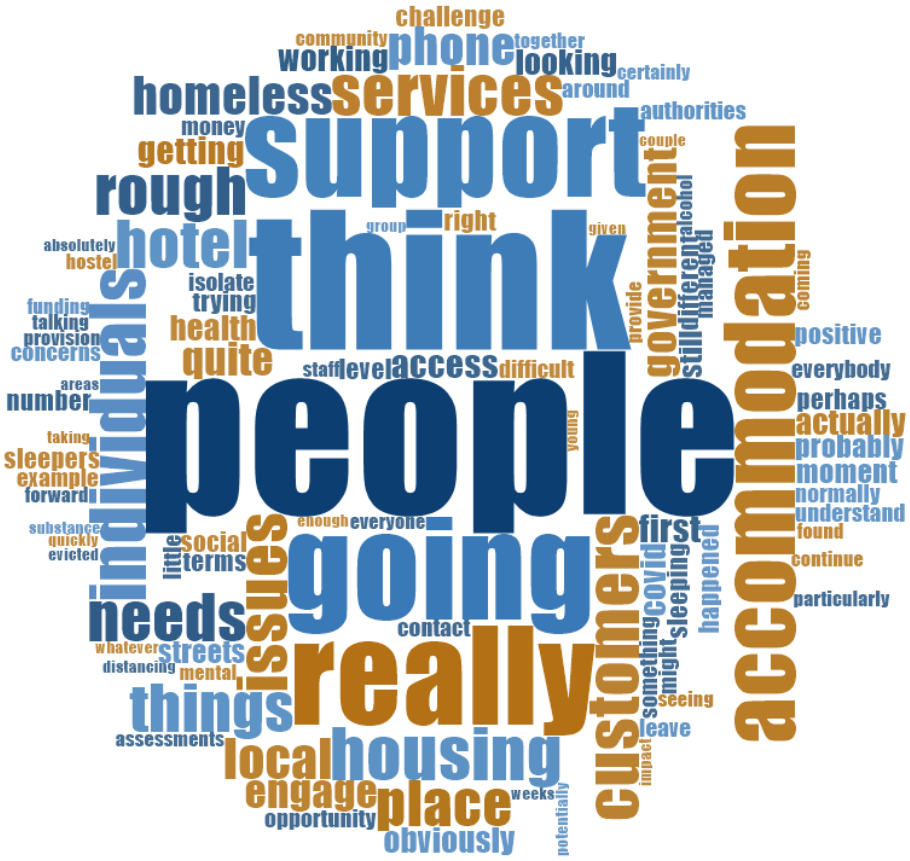

COVID-19 and Homelessness: National policy at the local level

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Contents

Executive Summary

Background

The COVID-19 pandemic has resulted in almost 1.5 million deaths worldwide as of 4th December 2020 (World Health Organisation, 2020). People experiencing homelessness (PEH) are thought to be vulnerable during the COVID-19 pandemic given a range of factors related to existing morbidities, communal living conditions and access to hygiene and health care. In March 2020, the UK government launched Everyone In, to prevent virus transmission among and beyond people sleeping in rough or living in shared homelessness accommodation through placing them in emergency accommodation (e.g., vacant hotels). This was an unprecedented programme with different implementation across the country. We report a qualitative study of stakeholders who work to support PEH to understand the impact on, and support for PEH during the COVID-19 pandemic in Stoke-on-Trent in the context of the wider region and national policy, to take learning from this unprecedented programme.

Interviews with 32 stakeholders (15 local - Stoke-on-Trent, 8 regional, 9 national) were undertaken between May and June 2020. Following data collection and analysis, a stakeholder workshop in September 2020 (n>60 delegates) was used to share preliminary findings and identify key recommendations.

Main findings

Analysis of the stakeholder interviews identified six themes: revealing the extent of hidden homelessness, the effectiveness of the Everyone In campaign, funding for customer support needs, changing service provision, supporting people in emergency accommodation and planning for the future. Stakeholders interviewed and attending the workshop perceived Everyone In as a positive outcome for the homeless population and had anticipated higher infection and mortality rates than were observed (locally and nationally). The importance of a multi-partnership approach was expressed by both cohorts, along with the need to provide wrap-around support in conjunction with accommodation. Changes to service provision

imposed by the national lockdown were thought to have improved engagement for some individuals and less so for others. The local support hub set-up within emergency accommodation in Stoke-on-Trent was the most effective, resulting in a reduced number of evictions and increased engagement with services. Stakeholders anticipated further increases in homelessness due to the economic impact of the COVID-19 pandemic. Future planning was perceived to be necessary to continue to support PEH beyond the Everyone In campaign, and the need for sustainable solutions was emphasised.

Recommendations

The following recommendations were developed informed by findings from stakeholder interviews and the feedback received from attendees of the stakeholder event, separated as those relating to learning for better support for PEH in general, and those specific to emergency responses to COVID-19 (or future infectious disease outbreaks).[1] They are dependent on a multi-partnership approach that is integrated in all services and organisations to maximise the support for the homelessness population.

Improving general future support:

- Implement the support hub model set-up in emergency accommodation in Stoke-on-Trent in all accommodation options.
- Sustain flexible access to support services (i.e., face-to-face, telephone and virtual support) to maximise engagement with PEH.
- To consider an evaluation to understand what factors influenced females' intentions to engage with support services during the pandemic to maintain engagement with this sub-group.
- Consider more accommodation support for those evicted from emergency accommodation to prevent an increase in rough sleeping locally.

[1] PLEASE NOTE: Several changes to the COVID-19 situation occurred between completing analysis and completing the report (e.g., second national lockdown, announcement of national funding for rough sleeping, announcement of COVID-19 vaccine to be rolled out from Dec-20 onwards). Therefore, recommendations are tailored to reflect general learning in relation to support for PEH, as well as those relating to the emergency response which remain relevant to future emergency responses (to COVID-19 or other infectious diseases that require local or national lockdown responses).

- Continue to commission the outreach nursing team (Advanced Nurse Practitioner within rough sleeping team) to help support the mental and physical needs of those experiencing homelessness.
- Drug and alcohol services to consider the mobility of those experiencing homelessness (i.e., assessments, service location, methods of engagement) to increase rates of engagement and recovery and reduce relapse.
- Identify accommodation options that meet the individual needs of those experiencing homelessness to prevent individuals returning to rough sleeping.
- To reconsider the level and responsibility of administration tasks for service co-ordinators to maximise the number of individuals they are able to support on the frontline.
- Explore the views of those experiencing homelessness based on the findings evidenced in this report and to understand the impact of COVID-19 on those directly affected by homelessness.

Future emergency responses:

- Consider planning for future localised or national lockdowns to ensure the most appropriate support is available for those experiencing homelessness.
- Evaluate Personal Protective Equipment to determine which measures are most appropriate when in use with those experiencing homelessness to limit the impact on the service-service user relationship.

1. Introduction

The COVID-19 pandemic has resulted in almost 1.5 million deaths worldwide as of 4th December 2020 (World Health Organisation, 2020). Knowledge of COVID-19 is increasing, with early studies to suggest that comorbidities such as hypertension, diabetes, cardiac disease, chronic respiratory disease and cancer increase an individual's risk of infection (Caramelo, Ferreira, & Oliveiros, 2020; Zheng et al., 2020; Zhou et al., 2020). All of which are common among those experiencing homelessness (Baggett, Keyes, Sporn, & Gaeta, 2020; Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009; Lewer et al., 2019, 2020; Snyder & Eisner, 2004; Wood, Davies, & Khan, 2020).

