



Surrey Covid-19 Community Impact Assessment

Homelessness Rapid Needs Assessment



Homelessness: Rapid Needs Assessment – Summary

Definition

Public Health England defines homelessness as ‘not having a home’. The term ‘homeless’ does not refer to just those who are rough sleeping and instead refers to a range of housing circumstances including people who are temporarily staying with family and friends (sofa surfing) and people living in unfit housing or extreme overcrowding.

People who experience homelessness are disproportionately affected by health conditions such as cardiovascular disease¹. Preliminary data from the COVID-19 pandemic showed a correlation between the presence of underlying medical conditions and worse outcomes of an infection with SARS-CoV-2. As a result of the health inequalities and relatively high burden of disease amongst the homeless population, Ministry of Housing, Communities and Local Government (MHCLG) called for local authorities to ‘bring everyone in’ in response to the COVID-19 pandemic.

Stakeholders and Key Informants

6 interviews were conducted with stakeholders who offer a range of services to the Homeless population in Surrey. This was undertaken to gain insight into both the pre-existing challenges facing these services that were exacerbated by COVID and new challenges created by the pandemic. Stakeholders also shared key lessons learned from lockdown including changes to services that would likely be sustained after the pandemic.

Highlights: Positives and Negatives

- The ‘everyone in’ initiative resulted in unprecedented levels of engagement and stability for clients experiencing homelessness
- More effective outreach work was able to occur, for some services, as clients were in more ‘stable’ locations due to government limitation on movement during lockdown
- Issues around contacting some clients virtually existed because of data costs, loss of mobile phones etc.
- Quick adaptation to virtual working for a number of services
- Difficulty in assessing clients in the same way especially over the phone due to losing the detail that in person assessments give
- Concerns about lack of accommodation in Surrey and the negative impact that out of area placements may have on clients
- Exacerbation of existing mental health issues caused by lockdown

Priorities Highlighted by Stakeholders

- Need for increased provision of local emergency accommodation to minimise loss of support networks for homeless clients.
- Longer term certainty of funding for homeless services and continued collaborative approach needed to address significant concerns there may be cuts to funding for the sector
- Staff in local organisations supporting homeless need ongoing support through training / mental health / trauma informed care support to prevent burnout and ensure support is maximised
- Opportunistic public health guidance comms when contact is made with any homeless clients with appropriate materials shared widely for use.
- Support for embedding local models that enable flexible nuanced care for the more complex clients.

¹ <https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>

Surrey Rapid Needs Assessment - August 2020

Homelessness

1. Group Profile

The term Homelessness refers to a number of circumstances that people face that include, but is not exclusive to, rough sleeping. A person is deemed to experience homelessness if they areⁱ:

- Sleeping Rough i.e. people without any kind of shelter
- Living in Hostels, Shelters, Refuges or other temporary accommodation
- Staying temporarily with family and friends – this is also known as ‘sofa surfing’
- Being threatened with eviction
- Living in unfit housing or extreme overcrowding.

