: Prompts go out on Tuesdays and Fridays, and staff or residents experiencing homelessness can send any content - videos, images, poems - via WhatsApp or text message to Katy Rubin at 07926 358983, or email at lockdownlives@gmail.com. Watch and share past videos via [Vimeo.com/lockdownlives!](https://vimeo.com/lockdownlives)

Model of homeless healthcare delivery to support COVID-19 hotel

Urban Village Medical Practice (UVMP) is a GP practice based on the outskirts of Manchester city centre that provides healthcare to approximately 850 patients experiencing homelessness. The practice has been working closely with Riverside Housing Association who provide support to people who rough sleep that have been moved into emergency hotel accommodation. Accommodation of people experiencing homelessness in hotel accommodation presents an opportunity for delivering healthcare safely through remote consultation utilising mobile technology (following primary care guidance). Urban Village Medical Practice provided 20 patients with phones that they purchased at the beginning of the crisis, and Greater Manchester Combined Authority and Greater Manchester Homeless Action Network are coordinating donations and distribution of mobile phones to make sure that all hotel residents have access to the technology needed to stay connected and receive services.

Using mobile phones GP's can conduct remote telephone or video consultations if the person has access to a smart phone which is connected to WIFI. New prescriptions are issued electronically and sent to the pharmacy nearest to the hotel where they can be collected by patient or support worker.

Medication for long term conditions can be issued on long length prescriptions and collected at



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regular intervals from the chemist depending on the individual needs of the patient. This model shows that safe, good quality healthcare can be provided and also that patients are accessing health services that they may previously have struggled accessing. Patients are also developing skills accessing health services remotely.

What next?

We are starting an exciting new phase of the research which will employ new data capture methods and increase the reach of the project. Alongside our daily diaries and telephone interviews we will be using a 'Citizen Journalism' approach that uses mobile technology to engage people from the homeless community. This is a new approach to coproduction and research around homelessness and is being supported by funding from NHS England and NHS Improvement. The research will directly inform the way the NHS responds to COVID-19 for people who are homeless.

The new approach is being delivered in partnership with [On Our Radar](#) and will involve 'Mobile Reporters' being trained and supported to collect and report information from their local areas. They will use mobile phones to do this by leaving voice and text messages. In the coming months there will be opportunities for people who are homeless and the services that support them to get involved in the project.

If you want to find out more or get involved in our project, contact Groundswell's Research Manager Jo: jo.brown@groundswell.org.uk

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