People experiencing homelessness (PEH) experience much worse health than the general population (Fransham & Dorling, 2018). Among the wider homeless population, those sleeping rough experience the most severe disadvantage and poorest health, with an average age of death of 44 years in men and 42 years in women (Public Health England, 2020). Hospital admission for medical-surgical conditions is thought to occur 10-15 years earlier than in PEH compared with the general population (Adams, Rosenheck, Gee, Seibyl, & Kushel, 2007), and 20 years earlier for age-related impairments (Brown, Kiely, Bharel, & Mitchell, 2012). Rates of premature mortality (under 65 years) in PEH is 5-10 times higher than the general population (Baggett et al., 2013). Whilst challenges related to access to health services including registering with a GP, language barriers, and mistrust of authorities (Eavis, 2018) may mean that PEH would be less likely to seek healthcare advice and support when needed. This is further exacerbated for those with no recourse to public funds, who may avoid health services through fear of being found or tracked (Cuthill & Grohmann, 2019).

PEH are also more vulnerable during the COVID-19 pandemic due to social and vital factors including unemployment, economic and family problems, domestic violence, sexual assault, and childhood trauma (Habánik, 2018; Nishio et al., 2017). Potential lack of access to basic hygiene, crowded shelters, substance abuse, and sex work (Healthwatch, 2018; McMichael et al., 2020; Watson, 2017) reduce the ability of those experiencing homelessness to engage in risk-reducing behaviours such as handwashing, social-distancing, self-isolation and use of masks (Powell et al., 2017; Tobolowsky et al., 2020). Lack of access to the media might also be more difficult for PEH to obtain information about public recommendations or warnings

surrounding the pandemic (Martin et al., 2020). Collectively, these factors increases the risk of exposure to, and transmission of the coronavirus, and the severity of the resulting COVID-19 illness among homelessness communities.

Consequently, the UK government made several policy changes and initiatives to safeguard all rough sleepers and those living in shared homelessness accommodation such as hostels from the COVID-19 pandemic. Changes included: the Everyone In campaign led by Dame Louise Casey (£3.2 million was released to support local authorities in England with the effort to accommodate all PEH); the increase of the local housing allowance rate; and the suspension of evictions by the Home Office and private and social rented sectors (Crisis, 2020). There have been documented outbreaks of COVID-19 in homelessness shelters reported in the USA (Baggett et al., 2020; Mosites et al., 2020), with newly identified cases presenting no symptoms or fever at the time of diagnosis (Baggett et al., 2020), showing the severity of risk of infection to this population group. Modelling of measures taken by the UK Government estimated these measures prevented 21,092 infections, 1164 hospital admission, 338 intensive care unit admissions and 266 deaths among the homelessness population up to the end of May 2020 (Lewer et al., 2020). The campaign protected nearly 15,000 individuals in emergency accommodation, including those rough sleeping, individuals thought to be vulnerable to homelessness during the pandemic and those who were previously sleeping in sheltered accommodation (Crisis, 2020). If continued, the campaign has further potential to safeguard PEH (Lewer et al., 2020).

At the time of data collection, there was limited but growing evidence about the impact of COVID-19 and associated lockdown on PEH and the organisations working to support them. First, the MEAM investigation of support for people facing multiple disadvantage reported flexible adaptations from services, that had been rapidly implemented, but with marked variation across areas (MEAM, 2020). Second, the little data available on the impact of COVID-19 on PEH mortality indicated a much lower than anticipated number of deaths (Lewer et al., 2020; ONS, 2020). However, evidence from Groundswell indicated a range of considerable negative effects on the physical and mental health, and access to service (Groundswell, 2020).

COVID-19 and the subsequent restrictive measures imposed by the UK government is having a significant impact on those PEH and services that work to support them. It appears that there is variation in how national policy is implemented in different areas. Stoke-on-Trent is a mid-sized conurbation with widespread deprivation and marked inequalities, but a proactive group of organisations (local authority and third sector) that work to tackle homelessness. Stoke-on-Trent it was one of the areas to receive funds through the Rough Sleeping Initiative in 2018, and has strong advocacy from people with multiple and complex needs. Therefore, we set out to understand the impact on, and support for, PEH during the COVID-19 pandemic in Stoke-on-Trent, in the context of the wider region and national policy, and to make recommendations for future support.

2. Method

2.1 Design

The research included a qualitative design to understand the impact on, and support for, PEH during the emergency response to COVID-19 (March-June 2020), and to make recommendations for future support. Ethical approval was secured from Staffordshire University's Ethics Committee.

2.2 Settings and Participants

Stakeholders were purposively sampled through a health and wellbeing programme lead (Public Health England) and the VOICES director including those (locally, regionally and nationally) who worked to support PEH, manage support services, or had knowledge of relevant regional and national policy and programmes. Semi-structured interviews were conducted (n=32) with a range of stakeholders locally (n=15), regionally (n=8) and nationally (n=9). Data collection was conducted between May and June 2020. Due to the national lockdown, interviews took place via Microsoft Teams or telephone.

2.3 Methods

2.3.1 Interview Procedures

Interviews were semi-structured and followed a series of questions and prompts developed by the project leads. The interview guide provided a degree of structure whilst also allowing for flexibility for the participant to direct the discussion. Topics in the interview guide included the impact of COVID-19 on those experiencing homelessness, the impact of Government financial support, services available for those experiencing homelessness during the pandemic, safety measures in place and individual compliance, and reflections in light of what has happened so far. All interviews were audio recorded and transcribed verbatim.

2.3.2 Data Analysis

Transcripts were analysed using inductive reflexive Thematic Analysis. Following the processes set out by Braun & Clarke (2006), familiarisation of data was conducted through extensive reading before preliminary codes and themes were identified by two researchers. Themes were then reviewed to ensure they were data driven. All preliminary codes were reviewed by both researchers before agreement of initial themes and their relationships. The themes were then discussed between the researchers and project co-lead before being finalised.

To protect the identities of participants, we use a participant ID comprising a number and stakeholder category (i.e., local, regional or national stakeholder).

3. Stakeholder Interview Findings

This section presents the findings from analysis, which resulted in six key themes:

1. *Revealing the extent of hidden homelessness*
2. *The effectiveness of the Everyone In campaign*
3. *Funding for customer support needs*

4. *Changing service provision*
5. *Supporting people in emergency accommodation*
6. *Planning for the future*

Each theme will now be discussed and evidenced by participant quotations, identified by participant locality (L**, local participant; R**, regional participant; N**, national participant).

3.1 Revealing the extent of hidden homelessness

Since the pandemic, the number of PEH in need of support has increased considerably in Stoke-on-Trent and nationally:

> *"the demand for us to find accommodation for everyone, I think, has exposed a huge unmet need in the community and probably showing that the levels of rough sleeping we had before were. I don't want to say they were wrong because we did count so we had a pretty good idea who was sleeping rough, but it really flushed out those hidden homeless" (L01)*

Participants expressed awareness for the number of people now requiring accommodation support with one organisation "*supporting well over 450 [individuals] impacted by homelessness across Stoke-on-Trent and Cheshire East*" (L07). There was thought to be "*15,000 people in England that are being accommodated through emergency hotel accommodation. Last year's official counts for rough sleepers was 4,300*" (N02). Locally, participants' caseloads of rough sleepers had "*quadrupled from what numbers we were dealing with prior to COVID-19*" (L08) despite previously "*reduc[ing] our numbers significantly*" which led to "*a big number of new people who needed accommodation*" (R06). Individuals were not only people known to services but *"people we have not seen before as well, so actually new people"* (L14); *"single people, or couples"* (N04). The increase in individuals in need of support had identified the number of "*people who are homeless and potentially rough sleeping that are dipping in and out of people's properties by sofa surfing and staying with friends*" (L03) suggesting that there is a significant number of individuals that services were unaware of due to their reliance on significant others to provide support. However, it was thought their need for support was due to "*their friends and family [saying]*

'we don't want you in the house, because we think you are a threat'" (N04); i.e., the perceived threat of COVID-19 led some individuals' friends and family to rescind their support to protect themselves and other family members.