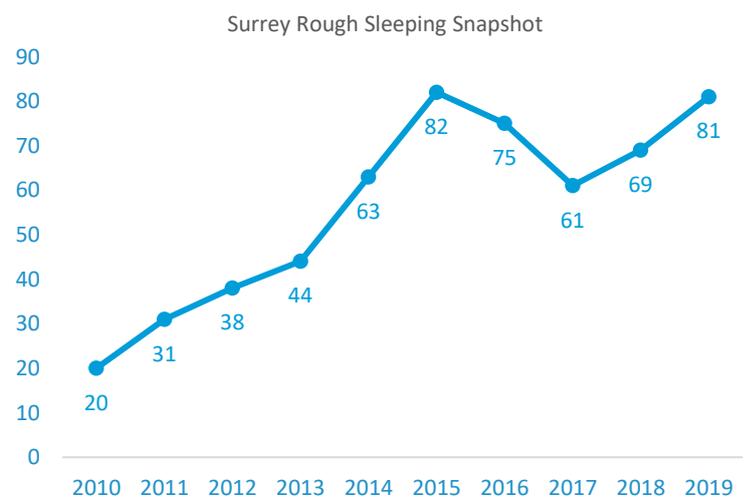
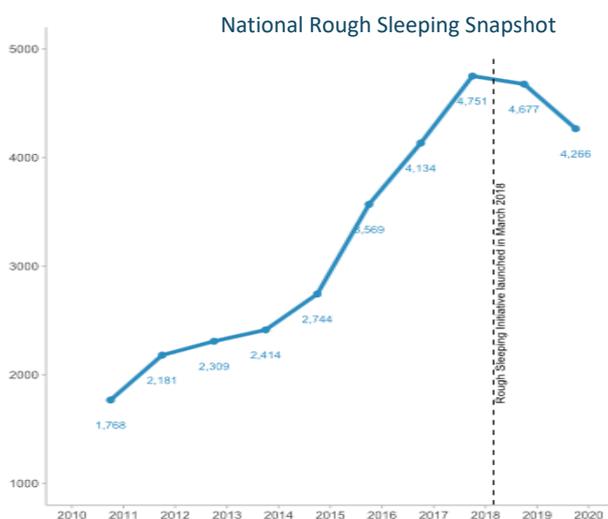
Rough sleeping is the most visible and extreme type of homelessness and the Ministry of Housing, Communities and Local Government (MHCLG) conduct an annual rough sleeping count for the purpose of rough sleeping estimates.

For the estimates, people sleeping rough are defined as:

“People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, shed, car parks, cars, derelict boats, stations or ‘bashes’)”ⁱⁱ

The latest data from the Office of National Statistics (ONS) shows that there has been an overall rise in rough sleeping based on estimates in England since 2010 with the number of rough sleepers identified nearly doubling from 2414 in 2014 to 4677 in 2019ⁱⁱⁱ but there has been a decrease in the more recent years.

The South West of England was the only region noted to have as significant increase in the number of rough sleepers and this picture is also mirrored in Surrey, with a gradual rise in rough sleepers’ estimates since 2017.



National Rough Sleeping Snapshot Graph obtained from - <https://www.gov.uk/government/publications/rough-sleeping-snapshot-in-england-autumn-2019/rough-sleeping-snapshot-in-england-autumn-2019>

Surrey Snapshot Graph based on data from MHCLG Annual Rough Sleeping Snapshot.

2. Legislation & “Everyone In” initiative

In addition to the [existing homeless legislation](#) The ‘Everyone In’ Initiative (2020) arose as a response to the COVID-19 pandemic. MHCLG asked for local authorities across the country to urgently accommodate all who are, or at risk of, rough sleeping and those in accommodation where it is difficult to self-isolate such as shelters. This resulted in a temporary pause on the ‘priority needs’ requirement for accommodation.

Instead, there was an emphasis on the provision of self-contained accommodation especially for clients who fell into the clinically vulnerable category.

Priority Needs Groups include people:

- With dependent children
- Who are pregnant
- Aged 16-17
- Aged 18-20 and a care leaver
- who are homeless due to an emergency e.g. fire or flood
- who are vulnerable due to time spent in custody or after leaving HM Forces, mental illness, disability, old age or other special reason e.g. refugees
- vulnerable due to fleeing home as a result of actual or threatened violence

A range of legislation was also created to [prevent eviction for tenants during the pandemic](#) – acknowledging the economic impact of the pandemic and preventing undue pressure on housing teams.

