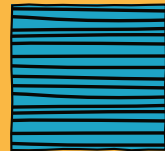


Groundswell

Out of homelessness



MONITORING THE IMPACT OF COVID-19 ON PEOPLE EXPERIENCING HOMELESSNESS

Published December 2020

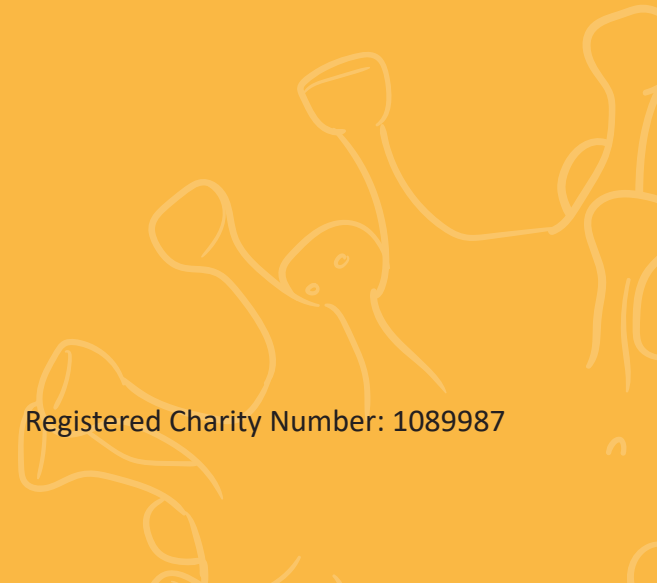


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Acknowledgements

This research would not have been possible without the involvement and collaboration of a number of individuals and organisations. Firstly, we would like to thank all those people who shared their experiences with us during such a challenging time. We would also like to thank both our project reference group and steering group who supported the direction and development of this project throughout.

We have been working in partnership with On Our Radar for this project whose innovative approach to citizen journalism and support has been invaluable. We have also worked in partnership with our local #HealthNow partners, Crisis in Birmingham and Newcastle, and Shelter in Greater Manchester, who we would like to thank for their continued input. Thank you to The Strategy Unit who we collaborated with to share learning and deliver joint workshops exploring the findings of both our research projects. We would also like to extend our appreciation to the numerous organisations and services who helped us promote this project and reach people experiencing homelessness across the country.

Finally, we would like to thank NHS England and Improvement (NHSE/I) and The National Lottery Community Fund who funded this project.



NHS England and NHS Improvement



Executive Summary

The COVID-19 pandemic and the measures taken in response to the virus have, and continue to have a significant impact on people experiencing homelessness. This research was carried out by Groundswell between March and September 2020. The project was steered by volunteers who had direct experience of homelessness and it aimed to **capture the experiences, concerns and feedback of people experiencing homelessness, with a particular focus on health and human rights, during the pandemic**. Findings were shared throughout the project to ensure that the feedback from people experiencing homelessness could rapidly inform local and national decision-making processes.

Due to COVID-19 restrictions this project was delivered remotely and adopted several methods of data collection to ensure we heard stories and experiences from a range of people across the country. This included:

1. Conducting **93 telephone interviews** with people experiencing homelessness
2. Gathering **370 daily diaries** from staff and volunteers working with people experiencing homelessness
3. Working with **13 mobile reporters** affected by homelessness, who shared insights from their local communities
4. Reviewing and archiving **key policy responses** to the pandemic in relation to homelessness

The following section highlights the key findings from this research which centre on five main areas for action.

Access to primary care: General Practice

People experiencing homelessness continue to face significant barriers to accessing primary care services, in particular general practice. Barriers include refusal to register a patient on the basis of lack of address and ID, facing stigma and discrimination in the delivery of treatment, lack of access to appointments due to inflexible or 'competitive' system booking systems and lack of access to equipment or financial means to access appointments delivered digitally. This research illustrated that these barriers were often perpetuated by the COVID-19 pandemic, which led to primary care services increasingly adopting digital means of registration and digital approaches to service delivery. Despite some positive examples of services working to ensure people in temporary accommodation were registered at a GP practice, challenges persisted and were exacerbated for those who were moved out of their local area during the pandemic and needed to register at a new GP practice.



COVID Response for people experiencing homelessness

The approach to leading the homelessness COVID-19 response across the country was largely patchy and inconsistent, consequently people's experiences often varied significantly based on their location. With limited explicit guidance from the national Government which clearly addressed the need for coordination and accountability, in some areas cross-sector groups rapidly worked together to ensure the needs were met of the homeless population in their areas. However, other areas were much slower to respond and lacked the coordinated taskforce multi-sector approach to ensure local plans were comprehensive, cross-sector and holistically focused on meeting people's needs including appropriate accommodation, clinical support and access to food and hygiene facilities. Involvement of people with experience of homelessness in developing response plans was very limited.

Addressing the digital divide in access to health care

The pandemic led to health services increasingly relying on digital methods of access and delivery of services. This presented significant challenges for people experiencing homelessness due to lack of access to equipment such as phones and smart devices, lack of financial means to make calls and video conferencing and for those with limited digital and communication skills. This was also an issue when accessing other services such as the DWP, housing services and immigration services.

Improving inclusion health through strategic collaborations and accountability

There is a lack of national oversight of how Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) partners are working together to improve health inequalities for inclusion health groups.

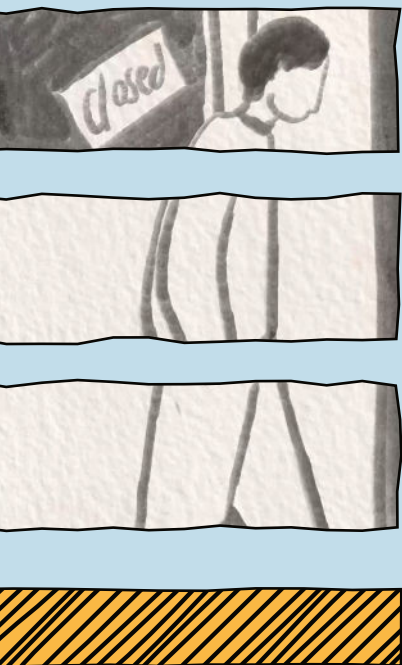
At a local level there is a lack of consistency in approach and stakeholders engaged in developing and delivery plans to tackle barriers to accessing health care for inclusion health groups including people who are experiencing homelessness.

Accessible information and communication

The need to communicate at a time of crisis is paramount to the safety and wellbeing of individuals. This research found that communications which clearly and appropriately addressed the needs of people experiencing homelessness were often lacking. The key public health messages around social distancing, staying indoors and washing hands regularly failed to recognise the barriers people experiencing homelessness face to doing so. Similarly, resources and guidance around the pandemic was often not accessible, especially for people who had lower levels of literacy.

Moving from recommendations to action

The pandemic has illuminated and, in some cases, perpetuated the existing health inequalities faced by people experiencing homelessness. Several of the key issues this research identified are illustrated within the [existing evidence base](#). This report purposefully does not incorporate recommendations. We have set out the main areas where problems are arising and key messages for system actors. Instead working with our steering group, we will focus on how issues can be directly acted upon. As we gather insight throughout the course of the #HealthNow campaign, a new action hub will be developed and used to input, revise and monitor the concrete actions that arise – ensuring that actions are followed up and system actors are held accountable for the delivery of proposed actions. Our action hub will be launched in early 2021 with actions dedicated to these five key areas.



About Groundswell

Groundswell works with people with experience of homelessness, offering opportunities to contribute to society and create solutions to homelessness. Participation is at our core because the experience of homelessness is crucial in making decisions that affect lives and ultimately help people to move out of homelessness.

Groundswell exists to tackle:

- **Homelessness** - everyone has the right to a safe home and to contribute to society
- **Health inequalities** - everyone has the right to good health and a right to access healthcare
- **A lack of participation** - people who have experienced, and moved out of homelessness should inform the solution
- **A society that doesn't work for everyone** - the system has been designed in a way that restricts opportunity, it needs to change to work for everyone.

We achieve this through:

- **Good health** - We believe good health creates a foundation to move out of homelessness. Groundswell's people focused health work and innovative services enable people who are homeless to access the health care they need – because everyone has a right to good health.
- **Progression** - We are committed to developing and supporting a workforce of people with experience of homelessness to participate in designing and delivering solutions to homelessness whilst progressing in their own lives.
- **Creating Change** - Groundswell brings together insight from people with experience of homelessness, we use this insight to tackle issues through changing practice and challenging policy. We believe that the experience of homelessness brings insight that can help tackle the issues of homelessness and create change.



Foreword

Back in February 2020 I was privileged to attend the annual Faculty of Inclusion Health conference at which I met some of the amazing Groundswell #HealthNow peers (people with experience of homelessness). They made incredibly insightful and informed contributions in many sessions at the conference, and I went away inspired having learned a lot from them. At that point, the reality of the serious implications of COVID-19 were really starting to emerge.

At the beginning of March 2020, I was asked to lead the COVID-19 NHS response for people experiencing homelessness. I knew that the only way to take on this challenge was to develop relationships with organisations fast, and that the involvement of people with lived experience and having ways to connect with people directly affected by homelessness was going to be essential to make sure that we were fully informed about the realities of being homeless during the pandemic. That really was the start of amazing partnerships with many organisations, especially Groundswell.

This research has provided us with real time insight into the reality of what was and wasn't working, what the issues were that we needed to focus on, and what people really needed us to address. Our response has definitely not been perfect, but it's been way better with the input of Groundswell. We have used the monitoring reports, the diaries and stories to have some really challenging discussions. As a result, we have mobilised people to think about what they can do to make changes happen that will create more accessible, inclusive and trauma informed services that are available when and where people need them.