Participants also talked about an increasing number of females accessing support locally "*than perhaps you would see nationally, which I think is a good sign, because it shows that females are feeling a bit more safe in that setting*" (L04). Females were less likely to seek support prior to COVID-19:

> "*we used to struggle with engaging the women, just because they were staying with punters, if they were sex-workers, and that's not possible now, if those punters can't have the girls staying. They are being more on the streets, so they were more of the hidden homeless than rough sleepers*" (L12).

It was believed that females experiencing homelessness are "*more likely to sofa surf as a rule…to end up in kind of unsafe sex for rent arrangements or to stay with a perpetrator to avoid rough sleeping*" (N14). As above, a reduction in options for sofa surfing during the COVID-19 lock-down is likely to explain the increased number of females accessing support locally. Participants agreed that "*it is a positive that women have felt as though they can come forward during, knowing that they will get accommodated*" (N14) and potentially engage with support services available. Revealing the extent of hidden homelessness was perceived as a positive aspect of "*COVID-19, [as] we have actually managed to uncover people who were homeless that we perhaps didn't know about before*" (L04). Whilst participants talked about the struggles of accommodating individuals during the pandemic, the opportunity to help newly identified PEH positive.

3.2 The effectiveness of the Everyone In campaign

Participants spoke positively about the Everyone In campaign and felt that "*it was the right thing to get everybody off the streets*" (L02) and "*had to a certain degree, a positive outcome*" (L09) for those experiencing homelessness. It was perceived to be "*a natural response that had to happen*" (L12) and there "*seemed to be an overall sense that homelessness and*

multiple disadvantaged was being taken seriously" during the pandemic, more so than previously (N09).

Everyone In showed participants that "*where there is a need to get people, like all people off the streets, it is a possibility*" (L11). It demonstrated that "*if there's an appetite and the money then we can get everybody of the streets*" (R06). This also caused frustration that it had taken COVID-19 to force this national response to a long-standing issue:

> *"I mean it is crazy thinking that it has taken a pandemic to house up the majority of the rough sleepers when rough sleepers should be a pandemic in itself, so it should have been done a long time ago" (L10)*

The Government's restrictions on evicting tenants "*has been a really good thing*" (L09) and resulted in "*seeing less families approaching us [services]*"(R06); a positive outcome for those who may have otherwise required emergency accommodation. The initiative also meant that stakeholders were "*managing to house quite a few customers into sort of more temporary, or permanent accommodation [resulting] in hotel spaces opening up*" (L12) for other people to access emergency accommodation. The ability to provide emergency accommodation to PEH allowed time for services to engage with customers and to provide access to services that they may not have had access to or struggled to engage with previously. This meant some customers were able to move on from the emergency accommodation and into a more permanent residency.

> "*[we have] some people in rehab, got people moving to their own property, we have got some people who have gone into supported housing provision which we provide, so we are getting some positive rebounds as well*" (L07).

Despite best efforts, there is always a "*small percentage of people*" that "*will not want support and may well never ever change*" (L03) and refused the offer of emergency accommodation. Participants suggested that this may be because some PEH "*don't want your help, you know, 'I prefer to sleep in a doorway', it is lifestyle choice*" (L13) or "*don't want what is on offer, because what is on offer doesn't actually meet their needs*" (R07).

> *"I think the customers that refuse, there are not very many of them, and the majority tend to be if there are customers that are trying to reduce the drug use, or trying to*

abstain from whatever drug, or alcohol, they are using. They will choose not to go into the hotels, because to the best of our ability there are customers in there that are using still, and to be around that is obviously really difficult." (L12)

Participants suggested that some PEH felt the emergency accommodation was not appropriate due to the variation of complex needs in those accessing support and the affect this may have on their recovery.

There was a perception that the emergency response had been effective in protecting PEH from COVID-19. During the emergence of the pandemic, it was widely feared that it would have "*a really devastating impact on this population and a real call to arms*" (N05) due to the vulnerability of those experiencing homelessness. Therefore, national stakeholders were "*pleasantly surprised that…COVID-19 has not had the sort of devastating clinical and biological impact that we were expecting*" (N05). Similarly in Stoke-on-Trent, local stakeholders reported that they "*had a few people that have shown symptoms and have self-isolated but really very, very few instance, even of people showing symptoms*" (L01). And experiences were similar regionally, "*we have around one person a week who has been displaying symptoms*" (RN01). This was generally attributed to the extent of dedicated time and support put in place at the beginning of the national lockdown by those working with PEH which is echoed by a national participant: "*I think that [it] is a testament to the work that has happened*" (N09). Everyone In helped participants to 'protect' those experiencing homelessness by providing emergency accommodation which led to much lower confirmed cases of COVID-19 than in the population group.

3.3 Funding for customer support needs

As already discussed in theme 'the effectiveness of the Everyone In campaign', participants believed the campaign "*has been a really good thing*" (L09). Following the initial funding from the Government to accommodate those experiencing homelessness, other funds were received by local authorities to support the campaign and other social care needs in the community:

> *"I think additional money is coming through as well from the Government because feedback is now reporting… well now we have got them off the street into hotels, into temporary accommodation, we have now got to resolve and help them get support through other needs" (L03)*

The general budget for health and social care allocated to local authorities (including support for those in emergency accommodation) would have been divided differently between and within the respective areas. At the time of the interviews, little was known about the longevity of the national lockdown or the pandemic.

Most participants suggested that £3.2 million national fund was "*not enough*" (L06) to cover the needs of those experiencing homelessness:

> *"the Government issued this directive, and kind of said, we will sort the funding out but get everyone in… so they did, and then as a result of that…other people came out of the woodwork, sofa surfers and stuff, so they accommodated everybody that came forward, and then the Government said, oh well what we meant by that was, we will pay you for the number of people you counted in your Rough Sleeper Count in November" (R08)*

There appeared to be some discrepancies between the Government's directive for Everyone In and the funds received for supporting those experiencing homelessness which was likely due to the number of 'new' individuals accessing support throughout the initiative (see 4.1). As a result, "*the money we have got is certainly not sufficient to cover everything the Council has done*" (L01), and the "*responsibility [has been] devolved to local authorities and their partners*" (R07) to cover the full cost of accommodation and other support needs. This led to variation in the way local authorities supported PEH:

> *"At the moment we are all still keeping people in the accommodation, at what point does that change, and at what point do people stop refusing ... I know of at least one authority who are no longer accommodating any new rough sleepers on the streets, who don't have a priority need. So you know that will happen more and more unless there is a commitment towards meeting some of those hotel costs" (R06)*

The financial strain felt from shortfalls in funding to cover the full cost of emergency accommodation led local authorities to change their provision. Locally the initial offer was to provide support "*if somebody needs to be accommodated and needs to self-isolate*" (L02), but elsewhere, "*when it was clear that there probably wasn't going to be huge amounts of additional funding, I think that probably stalled [other] local areas to getting more people in*" (N03). Prior to the Everyone In campaign, there were gaps in knowledge regarding the true extent of homelessness or the associated cost for providing accommodation and support. The financial impact some for local authorities had been considerable and would not be fully covered by funds received from the Government: "*(Local authority) alone has spent something like £270m on housing everyone during this period and you know the total sum to the council overall is £70m*" (R07). This led to uncertainty around the long-term impact on budgets for other areas in the local authority.

