Monitoring the Impact of COVID-19

Homelessness Briefing 11

Introduction

Since the beginning of the COVID-19 pandemic, Groundswell have been working with people experiencing homelessness, our #HealthNow partners and various organisations to understand the impact of the pandemic on people experiencing homelessness and ensure that their experiences inform decision-making processes. We have released ten briefings and an overarching report highlighting some of the key issues we have heard during this research.

We continue to document the experience of people who are homeless during the pandemic. This briefing builds upon the evidence base of the continued impact of the pandemic, drawing upon insights gathered from January to the end of March 2021.

What is the policy context?

The emergence of new COVID-19 strains and winter conditions has vastly increased COVID-19 cases across the UK. It has been reported that new COVID-19 strains which emerged in the UK in November may be up to 70 percent more transmissible. A recent report released by UCL show higher transmission with January seeing more than double the number of cases among London's rough sleepers than across the whole of 2020.

A key development during this period was the updated JCVI guidance which outlined that *"local teams consider a universal offer to adults experiencing homelessness and rough sleeping alongside those in priority group 6"*. The guidance also adds that people should be offered the vaccine without the need for an NHS number or GP registration. As a result of the COVID-19 pandemic and vaccination roll out, NHS England and Improvement have also launched a campaign, based on Groundswell's 'Right to Healthcare' cards, to promote GP registration and access for everyone in England.

The guidance offers a significant step forward, however, challenges persist around how the vaccine is rolled out effectively and consistently for people experiencing homelessness. Local areas are adopting a range of approaches to roll-out, including outreach at hostels and emergency hotels and designated clinics. Groundswell and partners are working together to gather and monitor the ways in which local authority areas across the country are rolling out the vaccine for people experiencing homelessness to feed back to key decision-makers.

Other key announcements included the 'roadmap out of lockdown' and the statement featuring the extension of the eviction ban until May 31st. However, charities, MPs and local authorities have warned the government that an increase in homelessness is very likely once restrictions ease and emergency measures are stopped. The budget for 2021 was released earlier this month which only details housing support for home buyers and not the much-needed support for renters and investment in social housing. The independent reported that 87 percent of councils agreed that emergency measures such as the eviction ban has been vital in reducing and preventing homelessness.

More recently, an announcement has been made around the availability of testing for people in England. This means people are able to access up to two free rapid, Lateral Flow tests a week even if they do not have symptoms of COVID-19. Although the ways of accessing tests often remains problematic for people experiencing homelessness who may not have access to the internet to order tests or experience barriers to accessing healthcare settings.

Policy timeline

26 January - Some local authorities begin to prioritise vaccinating people who are homeless.

1 February - UCL report finds that among London's rough sleepers there has been double the number of COVID-19 cases recorded in January than across the whole of 2020.

13 February - Department of Health and Social Care release UK COVID-19 vaccine uptake plan.

22 February - The Dying Homeless Project releases findings that UK homeless deaths have risen by more than a third in a year.

22 February - The Government announce the four-step roadmap out of lockdown to ease restrictions across England.

3 March - The Government release the budget plan for 2021. The Chancellor announces that the £20 a week increase in Universal Credit (UC) payments will be continued for a further 6 month- period.

10 March - Government extends evictions ban until 31 May.

What are we hearing?

1. Accommodation

The majority of people we heard from across this period were currently in temporary or hostel accommodation. A minority were rough sleeping or had recently moved into private accommodation.

The main concern people raised about their current accommodation situation was the limited opportunities and support available to transition into permanent accommodation.

> ***"I was going to be moved on before this happened [the pandemic] but no one's talked about it since. I've been here four year now. Nobody is being careful. nobody has got it, here that I know of. There is six here, nobody's worried about it".***
>
> ***"I have been in the same place since 2019. I'm waiting for a move on but because of COVID it's been put on hold. I'm on home choice but there are too many people bidding at the moment".***
>
> ***"He says that he was due a move on and COVID had probably put that back a year".***

Many people discussed the pandemic being a key contributing factor to the lack of permanent accommodation to bid on and the limited support available to progress through move-on planning. Those who were able to move accommodation during the pandemic experienced delays in doing so.

For those placed in emergency accommodation during the pandemic, a lack of clarity about their duration of stay had a significant impact on their physical and mental health. One person described being repeatedly threatened with eviction on an ongoing basis from the emergency accommodation they received during 'Everyone in'. Others described the challenges they faced once leaving emergency accommodation and moving back into temporary accommodation.

