



Briefing on Homelessness during the COVID-19 Pandemic

June 2020

Doctors of the World (DOTW) UK is part of the Medecins du Monde international network, an independent humanitarian movement. Doctors of the World UK has been a registered charity in England and Wales since 1998 and runs clinics providing medical care, information and practical support to people unable to access NHS services. Our patients include refugees, people seeking asylum, people who have been trafficked, people experiencing homelessness, sex workers, migrants with insecure immigration status and Roma, Gypsy and Traveller communities.

In April 2020 Doctors of the World UK (DOTW UK) carried out a [Rapid Needs Assessment \(RNA\)](#) in order to better understand the reality for groups who may be experiencing a disproportionate and adverse effect as a result of COVID-19 and UK control measures.

Researchers collected data from eight people experiencing homelessness and three organisations that support and provide services for people experiencing homelessness¹ as well as refugees, people seeking asylum, undocumented migrants, people recently released from immigration detention, people affected by or survivors of trafficking or modern slavery, Gypsy, Roma and Traveller communities, sex workers and people recently released from prison.

This briefing summarises data collected from and about people experiencing homeless (PEH) during the COVID-19 pandemic with a focus on the *Everyone In* policy, and key recommendations.

Key recommendations

Continue to fund and provide emergency accommodation for those experiencing or at risk of homelessness	UK Government Local Authorities
Provide emergency accommodation for the duration of the pandemic for people released from immigration detention centres and prison	
Allocate funding for post-lockdown provision of sustainable quality housing solutions for people experiencing or at risk of homelessness, to ensure no one has to return to the streets.	
Support people experiencing homelessness with transitioning into sustainable housing solutions	
Provide timely and clear communication to people experiencing homelessness about their housing options during and after the pandemic	
Lift the 'no recourse to public funds' (NRPF) condition on all visas	UK Government
Extend access to public funds for all those facing destitution	
Strengthen protections against evictions and suspend the 'Right to Rent' policy	
Issue all GP practices with clear and specific guidance on patient registration, and work with practices that do not follow this guidance to reform their practices	NHS England

See appendix for full set of recommendations.

¹ Bevan Healthcare, a general practise service designed to meet the needs of people who are homeless or in unstable accommodation, refugees or people seeking asylum , Homeless Health Exchange, a primary care assessments, nursing care and treatment for people who are homeless in Birmingham, and Pathway, a homeless healthcare charity, helping the NHS to create hospital teams to support homeless patients.

Key policy changes introduced during the pandemic

In response to COVID-19, the Government launched the *Everyone In* scheme, whereby Local Authorities were required to house rough sleepers in hotels or emergency accommodation. They also announced £3.2 million in funding for local authorities to protect those who are homeless.² In London hotels alone, roughly 1,200 people have been housed across 14 hotels and 3 staging posts. They have been split into staging posts for people with more chaotic lives, people with COVID symptoms, people who are medically vulnerable and people who are not medically vulnerable. Some people remain street homeless, mostly where they have declined support, or where they have been made street homeless recently as a result of COVID-19.

Government has raised the Local Housing Allowance rate to the bottom 30th percentile of local rents and put a temporary halt on evictions, in an effort to prevent new cases of homelessness and help local authorities respond to the needs of people currently experiencing homelessness.

Because of the pandemic, the Home Office has stopped all evictions from asylum accommodation, including for those who have been granted refugee status and asylum seekers who have exhausted their asylum appeal rights.

Why is *Everyone In* needed during the pandemic?

People experiencing homelessness include individuals without stable, safe, permanent, appropriate housing, or the immediate prospect means and ability of acquiring it. Includes those living on the streets, sofa surfing and those in temporary accommodation such as night shelters. In late 2019 the homeless population was estimated to be 320,000 (excluding people sleeping in unstable, makeshift accommodation or 'sofa surfing'),

The RNA showed the COVID-19 pandemic is linked to an increase in new cases of homelessness. As people **lose their jobs and regular source of income** they are at increased risk of being made homeless. The risk is most accurate for those unable to accessing unemployment and housing benefits because of their immigration status (those with no recourse to public funds).