Participants spoke in detail about the need to provide additional support to those experiencing homelessness beyond emergency accommodation:

> *"we strongly believe people have a right to a home and actually a home isn't just bricks and mortar, there is more to that. It is about making sure people have the right support to put them on the right path and to help them to stay on that path until they get to where they want to be" (L04)*

Whilst accommodation provides a foundation, it was felt the additional support needed to help individuals to maintain the accommodation was paramount: "*it is easy to get somebody a roof over their head in the grand scheme of things, what is not easy is making sure that they have that support to maintain that*" (N02). Support alongside accommodation was perceived "*as equally important if not more important than the accommodation itself*" (L01) and PEH would not "*thrive without that really intensive support*" (R08) and "*just won't be able to stay in these properties*" (N03). Some suggested a housing-led approach, such as Housing First:

> *"they have been through the system so many times and I think a big thing for them is about having a housing-led approach, so it's about being able to find a home which meets somebody's needs and having that housing led approach, and the support to follow the person" (L07)*

People "*with multiple and complex needs, who are entrenched rough sleepers*" were particularly regarded as in need of "*intensive wrap-around support services*" (L09). It was felt that the Government had not considered the extent or cost of support needed to help individuals maintain accommodation during and beyond the COVID-19 pandemic: "*the support that would need to go into those properties would be immense, so sort of move everyone from living in a hotel with 70 people, to living on your own, they will need a lot of support for that*" (L12). Yet participants regarded the support as key in helping individuals move on from emergency accommodation.

3.4 Changing service provision

Following the (first) national lockdown (March-July 2020), several changes were made to the provision of support services to adhere to government guidance on social distancing:

> *"It has had an impact in terms of how services can deliver their support. There is a lot less face to face support going on. A lot of phone support instead. I know that some services do offer a face to face appointment where absolutely necessary but in general, like my own service, it is mostly conducted through the phone now wherever we can with customers. Other than the one or two times when I have had to go out to someone or when I am performing outreach twice a week." (L11)*

The majority of local services relied upon telephone contact with PEH following the national lockdown, with face-to-face support largely limited to a support hub put in place in emergency accommodation:

> *"most services now come to the hub and are face-to-face and we just use our PPE and social distancing, and then on the days that they can't come, because they are not just at The Crown, they are everywhere, so they do have telephone support." (L12)*

Consequently, organisations "*issued mobile phones to customers, so we could try and promote some ongoing contact with those individuals*" (L08). For staff members who needed to work from home (i.e., shielding, isolating or childcare responsibilities), "*back office admin stuff*" became their responsibility "*so the front line staff [could do] more than what they would*

normally be doing in the community" (L07). Job roles were "*broadened over night*" (L14) and "*everyone [was] working in different and more creative ways*" (R07) to support PEH. Local stakeholders expressed their struggle with the prospect of supporting individuals remotely: "*it is not possible for us to do our job over the phone, we obviously need to verify them*" (L12). Therefore "*outreach has continued throughout COVID-19, we've never sort of ceased that operation*" (L08). The same was also reported in other areas:

> "*I think one of the key things that we have done, from Day 1 we actually carried on doing our outreach work. Other organisations in the first instance, pulled back on it, and were saying 'do we really need to do it right now'? But by doing it, from Day 1, we always knew what was going on, on the streets and we were encouraging people not to be on the streets."* (R03)

The need to change service provision due to the pandemic "*made people think differently and I think people are working very well in partnership to try and really drive the right outcomes for those customers*" (L04). Multi-partnership working was described as making "*a big difference*" (L14) and considered a key factor in the successful response to COVID-19 locally. This was also reflected in national stakeholder accounts: *"areas that we were already thinking were multiple disadvantage, I think were already thinking about partnership work, multi-agency sort of strategic thinking. So yeah we were probably quite ahead of the curve when it came in"* (N14). It was felt that the funding to accommodate PEH had "*inspired lots of local authorities, NHS and other parts of the health service to work…really well together…it has given an injection of energy*" (N07). Locally, Stoke-on-Trent already "*ha[d] good partnerships…and in the main everybody tr[ies] to work together to support people as best they can*" (L02). The "*Police have [also] been an excellent partner in trying to kind of install the risk that people are putting themselves at, and others*" (L14), supporting organisations locally to encourage individuals to accept the support offered.

There was variation how stakeholders felt towards changes in service provision. The reduction in face-to-face support had "*freed up some [staff] capacity*", affording additional time "*to support more people*" (L04) in accessing services. Yet others suggested telephone calls "*typically last longer than a face-to-face interaction. You know they said they would spend maybe about an hour on the telephone, whereas a face-to-face interaction would maybe*

be…less time" (N09). Participants also suggested that "*you do miss clues, like you miss body language…facial expressions, you can't always gauge how the customer is feeling properly over the phone*" (L11). Other challenges related to when individuals lost "*their phone, we literally would have no way of contacting them…it wasn't like we could go out looking for them*" (L10). Telephone contact was difficult for some participants working directly with those experiencing homelessness and led to concerns about their wellbeing. However, when individuals held on to their telephone, remote appointments with services were perceived to be "*much better*":

> *"it has actually been much better because normally where we would have to pick a client up and take them to the assessment, that is a barrier in itself, in terms of locating them and taking them there… doing the phone assessments have been much easier because we haven't got the rigmarole of trying to get them to a location..." (L10)*

Engagement by some PEH had improved through remote arrangements and "*people were really pleased and kind of amazed by how good the uptake had been on telephone support…suddenly people who never answered the phone, were answering the phone*" (N14). Whether it was the offer of remote support or the placement in emergency accommodation, several participants suggested that telephone support was successful for some PEH. Yet it was suggested that it wasn't sustainable as "*the availability of those services is much less than what the demand need is*" (L03). Moreover, given the need to personalise to the support to the needs of the individual, it was not considered a sustainable approach for some:

> *"…long term, maintaining that approach, I don't think is going to work. Because the very nature of these individuals, they need a lot of intensive support and a phone call every few days is just not going to cut it for them." (R08)*

Participants locally particularly talked about the impact of changes to provision on those with drug and alcohol addictions:

> *"I know with the Drug and Alcohol Services that a lot of their work is on-line and CDAS is on-line, telephone calls. So they are obviously not taking, you know, that many people in at the moment. They are still doing assessments… but obviously a lot of the stuff, if they can with lower risk people, has been done by phone" (L06)*

Access to drug and alcohol services locally was challenging for individuals as they "*weren't doing face-to-face*" (L07) support:

> *"Now, lots of rough sleepers, if they are very chaotic in their lifestyles or the way they are taking drugs etc., they are kind of not able to go and access …that appointment, and these people aren't getting these kinds of GP examinations that they have to go through. So, they are kind of not getting scripted" (L02)*

Participants felt that remote support was not effective for those with drug and alcohol addiction due to the nature of their dependency. This resulted in difficulties encouraging individuals to consider the offer of support, even more so during the pandemic. Below is an example of a pharmacist being flexible to accommodate the needs of an individual attempting to access their medication during lockdown:

> *"…he waited in the queue for an hour-and-a-half for methadone and the chemist saw him waiting and apologised, because he was literally in and out in one minute…they said to him, 'come to the back door, just knock on and we will give it to you through the back door, it saves you waiting for an hour-and-a-half. " (L09)*

The 'panic' of the pandemic felt by the public led to increased numbers of people accessing chemists and pharmacies, making it difficult for those engaging in drug treatment programmes to access their medication. The need to queue for long periods to retrieve their medication resulted in "*a few customers fall[ing] off their prescription*" (L10) as the anticipation and anxiety to access the medication became too much for some. Others did not want "*to risk going out but there was no service to get medication delivered*" (L10), which reduced adhered to drug treatment programmes. Locally, it appeared that the stress of the pandemic for some individuals with drug and alcohol addiction may have been exacerbated by a reliance on remote support. Yet this was contrary to the national picture:

> *"I think that uptake has actually been good, so, and I think it has worked where being able to have a telephone consultation has removed some of the barriers to people not attending appointments so it has been actually much easier where people have had access to a phone for them to maintain those appointments and access to that. So I think for drugs and alcohol that has been good." (N07)*

Telephone support for drug and alcohol services was perceived to be effective nationally, with references to easier access to appointments for those with drug and alcohol dependency compared to locally. This may be due to a difference in the type of offer provided by the service locally or the cohort of those experiencing homelessness in Stoke-on-Trent. Regardless, it may lend support towards a more personalised approach:

> *"[It has] highlighted that teams don't need to have like a blanket approach to engagement and actually in showing who telephone base support works really effectively for, it highlights who it doesn't work effectively for, so you can put your resources into that and really focus on face-to-face contact for those few people and that is maybe a bit more time consuming but you have got a better blend of that and a bit more of a balance in terms of time" (N09)*

As illustrated above, the changes to provision forced upon services due to COVID-19 provided an opportunity to explore different approaches to engagement with those experiencing homelessness. Whilst this may be different between local authorities and organisations, it has shown which services have benefited from the change and which services have not.