> ***"I was sofa surfing for a while…A charity…helped me with a few nights in a hotel. Now my mother is paying for the hostel, but she has no more money. Because I have a gambling addiction I've disconnected from the system. I had job seekers allowance in 2003 but they made a lot of issues with that".***

“We don't know what the future holds”

“I got put here halfway through the lockdown. I was homeless when the first lock down started. I phoned the council and they said I wasn't priority so they couldn't do anything for me. Someone phoned me back a few days later and said they had no right to do that. They told me to go to [local town] which is about 25 - 30 miles if I wanted housing. I got a lift with a friend. Without him I would have stayed on the street. It was part of the Everyone in programme. They moved a load of people in a caravan camp 5 miles outside [town]. I was there two months roughly. They told us that they would find us another place that I had to take. They put me in touch with [organisation] and from that I was put in temporary accommodation…Long term, they haven't really told me what's going on. Everyone is just trying to get through COVID right now, so we don't know what the future holds".

We continue to hear about some of the positive experiences of those who had been accommodated during the pandemic, but often the support received was then scaled back as people returned into temporary accommodation. The significant disparity in the support received and resources available during and when returning to accommodation is illustrated below.

> ***“Because of the virus I was put into a hotel...It was okay, it was fine...I had a room with a shower. It was quite a big room. It was handy. They had cooking facilities in the room, so it was okay. The NHS gave me food every day. They gave me a soft food diet because I have no teeth. They stopped doing that when I moved back in the hostel”.***

However, the experience of those moved into emergency accommodation through ‘everyone in’ remained inconsistent. Furthermore, not all those who had benefitted from the ‘everyone in’ program realised that this was why they were brought in, suggesting that there is a lack of dialogue when it comes to explaining people’s accommodation situation through the process.

The experiences of people who remained in their existing accommodation situation often significantly contrasted that of those who were accommodated through ‘everyone in’. Some people reflected on the additional precautions which were put in place to limit the spread of the virus, however, this remained inconsistent. The additional support to address health needs, access food and medication were often much more of a challenge for people who remained in existing accommodation yet needed to shield. For others they described not noticing a change in their accommodation situation at all.

> ***“No impact at all. We’re in poverty before the pandemic and we're in poverty now”.***

2. COVID-19 prevention and response

The majority of those we spoke to had not described having symptoms of the virus. However, for those who had symptoms, access to appropriate testing, support and treatment was often challenging.

> ***"I had a chest infection at the beginning. Was it COVID? I'm not sure. I didn't get tested at the time because there were no tests, but I believe it was COVID".***
>
> ***"I was sweating for a few days, loads of phlegm. I wasn't sure if it was [COVID] or not. We should have all done a test to see if people had had it. If people knew then they could monitor it. Everyone I know who is on the streets just thinks they're immune to it because they smoke so much crack and smack. This isn't as mad as it sounds because heroin makes you breathe more shallow so you don't take in germs in the same way".***
>
> ***"Well, I don't know. I've had flu symptoms but COVID is flu, right so how would I know. I haven't been tested yet".***

There have been concentrated efforts to ensure that people experiencing homelessness are tested regularly, however, this is often experienced inconsistently. A front-line member of staff from Groundswell explained their experience of testing in London.

> ***"As a team we've tested 30 or 40 thousand. We do 100 or 200 a day. We go through little hotels to big hostels. It's been really, really successful. Some of the hostels haven't been as good as others but they tend to listen to us when we suggest improvements".***

However, the mixed experiences of access to the testing programme indicate the need for increased awareness and promotion to reach people consistently, especially those who continue to experience health inequality and digital exclusion.

> ***"I've had three Covid tests from NHS personnel that have dropped in here. I don't really think they really do it enough".***

We heard varied experiences and opinions about the COVID-19 vaccination, with a significant proportion of those we heard from discussing fears about the safety and effectiveness of the vaccine.

> ***"I wouldn't take it anyway. It's not been tested. they say you have to do two and then they say one which it sounds like they don't know what they are talking about. Why have they done that if they know it's safe. They don't even know if you have to do one or two so how do they know if it works".***

Reluctance to take the vaccine was often due to people feeling it had not been tested for a long-enough period of time and fears around the long-term impact of the vaccine.

> ***"I don't trust it as far as I can throw it. It's been rolled out too quickly for me. Come back and see in two years. I've got nothing against vaccines, but it hasn't been tested properly".***

> ***"I haven't heard much about it. We wouldn't have a clue what goes in the vaccines. To be honest I'm not interested. I don't' really believe in the vaccine".***

It was also evident that clear information and guidance regarding the vaccination was an issue. This was especially the case for people who were not accessing services or registered with a local GP who did not know how they would access the vaccine.

> ***"I thought if I had the vaccine, I couldn't catch it or pass it on, but the information is really ambiguous. I'm still not clear about what it means. If I knew what I know now I wouldn't have taken it. I I felt pressured at work into it".***

> ***"I'm not registered with a GP, so I don't know how I'm meant to get it".***

When people described the information that they had received about the vaccine, this was often limited. Some people described receiving leaflets under their room doors or nurse drop-in sessions which allowed for them to find out information about COVID-19, however, this was often during the earlier stages of the pandemic.