3. Pre-existing vulnerabilities to COVID-19

Physical Health

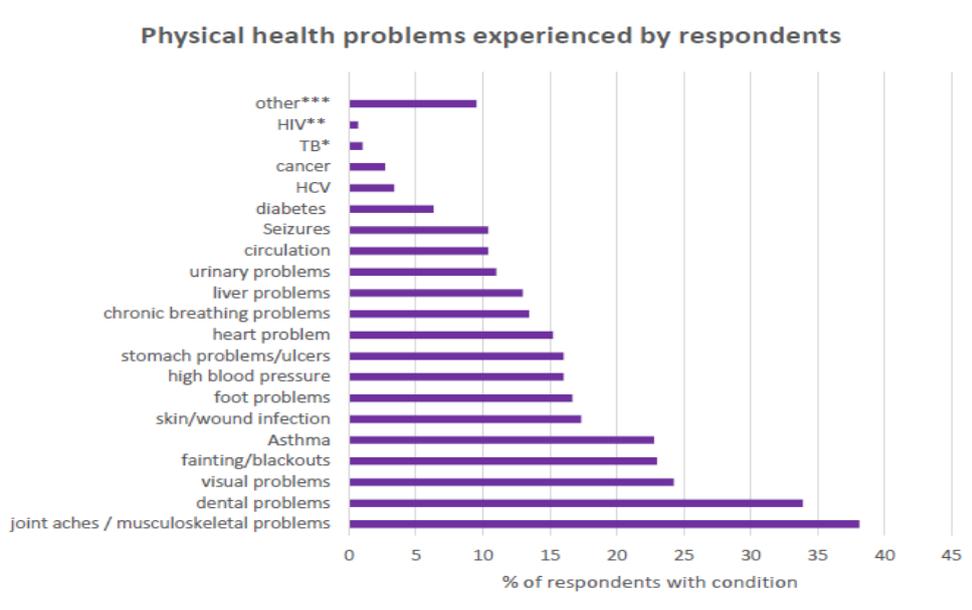
Preliminary data on the COVID-19 pandemic described an association between pre-existing medical conditions such as diabetes, cardiovascular, renal and respiratory disease and adverse outcomes of COVID infection^{iv}.

The Public Health England guidance at the start of the first wave of the pandemic stated that people with underlying medical conditions which put them at risk of severe illness of COVID-19 needed to ‘shield’. These conditions^v include:

- Respiratory conditions e.g. asthma, COPD, emphysema
- Cardiac disease
- Diabetes
- Liver Disease such as hepatitis
- Conditions that affect the immune system e.g. HIV and cancer

People experiencing homelessness suffer from some of the most severe health inequalities especially rough sleepers. Public Health England (PHE) states that people experiencing homelessness have a higher risk of having conditions such as HIV, tuberculosis, Hepatitis C and respiratory diseaseⁱ.

In Surrey, the [Homeless Health Needs Audit conducted in 2016](#) showed that a significant proportion (51%) of the homeless population have at least one of 20 common health conditions illustrating the clinical vulnerability of this population to COVID-19.



Graph from Surrey Homeless Health Needs Audit 2016

Health Behaviours: Smoking

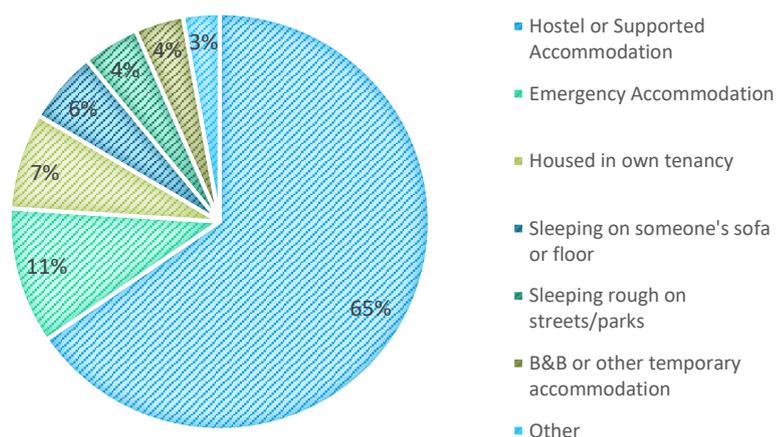
The available evidence reviewed by the WHO suggests that smoking is associated with increased severity of disease and death in COVID-19 patients who were hospitalised^{vi}.