3.5 Supporting people in emergency accommodation

Following government's call to offer emergency accommodation as part of Everyone In, local authorities and organisations were required to move quickly to offer accommodation to everyone experiencing homelessness. As a result, "*in the initial stages" Stoke-on-Trent "had 30-40 people accommodated in some hotels with no mental health or drug and alcohol support into those premises at all*" (L03). A lack of support within the emergency accommodation led to several evictions:

> *" there was about 15 people that actually lost accommodation because their behaviour was so unacceptable. The hotel wasn't prepared to keep them there and that was because we didn't have the support in place in the hotels" (L01)*

The speed of the campaign meant that local authorities were not given time to plan and prepare for the type of care and support that individuals would need within the emergency

accommodation. After the initial struggle, organisations in Stoke-on-Trent set up a support hub within the emergency accommodation where individuals could engage with the outreach team: "*we have got a multi-agency hub that operates throughout the week, so that consists of the outreach team being based there which enables us to do in-depth assessments for individuals to look at exit planning for those customers*." (L08). Other services were also accessible including "*drug and alcohol services, mental health practitioner, working with DWP, Citizen's Advice, to basically sure we can provide a holistic package.*" (L14). Other local authorities had reservations about providing support due to the level of risk:

> *"I was talking to a local authority, I think it was at the beginning of May…they were asking me about how we can support people in hotels, and my question to them was, 'well are you engaging effectively with them?' They said no because of the risk. Right, but you are expecting the staff at these hotels, to be at risk, and you are expecting people who…are not necessarily trained to support people that have gone through a lifetime of trauma, they have experienced our criminal justice system, the care system and really experienced a hell of a lot of multiple disadvantage, and I was quite amazed by the response that, 'oh yeah', and my kind of reaction was, you need to learn by example" (N02)*

Where no support was provided in the accommodation, the responsibility to support PEH fell to hotel staff to care for; e.g., "*50 quite chaotic people with lots of needs and hotel staff that were…very unfamiliar with that client group*" (N09). As initially experienced in Stoke-on-Trent, this led to several challenges as PEH struggled to adjust to their change in circumstances:

> *"I think we have seen it nationally haven't we, and locally actually…that hotel provision without support and done in a way without trauma informed care and approaches doesn't work. There are high rates of abandonment, high rates of eviction etc" (L07)*

Limited support in the emergency accommodation led to "*some hotels putting security guards in*" which was a "*big concern… we have got all of these rules…security guards and it doesn't feel therapeutic or supportive at all*"" (N09). Challenges were largely related to "*drugs rather than alcohol*" (L13) use and participants suggested individuals were being expected "*to automatically behave in a particular way…without necessarily engaging with people and maintaining the relationship*" (N02).

However, when support was placed in the emergency accommodation locally, participants talked about the ease of supporting individuals:

> *"I mean usually we are chasing them around the City to try to find them to do that with them. So, you know if we have an appointment with the drug services, it could take two hours to find them. Where we are just upstairs, we can just grab them, they can come to the Hub and the move-ons are quicker once the customers start engaging because of the good base that we have got" (L12)*

Supporting PEH to attend appointments was difficult prior to Everyone In but the support hub provided an "*opportunity…to engage people who have largely not been engaged with services for a long time"* (L07) and "*reduced evictions significantly…by having that support*" (L08) in place. Individuals were also able to "*get basic things like, benefits put in place, getting a doctor's registration, referrals to mental health services*" and services were able to organise "*bond scheme applications…referrals to supported housing services…so in a way it allows for things to happen which some of the people may and may not have been able to do*" (L09). One participant talked about two individuals that had met in the emergency accommodation:

> *"we have got a couple, well two girls that we have put into the Hotel, completely separately, like they didn't know each other before… they just organically met, and they are really, really good friends, and they are a really good support network for each other. So, one of the females self-harms and the other female is absolutely brilliant at supporting her. She has got her stress-balls to help her, she had got her crocheting. So that, without this happening they wouldn't have met, they were just completely separate entities"* (L12)

Everyone In provided the opportunity for two individuals to come together and to support each other through the process with the help of the outreach team based in the support hub. It appeared that the support hub had provided a chance for customers and services to work together to help individuals to move forward.

Some participants reported "*huge changes in some of those individuals who have since found accommodation*" (N01) yet others talked about the negative impact of accommodation on customers' wellbeing. Some PEH chose to leave emergency accommodation despite it being "*a breach of COVID-19 regulations, they are prepared to risk that to go back to a lifestyle that*

they felt was safer and more secure" (L03). Adjusting to the emergency accommodation was too much, perhaps a result of "*social isolation and loneliness, people haven't got access to the internet, mobile phones, all that kind of stuff…everything has been much more challenging I would say for our customer group*" (L07). Individuals also had to adjust to little opportunities to 'tap' for money due to the national lockdown which led to "*a lot more burglaries and thefts…that we were seeing amongst our customers just through pure desperation, there has been some nasty assaults that have happened*" (L12) because of limited access to money. This "*could be for some people quite traumatic… if you have got a normal life, and you are just homeless because your mum has kicked you out because of the pandemic*" (L09). The complex needs of some of those based in the emergency accommodation led some participants to question the impact it would have on those with little support needs as they "*have been forced into a situation where it has been difficult for them to refuse*" (N02). Despite the support placed in the emergency accommodation, individuals were still struggling with the concept of social isolation, boredom, fear and desperation, often exacerbated by multiple and complex needs.

Participants also talked about individuals' compliance with guidelines when being supported in emergency accommodation: "*most of the customers have been really good in terms of adhering to the guidance…if we say 'step back a little bit', they do*" (L09). Following initial encouragement from staff, customers would "*just come in [and] have a quick squirt of gel, so it is working, and they are picking it up*" (L12). Difficulties were experienced more so when asking "*people to self-isolate, who have substance misuse and if they are not being prescribed methadone or opiate substitutes, there is no way you are keeping that person in that…room, to be rational for five/six days and feeling poorly*" (L09). The complexities of addiction meant that "*being told to self-isolate by somebody isn't necessarily going to be your number one priority when you've got a drug addiction to feed*" (R06). PEH are also "*really social. They live in communities, in hostels and supported housing, to be told 'to stay in your room' is not something that they are used to*" (L12). This meant that "*they were very good with the staff but not so great with each other*" (N06) therefore staff had to remind them of the importance of social distancing with each other and the staff when engaging with services in the emergency accommodation.