> ***"Early on we got a lot of advice. A nurse used to drop in and she told us what to do".***

A minority of people also noted a strong preference for not getting the vaccine as they felt their health was good, so it was unnecessary.

> ***"No, I didn't do it. I was in hospital and had a lot of injections last year, so I don't want to do another injection. I'm sick of injections. I'm not scared of doing the vaccine it's just something I don't want to do. I don't think there is a lot of pressure to do it because it's your choice. My underlying health is good, so I don't really need to do it. People who have bad underlying health, I think it's a good idea for them".***

However, during this period we also started to hear from several people who had been offered and had received the vaccine.

> ***"I've had the first one. I didn't feel too bad except for having no energy".***

> ***"I've had the vaccine. I was happy to have it".***

Further prevention measures, such as regular hand washing, continue to be challenging for many people, especially those who are rough sleeping.

> ***"It's difficult being on the streets but I wear a mask and always have hand sanitiser with me. Because my mum in vulnerable I respect that fact that we have to be careful and look out for each other".***

> ***"I'm being careful. I wear a mask. I haven't [had] advice off anyone. It's difficult to shield at times. Some soup kitchen and drop-in centres are still open so I go there. I just eat wherever I can".***

This is even more crucial for those with underlying health conditions, however, people also noted that information and guidance relating to 'shielding' and ongoing prevention had reduced since the early stages of the pandemic.

> ***"I have COPD so am careful. I wear a mask and make sure I wash my hands [he got a letter from the government ages ago about shielding but hasn't had anything since]".***

For some people we spoke to, they felt that the pandemic had not significantly impacted their lives as they were already isolated or struggled to access the support they needed.

"I'm disabled. So, it hasn't made a lot of difference"

"I'm disabled. So, it hasn't made a lot of difference. It's made things better because organisations got in touch with me. I broke my back 26 years ago; they gave me very little help. They said I had no mobility problems. I'm practically paralysed from the waist down. I had to take it to court in the end. At first, I got a lot of help with people doing my shopping getting my dog food. But that has stopped now, nobody comes anymore. I've a good social network so people help me. I've got a small circle of friends, who are real friends, without them I'd have been in serious trouble. I'm used to it being rough, they said my flat wasn't fit for purpose [for me with my disability] in 2017 because it wasn't safe for me, so the landlord made me homeless. I've got COPD and I'm not scared of getting it. I've got more chance of catching the flu than COVID".

3. Health and wellbeing

The impact of the pandemic of people's overall health and wellbeing continues to prevail. The common theme amongst the majority of those we heard from was the significant barriers faced when attempting to engage with healthcare services. This not-only had short-term impacts on people's health and wellbeing but could potentially cause long-term impacts as earlier interventions to health needs are missed and existing conditions worsen.

> ***"I haven't seen the doctor in over a year".***
>
> ***"I haven't seen the dentist in over a year and I have toothache but can't get an appointment".***

People described having minimal or no contact with their GP during this time due to accessing an appointment ***"being too much hassle"***, barriers to registration and digital exclusion.

> ***"He tried to get an appointment a couple of weeks ago and was told to book online but he doesn't have a phone or a computer. He was on a mate's phone that he couldn't use the following day, so he's decided to tough it out".***
>
> ***"He used to make appointments by walking into the doctor's surgery but now he calls in the morning and waits for a call back. He has made maybe three appointments in the last year but is less likely to call as a result".***
>
> ***"I'm not registered at a doctors. I've tried to register but I've been diverted to other places. They tell me there are no vacancies. I've had problem with my teeth, and it's been really difficult to get that sorted or to approach a GP. I have had a problem registering with services because I've only had one registered address".***

From those who were able to access a GP, long waiting times was a common theme. In one instance, someone described being signposted to emergency services in order to avoid long waiting times.

> ***"The woman on the phone told me to go to A and E if I want to see a doctor but I don't want to wait for hours".***

Several people also discussed telephone or online appointments as inappropriate and ineffective to addressing their health issues which acted as a further deterrent for people engaging with services.

> ***"No. I've only had one appointment. I wouldn't go again unless my leg was hanging off. I don't think they know what's wrong with you on the phone. Someone I know had to examine themselves...how can that be right if you don't***

> ***know what you're doing? How can you know what's wrong with you if you aren't a doctor? It's like saying you could just be your own doctor...it's stupid".***

This issue was further perpetuated when people did not have the means to engage in appointments remotely due to access to mobile phones, internet and credit. A particular issue raised was when medical staff would ask for patients to take photos of their medical issue as this was often not possible.