The COVID-19 pandemic comes at a time when many in the UK are already living in poverty or destitution. During COVID-19, due to pressures on businesses and temporary closure of many workplaces, many have lost their jobs. Many examples were reported during interviews.

² Ministry for Housing Communities and Local Government. (2020) Retrieved 1st May from <https://www.parliament.uk/business/committees/committees-a-z/commons-select/housing-communities-and-local-government-committee/news/COVID-19-homelessness-rented-sector-inquiry-launched-19-21/>

A number of people in the UK are formally employed on temporary visas that do not permit the bearer to any access to public funds such as housing or employment benefits. This means that some people have lost their jobs during COVID-19 but have no access to public funds or savings and have become newly destitute. These temporary residents, who may have ordinarily returned to their country of origin after a job loss, are currently unable to do so due to international travel restrictions.

Some people, such as sex workers or those with irregular immigration status, make an income through informal work in order to survive. People working informally, who have lost their jobs or can no longer work, are not eligible for the benefits, protections and entitlements offered to others during the pandemic. Many of these people, previously managing to support themselves, have become newly destitute.

“Now the highest number of people we see, they are not our usual service users, but people who now have lost employment, illegal employment, they have lost their means of support, and have become homeless. They have been washed out” Casework coordinator of an NGO

The reported rise of destitution by interview participants is corroborated by DOTW staff operating their advice line. They report a significant increase in calls since the pandemic from people facing destitution. DOTW has been required to divert resources to match this increase in demand. A staff member commented: *“We’re seeing a real impact on undocumented individuals and families with no recourse to public funds... community support and informal work has completely dried up.”*

The pandemic is **causing people to become homeless:**

Due to immigration ‘right to rent’ checks those with irregular immigration status are often obliged to rent from illegitimate landlords. During COVID-19, legitimate landlords have shown some flexibility with tenants facing financial challenges. Those with irregular immigration status are not usually extended this benefit and have faced eviction. This has contributed to the large number of people that have been reported, by community and voluntary sector organisations, as being newly destitute and homeless due to COVID-19.

Sex workers are extremely vulnerable to losing their tenancy and being made homeless during this time. We were told at interview that sex workers are experiencing a loss in income due to lower footfalls and greater policing and are placed at high risk of destitution as they are deterred from seeking social support due to marginalisation and discrimination. One sex worker shared her anxieties with us: *“I can't overstate either that regardless of whether workers are working at the minute, the financial situation we're all in is terrible. Most people are having problems with landlords, but sex workers are in a situation where being outed to their landlords, as well as friends and family, is more likely. Being outed in this way is also devastating – workers will be evicted, crucial friends and family support will fall away”.*

Some people are **facing eviction for displaying COVID-19 symptoms.**

Many of the groups we included in this assessment live in unstable accommodation. Undocumented migrants who are sofa surfing or staying with friends, with no formal accommodation agreement, may conceal COVID-19 symptoms, or display them and risk losing their accommodation. Say it Loud Club reported to us that 20 out of 60 people who accessed their services within a particular time period of lockdown reported that their friends were no longer able to support them due to fear that they could be infected with COVID-19.

“I know of a Vietnamese man who was sofa surfing and being supported by the Vietnamese community in London. He always had somewhere to sleep and always had something to eat as people were inviting him to their home. He developed a cough, and no one would take him in after that. So now he has become street homeless, never having been street homeless before.” Staff member of Doctors of the World

Similarly, domestic workers’ employment may be terminated if they display symptoms, rendering them without a job or a home. We were informed of one domestic worker who was hospitalised with COVID-19, and on recovery, was not permitted to return to her employer’s home. Likewise, one interviewee explained that families have been evicted from traveller sites when a household member has exhibited symptoms of COVID-19.