People experiencing homelessness are significantly more likely to be smokers than the general population. Local Surrey data from 2016 audit shows the prevalence of smoking amongst those who are homeless at 78.72%^{vii}.

This high prevalence of smoking, in addition to the aforementioned higher burden of pre-existing medical conditions put people experiencing homelessness at higher risk of worse outcomes of COVID infection.

Accommodation

Prior to the COVID pandemic, people experiencing homelessness were living in a range of places – from sleeping rough to ‘sofa surfing’. An indication of this range of places is seen in the respondents to the 2016 Homeless Health Needs Audit in Surrey.



Graph from the 2016 Surrey Homeless Health Needs Audit data

Public Health guidance stated the individuals experiencing symptoms of COVID-19 were to self-isolate to reduce the spread of virus. This was in addition to following hand hygiene and social distancing guidance. This guidance was incongruent with some types of accommodation

where people experiencing homelessness were based such as night shelters which can have a large number people sharing living facilities and mingling. Such a setting could facilitate the spread of the COVID-19 amongst this clinically vulnerable population (as detailed above).

This resulted in the Ministry of Housing, Communities and Local Government (MHCLG) in calling for local authorities to 'bring everyone in'. The letter from Luke Hall MP, called for closure of night shelters and other types of accommodation where it was not possible to self-isolate if needed.

In Surrey over 300 people^{viii} were brought in by 11 districts and boroughs with support from the substance misuse, mental health and voluntary sector partners.

4. Homelessness services

In addition to the Housing Teams of the 11 districts and boroughs that make up Surrey, a number of services support the homeless population in Surrey.

These services (including housing) played fundamental roles before the COVID-19 pandemic but were particularly instrumental to supporting those experiencing homelessness during the peak of the pandemic and lockdown.

To gain an understanding of the unique experiences of these services, 6 stakeholders (service providers) from a number of organisations were interviewed as part of this rapid needs assessment (RNA).

It is important to note that due to the short timescales associated with this Rapid Needs Assessment, only a small number of stakeholders were interviewed meaning ongoing work will be needed to involve more stakeholders and service users to further explore any emerging themes as they further unfold.

Pre-COVID Challenges

Services that support people experiencing homelessness have a number of challenges that existed prior to the pandemic.

- **Difficulty with keeping homeless clients engaged with services:**
Several service providers reported that difficulties with getting clients engaged with services was a major issue. Some homeless clients had difficulty attending face-to-face appointments whilst others have frequent phone changes making it difficult for service providers to contact homeless clients. This was usually the case for the homeless clients who needed the most support
- **Support in Accessing Services:**
Support for the specific challenges for people experiencing homelessness was highlighted as a challenge that existed amongst some services in Surrey. People experiencing homelessness are more likely to need support such as with debt management and have a higher proportion of mental health, physical and substance misuse needs. In Surrey, 56% of the respondents to the [2016 Health Needs Audit](#) reported being on some form of illegal drug and 77% reported a history of depression. There is therefore a need to access a number of services in addition to housing and service providers report some difficulty in accessing some of services for their clients (that is, referral routes **between** services were not always easy to navigate) – this is especially true for clients who are just below the thresholds.
- **Accommodation Challenges:**
The shortage of appropriate move-on accommodation 'in area' poses issues for services supporting homeless clients. Clients can then sometimes struggle to remain in accommodation for a number of reasons being placed out of area. This can impact on the support systems put in place for or created by these clients resulting in regression.

Positive: No significant disruption to services

The services that work with people experiencing homelessness play a critical role in supporting and ensuring that all as many of their needs are met. The government directive to 'work from home' meant that several services had to go digital. Fortunately, stakeholders reported a relatively seamless transition to virtual service provision – staff members adapted quickly to change and continued to provide support to homeless clients.