I have heard so many people's stories about the reality of this experience that have horrified, humbled and driven me to make sure we improve the systems and services that are meant to be there, free at the point of need, for everyone. I do want to say a huge thank you for the generosity with which so many people have shared their experiences, often with personal emotional cost.

As we all know COVID-19 has shone a spotlight on health inequalities. But we already knew that people who experience homelessness and other inclusion health groups have the worst health outcomes. Now that COVID-19 has shone this spotlight we need to continue to work together to really address the barriers to and the quality of care and support people need in order to live safe, healthy and happy lives.

Often people are referred to as 'hard to reach'. I challenge that every time I hear it. It's not people that are hard to reach, it's the systems and services that are meant to support them who are hard to reach, and people who are easy to ignore. Working in partnership with organisations like Groundswell demonstrates that it's easy to reach people if you reach out to them, and with the support of the organisations they have trust and confidence in.

We have a lot of work to do over the coming months and years to make sure that the most vulnerable and excluded people in our communities are able to access the services and support they need. We can do this but only by working together with people's lived experience at the centre of everything. The evidence from this project gives us great foundations to build a better future together.

Massive thanks to everyone who has participated and contributed.

Olivia Butterworth

**Head of Public Participation, Homelessness and Inclusion Health
NHS England and NHS Improvement**



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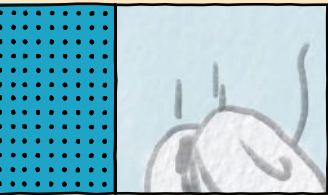


Background

The COVID-19 pandemic and the measures taken in response to the virus have and continue to have a significant impact on people experiencing homelessness. In some ways, the pandemic and response presented an opportunity for people to access housing and support and has put homelessness firmly on the public health agenda. However, for others it has led to a worsening in circumstances whereby health, wellbeing and access to appropriate support has been even more problematic.

The policy response and consequent changes to how people have been supported during this time has significantly reduced the potential impact that the virus could have had on those experiencing homelessness, with a [UCL study](#) highlighting that increasing infection controls in hostels and closing shelters prevented approximately 266 deaths linked to COVID-19. However, without the commitment to continued housing support for people throughout the winter and a consistent approach to addressing the needs of people experiencing homelessness nationally, challenges will persist.

The findings from this research not only illustrate the impact of COVID-19 on people experiencing homelessness, but present key learnings going forward in how support should be delivered which is informed by the voices of people with direct experience of homelessness.



Key policy timeline:
March

12th

Dr. Al Story and Prof. Andrew Hayward release guidance of Test-Triage Cohort-Care approach.

18th

Evictions are banned for three months, no new possession proceedings, and a three-month mortgage 'holiday' for landlords if needed.

26th

The 'Everybody In' scheme announced by the Government requests all local authorities to accommodate people who are in shelters, assessment centres and rough sleeping, including those with No Recourse to Public Funds (NRPF).

17th

Government announces £3.2 million emergency fund for people who rough sleep during coronavirus.

19th

The Coronavirus Bill 2020 is introduced as emergency legislation to support the Government to respond to COVID-19.

19th

Front-line staff for homelessness services are confirmed as key workers.

27th

The Home Office writes to charities announcing that deportation of asylum seekers will be suspended for the next three months.

17th

NHSE and NHI send letter to all NHS trusts setting out the next steps in the general practice response and triage-first model to COVID-19.

19th

Public Health England (PHE) releases guidance for providers of services for people experiencing homelessness. This guidance outlines advice for hostels and day centres which are to remain open and does not specify how people who are rough sleeping or live in night shelters should self-isolate. Many services and local authorities adapt outside of the guidance provided and close services.

Key policy timeline:
April

8th

The Treasury announces that charities across the UK will receive a £750 million package of support to ensure they can continue their vital work during the COVID-19 outbreak.

18th

MHCLG pledges an extra £1.6 billion for local councils.

29th

Chief Executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard of NHS writes to all trusts, CCGs & primary care networks regarding second phase of COVID response outlining that GP practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and health checks.

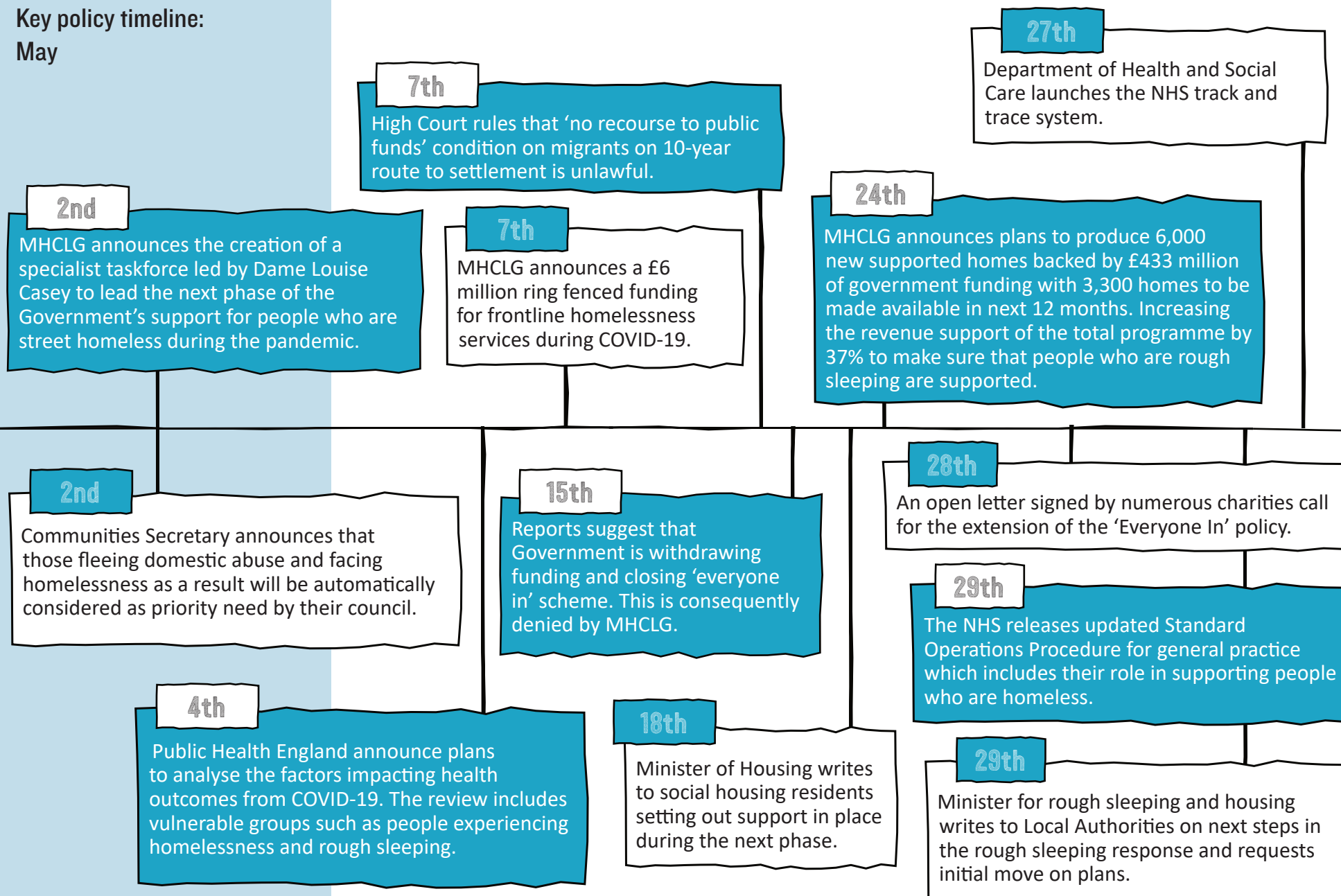
9th

Department of Health and Social Care announces 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.

20th

NHSE/I release Homeless Staffing Approaches and COVID-19 Homeless Health Oversight Implementation.

Key policy timeline:
May



Key policy timeline:

June

5th

Suspension of evictions from social or private rented accommodation is extended until 23 August.

25th

Government publishes response to the Housing, Communities and Local Government Select Committee interim report on protecting rough sleepers and renters.

22nd

NHSE updates on latest government advice for people identified as clinically extremely vulnerable and who have been shielding.

24th

MHCLG announces £105 million to keep rough sleepers safe and off the streets during the pandemic.

July

18th

Government launches new housing fund for vulnerable people - 'Next Steps Accommodation Programme'.

August

18th

Government announces that the ban on evictions is extended for another 4 weeks.

Key policy timeline:
September

October

November

13th

The Government announces a £10 million Cold Weather Payment for councils to help keep rough sleepers safe during winter and an additional £2 million for faith and community groups to help them get rough sleepers into accommodation.

5th

Government says renters will be protected during national restrictions as evictions are paused from December until at least 11 January 2021.

5th

'Protect Programme' announced to support efforts to provide accommodation for rough sleepers during the pandemic.