How has *Everyone In* worked so far?

The RNA showed the *Everyone In* policy has been successful in accommodating PEH:

The government’s drive to move people experiencing homelessness, regardless of their recourse to public funds status, into hotel accommodation has been well received by those we interviewed. Good progress has been made to accommodate those sleeping on the streets, mainly in hotels. Many people seeking asylum, who have been destitute for a long time, have been housed in Local Authority accommodation. Ordinarily it is not unusual for prisoners to be released onto the streets, however, during the pandemic, all are being accommodated on release.

A key benefit of *Everyone In* was that it has enabled PEH to follow the COVID-19 public health guidance and protect themselves and other from the virus:

Those sleeping on the street are much less able to abide by the guidance on physical distancing and handwashing, without access to water and sanitation facilities.

The policy has provided the opportunity to identify clinical vulnerability to COVID-19 for PEH, as well as other health conditions

Certain underlying health conditions are associated with an increased risk of severe illness due to COVID-19. Public Health England have produced a list of conditions that are likely to make individuals ‘clinically vulnerable’ or ‘extremely clinically vulnerable’.

People identified as extremely clinically vulnerable should 'shield', i.e. avoid all face-to-face contact. This guidance is described further in Appendix 2.

Identification of clinical vulnerability relies on having a diagnosis of the conditions mentioned above. As a result of exclusion from health services, some people experiencing homelessness do not know that they have the relevant conditions or are not known to the health system for those conditions.

Without being able to identify their own clinical vulnerability, people are less likely to take additional measures to physically distance and shield, as necessary. Of note, participants reported that people experiencing homelessness, who are being housed within hotels, are having health assessments to help identify existing vulnerabilities.

The policy has improved PEH's access to health services

Interviewees reported people who experience homelessness have generally had increased access to medical services during the pandemic as NGOs, volunteers and GP surgeries have coordinated their efforts to provide holistic health services to people accommodated in hotels. Having a physical address has facilitated healthcare activities such as the sending out of prescriptions and delivery of medications. Having access to a telephone and a place to charge mobile phones has enabled increased engagement with healthcare services.

Interviewees reported that there were signs of increased engagement with health services facilitated by the provision of safe and secure accommodation.

The policy has supported PEH to engage with drug and alcohol services

There has been increased engagement with services around substance and alcohol misuse by people experiencing homelessness since being accommodated in hotels. Service providers have seen an increase in the use of drug and addiction services as people have been able to progress to addressing addiction recovery as their immediate needs for shelter and food have been met. Service providers hope that the stability afforded by secure accommodation will increase engagement with health services in the medium and long term.

Some people have remained on the streets:

Nonetheless, there are still people living on the streets for a number of reasons including mental health problems; pet ownership; fear of living inside after years of being outside; and becoming newly homeless during the pandemic.

Uncertainty over how long *Everyone In* will last has caused anxiety:

No agreements have been made about how long emergency accommodation will be provided for, with many concerned that people will again suffer the trauma of being returned to the streets after lockdown measures are released.

How has the COVID-19 pandemic impacted on people experiencing homelessness?

The RNA showed people experiencing homelessness face barriers accessing information and guidance on COVID-19 which limits their ability to protect themselves from the virus and follow public health advice:

Digital exclusion was a key barrier for PEH. Where access to the internet was restricted, access to the online guidance and online symptom checkers were limited. This digital exclusion was present for three main reasons: lack of financial means to pay for access to broadband or mobile data; lack of access to the right technology; and lack of digital skills.

The government and NHS guidance has predominantly been published in English, which can be inaccessible to people within the immigration system or people whose first language is not English. We were told that several people within our included groups do not have the literacy skills to read and/or comprehend the guidance written in their own languages. People experiencing homelessness often have **lower levels of literacy than the general population, so many cannot access written guidance**. Easy-read versions and videos of the main pieces of guidance have been produced in English. However, accompanying audio or video guides are not available for all communications.