3.6 Planning for the future

Beyond the Everyone In campaign, participants talked about the next steps for individuals based in emergency accommodation as the national lockdown was eased:

> *"how do we move on from this point. So, you know, for instance the 100 or so people we have got in temporary accommodation, how do we put a programme into place to enable them to move on, because certainly the Holiday Inn isn't going to want to become a pseudo homeless hostel." (L01)*

Participants believed that it was important that "*people aren't rushed out of hotels*" (N09) and were put "*in the right accommodation that is going to be sustainable for them*" (L08). There was a lot of uncertainty about the next steps for PEH as "*they [had] nowhere to go before the hotel is there, they have got nowhere to go now*" (L13). It was unknown "*whether the funding*[2] *will encompass that [next steps] and how long for into the future*" and the degree of support that "*many individuals may require long term*" (R01). This scared some participants: "*I am scared of the ramifications on the service user really*" (L09).

It was also suggested that there was a lack of information about how to support individuals with no recourse to public funds beyond the Everyone In campaign:

> *"Government is being very quiet on what we are to do with no recourse to public funds…currently they are being accommodated, of the 100 people that I have got to accommodate, as of today about 44 of those have got no recourse, or did have no recourse, we are working through with a number of them to try and get them recourse, where that is a possibility" (N08)*

As described in the above quote, some local authorities had accommodated a considerable number of individuals with no recourse to public funds and were trying to determine what would happen next. This led the participant to suggest that the "*Government needs to step up and put forward some money…because failure to do that will result in a number of people going out on the streets again*" (N08). There were calls for a more long-term investment as

[2] GOV.UK (2020). Next Steps Accommodation Programme: https://www.gov.uk/government/publications/next-steps-accommodation-programme-guidance-and-proposal-templates

the "*funding is often short-term, so it is a sticking plaster that you are putting over this problem and eventually we are going to have to rip it off*" (R08). The support required for PEH requires "*time, it needs investment and it needs a really thoughtful process about what will work for the individual*" (N09). Locally, participants talked about carrying out need assessments:

> "*doing an accommodation and support needs assessment with all the agencies. So for all the individuals we have got housed, we are asking them to tell us (a) what sort of accommodation will they need as their next step and (b) what sort of support will they need, so we will have a good idea of where the gaps are*" (L01)

It was hoped that speaking with individuals based in the emergency accommodation and asking what "*people are looking to strive towards in their own property*" (L08) would help to determine how best to support individuals moving forward. Participants also talked about learning from the changes made to service provision now that they were "*managing to now sort of get those customers to sustain that tenancy*" (L12). The pandemic provided an "*opportunity to explore what works really well*" (L08) and how best participants could enhance the service that they offer to those experiencing homelessness.

Some participants also anticipated there to be "*a spike of people as lockdown is eased*" including those "*coming out of abusive relationships*" (L01). The impact of the national lockdown may also lead to further homelessness as "*some of them [people] probably lost their jobs during COVID-19, some have been made redundant, some may have been zero hours contracts that finished just like that*" (N08). It was thought that "*young people [would be] the first to get hammered…therefore the likelihood of an increase of young people becoming homeless is going to grow*" (R04). This was concerning for participants as they already had "*a number of people that we haven't been able to accommodate, because we are quickly running out of accommodation*" (L02). It was proving more difficult for "*new people that have never experienced homelessness before, which you would think would be easier to house, but actually there aren't many accommodation options for people with no support needs*" (L12). This may be due to the Government's ban on evictions and the limited number of tenancies available for individuals: "*we have effectively shut down our housing allocation service, as have all of the social housing providers, we have not had any properties to move people on from temporary accommodation*" (L01). Participants were concerned about the lack of

"*housing stock*" and the need to "*jump through so many hoops to get accommodation, because we are dealing with people out of prison, childhood trauma, drug addiction, [and] their needs are complex*" (R05). Local authorities were beginning to look at their strategy for moving forward:

> *"part of our strategy will now be around what provision can we put in place funded through the Government's money, that means we don't have to go back to having night shelters…it is a real opportunity for us to look at reducing and possibly eliminating the use of night shelters in the City, but to do that we still need a pathway for people to move into forms of accommodation."(R06)*

Whilst opportunities were being explored, they remained limited with some "*still kind of at that planning stage…in securing the land*" (L02) to build options specifically for those experiencing homelessness. Housing options available varied between local authorities, with some more equipped to tackle to next steps beyond the Everyone In campaign than others, yet uncertainty and concern remained about the future for those based in the emergency accommodation.

4. Stakeholder Event Feedback

On 25th September 2020, the team hosted an interactive webinar to present the preliminary findings from the stakeholder interviews. Over 60 delegates attended, representing a range of professionals from the NHS, local authority and third sector organisations, general public and academics. Following the presentation, attendees participated in small group discussions, reflecting on the data in light of their broad collective experience and changes to policy and practice environment in the weeks since the data were gathered.

As with the stakeholders interviewed (Section 3), some attendees felt that "*having an offer for everybody without having to consider priority need and eligibility was an absolutely fantastic opportunity for us to engage with some really entrenched rough sleepers that we had been trying to work with for some years*." Another attendee also suggested that the campaign proved that "we can get *everyone in and with the right support package around*

people we can support them to continue and move on into permanent accommodation". There was also considerable discussion in one group around the impact of COVID-19 on those experiencing homelessness: "*If you compare to Europe and parts of the US where they didn't provide accommodation… infection rates and death rates were much higher, so I don't think it's a case of the client group not being as vulnerable as we thought, I think we just provided a really good response*". Some attendees thought this may be the result of "*the profile of their clients, that they are not obese and…haven't got the underlying health issues which might have also played in their favour*".

There was also caution around discussion of Everyone In as "*there is an assumption that Everyone In has ended homelessness and it hasn't, it has just put it into a different place*". Attendees felt homelessness "*doesn't end with accommodation*" and is not "*about just getting someone a home…it's about that support…there is a lot of people who don't know how to manage a home*". This was considered to be "*the biggest lesson for us [in Stoke-on-Trent], it isn't just about putting a roof over peoples' heads, it is about the support that people need to address the underlying issues*". Whilst the Everyone In campaign had provided shelter for those experiencing homelessness and vulnerable to COVID-19, it was not perceived to be a sustainable solution without the wrap-around care to support individuals with "*complex issues that they are going through*" (as also expressed by stakeholder interviewed in section 3).

References were also made to services relying on a "*system that has not worked for the last 40 years but we are still using it and then COVID-19 came in and we were forced to make a massive change*". An attendee who worked locally suggested that the pandemic "*made us realise that sometimes we have to change our practice…the onus is on them to engage and throughout COVID-19 we had had to think about how we can engage better*". The changes made to service provision had "*improved [customer] engagement with services*" and subsequently should be considered more permanently. Attendees also suggested there were "*a lot of improvements around partnership working*" and services were now "*showing more empathy and understanding, a bit more tolerance and [were] being more flexible*" with those experiencing homelessness. This was echoed in other small group discussions that "*partnership working has in most instances been the strength*" and "*was crucial in terms of*

sustainability". The Everyone In campaign had encouraged people to work together "*to try to support all these people*" which should be continued moving beyond the campaign.

As also reported from the stakeholder interviews (Section 3), several individuals were evicted from hotels prior to the set up of support in emergency accommodation. One attendee reported knowing of "*at least two people who have not been able to re-enter, not been able to get back into hotels*" following their initial eviction which meant they had returned to rough sleeping during the campaign. It was important for services to help "*hotels build tolerance for things like smoking on the premises*" to reduce the number of evictions in the early stages of the Everyone In campaign. One attendee who worked directly in the support hubs set-up in the emergency accommodation in Stoke-on-Trent suggested the "*hub type model does work: having multi-agency people in a hub that can help and deal with benefits and completing referrals from various housing services"*. This led to suggestions to explore this type of model in the future "*because the hub worked, it worked really well*". Yet another attendee felt the success of the support hub was due to the environment in which it was based:

> "*It was the way in which customers attended the hub, which was brought about in a way because of COVID-19…it's a hub as a drop in service on a one-to-one basis and I think that's why it worked over anything that we have seen before…being given the time, the space, the low stimulus environment to actually connect with their own emotions and engage with the support and services available to them*"

The support in place prior to COVID-19 was described as "*chaotic*" and "*loud*" which made it difficult for individuals to engage with support services in the way they were currently. The location of support services (as also found in Section 3) were perceived to help facilitate engagement between those experiencing homelessness and services: "*a lot of customers have to travel to Hanley to get the support and obviously this time they have had stuff more local so that has probably been a help for them too*". The support model and environment in which it was based were key indicators for engagement with support services and some attendees felt these factors should be considered by organisations when providing support beyond COVID-19.