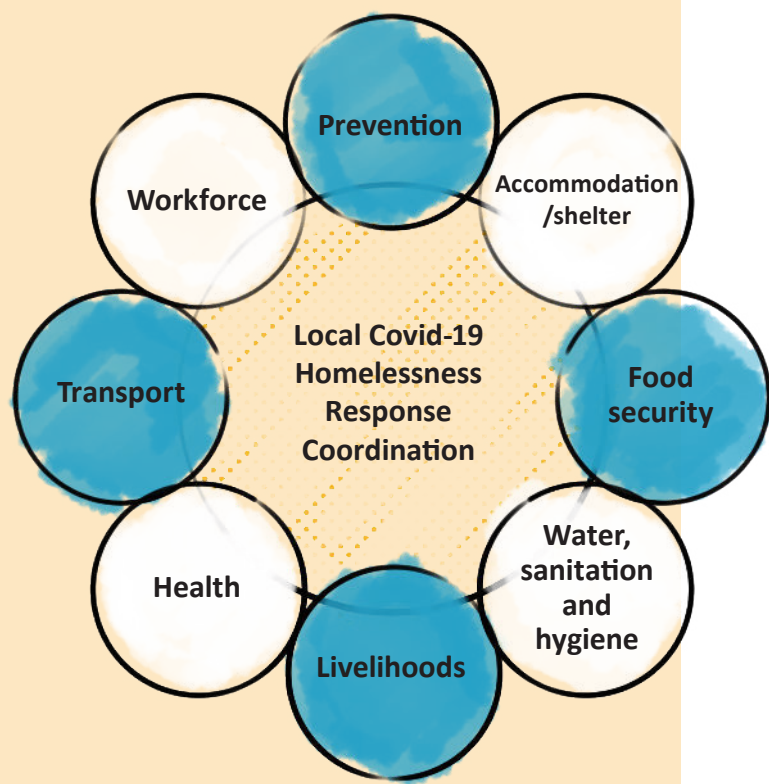
To develop a comprehensive understanding of the impact of COVID-19 we utilised aspects of the cluster approach to emergency response planning. [The cluster approach](#) is used to coordinate emergency responses to humanitarian crises, focusing on the coordination of a multi-agency approach to ensuring people's needs are met. This provided a useful lens in the design and analysis of the project to ensure all aspects of people's rights and needs were considered during the pandemic.

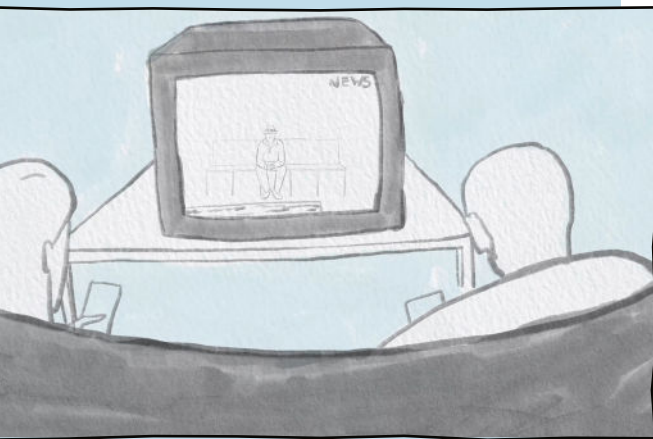
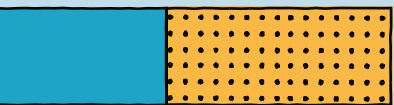
Our approach

Groundswell rapidly realigned our work to prioritise offering support and gathering the experiences of people experiencing homelessness throughout the COVID-19 pandemic. Utilising our existing [#HealthNow](#) networks across the country we were able to harness insight and work with partners to carry out research and engagement with people experiencing homelessness to feed into both local and national decision-making processes. This report outlines the key findings from our research during this period.

The aim of this research was to understand, track and include the voices of people experiencing homelessness in the national and local decision-making processes. To achieve this aim, we adopted the following objectives:

- To document the actions taken in response to the COVID-19 outbreak with a focus on people experiencing homelessness.
- To capture the experiences, concerns and feedback of people experiencing homelessness, with a particular focus on health and human rights, during the pandemic.
- To provide feedback from people experiencing homelessness that can inform the decision-making processes for statutory and third-sector decision makers.
- To provide advice and guidance on how people experiencing homelessness can survive and cope with measures.





What we did

This research was carried out from March to September 2020 by researchers who had direct experience of homelessness themselves. All data collection was completed remotely due to the ongoing pandemic and the various restrictions in place across the county. We adopted a mixed methods approach to maximise the reach and flexibility of the means in which people could share their views. We focused primarily on gathering qualitative data to ensure people's voices and narratives were central to the project. We also carried out regular engagement with peers and stakeholders to identify and realign our approach to reactively address any emerging issues that needed to be understood further. A summary of the methodological approach is illustrated on the next page.

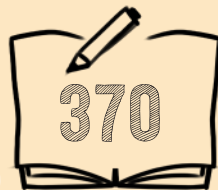
Delivering remote peer-led research

Despite the challenges of conducting research during the pandemic, we wanted to ensure that the project aligned with our peer-led and participatory approach to research. Consequently, a significant element of the research process was focused on incorporating opportunities for peer involvement throughout. A reference group of people with experience of homelessness came together during the project to have direct input in the design, delivery and analysis of the research. The reference group met virtually each fortnight throughout the duration of the research and also attended steering group meetings to share their experiences and findings from the project directly with decision-makers. We also carried out a virtual analysis workshop, in collaboration with The Strategy Unit and a wider group of peers to gather feedback and support the interpretation of the research findings. This meant we could ensure findings effectively and appropriately reflected the voices of people experiencing homelessness. It also ensured people experiencing homelessness were at the centre of developing solutions to the issues identified in the research.



Telephone interviews

We carried out semi-structured telephone interviews with people experiencing homelessness from across the country. This included people who were living in hostels, temporary and shared accommodation, people who had been moved into emergency accommodation and a small number of people who were rough sleeping or 'sofa surfing' during the pandemic. Interviews were carried out by members of our research team all who had experience of homelessness themselves and lasted approximately 30 minutes.



Daily diaries

Staff and volunteers completed short 'daily diaries' which reflected the key issues or insights they gathered from the ground. This included feedback from our [Homeless Health Peer Advocacy](#) (HHPA) team who were carrying out welfare calls, dropping off essential food and medication and working in emergency hotel accommodation. It also included reflections from the wider Groundswell team and our local [HealthNow](#) partners.



Mobile reporters

Working in partnership with [On Our Radar](#) (OOR) we developed a citizen journalism program which supported people to report back their experiences and input reports from those in their community rapidly. 13 active reporters with direct experience of homelessness took part in digital training and reported back using text, email, video and audio to provide raw insight into how the pandemic was impacting people experiencing homelessness in their local areas. Their insights were used to inform this projects findings and also shared on a dedicated reporter [micro-site](#) to amplify their voices.



Archiving of policy responses

To better understand and contextualise people's experience of the pandemic response and consequent changes to provision of both health and homelessness services, we archived key documents and resources. This included documents outlining local and national response planning, policy and gathering examples of good practice to share and highlight learning from across the country.

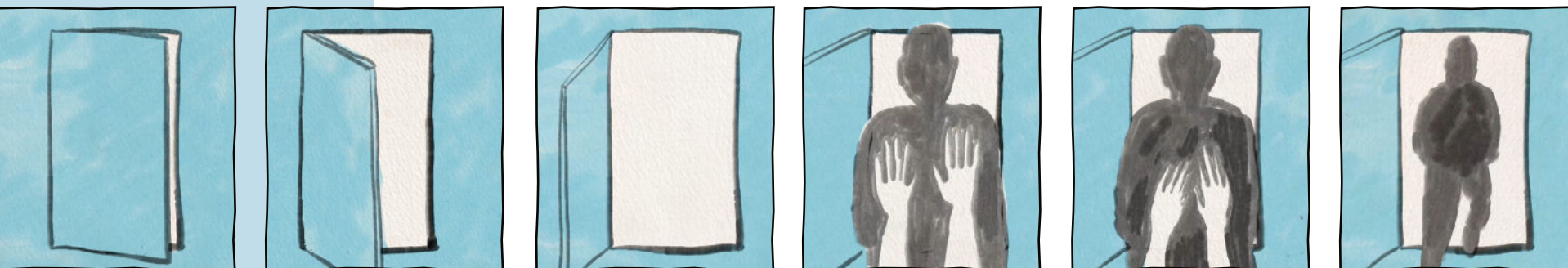




Insight from our #HealthNow network

Throughout the pandemic, we worked closely with our local [#HealthNow](#) partners and a range of stakeholders to ensure that we were hearing what was happening locally, identifying good practice and addressing key issues as they arose. Local partners, in Birmingham, Greater Manchester and Newcastle held a total of 19 alliance meetings which brought together peers with experience of homelessness and partners from health and homelessness services to discuss local approaches to the pandemic.

The insight from across the country was not just valuable to the findings of this project but allowed for us to carry out targeted engagement and raise important issues to key decision makers. In partnership with [The Faculty for Homeless and Inclusion Health](#), we delivered two [targeted workshops](#) to gather further insight into the impact of the digital divide on primary care access and issues around pharmacy services.



Empirical data was transcribed and analysed thematically using NVivo software. Key themes and issues which emerged from the data were further analysed iteratively during reference group meetings and in an analysis workshop with peers to ensure data was clarified and interpreted by people with direct experience of homelessness.



To ensure the research had rapid and direct impact and influenced decision-making, nine fortnightly briefings were shared which highlighted the emerging findings of the project. Briefings focused on key issues we had heard during the data collection process, including focused editions on mental health, emergency hotel accommodation, primary care access and the experiences of people who had NRPF. Our reference group also developed [a podcast](#), outlining interim findings from the research. Insights from our mobile reporters were also shared to highlight key issues from the ground and amplify the direct voices of people experiencing homelessness. All outputs were shared directly with NHSE/I and our steering group to inform local and national decision-making processes.

