



#HealthNow



Monitoring the Impact of COVID-19

Fortnightly Homelessness Briefing

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 first in a series of briefings that outlines what we are hearing through our routine work with people experiencing homelessness, conversations with our [#HealthNow](#) network and from logging any concerns we hear from our network of people with experience of homelessness.

Each future briefing will be informed by what we are hearing from our day-to-day work, but also, by emerging findings from our research project – '[Monitoring the impact of COVID-19 for people experiencing homelessness](#)'.

Monitoring the impact of COVID-19

The COVID-19 pandemic and the measures taken in response to the virus are likely to have significant impact on the lives of people who are experiencing homelessness. Working with our [#HealthNow](#) partners, Groundswell want to understand, track and include the voices of people experiencing homelessness in the national and local decision-making processes. The research process will be led by a reference group of people, all who have experienced homelessness themselves.

We will gather insight through:

1. Reports from existing network of staff and peer volunteers who are delivering Groundswell's support provision, through daily diaries logging the key issues people are facing.
2. Archiving and analysing secondary information which chronologically illustrates local, national and policy responses to COVID-19 and homelessness.
3. Short telephone interviews with people experiencing homelessness.
4. Follow-up in-depth telephone interviews to gather narratives on particular thematic areas.

Each briefing will build a rapid basis of evidence for understanding the key issues people experiencing homelessness face during the COVID-19 pandemic. The insights from this project will also inform a series of client-facing material aimed at practically supporting people based on what we are hearing from the ground. The project has developed in a responsive and iterative fashion and we are seeking funding to expand the reach of the project to more localities and through employing new methodology.



The response to COVID-19 so far

Responses to COVID-19 for people experiencing homelessness are rapidly moving and vary based on location, commissioning and service providers. Since the start of March, we have seen significant changes in service delivery. Day centres and night shelters across the UK have all had to close to reduce the spread of the virus. Alongside these service closures, housing, benefits, health and substance misuse support services have had to reduce their face-to-face work and offer telephone contact. Although services have had to close, there has been a huge rise in services adapting to these new circumstances across the UK. For example, West End Women and Girls in Newcastle are offering a soup delivery service, in Islington Museum of Homelessness, Streets Kitchen, The Outside Project and Union Chapel have created a food outreach hub and the Men’s Room are delivering creative workshops and activities via telephone in Manchester.

It is important we understand what the responses have been locally and nationally to COVID-19 to reflect on how people’s experiences are influenced by such responses.

Timeline of key policy responses

17 March - Face-to-face assessments for all sickness and disability benefits suspended for 3 months.
- Government announces £3.2 million emergency fund for people who rough sleep during coronavirus.

19 March - Public Health England (PHE) released guidance for providers of services for people experiencing homelessness. This guidance outlined advice for hostels and day centres including advice not ‘to close at the current time, unless directed to do so by PHE or the government’. The guidance did not specify advice on how people who are rough sleeping or live in night shelters should self-isolate.
- Due to the close proximity of people in these services and the risks involved in keeping services open, many services and local authorities had to adapt outside of the guidance provided and close services.
- Front line staff for homelessness services were confirmed as key workers.

13 March - NHS issues statement that charges for overseas visitors will be suspended and NHS trusts are advised immigration checks are not required.

18 March - Evictions are banned for three months, no new possession proceedings, and three-month mortgage ‘holiday’ for landlords if needed.

24 March - Government confirmed that businesses should remain open if they are providing rooms to support people who are homeless.

27 March - Home Office wrote to charities to announce that deportation of asylum seekers will be suspended for the next three months.

29 March - The government announced that all local authorities in England should find appropriate accommodation for all rough sleepers by this date. Across the UK, local authorities and homelessness services have been working together to place people in accommodation with Crisis estimating that about 4,200 had been provided accommodation in England within a few weeks.

Data Collection so far

Between 23 March to 6 April, we have received 101 Daily diaries and reflective logs from our team of staff, volunteers and #HealthNow partners. Daily diaries reflected things people were hearing from clients, any key issues people felt needed addressing 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?

As hotel **accommodation** has been introduced in response to the government's request to ensure people sleeping rough are provided with shelter, we have seen challenges arise. In the initial opening of these sites, the speed that they were populated meant concerns were raised about people's needs being met within this environment. In some cases, there was a lack of basic food provisions, limited medical support and challenges accessing prescriptions and alcohol for people who are alcohol dependent.