One attendee felt that there "*is a really varied experience out there in councils in terms of what's happened*". Contrary to findings from the stakeholder interviews (Section 3), "*most authorities but not all would say that substance misuse services were fantastic, it was*

challenging…but actually there was some fantastic examples of what happened". They went on to report limitations from mental health services:

> *"the key issue around help for them [other local authorities] and getting the health services that people needed was really about mental health…it wasn't great anyway…but most authorities would say mental health services were just not available when they needed them, they were telephone [support] and not face-to-face"*

Whilst stakeholders locally reported challenges with accessing drug and alcohol services for those experiencing homelessness, other local authorities experienced greater challenges in accessing mental health support for those in emergency accommodation. Access to a mental health nurse locally (see section 3), recruited prior to the COVID-19 pandemic, may have helped to mitigate some of the challenges experienced by other local authorities suggesting variations between localities.

> "*Everyone In has been great, got some real success stories from it but now the key is can we carry that forward into what is probably going to be an even more challenging environment*".

Attendees reported the "*number of people, certainly of people sleeping rough in Stoke-on-Trent is increasing*" and now that "*furlough is ending, we are likely to see more people losing their jobs, [and] landlords can start evicting people from all accommodation*" which may lead to further increases in those accessing support services. Locally there were also reports that "*the Home Office are starting to move people on from asylum seeker accommodation*" which would put further pressure on support services. This led to discussions around the need for sustainability and a "*campaign for a much more long-term approach*", but now we "*have a bit of an idea, we now need to plan for six months*" following the Government's latest announcement of national restrictions at the time of the stakeholder event.

Some attendees discussed the need "*to hugely increase the amount of emergency accommodation available if we were to repeat this exercise*" again in any future lockdowns imposed by the Government. Others suggested the need to re-invent accommodation offers available:

> *"the offer provided has got to look differently, maybe smaller units rather than large scale units. I think the night shelter model isn't feasible going forward because this*

isn't going to go away, when managing other outbreaks in night shelters, when we had the norovirus last year…it's just really difficult in those sort of environments and I think that's something that might not look the same going forwards"

There was uncertainty around the type of accommodation offers available for those experiencing homelessness, with concern that night shelters would increase the spread of COVID-19 if they reopened. One attendee suggested "*there is going to be a real pressure on accommodation locally*" due to the number of people in emergency accommodation and in need of housing support. There was also concern about the speed with which individuals would be moved from the emergency accommodation particularly for "*young people…because the last thing they need when it [homelessness] could be prevented is for them to be homeless*". There was agreement in the need to think carefully about the next steps when planning beyond Everyone In to ensure PEH were placed in accommodation that met their support needs.

Whilst some time had passed since data were collected from stakeholders who worked to support PEH, the majority of the discussion reflected and built on findings from interviews (section 3). Increases in rough sleeping locally and nationally, rising unemployment and COVID-19 infection rates following data collection, along with limited information about the future of funding and resources to support those placed in the emergency accommodation during Everyone In, resulted in a lot of uncertainty among attendees. This led to calls for sustained Government support to identify accommodation options and obtain resources necessary to continue to safeguard those vulnerable to and experiencing homelessness.

5. Discussion

This section discusses the research findings from the stakeholder interviews and feedback from attendees of the stakeholder event. The potential implications of the findings on those experiencing homelessness will be explored, whilst also drawing on the wider literature.

5.1 Main Findings

It was evident from interviews with stakeholders that Everyone In had revealed the extent of those vulnerable to and experiencing homelessness in Stoke-on-Trent. Restrictions imposed during the national lockdown increased demand for support services and emergency accommodation, from those sofa surfing, females and 'new' PEH. There is a lack of data on the number of PEH in the UK (Lewer et al., 2020), with Government estimates markedly lower than those who work in the sector (Lewer et al., 2020). This is exacerbated by variation in the view of what constitutes as homelessness, often excluding hidden homeless (Cuthill et al., 2020) and those with no recourse to public funds (Groundswell et al., 2020). Government funds allocated to support those experiencing homelessness were reportedly based on rough sleeper counts alone (see section 3.3). This led to variation in the level and type of support provided by local authorities across the country (Groundswell, 2020).

Overall, Everyone In was welcomed by those interviewed and attendees of the stakeholder event, suggesting that it reduced the number of evictions, led to improvements in service-service user engagement and reduced the levels of COVID-19 cases and related mortality. Similar findings have been reported elsewhere in unpublished work, with support staff reporting positive outcomes for those experiencing homelessness including increases in service engagement and opportunities for lasting recovery (Groundswell, 2020).

The campaign was not without challenges, largely related to the speed with which the support was required, and the delay or limitations in support available to individuals placed in the emergency accommodation. Consistent with the report from MEAM (MEAM, 2020), multi-partnership working was considered important in the successful response to COVID-19 locally. The inclusion of a support hub in the emergency accommodation in Stoke-on-Trent was perceived to be 'key', resulting in reduced anti-social behaviour and evictions, and facilitating engagement and improved relationships between services and PEH. The model reflected the importance of wrap-around care, supported by stakeholders, that goes beyond an accommodation offer and works to support individuals with multiple complex needs. The same has been reported by Groundswell (2020) where concerns among stakeholders were raised about whether the needs of those experiencing homelessness were met during the early stages of the campaign, until staff were deployed to support those in emergency

accommodation. For people living in emergency accommodation where support is limited, challenges remained around individuals' mental health (Groundswell, 2020). This accords with feedback during the stakeholder event; that access to mental health services was a barrier in some areas. This was apparently not the case in Stoke-on-Trent, potentially due to support provided by an advanced nurse practitioner. Rates of new and existing patients attending mental health services in other areas have fallen in line with lockdown measures imposed since March 2020, compared to previous years (Aragona, Barbato, Cavani, Costanzo, & Mirisola, 2020). The reduction in numbers accessing the service is likely to increase discontinuation of treatment and relapse. Therefore, as the pandemic continues, the lasting impact on the mental health of staff and PEH locally are an important consideration.

Locally, challenges were largely related to changes in service provision. Whilst the offer of remote support was beneficial for some individuals due to the flexibility in accessing support, frontline staff struggled to determine customer wellbeing and found it difficult to contact individuals who continued to rough sleep, and had lost or sold their mobile phone. Remote support was particularly challenging for those with drug and alcohol addictions due to the nature of the dependency. The lack of face-to-face support along with difficulties in obtaining access to prescriptions (also reported by Groundswell, 2020) meant that some individuals discontinued treatment or relapsed. This was also discussed during the stakeholder event, where those who worked in support services suggested the pandemic had 'forced' them to consider alternative ways of supporting PEH. A more personalised approach including a variety of methods to support PEH would help to maximise engagement between the service-service user.

The rapidly changing environment in which stakeholders were working at the time of interview meant that plans beyond the Everyone In campaign were being developed. Yet uncertainty about the future of those based in emergency accommodation was reported, largely due to a lack of information about future funding and limited resources and housing stock. Even prior to the COVID-19 pandemic, local authorities felt existing housing provision failed to adequately meet the needs of those experiencing homelessness (Fitzpatrick, 2019). This will have been further constrained by the number of individuals accessing support since the national lockdown in March 2020. Therefore, appropriate planning beyond the Everyone

In campaign is crucial, not only for those based in the emergency accommodation but also for those that were evicted or refused the offer (Groundswell, 2020).