People experiencing homeless are sometimes unable to follow the COVID-19 guidance:

There are still people living on the streets for a number of reasons including mental health problems; pet ownership; fear of living inside after years of being outside; and becoming newly homeless during the pandemic.

Reliance on the general public for money as a means of financial survival continues during the pandemic, despite the increasing personal risk of COVID-19. This includes going into confined spaces, such as the London underground, and spending longer hours street begging due to the lower footfall.

Earning money to fund substances and going out to access substances are necessary activities for people experiencing addiction and are therefore barriers to following the physical distancing and self-isolation advice. This may be worsened by the reduction in drug and alcohol support services.

People experiencing homelessness sometimes face challenges in recognising that they should seek healthcare for COVID-19:

As has already been discussed, the groups included in the study have reduced access to information about COVID-19 and as a consequence some people may not know the symptoms to look out for or when they should seek help.

Additionally, for those whose baseline health is already poor, such as PEH, it can be very difficult to identify the symptoms of COVID-19. Interviewees told us that a cough is a common symptom amongst homeless populations. One expert by experience explained, heroin withdrawal symptoms are similar to the flu.

There are some people within the groups we studied, including PEH, for whom, for reasons of basic survival needs or addictions, seeking healthcare is not a priority.

“Health is not a priority for most rough sleepers. They have other things that are important to them...access to food and safety are higher priorities for them. They often need additional prompting to think about their own health and recognise COVID symptoms.” GP for Doctors of the World

People experiencing homelessness face barriers which prevent or delay them from accessing healthcare for COVID-19 symptoms and other health conditions:

Problems with GP registration

People experiencing homelessness routinely face barriers to GP registration. For example, contrary to NHSE guidance people, people are regularly denied registration by GPs because of their inability to provide a proof of address or ID documents.

A letter sent from NHSE and NHSI to all GP practices on 27th March stated: "Practices should agree how they can most effectively connect and support locations that are accommodating people who are homeless." Interviewees reported people who experience homelessness have generally had increased access to medical services during the pandemic as NGOs, volunteers and GP surgeries have coordinated their efforts to provide holistic health services to people accommodated in hotels. Having a physical address has facilitated healthcare activities such as the sending out of prescriptions and delivery of medications. Having access to a telephone and a place to charge mobile phones has enabled increased engagement with healthcare services.

Multiple participants reported GP registration has become even more challenging during COVID-19. Some GPs have closed their surgeries to new registrations. This is a particular problem for people experiencing homelessness who are being displaced as they are housed in hotels. Interviews revealed that although some GP practices are maintaining registration for their temporarily displaced patients, other GPs are deregistering patients who have been temporarily housed outside their catchment areas or who are socially distancing/isolating at an alternative address. This removes the option of primary care as a source of medical advice should an individual develop symptoms of COVID-19.

Participants informed us that de-registration from GPs during COVID-19 had led to delays in access to medications such as antidepressants. GP de-registration also disrupts continuity of care and undermines trust, creating additional access barriers to primary care. Furthermore, moving GPs takes resilience. It can be tiring and frustrating, as expressed by an EBE supported by Pathway: *“The transfer of all your files is a real pain in the ass... they say they’ve sent it but they haven’t sent it, the new practice doesn’t load it into their system, so to keep up with all your medications you have to fight all over again, you have to go through your history and it can be very tiring and aggravating. And to learn the ins and outs of a new surgery it can be very anxiety building.”*

Phone / online consultations

During the pandemic health service are increasingly providing consultations by phone and online, but people experiencing homelessness are often not able to access these types of consultation. Telephone and online consultations rely on a person having access to a device, phone credit or internet access. One DOTW staff-member told us that 30% of the homeless people who moved into hotels did not have access to a phone. For many the expense of phone credit and data is a significant barrier to remote healthcare access.