Positive: Flexibility

The transition to virtual services – phone and video calls- was received well by some homeless clients. Stakeholders reported that some clients who previously found it hard to attend face-to-face appointments on time, were happier with the virtual service. This was because it was less of a disruption to their normal routine and less time consuming when the time for travel to and from the site is taken into consideration.

Negative: Change in Assessment

Whilst some clients responded positively to the virtual way of delivering services, some challenges were faced by both service providers and service users. Service providers reported that the loss of face to face services meant that assessments lacked the dimension of 'seeing' how a client looks or how well they are doing. A partial work around was the use of video calls where possible however some stakeholders expressed that more face to face work should be prioritised

Negative: Phone and Data costs

The main drawback of moving to virtual services was the demand that this placed on service users using their personal data. Clients who have a high turnover of phones, for a number of reasons, also had issues in getting and remaining connected to services. Some services addressed this issue by paying for data costs and supplying basic mobile phones for those service users with high turnover.

Mental Health and Substance Misuse

“we have some people with mental health issues which we can relate directly to the pandemic”

Positive: Outreach Workers

As detailed above, clients having a stable base meant that outreach workers knew where clients were based and this enabled more effective outreach work. This was especially helpful as several clients were often based in the same accommodation site. Substance misuse outreach workers, for example, were able to deliver training on naloxone administration for staff working with homeless clients, at a number of sites.

Negative: Lockdown

As is the case in other populations, the nationally imposed lockdown had negative impacts on the mental health of people experiencing homelessness. Service providers stated that the restrictions on mobility at the height of the lockdown in particular exacerbated existing mental health and substance misuse issues in some homeless clients. The closure of social spaces which allowed clients alleviate mental health issues was also highlighted as a challenge.

Overall it was noted that people who experienced homeless for the longest time period, so called 'entrenched homeless', are the most likely to have been negatively affected by COVID-19 and the lockdown.

Staff working in Homeless Services

“We’ve done a lot of partnership working with local charities, with people like Salvation Army, with local groups based at the food banks.”

Positive: Collaborative working

All interviewed stakeholders spoke positively about the amount of hard work that was done both by staff working in this sector but also by partner organisations, charities and other allied professionals. The government’s directive to work from home resulted in novel approaches to service delivery and staff were overwhelming quick to adapt to the ‘new normal’ and strived to provide support for homeless clients. Stakeholders reported instances of staff going over and above what would be expected with more multiagency working occurring for the benefit of the persons being supported.

6. Recommendations

The above snap-shot demonstrates there has and continues to be been a lot learning by all stakeholders through this ongoing crisis. The following recommendations listed below are intended for consideration and further development by all relevant local organisations and partnerships to enable action that builds on the huge amount of work happening to support homeless persons locally.

Accommodation

*“Emergency accommodation is really what we need **in the area** so that we can stay on top, if you like, and stay close to the clients so they can access us for the emergency things that they need. And we can keep managing them because they really do need structured support.”*

“The other side of it is that say being out of area has been difficult”

Provision of emergency accommodation in the Surrey has been highlighted as a key area for change from the interviews conducted with service providers. The difficulties in finding suitable accommodation has resulted in some clients being placed outside of Surrey County council. Some of the issues arising with this have been highlighted earlier on in this report especially relating to stringent lockdown restrictions.

Recommendation: The need for people to be housed locally should be included in local housing strategies to ensure that clients do not lose contact with supported services. A more flexible approach to ‘out of area’ outreach provision services could also be considered for situations where clients cannot be placed in county in the short to medium term.

Tailored support the homeless clients with multiple complex needs

“The more complex clients need more support as the one size fits all model isn’t quite working”

“....there’s an expectation that the behaviour stops, well it may not stop, and we can’t just walk away.”

Some stakeholders reported the need for more flexibility with supporting clients who are more complex. These clients may find it harder to follow social distancing measures, for example, or refuse to move into accommodation provided by local authorities.