Ongoing findings from the research were also used to inform additional resources to support both people experiencing homelessness and to help local areas comprehensively plan their responses to the pandemic in a way that was informed by the lived experience of homelessness. We produced [action guides](#) which summarised COVID-19 related guidance into an accessible format for people experiencing homelessness. Findings also fed directly into the [Listen Up! Local planning response tool](#) and the [homelessness and COVID-19 self-assessment tool](#), developed in partnership with Crisis and Pathway.

This report brings together the insights from across the methods and briefings to present the project's key findings and to outline areas for action in response to the ongoing COVID-19 pandemic, based on the direct narratives of people experiencing homelessness.



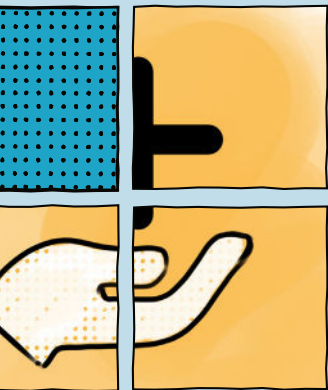
What we heard

I. Health

Health and homelessness are inextricably linked with [studies](#) demonstrating people facing significantly higher mortality rates, increased prevalence of physical and mental health conditions and highlighting increased barriers to accessing healthcare provision. The experiences of people who were homeless during the COVID-19 pandemic have starkly illuminated the existing health inequalities people face. In some instances, the pandemic presented an opportunity for new ways of working which tackled the existing barriers to healthcare. However, insights from this research also demonstrate how often people's existing health needs were worsened by the pandemic and how inequalities were perpetuated by the changes to how healthcare was delivered across the country.

Barriers to prevention

The importance of preventative measures to stop the spread of the virus was at the forefront of public health guidance during the pandemic. People were encouraged to abide by social distancing measures, wash their hands regularly and wear a face mask when entering indoor public spaces. People who were clinically vulnerable, due to existing health conditions, were told to 'shield' themselves further by not leaving their houses unless absolutely necessary. This research identified several barriers for people experiencing homelessness when attempting to follow the preventative guidance set out in the pandemic response.



Social distancing was a particular challenge for several people we spoke to, especially for those living in shared accommodation with access to only communal kitchen and bathroom facilities.



“Social isolation has been very difficult because of design of the hostel. The main relaxing area, the lounge is closed due to social distancing so he's in his room the whole time”

This was especially concerning for those who were in the ‘shielding’ category and needed to limit their contact significantly and take extra precautions to reduce the chance of catching the virus, as the story below illustrates.



“[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”

Issues persisted for people who continued to rough sleep or ‘sofa surf’. With the social distancing and lockdown measures often leading to people being unable to stay with friends or family, jeopardising their access to accommodation due to the preventative measures in place.

Access to masks was another factor which impacted many people’s ability to follow the guidance set out. This was often due to lack of income to purchase masks, the reliance on services to provide them and the quality of masks provided.



“Provided us with face masks as we can't afford to buy them ourselves”

“I'm still being careful - I wear a mask all the time. A lot of people in the hostel don't wear masks. The masks in here are not good, they slip off, so people aren't wearing”



For those who had underlying health conditions, in some cases, they struggled with wearing a mask for periods of time but were also concerned about the potential implications of not wearing one.



"It has because I have to be extra careful even if I go shopping. Like they said somebody with underlying issues, asthma, I have to put on a mask. But as well I don't have to put it, because if I put it on the breathing is hard. And if I don't put it on, I am scared that I might get something. So, it's really hard, because you have to be very careful when you are going out and about, to do your things that you used to do before"

The availability and **access to tests** and the track and trace system was another key concern. In the early stages of the pandemic, availability of tests across the country and within different temporary accommodation was inconsistent. This was especially concerning for people living in shared accommodation where isolating between households was not possible. Some people reported that letters inviting them to a testing facility would outline the need for proof of address or a form of ID when attending which acted as a further barrier to access. When testing was available, one Groundswell worker also discussed concerns about the stigma of mass testing of people experiencing homelessness.



"What I worry about is that this testing process is causing a lot of unwanted stigma and panic to residents. We are in full PPE and testing outdoors in hotel/hostel car parks (it's safer outdoors as the test can make people cough and sneeze). This means people being tested are sometimes in full view and very exciting for onlookers at hostels and the surrounding houses and buildings. We try our best to be discreet but can be challenging as we want to be as safe as possible. Onlookers ask a lot of questions and presume everyone is positive before the test is done. I fear this causes unnecessary stigma and makes isolation even more lonely and scary while waiting for a result"



The consequent tracking and tracing process presented another difficulty for those who did not have access to phones and the internet, meaning people who were homeless may be left unaware of the need to self-isolate following contact with someone who has tested positive for the virus.

The overall need for preventative measures was an area of contention for several people we spoke to, with some people stringently following guidance and others not. For those who followed the guidance, they often raised concerns about the lack of compliance from others and this led to increased anxiety and concerns. Others described not feeling concerned about catching the virus, as reflected in the quote below from someone who explained how their existing health condition had left them with no immune system to fight off the virus.



“I should be worried about because I have got no immune system. If I catch COVID-19 there is no point...I am not going to survive anyway. I have got no immune system to fight it”

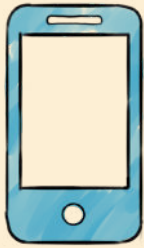
In some cases, people also noted that their experience of homelessness had meant that they were used to distancing or isolating from the general public, so measures had a lesser impact on their daily lives than most.



“Well I have been shielding myself from general public, you know, from people for... quite some time now. Even before the COVID. So, I didn’t actually feel much change”

“For me I have become an expert in self isolating anyway and for many people the COVID restrictions are just the restrictions they have already imposed on their life. I find it easier to help people than I do to help myself. I need to be busy because it keeps me out of trouble”

However, for the majority of those we spoke to, the need for further isolation and distancing led to increased feelings of loneliness and had a significant impact on their overall mental health and wellbeing.



Mobile report – Steve’s COVID-19 test

“This is Steve. It’s the 15th of October 2020. And I just thought I’d offer a little bit of empirical evidence – I’ve just been for a coronavirus swab test, whatever you want to call it anyway. I’ve just been for that and I just found the whole procedure interesting, to say the least. You know, it was quite bizarre from start to end. So, I’m just going to briefly talk through what happened.

So, I’m not going to go in to why I have been for a coronavirus test, hence pandemic. I think that’s self-explanatory. So, a friend of mine said to me go online, register and take it from there. So, I’ve gone online and you know what? It was nice to be able to tick the essential worker box without lying. That was a first. I’ve been called a lot of things, but never essential before. So that was nice. But that’s not the point of the report.

So, a couple of things on the itinerary that you have to take with you is, you have to have photographic evidence of which I have none. What was the other thing... there was something else... anyway it’s the evidence part I found interesting at this stage.

So, having recently gained employment, I have to produce my birth certificate. So fortunately for me, I knew that birth certificate was in my bedroom. Well, I say bedroom, it’s also my front room, my kitchen... but that’s a whole different story...” Read more of Steve’s experience [here](#).



Social isolation and mental wellbeing

It is widely recognised that COVID-19 has had a significant impact on people's mental health and emotional wellbeing. In fact, recent figures from the Office for National Statistics (ONS) reported that the wellbeing of 7.4 million adults has been affected by COVID-19. Insight from this project illustrate that this is particularly the case for those who are experiencing homelessness.



"COVID-19 has also made me feel alone. you feel you don't have anyone. You have to think of your case, your health. You feel stressed and life doesn't feel the same anymore and you feel you have no support"

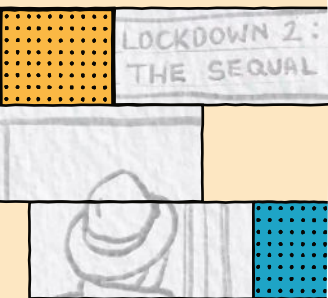
The most common theme identified by people when discussing the impact of the pandemic on their lives was the **detrimental affect it had on their mental wellbeing** and their increased feelings of social isolation, especially during periods of increased social distancing and through times of lockdown. The quotes below illustrate just a few of many people's experiences of poor mental health during the pandemic.



"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'm an outgoing person and like to go out a lot but COVID meant I couldn't so I became depressed and have put on 2 stone in weight so it has been a bit of a nightmare to achieve a balance"

"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"



Poor mental health was often perpetuated by lack of connection to the outside world due to difficulties in accessing the internet or phones to communicate remotely.



“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”

“Feel isolated without TV and no internet, radio only connection and hard to know what’s going on”



Case Study – Coping with mental health issues

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).



The increased impact on people's mental wellbeing meant that in some cases people chose to not follow prevention measures as their mental wellbeing was significantly impacted by the increased isolation.



"I must admit I did break lockdown and visit her a few times. It's hard being on your own and isolated so I just thought I need to be around my family despite the circumstances and it has helped me feel more at ease within myself being able to see my daughter"

"[He is] 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"

Front-line workers also reflected on how people's mental health has gotten progressively worse as the pandemic continues and, in some cases, they felt this led to people ending their own lives.



"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"

"We found out he later today that he had hanged himself. He was only 29 years old... It's hard to say whether his mental health deterioration was COVID related but he was schizophrenic and cooped up alone in a room for a significant period of time, which isn't healthy for anyone... I feel sad that he had to do that to himself. I worry that these situations will become commonplace during this COVID lockdown situation"



We know there is a clear interconnection between physical and mental health needs and have also heard about the impact of long-term health issues on people's mental health during the pandemic.