“Access to Wi-Fi is an essential need now, it’s not a luxury item anymore. It’s needed for access to benefits, housing support, health. You can’t expect people who are on benefits to pay for it. It’s expensive. You are expecting people to do more online but if there is no Wi-Fi then you can’t do it.” Community Outreach Nurse

Conversely, some healthcare professionals suggested that they had had increased engagement with some people experiencing homelessness who prefer telephone consultations. Homeless people experience difficulties attending specific appointment times due to chaotic lives, transport issues, or no means of telling what time it is. Additionally, one DOTW GP told us: *“I have heard rough sleepers comment on feelings of embarrassment about their appearance or their hygiene, and they don’t want to sit in waiting rooms with 10 other people.”* Telephone consultations remove some of these barriers.

Reduction in “trusted”, flexible and / or specialist services

Suspension or reduction of walk-in services, mobile clinics and outreach services means many people from the selected groups do not know where to go for healthcare. Some are unaware of service changes and that they can no longer walk into a GP surgery. Others believe that GPs are closed or that A&Es aren’t providing their usual service.

“We saw a chap in a hotel with a large wound on his leg. He had been to A&E pre COVID and had it sutured. It was recommended he have the stitches removed 10 days later...And then for a few weeks during the process of COVID he didn’t know where he

could go and get it sorted. Eventually he came to our rough sleeping hotel and we reviewed him and he told us 'I have had these stitches in my leg for three weeks' and they needed to be removed. The stitches were a real mess, they were embedded, they were hard to get out, it was infected. Pre-COVID he could either have walked into A&E with ease and got that sorted, or he could have gone to a walk-in centre.... But now, because it is harder to get through, stuff like that gets left." **GP for Doctors of the World**

Suspension of mobile clinics and outreach services makes physically accessing healthcare a challenge for some people. The cost of public transport may be prohibitive to those experiencing deprivation.

"A lot of rough sleepers rely on their physical ability to do things and would usually walk to access services. But if they became unwell with COVID they would be physically too unwell to do that and again if they don't have access to a phone then calling for an ambulance or calling for help becomes impossible to do." **DOTW staff member**

Increased usage of drug and alcohol services

There has been increased engagement with services around substance and alcohol misuse by people experiencing homelessness since being accommodated in hotels. Interviewees offered several possible reasons for this:

- Reduced availability of illicit drugs, including heroin, media reports suggest this is due to reduced global travel, tighter border restrictions and slowing of movement within the country³
- Inability to afford street drugs due to the impact the pandemic has had on income sources
- Difficulties accessing street drugs while isolating in hotel accommodation
- Choosing to address addictions now they have greater stability in their lives
- Addiction relapses due to boredom and/or deterioration in mental health.

Interviews suggest there has been an increased demand for drug and alcohol services, but they too have been subject to reconfiguration because of COVID-19. Interviewees commented on closures of detoxification units, reduced flexibility of addiction services and delays as services adjusted to new ways of working.

Conclusion

The *Everyone In* scheme has worked well as a protective measure to ensure people experiencing homelessness who benefit from the initiative are able to practice social distancing measures safely. It has also had further indirect benefits: the report suggests

³ The Guardian. (2020). *Coronavirus triggers UK shortage of illicit drugs*. Retrieved 30th April from <https://www.theguardian.com/society/2020/apr/12/coronavirus-triggers-uk-shortage-of-illicit-drugs>

increased engagement with health services as NGOs, volunteers and GP surgeries have coordinated their efforts to establish holistic provision, and an increase in the use of drug and addiction services as accommodated people have been able to progress to addressing addiction recovery as their immediate needs for shelter and food have been met. But it is unclear how long emergency accommodation, hotels or otherwise, will be available for. Many are concerned that people will again suffer the trauma of being returned to the streets after lockdown measures are lifted. The continuation of the *Everyone In* scheme also provides the opportunity to support people recently made homeless back into housing swiftly and protect them from the challenges that people experiencing homelessness long term often face. Given the rising levels of unemployment and the likelihood of a global recession, interventions like this will be key in avoiding an increase in homelessness and rough sleeping.