Recommendations: Alternative models of support to these clients should be considered in preparation for a second wave of COVID-19 such as operating in person services subject to

national guidance, now that we have a better understanding of COVID safe measures for those clients who are not digitally connected or unable to engage with digital services.

Obstacles to remote / virtual contact should continue to be addressed on a case by case basis to address barriers such as lack of phone or sufficient data for video contact.

The greater multi-agency approach seen during the covid response should be embedded permanently to enable better outcomes for those experiencing multiple issues.

Staff Readiness, training and support

“So I would think some training if it were available around safeguarding during COVID. You know, little bite size workshops for organizations like ourselves on trauma, staying well yourself. You know, a little mental health [support]”

An awareness of COVID-19 and its symptoms as well as completed staff risk assessments means that services are more ‘ready to go’ compared to the first wave of the pandemic. There were concerns about staff burnout and needing to ensure that staff are working in a sustainable way as the pandemic increased pressure on staff’s personal lives and professional workload. One stakeholder suggested prioritising staff training during COVID to include staff mental health support.

Recommendation: Support for organisations to prioritise and promote staff wellbeing and improve appropriate trauma related training to enable staff continue to deliver services as safely as possible.

Stakeholders were overwhelming positive about their access to PPE and infection control guidance during the peak of the first wave of the COVID-19 pandemic. Some stakeholders cited examples of the use of ‘security’ or overnight staff presence to reduce mixing of clients during the strictest lockdown period - a model that could be continued for the second wave.

Recommendation: Continue to ensure access routes to PPE remain. Consider use of overnight staff presence at sites where there may be lower adherence to Public Health guidance.

Communications and support materials

“We also have obviously people who are highly anxious, who may be under mental health services, who don't want to hear things and are not reading things because it's scary. So as I said, I think it's out there. I just say it's how much people are able to take on board. And from our service, I think it's important that we just keep giving those messages when we can as we can. And as gently as we can for those people that are struggling.”

Opportunistic and targeted communications for the Surrey Homeless Population was another point raised by stakeholders. Whilst there did not seem to be any complaints about the access to information, the nature of information and how it was distributed was noted as an area that could be improved for second wave preparation.

Recommendation: Ensure any communication materials tailored for more vulnerable groups is well circulated within local homeless networks for opportunistic communication by those who

have contact with homeless population in a manner that is not overwhelming for those clients who are struggling.

Financial resources and commissioning

“ We need to ensure that the foundations that have been laid remain and that they are not taken away. We need to ensure we have the financial stability to continue to support clients”

There was significant concern about the economic impact of the pandemic on homeless services. This concern was related to anticipating more newly presenting homeless clients as more people struggle to recover financial from the pandemic. It was also in relation to budget cuts to services that support homeless clients.

All stakeholders highlighted the importance of ensuring that the positive strategies and outcomes from the unprecedented levels of engagement is sustained for the future beyond any subsequent waves of the pandemic

Recommendation: Building on the additional MHCLG revenue and capital funding made available over the summer to enable persons to remain in accommodation, longer term funding continues to be needed and should be lobbied for. Locally commissioned services that support homeless persons should maximise multi-agency working arrangements and be prioritised for longer term assurance of provision to address the ongoing and longer term impact of the pandemic.

ⁱ <https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>

ⁱⁱ <https://www.homeless.org.uk/sites/default/files/site-attachments/Rough%20Sleeping%20Estimates%20Toolkit%202019.pdf>

ⁱⁱⁱ <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/ukhomelessness/2005to2018>

^{iv} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7098485/>

^v <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

^{vi} <https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19>

^{vii} Surrey Homeless Health Needs Audit 2016 <https://www.surreyi.gov.uk/2017/03/15/surrey-homelessness-health-needs-audit-2016/>

^{viii} Weekly Surveillance Report for Surrey’s Homeless Multiagency Group

^{ix} <https://www.gov.uk/government/news/dame-louise-casey-to-spearhead-government-taskforce-on-rough-sleeping-during-pandemic>