“Lockdown has proved a struggle for them. Chronic back pain and a lack of access to treatment had affected them physically and coupled with COVID 19 rules and regulations had left them feeling depressed for a while. Although feeling better and engaging more the pain still persists”

Insights have also illustrated the interconnection between mental health and unsuitable accommodation.



“I have to get out of that hostel as being there is making me ill. If being in hospital because of a nervous breakdown doesn't show I'm struggling and need support, then I don't know what will”

Overall, narratives from both people experiencing homelessness and front-line workers identified an increase in mental health issues and a significant worsening of the existing mental health conditions people faced. People also described challenges around accessing mental health services, especially when experiencing delays in support or transition between mental health services. Further challenges arose when people who had recently begun new treatment had moved into temporary accommodation and then had to be re-referred:



“[I have] been diagnosed with PTSD. [I have] recently started psychological therapies and then been moved to [temp accommodation] and have to be re-referred”





Mobile report – Mental health and lockdown

“As someone with mental health issues – having them since the age of 17 when a family member passed away – I went into a deep depression. Not knowing what to do I turned to drink and crime.

I was stealing to feed my usage. When it got to a point when I almost got prison time, I went to get help. With thoughts running through my head to do something silly my doctors placed me on meds. I was just sitting there crying, crying to a point that I couldn't speak. With meds given to me I just hoped that this would sort itself out.

A few years on and here now with this lockdown, jobless and not knowing what to do. My depression started back up just like I was 17. No savings left. Worried about my housing issues. No groups for me to go to. How did I manage for so long? I just keep thinking that why now? Why so long into life have I got to deal with this rubbish.

My doctors wanted me to get my meds but only after a review. This happened just before the lockdown and a lucky one indeed. I just hope that my depression sorts of self out soon so I can get work again. That I can be me again.

Just thinking that I am nothing, thinking that I don't have no one near me who understands. Someone who will be there with me through the bad and good. Bring on this lift of the lockdown then I will be one happy bunny. And I see through the next few days after.

With the light breaking through the blackness of the dark that is depression”.



Despite the increased impact on mental health for people experiencing homelessness during the pandemic, often people continued to highlight issues in relation to accessing appropriate mental health services and support. We heard several people explain how their existing mental health support was harder to access, reduced, cancelled or significantly changed in delivery.



“I was attending group therapy sessions but that has been cancelled for over 2 months now. My counsellor also became unwell with the virus and I was told if I was struggling to call the Samaritans but for me it takes me a while to build up trust with someone so calling a stranger isn't easy for me and I'm not always able to find the courage. I was also being helped by Mind before lockdown, but their facilities also shut down so I've kind of been left to fend for myself for the most part”

Access to support for existing health conditions

The pandemic and its response posed significant challenges for people with existing health conditions, including mental and physical health needs and those supported by drug and alcohol services. The significant focus on dealing with the pandemic meant that often those with existing conditions struggled to access the support and treatment to stay well.



Primary care

A particular issue raised was around the increasing difficulties in **accessing primary care**. Insights from front-line workers noted that difficulties with GP registration significantly heightened for people experiencing homelessness during this time. Recent [case studies](#) also evidence that a significant proportion of those people newly moved into hotel accommodation during the outbreak are not registered with a local GP, this is reflected in insights from this research. One worker told us that when they contacted a GP practice they were told **“we are not registering homeless people full stop”**. Several people also described experiences of being told ID or proof of address was required when registering.



“They say we’re not going to register anyone without a form of ID and proof of address, because that’s their rules’ basically. When I asked: ‘Can I at least have a quick chat with the practice manager, they were like no if you’ve got any issues with what I’m saying to you send it in an email”

This is an acknowledged barrier to accessing health services for people experiencing homelessness, despite NHSE guidelines stating that an ID or [proof of address is not a prerequisite of GP registration](#). Our findings indicate that this misconception has been more frequently experienced by people trying to access GP services during the COVID-19 pandemic. Another front-line worker reported their recent experience of trying to register people staying in temporary hotel accommodation:



“Receptionists are still repeating same mantra: ‘you need ID to register’... but if you can get to the practice manager it is sometimes a different story. I’m mostly being pointed to online registration by GP surgeries and in some cases a receptionist will follow up once that form has been done. In terms of follow up there’s still a lot more to work out and in that respect it’s not just one call. Today we tried to register 6 people and we managed to only complete one application via [specialist homeless surgery]. Even with that surgery, after completion a message popped up on the screen saying that you need to provide ID when you come... and that’s a specialist homeless surgery. This could essentially deter people from going any further and ultimately mean people not seeing a GP”

Demand for registration increased during the pandemic as people were moved into new areas to access emergency accommodation. One person explained to us that they had been moved into new accommodation, out of their local area, during the outbreak. As they were moved in a taxi, they were not able to take many belongings with them and forgot to take their medication which left them without a local GP and access to the medication they needed to support their existing health needs.



“[I have] been diagnosed with PTSD, recently started psychological therapies and then [I] moved and have to be re-referred, [I] take medication for mental health. [I haven’t] managed to register with a GP yet. [I] left meds in [different city] and hasn’t got meds at all”

The movement of people into new accommodation has also meant that some GP practices stated they were unable to register patients because their housing status was temporary or that they were unable to meet the patient’s complex health needs. This is particularly in relation to mainstream GP services who were not adapting their access routes to suit new patients.

It is not solely movement to new local areas and accommodation that influenced the increase in difficulties when registering with a GP. The lockdown measures have meant a **significant shift towards digital methods** of communication, which means often registration is completed online by website or a downloadable app. People frequently did not have access to the technology to complete online registration forms as they were without access to a smartphone, tablet or computer and access to WIFI. The online registration was also sometimes set up in a way which required particular information to complete the process, this acts as a further barrier for people who are unable to complete the required information to go through the full process. Further confusion arose when automated online registrations failed to inform people if their registration had been successful.



When registration was sought by telephone often the approach of reception staff acted as a further barrier to access. Workers have described experiences of conflicting messages between receptionists, doctors and practice managers and instances of reception staff being unpolite and unprofessional when enquiring about GP registration for the people they work with.

For those who were registered with a GP, access was still challenging as people explained struggling to get appointments and contacting their GP or difficulties when seeking clarity on when their support would be resumed.



"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" "[I] was unwell a few weeks ago with...a severe chest infection. [I] was ill for about a month and relied on my son to bring food and do washing. [I] tried to see GP but was refused an appointment. [I] still experience trouble breathing"

"[Person is] currently in active addiction which he has no control over and 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. (Been 3 weeks and no reply)"

People's experiences of other primary care services reflected similar barriers to access. As almost all dental services were forced to close or minimise their service, there is an increased level of need for people requiring dental treatment and care. One Case Worker reported challenges with a client they were supporting:



"[Person] has toothache and is on antibiotics but can't get to a dentist due to COVID-19 restrictions. Is in lots of pain"



Some people also described difficulty accessing medication from their pharmacy due to changes in location and ability to travel. As illustrated below, this had a devastating impact on one individual's recovery journey.



"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"

Cancellation of appointments and treatment

The majority of those we heard from discussed the cancellation of appointments and treatment for support with various existing health needs. This is extremely 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"

People described the impact that reduction of health support has had on their daily lives, this included increased chronic pain, and anxiety over lack of clarity about when appointments may resume:



"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 health services. Furthermore, as **communication issues** was another key issue raised, several people felt that changes and cancellations of treatment was not communicated effectively. One person described how the lack of clarity around their ongoing healthcare and treatment had led them to stop taking their medication as they were concerned about the impact it could have when it was unmonitored.



“[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”

New ways of delivering care and treatment

When people were able to receive care and treatment, often **new service delivery models** impacted both access and overall patient experience. In some cases, this was an opportunity for people to access healthcare, especially for those moved into accommodation through the ‘everyone in’ campaign. However, the majority of people we spoke to often raised concerns about the new ways of receiving care and outlined how they presented additional barriers to addressing their health needs.

Added barriers?

Across the board, services were increasingly using online appointment booking, online and telephone triage, telephone and video consultation and electronic prescribing. This posed several barriers for people experiencing homelessness in relation to digital exclusion. This was already a challenge for people who often do not have access to WIFI, credit or devices to access the internet but was exacerbated by the new approaches to delivery being rolled out across the healthcare system.



For some people, these new ways of working meant it was easier to attend appointments as they did not have to travel, which often incurred a cost. However, others explained how new ways of working caused **increased anxiety** and **reduced the amount of overall support** they received.



"I am currently housebound due to severe anxiety and panic attacks that have got worse since the corona virus outbreak. Before lockdown I would get a visit from my support worker every two weeks to see how I was doing but when lockdown happened I was transferred over to another support worker who has called me once in the last two months. I cannot read or write, have O.C.D. I'm an alcoholic and I suffer memory loss so I think I could do with more support than I have been getting"

"Group therapy still cancelled. Nothing put in place as an alternative means of support. A call to his GP practice can prove difficult as he has to leave a voice message with his details and they then get back to him. He is on anti-depressants and the delay in them replying has meant he hasn't always got his medication which has created a lot of stress and anxiety for him"

Overall, people accessing mental health services found it much more difficult to cope with the reduction of face-to-face contact which significantly impacted on their mental health and wellbeing.



"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"



New opportunities?

As temporary and emergency accommodation for people who were rough sleeping during the pandemic came into place, there was a clear opportunity to address people's health needs. In some instances, services worked to provide testing and clinical support for people moved into this accommodation which had transformative effects. We heard that often people who had not previously engaged with services began to access support with their health needs.