Although the drivers of homelessness are vast, and many are structural, the report demonstrates how a housing-first approach that prioritises stable accommodation can also address complex personal factors driving chronic homelessness, and show promising signs of success over a brief period. Now is the time to capitalise on this, by equipping those accommodated with the tools they need to find a pathway off the streets when the pandemic is over.

Appendix 1: Rapid Needs Assessment Recommendations

Enable access to meaningful primary care for people who otherwise experience exclusion		
Specific recommendation	Detail	Relevant organisation(s)
Issue all GP practices with clear and specific guidance on patient registration, and work with practices that do not follow this guidance to reform their practices	This should include guidance on new patient registration and the limited grounds on which a registration application can be refused, and how to adapt the registration process to include those who are digitally excluded.	NHS England
Keep GP surgeries open to new registrations during the pandemic	Follow the NHSE guidance on new patient registration and the limited grounds on which a registration application can be refused. Review and adapt registration processes to ensure they enable new patients to register without visiting the practice in person or providing physical documents.	NHS England CCGs General Practices
Strengthen pathways for people who are digitally excluded or have limited access to technology to access services	Telephone services may be more accessible for people who are digitally excluded than online ones. Where possible offer face to face support and service.	
Avoid deregistering patients during the pandemic	Unless at the request of the patient	
Provide flexible options for temporary GP registrations during the pandemic		
Flag people on GP systems who are vulnerable to the impacts of COVID-19	This should include: <ul style="list-style-type: none"> - People who require a translator - People with lower levels of literacy - Those known to be living in vulnerable circumstances - People who are digitally excluded 	
Prioritise groups vulnerable to the impacts of COVID-19 to receive face-to-face provision		
Implement creative solutions which allow access to primary care for those who are digitally excluded	This should include access to new patient registration, appointment booking and consultations	
Immediately suspend hostile environment policies that prevent access to public services for migrants in vulnerable circumstances		
Specific recommendation	Detail	Relevant organisation(s)
Urgently act on the ruling to lift the 'no recourse to public	No one's path to regularising their immigration status should be jeopardised or delayed in the process of removing NRP conditions from a visa	Government

funds' (NRPF) condition on all visas		
Provide sustainable housing solutions for people who have been placed in emergency accommodation during lockdown		
Specific recommendation	Detail	Relevant organisation(s)
Continue to fund and provide emergency accommodation for those experiencing or at risk of homelessness	The 'Everyone In' scheme has been successful in enabling people experiencing homelessness to protect themselves and follow the public health guidance during the pandemic.	UK Government Local Authority
Provide emergency accommodation for the duration of the pandemic for people released from immigration detention centres and prison	Accommodation should be adequate to allow self-isolation when required. More sustainable housing solutions should be addressed whilst the person resides in emergency accommodation	UK Government Local Authority
Allocate funding for post-lockdown provision of sustainable quality housing solutions for people experiencing or at risk of homelessness, to ensure no one has to return to the streets.	Maintain a housing first model	
Support people experiencing homelessness with transitioning into sustainable housing solutions	Housing first models should be applied	
Provide timely and clear communication to people experiencing homelessness about their housing options during and after the pandemic	Communication needs to be regular, clear and accessible to assist with building trust and to reduce anxiety.	
Strengthen destitution prevention and support for people in vulnerable circumstances or at risk during the pandemic		
Specific recommendation	Detail	Relevant organisation(s)
Extend access to public funds for all those facing destitution	This includes groups who ordinarily have no recourse to public funds including irregular migrants and migrants on temporary visas.	UK Government
Enable access to destitution support for irregular migrants through creative solutions	Solutions may include access to support through third parties such as CVS organisations	

Strengthen protections against evictions and suspend the 'Right to Rent' policy	This includes suspending the eviction of asylum seekers who are appeals rights exhausted and of those recently granted refugee status	
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