As reported elsewhere (Groundswell, 2020), interviewed stakeholders and attendees of the stakeholder event were concerned about the future of those experiencing homelessness beyond the emergency accommodation. The campaign was recognised as a welcome and necessary, but unsustainable solution and ineffective without wrap-around care to support individuals with multiple complex needs. It has been projected that 12151 infections, 184 deaths, 733 hospital admissions and 213 ICU admissions would have resulted between June 1st 2020 and January 31st 2021 in a scenario of no second waved and relaxed measures in homeless settings in England (Lewer et al. 2020). We now know that a second wave occurred in Autumn/Winter 2020 in the general population in the UK and in many counties worldwide and so these figures may be optimistic. The spread of infection in homeless settings has the potential to be catastrophic if hostels and night shelters were to reopen. Therefore, preventive measures are central to reducing the impact of COVID-19 on mortality rates in the homeless population. Given the second-wave of COVID-19 infections in the general population, the second national lockdown in an attempt to curb the spread of infection and increasing rates in unemployment, the demand for homelessness support services and risk to those experiencing homelessness remains considerably high.

5.2 Strengths and Limitations

Interviews were conducted with a range of stakeholders whose remit was local to Stoke-on-Trent, the wider West Midlands, or who had a national remit. Collectively, they had experience of supporting PEH, managing support services, or had knowledge of relevant regional and national policy and programmes. Interviews were extensive, reflexive thematic analysis provided a robust interrogation of data by two researchers, and preliminary findings were shared with an even wider range of stakeholders to inform recommendations (section 5.3).

Limitations of the research are recognised. First, interviews were conducted during May and June 2020 and much has changed given in terms of the pandemic, funding and support for

those experiencing homelessness is ever-changing. The interviews with stakeholders captured experiences of the first part of Everyone In. The September 25th stakeholder event helped to mitigate this limitation and attendee feedback and updates following data collection reflected the experiences captured by participants interviewed in section three. But the situation has continued to evolve (e.g., second wave and national lock-down). Second, due to the risk of infection to those experiencing homelessness and social distancing restrictions at the time of data collection, the views of PEH affected by Everyone In were not captured during this phase of the research. This is an essential inclusion and data collection will commence early 2021 to help understand how best to support this group as we continue to transition out of emergency accommodation.

5.3 Recommendations

The following recommendations were developed informed by findings from stakeholder interviews and the feedback received from attendees of the stakeholder event, separated as those relating to learning for better support for PEH in general, and those specific to emergency responses to COVID-19 (or future infectious disease outbreaks).[3] They are dependent on a multi-partnership approach that is integrated in all services and organisations to maximise the support for the homelessness population.

Improving general future support:

- The support hub model set-up in the emergency accommodation should be considered for other accommodation options, particularly in housing for people with multiple and complex needs. The support provided in the emergency accommodation reduced evictions, improved engagement between services and PEH, leading to positive changes for some individuals. The model reflects the importance of wrap-around care, whether in

[3] PLEASE NOTE: Several changes to the COVID-19 situation occurred between completing analysis and completing the report (e.g., second national lockdown, announcement of national funding for rough sleeping, announcement of COVID-19 vaccine to be rolled out from Dec-20 onwards). Therefore, recommendations are tailored to reflect general learning in relation to support for PEH, as well as those relating to the emergency response which remain relevant to future emergency responses (to COVID-19 or other infectious diseases that require local or national lockdown responses).

future emergency accommodation or general housing provision (as exemplified by Housing First), to help individuals sustain their residence/tenancy, and increase engagement with support services.

- Changes to support services were effective for some PEH and less so for others. Flexibility in access to services should be made a permanent change to provision (i.e., face-to-face, telephone and virtual support) to maximise engagement with PEH.
- Locally, Everyone In saw increased engagement with female PEH. This warrants further exploration to understand what factors influenced females' intentions to engage with support services during the pandemic.
- More support is required for those evicted from emergency accommodation to prevent the increase of rough sleeping locally. Despite the offer of emergency accommodation, a number of PEH were evicted as a result of their behaviour in the early stages of the Everyone In campaign. A local stakeholder, who attended the stakeholder event, confirmed that a number of individuals could not be re-accommodated.
- Locally, stakeholders suggested the Advance Nurse Practitioner who works in the rough sleeping outreach team (already in post), played an important role and should be continued to support the mental and physical needs of PEH. Other local authorities apparently struggled to ensure access to mental health services for PEH in emergency accommodation (an issue not reported by Stoke-on-Trent stakeholders).
- Locally, there were challenges in providing access to drug and alcohol services, and prescriptions due to national restrictions. This highlighted the general need for such services to consider the mobility of PEH (i.e., assessments, service location, methods of engagement) to increase engagement and recovery, and reduce relapse.
- Due to increases in rates of infection of COVID-19 both locally and nationally, it would be unwise to return to shared accommodation used prior to the pandemic (i.e., hostels, day centres). As already being considered locally, other accommodation options need to be identified that meet the individual needs of those experiencing homelessness and to prevent individuals returning to rough sleeping.
- The level and responsibility of administration tasks should be reconsidered for service co-ordinators to maximise the number of individuals they are able to support on the frontline. As a number of staff working to support PEH were required to self-isolate, they

were responsible for the administration responsibilities of service co-ordinators. This reportedly provided more time for service co-ordinators to help more PEH (i.e., to support 'new' PEH).

- It is also important to understand the views of those directly affected and experiencing homelessness. Work is underway to understand the direct personal experiences of changes in services provision, access to support services, evictions from emergency accommodation and desired support beyond the Everyone In campaign. Views of stakeholders working to support PEH have provided invaluable insight into the impact of COVID-19 on the homeless population, but provides only a partial picture.

Future emergency responses:

- The speed of the collective response, limited contact with the wider public and support provided by services appeared successful in preventing coronavirus transmission to and among PEH. Future emergency responses can learn from this, and have confidence in the effectiveness of such measures (modified through learning from the first phase of Everyone In).
- Use of personal protective equipment (PPE), such as face masks, have become an important and 'normal' means of preventing coronavirus transmission. As cases of COVID-19 continue to increase both locally and nationally (during a second wave of infections at the time of writing), the risk of infection in PEH remains and PPE to protect staff and customers is an ongoing requirement. Yet, some stakeholders who worked directly with the homeless population suggested that face masks created trust issues between the individual and service co-ordinators (e.g., due to limited ability to read facial expressions). Simple measures could help to mitigate this risk while the risk of infection remains (e.g., use of clear masks; outdoor locations for safe, socially distance discussions).
- Plans beyond the Everyone In campaign continue to be developed locally (as suggested by local stakeholders interviewed in section 3). If not already considered, it is important that any future localised or national lockdowns are also included in future planning to ensure the most appropriate support is available for those experiencing homelessness.

5.4. Conclusion

Data collected from interviews with a range of local, regional and national stakeholders, and feedback from wider stakeholders suggested that COVID-19 has had a substantial impact on PEH. As we are a second wave of COVID-19 infections (and further waves are possible as we await population-level vaccination) and nationally there is a lack of housing that can be made available to accommodate all those supported by the Everyone In campaign, services and organisations working to support PEH are constrained now more than ever.

Findings reported here illustrate how the pandemic has provided an opportunity for support services and organisations to learn from their response to the pandemic. Our recommendations will help to inform the immediate future support and policy for those experiencing homelessness. Future research should consider the thoughts and experiences of those directly affected by homelessness to understand how best to continue to support them through the COVID-19 pandemic.

6. References

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