"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, they have"

One worker described how this was especially the case for those accessing drug and alcohol support:



"the majority of clients I have spoken to who are drug dependent have requested to be placed on a script. they are concerned about not being able to afford their addiction through lack of money, also I have heard the price of street drugs has risen. being in isolation has prompted them to seek professional help to avoid getting ill. with what's happening this could be beneficial to some clients especially as they are more likely to get infections"



A further notable change to the way that treatment was delivered centred on the **changes to prescription provision**, with some areas rolling out increased levels of medication being given to last for longer durations. For many people daily prescription collections were moved to weekly which was seen as a positive step.



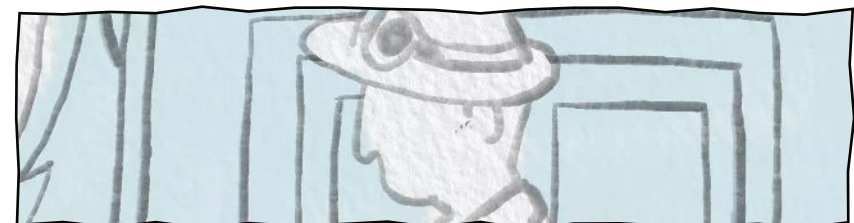
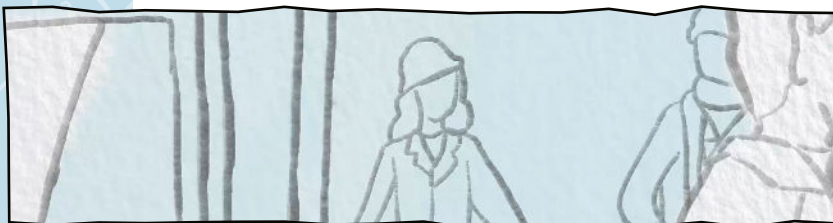
“People who are in need of scripts/addiction support are being given easier access to their medications at the moment”

These narratives illuminated how the response to COVID-19 has, in some cases, positively impacted people and provided an opportunity for lasting change for individuals.



“It’s an opportunity. Accessing mental health services, drug addiction. ... when you’re on the streets it’s really difficult. Because you have got lots of other issues. But having this safe space, where they haven’t got interruptions, it’s going to be totally beneficial. They get a good night’s sleep without being woken up”

More broadly, the rapid changes to the way services were delivered also presents **an opportunity for wider system changes** across the health and homelessness sector. We have seen how rapid action can be taken to ensure people’s health needs are met or how services have adapted to delivering support in a new way. However, stark inconsistencies in people’s experience of accessing and receiving healthcare during the pandemic, suggest the need for a more consistent and collaborative approach to any future system change. A significant determinant of whether someone experienced positive or negative health outcomes linked to their location and accommodation type which will be the focus of the next section.





2. Accommodation

As illustrated, a significant factor in the impact of the pandemic linked to the accommodation people stayed in or were moved into. Evidently shared accommodation raised implications for preventative measures and unsafe or inappropriate accommodation led to a worsening of health conditions, specifically mental health. A major change in accommodation provision during the pandemic came as the Government asserted local authorities must ensure they get 'everyone in'.

'Everyone in'

Emergency hotel accommodation was introduced in response to the Government's request to ensure people sleeping rough were provided with shelter. 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, we heard that there was a lack of basic food provisions, limited medical support and challenges accessing prescriptions and alcohol for people who were alcohol dependent. One person placed in emergency hotel accommodation explained:



"[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"

These issues were often resolved over time as the hotels became more established and support providers deployed staff to them. However, there was a clear 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 conditions amidst changes to health service provision and access. Although hotel accommodation was increasingly used, **'cohorting' of accommodation settings was not always consistent**. Ongoing challenges have also highlighted limited provision of mental health support for people residing in hotels.



However, for some people, the move into such accommodation had a positive impact on their lives and they were able to access much needed healthcare and support.



“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”

Positive experiences were often characterised by the provision of emergency accommodation which linked up with holistic, clinical support from health services. A front-line worker outlined one way this was provided within a hotel setting:

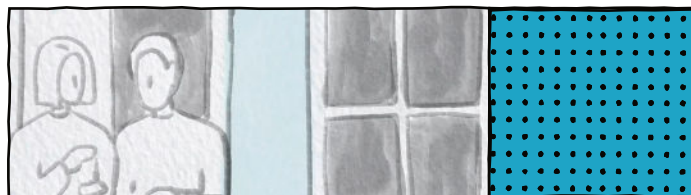


“In some hotels a phone service has been established and psychologists are going into hotels up to 3 times a week. [Mental health has] become more and more of a need as the weeks go on... they have a list of clients who [services had] worked with before who were raised as people that were known to mental health services. And they are providing a phone service”

Another worker also discussed how people who had historically not engaged with services began to and the importance of maintaining this post-pandemic.



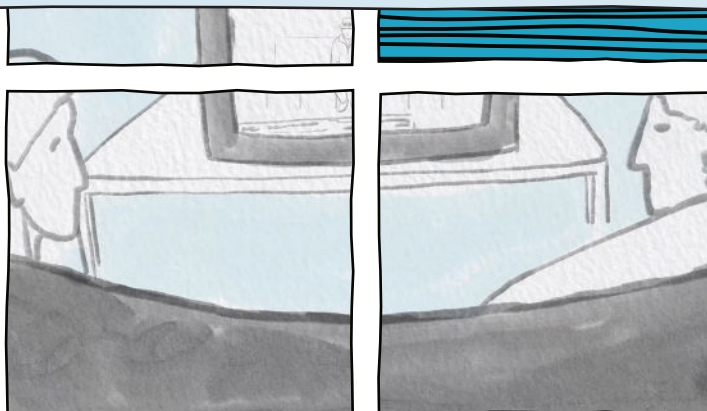
“I am aware of people that are real long-term rough sleepers who would always refuse to come in, refuse to work with services and because of this [COVID-19], they have. And to me that is the biggest thing...this can be a legacy. It really can. It can be a legacy for homelessness, for health in homelessness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





Case Study – “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.



Despite positive intentions, people also told us about their experiences of being moved into emergency accommodation which failed to meet their needs. Others discussed being unable to access emergency accommodation due to having a pet or being offered accommodation separately to their partner. Many people also experienced challenges when moving into emergency accommodation that was away from their local area and connections, leading to further feelings of social isolation. One stark example of the detrimental impact movement into emergency accommodation during the pandemic had was when a person was moved back into a local area which they had previously suffered extreme trauma and had been previously moved away from for their own safety. We have heard also from people who have been 'evicted' from hotel accommodation without alternative housing in place meaning that they returned to the streets during the midst of the pandemic.



Case Study – Hotel eviction

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.

For those who described positive experiences of being moved into emergency accommodation, they raised clear concerns about what would happen when they had to 'move on'.



"I am happy here. It's much better than the hostel but they'll send me back soon"



Case Study – Move on from COVID Hotel

Dan (not his real name) was moved from emergency hostel accommodation into a COVID hotel at the beginning of the pandemic. He has a history of offending and mental health issues. He loved staying at the hotel and was excited about moving into his own property. The hotel he was staying in closed in mid-June and his move-on property was not ready. Whilst he was waiting, he was offered temporary accommodation but after visiting felt this was extremely unsuitable. Dan left and decided to sleep on the streets.

In contrast, the movement into emergency accommodation also meant that some people felt it had sped up the process of moving into their own accommodation as people began to transition into stable accommodation. One person described how the movement out of temporary emergency accommodation has made their route into permanent accommodation faster.



"... getting forward with my accommodation... But now that this has happened, the people have started to speed up things. So, in one way it's been a blessing, but in another way, it's been a curse"



Staying in temporary or hostel accommodation

As noted, the movement into emergency accommodation through the 'everyone in' process focused on moving those people who were rough sleeping during the pandemic. This did not include many people experiencing homelessness who were living in unsuitable, unsafe or overcrowded accommodation, meaning a significant proportion of people continued to face challenges due to their current accommodation situation. One worker also noted that they continued to see people sleeping rough despite the initiative:

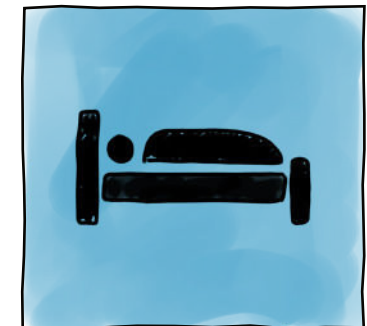
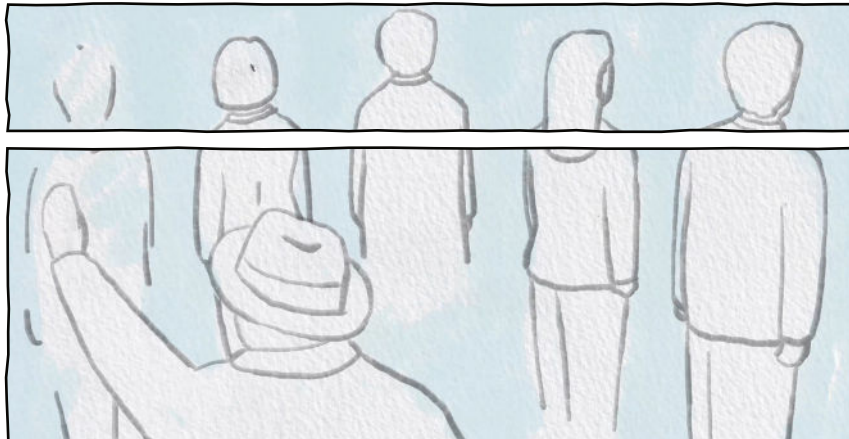


"I went to the sleep site of a client to wake him up & take him to re-instate his script. I was actually surprised he was still sleeping outside has leg ulcers & respiratory problems is generally unwell. After being told that the most vulnerable people are being housed"

When speaking with people who had stayed in their current hostel accommodation during the COVID-19 outbreak, we heard mixed experiences of how they had 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"



Participants often raised concerns about the levels of preventative measures that were 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. There was a significant disparity in the implementation of preventative measures between different accommodation providers. When hostel accommodation did follow preventative measures, such as social distancing, the existing set up of communal based areas meant that often people were significantly restricted and left to live within one room. Some people described hostels following guidance stringently but in a way that severely restricted people's ability to leave their room. This illustrated an inconsistency which left some people anxious and concerned about the lack of guidance implementation, whilst leaving others feeling that they were faced with increased restrictions and enforcement of rules.