> ***"I've had a bad rash for a while now and the doctor wouldn't see me face to face. He wanted me to take a picture and send it to him, but I don't have a camera phone. I was considering going to a passport booth but it was on my front and back and inside my arm so I'd have had to have taken like 16 photos".***

From the beginning of the pandemic, an ongoing issue has been the uncertainty about support and treatment for ongoing health conditions. It's concerning to see that similar barriers and confusion over support for existing health needs remains a key theme from those we spoke to. However, others did describe the positive impact of the ongoing support they received from their GP, especially when they had an ongoing relationship with a named GP, highlighting the importance of GP continuity.

> ***"I had symptoms during the first lock down. I have respiratory issues and I was going to my storage unit and developed a chest infection because I had to declutter the storage unit so kept having to go to [hospital]…The doctor has said that because I have underlying health issues around my respiratory problems, I have to take care. I have built up a relationship with my doctor, [name] which is good. He calls every Friday or every other Friday to see my progress which is wonderful. [Doctor] asked me to come in because some of my hair was falling out so he asked me to come in and get thyroid tests. My blood pressure is high, and he's increased my dose of that. I feel like I've been really looked after".***

"My healthcare experience is a bit of a mixed bag"

"My healthcare experience is a bit of a mixed bag. I do feel cared for, not abandoned. I do feel cared for when it comes to anything 'uniformed'. They have me registered, they have not forgotten about me, they treat me well most of the time. But when it comes to anything out of the ordinary, anything that I introduced then I feel somehow ignored, postponed. As I say a mixed bag.

I have been trying to put off dealing with my health issues since the pandemic. Partly because I am anxious about the possibility of catching COVID-19 while attending healthcare, partly because I keep hearing that the NHS is busy.

I have visited my doctor's surgery only twice during the last year. In the summer I saw a nurse who checked my blood pressure as it was required for continuation of my prescribed medication. However, when I was supposed to have my annual blood check, the laboratory was closed. Since then, there have been lock downs and increases in infection, so I did not insist on having the test as I am anxious about it and as long as I keep getting my medication, I am actually happy to keep it this way for now.

The second occasion I visited my doctor's surgery was to have my 1st Covid-19 vaccination. It went all well and smooth. I was glad it was done at a familiar place, my medical center, as opposed to one of the large vaccination centers. It was a good experience. I was vaccinated at the start or ahead of my age-group, possibly as I am a carer, but perhaps it was just good luck.

I have, however, discovered recently that I missed my Flu vaccination. We were moved into more settled accommodation in August in between the lockdowns. It was challenging and it took me a while to consider changing address with my GP. When I went home from the Covid-19 vaccination in March I stopped over at my old address to see if there were any letters for me. I had found out that I had missed the December invitation for a flu vaccination sent from my GP. So, they had thought about me, it's just that my housing challenges got in the way".

Read more of this report here.

10 important policy considerations

These insights highlight the need for key questions to be raised in relation to homelessness and the continued COVID-19 response. Local decision-makers and service providers should consider:

1. Do you know your local vaccination plan for people experiencing homelessness? Is the plan flexible to mitigate health inequality in the way suggested in the DHSC Vaccine Roll Out Plan?
2. Are all people experiencing homelessness in your area registered at a GP practice with up-to-date contact information? Have they been assessed for clinical vulnerability or pre-existing medical conditions?
3. Do people who are experiencing homelessness have access to accessible information about the vaccine and how to get it (Groundswell resources available here if needed)?
4. How are you collecting insight and learning from how homeless and inclusion health groups are being reached for COVID-19 vaccination locally?
5. Do people who are experiencing homelessness have access to lateral flow tests? Are they on site and readily available?
6. Do people who are experiencing homelessness have access to accessible information about both symptomatic and asymptomatic testing and how to get them?
7. What steps are in place to support people to access digital and remote support?
8. Are your pathways to accommodation clear for:
    - people who have been asked to leave temporary accommodation
    - people who chose not to return to hostel accommodation
    - people who are newly homeless
    - people leaving institutions (such as prison)?
9. Have you ensured that people moving to different areas have proper access to services and support in their new accommodation (such as registering at a local GP)?
10. Are you being clear and transparent with people about how long they can stay in new accommodation to address the impact of uncertainty on their emotional wellbeing?

Resources available

1. We have released new guidance about vaccinations and testing for people experiencing homelessness which can be found here.
2. We have also produced useful guides and an information video for people working within the sector to better understand how they support people experiencing homelessness to get the vaccine here.
3. NHSE have also recently began the roll out of the 'your right to healthcare' cards to support people to register at their GP.

What next?

We are continuing to talk to people experiencing homelessness about their experiences of the pandemic.

Over the next two months we will be focusing on talking to people across the country to understand the experiences of various testing and vaccination models. You can find out more about how you can get involved with this project here.

To read more insights from people experiencing homelessness during the pandemic visit our mobile reporter micro-site which is regularly updated with direct stories about the impact of the pandemic.

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