“People rough sleeping have been moved into hotels but there seems to have been no proper planning about how they will be supported - even very basic stuff like food, let alone addiction and mental health support”.

In many cases we have heard that this situation has been improved as the hotels have become more established and support providers have deployed staff to them. However, there is variation in the level of support available at different hotels and in different areas of the country. This is also an important consideration for needs being met for people with existing health needs amidst changes to health service provision and access. Although hotel accommodation has been increasingly used, 'cohorting'¹ of accommodation settings is not always consistent. Ongoing challenges have been highlighted around the mental health of those living in hotels where support is limited.

Accommodation issues have also been highlighted around people who were living within unsupported temporary accommodation who in some cases are not receiving support.

“They were begging to try and earn money for hostel accommodation. They used to earn £30 a day but now they are making no money to even eat. He feels forgotten about. He has no benefits due to sanctions. Has spoken to outreach over a week ago re-accommodation but heard nothing since. He is walking the streets around [local area] with other people who are street homeless”.

Despite the push to move people into accommodation, we continue to see people sleeping on the streets. The current pandemic has meant that people are becoming increasingly vulnerable with limited access to **food and money**. A particular issue is where people rely on cash from begging and accessing food from services which have been closed.

“Hungry as no money for food. Goes to [daycentre] for food but they have now closed and are only handing out takeaway food and the queue is so long sometimes he has to go hungry”.

The necessary changes to service provision have also had a knock-on effect for how people interact

¹ Guidance from NHS England and Public Health England recommends triaging people where possible into three cohorts driven by medical advice: those with symptoms of COVID19; those with pre-existing conditions but without symptoms; and those without any of the above. Guidance available here:

<https://www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities>

with others and maintain their **mental wellbeing**.

“It feels like people's mental health is more of an issue the longer this goes on. The first couple of weeks people were scared but stuff was happening quickly and there wasn't that much time to think. Now everything's slowed down and it's easier to feel overwhelmed”.

Similarly, COVID-19 preventative measures such as social distancing are often at odds with strategies people use to cope with their mental health and substance use issues.

“out talking to people as he didn't want to feel isolated at home. He is not street homeless, has recently been placed into accommodation and feels he needs to be outside for his own mental health”.

Issues around digital exclusion have become even more pertinent as services have utilised digital communication and social interaction is drastically reduced. We have heard from people who are unable to keep connected due to lack of access to computers, phones and phone credit. We know that people experiencing homelessness are already often facing isolation, initial insights clearly suggest that lack of access to digital technology is perpetuating this issue.

“feel isolated without TV and no internet, radio only connection and hard to know what's going on”.

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:

Coordinated response in Manchester

Greater Manchester (GM) has a coordinated response to COVID-19 led by the GM Combined Authority. They have developed a homeless strategy for COVID-19 which is enacted by 'clustered' planning groups approaching different workstreams, each with an accountable strategic lead. To support the strategic lead Greater Manchester Homeless Action Network have identified a lead from the VCSE sector to act as a single point of contact for the workstream and to help coordinate activities by preventing duplication of work and identifying gaps in provision. An online forum for homelessness and health in GM has been created where information can be shared and questions posed and answered. Find out more [here](#).

Temporary accommodation in Cornwall

Cornwall Housing have established temporary accommodation in a caravan park which is for 38 people who have been rough sleeping. The accommodation has multi agency support- food being arranged by a local charity (DISC), drug and alcohol support on site from *We are with you* including providing small amounts of alcohol to people who are physically dependent. Provisions of toiletries and clothing are provided through the community. While staying in the temporary accommodation support workers are focusing on rapid assessment and development of move-on plans.

Skylight Birmingham welfare support

Crisis Skylight Birmingham has adapted its service to support its 400 members remotely. It has established a call and check service delivered by volunteers that focuses on the wellbeing of their members and links with ongoing case management. Where immediate concerns are raised members are triaged into support from their progression team. They have been distributing 'wellbeing packs' to members that include books and other activities. These have proved a success and they are now also being distributed to Birmingham's temporary hotel-based accommodation for people who are rough sleeping in the city.



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What next?

We are continuing to log how the COVID-19 pandemic is impacting people experiencing homelessness through our Daily Diaries. Over the coming weeks, we will be carrying out telephone interviews with people experiencing homelessness to better understand their experiences and how they are changing as responses are rolled-out.

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.

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](#).