For others hoping to move on from existing temporary accommodation and apply for accommodation, the pandemic also impacted their experience as less availability and increased waits made securing accommodation particularly challenging.



"We had the opportunities to bid on more stable accommodation via the council website. It meant going on the site and registering our interest in any of the properties advertised. It was an opportunity, but also a duty as if we did not do this we would be more likely to be allocated just any kind of accommodation without a choice and we would have to go there even if it was completely unsuitable, but suitable according to the council standards. This would have also included accommodation in another city or part of the country many miles away, such as Durham. I bid every week. The places that we liked and were suitable for us (from the very short description provided) were coming up less and less frequently"

"...I'm playing a waiting game at the moment because nothing is happening. Crisis been helping me but they've told me it's best to wait till this rolls over before trying to find somewhere to live. I've filled out a few online forms with them to do with housing. They've been really good but I need help now as I don't know how much longer my friend will let us stop here."



Mobile report – Temporary accommodation

“My accommodation did not change. I live in temporary accommodation with my disabled boyfriend while still bidding on permanent place. There seem to be less suitable properties to bid on recently.

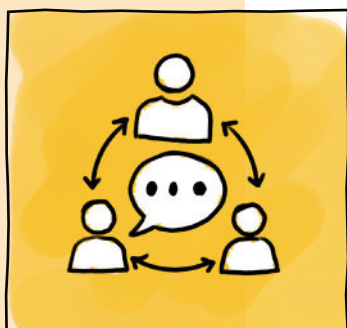
Due to COVID-19 we did not have an inspection every 8 weeks which was a relief as I always feel anxious about these inspections. The inspector takes a photograph of each room and if it was untidy or cluttered, we would be reported to the council.

However, a friend of mine had to move hostels because of COVID-19. She works full-time and pays for her room in a hostel. It cost her the same as a studio or a small flat (most of her salary). Her hostel was closed due to being half empty. Foreign students and workers left, and tourists are not here. There were people who worked there for a free board, but they were going to lose their job and housing. My friend was moved to another hostel belonging to the same company. She does not like it much. There are about 300 people, so she feels less safe from COVID-19.

Also, the noise came back. We live in temporary accommodation on a main busy road. Our home is noisy and dusty. During the main lockdown our home became quieter and cleaner. But now the traffic is back, and the noise and dust are back too”.

3. Communication and coordination

A significant cross-cutting impact of the pandemic identified was the ways in which communications were adapted and delivered. People highlighted the lack of accessible and appropriate communication to meet people's needs from various services, including interactions with healthcare services and the Department for Work and Pensions (DWP). Effective communication and coordination were also a key factor in the planning and response to COVID-19 for people experiencing homelessness. Inconsistencies in the way in which support was coordinated, communicated, and delivered demonstrates that there is a need for a much more cohesive approach to comprehensively supporting people who are homeless and the COVID-19 pandemic.



Communicating remotely

The need to communicate at a time of crisis is paramount to the safety and wellbeing of individuals. However, clear communications which addressed the needs of people experiencing homelessness were often lacking. The key public health messages around social distancing, staying indoors and washing hands regularly failed to recognise the barriers people experiencing homelessness face to doing so. Similarly, resources and guidance around the pandemic was often not accessible, especially for people who had lower levels of literacy.

A significant element of the Government's strategy to protect people from the virus centred on the 'shielding' of clinically vulnerable adults, however this was largely communicated by letters which were often never received by those living in precarious living situations. Furthermore, as services began to adapt to digital methods of delivery, existing barriers increased, and new barriers emerged for people who were unable to adapt to the new means of communication.



Digital delivery of services

As discussed, several health services had adapted to new ways of working which centred on digital communications.



“She has been attending NA zoom meetings but doesn’t currently have a sponsor”

Despite, a large-scale campaign to provide mobile phones for those rough sleeping, challenges persisted and the roll-out of technology remained inconsistent.



“There is a genuine concern of having to use online services for people who are not tech savvy. Also, the fact that one has to invest in modern equipment: mobile phones, laptop, PC, etc. to access services and keep up to date with what is happening. Some of the people that I spoke to are worried of being made 'irrelevant' in a world which is moving too fast in technology”

Several front-line workers expressed concerns about the accessibility of digital services and client’s ability to engage with support in this way:



“a lot of GPs are now asking for people to download their app. And then make appointments by the app and not on the telephone. Doing E-consultations, things like that. The problem is our client group, if they do have a mobile phone, rarely have smart technology”

“Phone assessments are happening which is a lot easier for some people - but some especially with learning difficulties missing out on this as need face to face support”

Other people explained that their support had significantly reduced due to the adoption of digital methods:



“He is on probation and was being supported by the criminal justice system to stay on the straight and narrow but that has dwindled to one phone call a month”

Coordination and planning

The importance of a multi-agency approach to homelessness and health was paramount to the successful planning and implementation of a comprehensive pandemic response. However, insights gathered through our network illustrate a significantly patchy picture of the plans and responses delivered locally. With limited guidance from the national Government which clearly addressed the need for coordination and accountability, some areas rapidly worked together to ensure the needs were met of the homeless population in their areas. This was particularly the case for areas which already had infrastructure in place to support the delivery of multi-agency approaches.



Case Study – Comprehensive planning

Exeter Homeless Partnership [response to COVID-19](#) Exeter Homeless Partnership (EHP) is a project that takes a ‘city wide’ approach seeks to tackling homelessness in Exeter. The partnership, funded by Comic Relief brings together statutory, voluntary and business sector partners, lived experience and the wider community; with an onus on coproduction as a tool for creating impact. When the COVID-19 pandemic began the partnership saw the need for a coordinated and collaborative response to homelessness in Exeter and adopted Groundswell’s ‘cluster management approach’ based on those used to coordinate responses in nonrefugee humanitarian emergencies. The process is ongoing and has been a learning process for all involved; ensuring that all parties work collaboratively and ‘learn as we go’. Partners in the project report that the process has forged new relationship and new dynamics in existing relationships and has created a unified response to COVID-19 across the city. The approach is now being employed to plan the next steps for the city to recover from COVID-19.



In some cases, areas were much slower to respond and lacked the coordinated taskforce approach to ensure local plans were comprehensive, cross-sector and holistically focused on the needs of individuals experiencing homelessness. This was reflected in people's experiences which in some cases demonstrated how COVID-19 presented an opportunity for their needs to be fully met, including their health and wellbeing needs. In other cases, people explained how they struggled to access support or were simply moved into accommodation with a lack of coordination on how they would meet their other needs.

4. Money and livelihoods

The economic impact of the pandemic meant that many people faced significant financial difficulties, this was especially problematic for people already on limited income through inadequate benefit entitlement or loss of jobs.



"I am currently living in a shed in my sister's garden. I have been living here for 4 months. I was living in a hostel until lockdown began. I have been trying to set up counselling and housing for myself, but a lot of the services haven't been available. I've been receiving food from a food bank every two weeks. The food lasts about 4 days. I was sanctioned by the DWP in March for 3 months and it was only lifted in June"

"Worry about money. How to survive, pay bills, buy food"

Benefits

The impact of insufficient benefit entitlement became more apparent as support services closed, or the support provided reduced during the pandemic. The Government's increase in rates for Universal Credit, whilst welcomed, reinforced the argument that pre-COVID levels of benefits were insufficient to meet people's needs. Despite changes in benefit entitlement during the pandemic, people experiencing homelessness we heard that people have continued to face hardship due to the benefits system.

We heard from several people who were experiencing homelessness who explained that they had no income during the pandemic because they had incurred a sanction.



“There has been many issues and financial repercussions [of the COVID-19 pandemic], my benefits weren't coming through and my backdated claim was not followed up... I am limited basically and without the food bank and surplus food I wouldn't eat...The DWP are sending some forms for my backdated claim I managed to call them but it's unresolved”

“[My] universal credit benefits have been cut off for around 2 months”

In some instances, people had to beg to ensure they had enough money to meet their basic needs like adequate food, however, the pandemic also made this challenging from the lack of footfall due to preventative measures.



“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”

Similar issues were faced by people who were in temporary accommodation or newly housed who were currently paying off arrears on council tax payments or previous crisis loans which are automatically deducted from their benefits. This means that the benefit they increased was significantly reduced. This left people struggling to meet their basic needs, such as accessing food, and increased anxiety about how they would make ends meet throughout the pandemic.



“they are only getting half of their benefits as they are paying off arrears” “DWP have started making [me] repay back loans [I] owe. The first payment was this month and it was almost £100. [I’m] surprised about the amount they are taking back as it seems excessively high”

People discussed disputing arrears due to exemptions on council tax not being applied correctly and the impact that this had on their benefits in the meantime. During the pandemic, resolving issues such as administrative errors or exemptions has been harder due to support services offices being closed or advocacy services having reduced and only remote capacity.



“Experiencing problems with their council tax - apparently £2000 in arrears and the council are chasing them about it but they dispute the cost as partner is on ESA and in the support group so was supposed to be exempt”

“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”

We also heard about payments that were stopped due to changes of circumstances, such as a claimant not updating their address. This is particularly concerning as we know that people experiencing homelessness, especially during the pandemic, often needed to move between temporary accommodation and out of area.



“Through another follow on call a gentleman who had no electricity or food due to his benefits being stopped due to DWP not receiving his change of address details now has his claim back up and running and should be paid by April”





Case Study – The impact of benefits

“Yesterday I had an appointment at 3 o’clock for chemotherapy again, just for a maintenance injection. But they are important injection – I only get them once every two months. So, they are scheduled and when I rang up yesterday...and they went we need some more information ... we sent a letter to your address and it was returned to us, so we have stopped your benefit. So, you got in touch with us, we will send you another form out which is going to take another ten days to get there. And you are going to post it back – that will take another ten days. And then we may reinstate your benefit. And so, I couldn’t go to my chemo yesterday. Because my legs ... my muscles... My legs are that weak, I can’t walk 4 miles to the hospital, which is what it is”.

Conversely, some people described the process of communicating with the Jobcentre as easier during the COVID-19 pandemic as it meant they did not have to travel and pay for travel costs to appointments. They also commented on the positive impact that the raise in benefit amount had on them.



“Made it easier. Haven’t had to go to the Jobcentre for 4 months. Before I’m spending £5 to get there and I’m only in there two minutes and now it’s just done automatically”

“My UC has increased so I’m really happy about that as I can pay this loss for staying here”

Work

We heard from several people who had lost their job during the pandemic or had experienced a reduction in hours leaving them financially worse off.



"He was working earning £800 a month doing security work. He's been laid off and now he's on universal credit so it's a big shock to go universal credit. It was difficult when he first signed on. He was working part time, so he was getting benefits, but he is now much poorer. He really misses going to work...Not sure if he's going to get the job back when this is over"

Others discussed how informal work had stopped during the pandemic:



"Prior to COVID-19 I was doing some cash in hand work - vacuuming, cleaning but during lockdown there hasn't been any work available to do"

For many people, they were actively looking to enter employment when the pandemic hit so this presented a major barrier to their job search efforts. This was especially problematic for people needing to access job search support or relied on public computers which were no longer available.



"there is not many work available at this time - I am looking but nothing is coming up"

"...personally, what COVID-19 has done to me under lockdown, its just meant I have had to put everything on pause. Because there are just things you can't do. Council has closed down; library has closed down. Landlords weren't putting their stuff up for rent. Companies were reducing staff, not taking staff on. My volunteering stopped. That has been overall my biggest hindrance in terms of those side of things"





No recourse to public funds (NRPF)

The most significant financial challenges were faced by those we heard from who had NRPF or were in the asylum system.



“Living with NRPF is not easy. If I want to go to town I can't as it costs £5. I have a budget of £30 a week and have no choice about this. I have to accept what I am given. I can only apply for refunds on fares for official appointments like GP services”

As this quote illustrates inadequate income was a key theme amongst those we spoke to meaning that often people were unable to travel or visit support services, which compounded the issues as often attending these services would provide access to essential support and supplies. The preventative measures required during the lock-down also meant services had to limit or stop providing support services, leading to further need.



“I used to go to daycentres [to] access resources, have a cup of tea but I don't go to them anymore. I also don't have enough money for clothes and the mosque don't have enough funds to help me get clothes. I have received soap and cleaning products from a church”

We also heard how the pandemic had led to people being unable to get income through their usual ways as cash-in-hand work became less common. Furthermore, people who had leave to remain and were able to work sometimes lost their jobs, were unable to be furloughed and returned to destitution. One person described how the lack of access to financial support and employment led people to engage in criminal behaviours such as selling drugs to make ends meet.



“In the community I live in there are a lot of drug dealers and I have been approached to sell drugs. Although I haven't there is temptation to do it and it does influence you and I know others that are in similar circumstances to me who have started selling drugs”

Lack of access to adequate and appropriate food was also discussed as a key issue for those with NRPF during the pandemic.



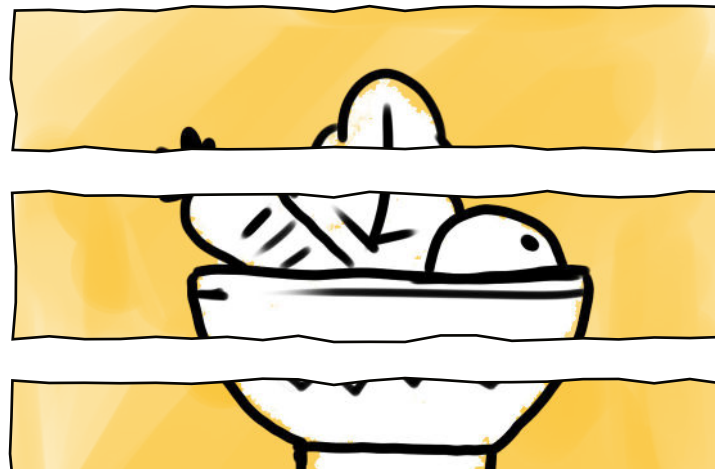
“Food has been hard. There is not enough food provided. You have to go to these different centres where you can access food. I go to a church in the city centre on a Monday where they give you a sandwich. It's a long way to go and I have to walk there”

Insights starkly illustrated that although ensuring people have the right to food fulfilled is a state obligation, often in reality the reliance is on the community and voluntary sector to deliver this. This indicates that during the COVID-19 pandemic there has been a significant failure to ensure people's human right to sufficient and adequate food.



“Normally we were getting food from one organisation, now they send us £30 per week. This means we can buy the food we like. This is the sum total of what I have to live on per week. I do share the kitchen with the other people. We can all use the kitchen at any time, but we try to give each other space”

The issue of food security was not just experienced by those with NRPF but a common theme across a significant number of the people we spoke to.



5. Food security

Access to appropriate, frequent and nutritious food was a significant issue for many people we spoke across a range of accommodation situations. Initially, we 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 were able to access food parcels, they were described as a ‘strange mix of items’ and often perishable items were about to ‘go-off’ or had already become rotten by the time they had 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.



We heard that in some hostels food dropped off in communal kitchens for people who were self-isolating was 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”

“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”

“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”



6. Water, sanitation and hygiene

The COVID-19 pandemic and the response also presented a challenge for people to access their right to water and sanitation. Many people relied on facilities, such as public toilet and daycentres, to access hygiene facilities which closed as a result of the pandemic. This is particularly problematic as a significant preventative measure was regular hand washing. One worker explained how this impacted the people they worked with:



“Rough sleepers presenting with poor hygiene, leg ulcers etc. due to not being able to access showers and washing facilities”

“He’s been dizzy and sweaty and sneezing and tired all the time but he’s not sure if he’s had COVID-19 or not. He has a leg ulcer and he goes to a walk in centre every 2 days to have his dressing changed. He tells me that this isn’t enough, as his ulcer is leaking and he needs to see the nurse more often or to be given more dressings to change himself. He can’t have a shower which is very difficult”

This again highlighted how the pandemic response, rather than the virus itself, can cause a deterioration of people’s existing health conditions. Some people described how despite being in temporary accommodation they continued to face challenges through lack of hygiene products or relying on them to be supplied by support organisations.



“The church gave me, the church I was going to, they said you can have this soap, you can have this toothbrush, you can have this Colgate”

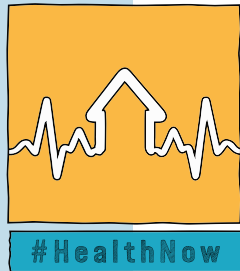
“thank god I have got a shower at home. And also I have got a washing machine at home so I don’t have to worry too much. But actually getting products in, that was a bit more difficult”

Others described being able to access washing facilities but raised concerns about access to laundry facilities, especially if they were shielding.





“Luckily, we are fortunate enough to have a nice bathroom just for us so is a very big advantage. But the laundry is a problem...So far have been washing it by hand. But I mean to go to laundry soon. I was too frightened to go to laundry now for a long time. I feel perhaps I should go soon”



What next?

We are continuing to monitor the impact of COVID-19 on people experiencing homelessness during the winter months, to understand the lasting impact of the pandemic and ensure people's voices continue to be heard by decision-makers. This project feeds directly into our ongoing #HealthNow campaign which aims to eradicate homeless health inequalities. Throughout the delivery of the campaign we are gathering insights from across the country to better understand the significant barriers people experiencing homelessness face and work with people experiencing homelessness to ensure they are central to developing the solutions to these barriers. The key issues this report highlights centre on five main areas:

1. Access to primary care: General Practice
2. COVID Response for people experiencing homelessness
3. Addressing the digital divide in access to health care
4. Improving inclusion health through strategic collaborations and accountability
5. Accessible information and communication

As we gather insight throughout the course of this campaign, a new action hub will be developed and used to input, revise and monitor the actions that arise – ensuring that actions are followed up and system actors are held accountable for the delivery of proposed actions. Our action hub will be launched in early 2021 with actions dedicated to these five key areas.

Groundswell

Out of homelessness

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