Camden ISLINGTON

Working in partnership

Homelessness and COVID-19

Engagement with residents in Camden and Islington

November 2020

DRAFT REPORT

Contents

Camden ISLINGTON

Working in partnership

1.0 Executive Summary

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Background

- Colleagues from across the council, including Public Health, and from our community and voluntary sector, and the NHS have been working together on the strategic response to COVID-19 in relation to protecting and supporting our homeless populations. This includes embedding learning from the pandemic to ensure that our legacy work is robust
- Rapid engagement was carried out with service providers in April and May to contribute to the Homeless Needs Assessment. Off the back of this, interviews were then organised with residents in order to gain a more nuanced and in-depth understanding of their experience throughout the pandemic
- Information was sought around how residents' situation had changed since the onset of the COVID-19 pandemic, what residents had found most helpful in looking after their wellbeing, what their experience had been of services offered, how their health and substance misuse needs were met, if there were any missed opportunities, what else could be done should there be further peaks of the virus, and what people's hopes and concerns are over the coming months

Approach and methods

- Using a combination of convenience and purposive sampling, residents were recruited to take part in telephone interviews with a researcher. Either written or verbal consent was obtained from all participants
- 9 in-depth telephone interviews were conducted by a researcher from the Camden and Islington Public Health team
- 8 additional in-person 'brief interviews' were carried out by peer mentors from Fulfilling Lives Islington & Camden
- 3 additional staff interviews took place in order to triangulate data already collected, and to fill in some gaps in information
- The in-depth interviews were semi-structured and largely participant led. These interviews lasted between 29 and 84 minutes and were all recorded
- Interviews were then transcribed, and thematic analysis was used to organise the data and derive key findings

1.0 Executive Summary

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Key findings: What has been going well?

- Residents were overwhelmingly grateful for the help they received, particularly once in services
- Respite: a perhaps unexpected consequence of the pandemic is that it gave an imperative to get 'everybody in'. This gave residents a protected period of time in accommodation in which to address any health or social issues
- There has been a really valuable focus on health: there has been a chance from a provider's perspective to assess and address this population's health issues (COVID-19 and non COVID-19)
- Entrenched rough sleepers have been engaging with services, some for the very first time
- Service staff have received unanimous praise and are clearly making huge efforts to meet the needs of service users
- Expanded ways of working: some elements of ways in which services have evolved have been well received i.e. mix of virtual and in-person provision, drug and alcohol services visiting settings, greater integration of health and social care services etc.

Key findings: Issues and concerns

- Some residents feel that processes and what will happen to them are not clear enough (i.e. how to get housed when street homeless during pandemic, what they are entitled to, what their move on process will look like)
- Residents felt that they did not have enough meaningful activities to keep them engaged and to maintain mental wellbeing during a lockdown phase of the pandemic
- Isolation and loneliness were key concerns of residents, particularly those who had been entrenched rough sleepers
- Digital exclusion was a common issue amongst residents: residents without devices struggled to access key services, and found it more difficult to keep themselves busy and to keep in contact with loved ones
- There was a voiced need for more supported accommodation places: people felt they needed this additional support
- Residents felt they needed increased emotional support (light touch), particularly after move on
- It is felt that there is still a lack of user involvement; this was particularly felt during the first lockdown
- Some felt that women-specific issues are sometimes not given enough consideration

1.0 Executive Summary

Overview of Draft Recommendations*

COVID-19 specific

- Ensure emergency food banks and day centres are enabled to open safely in future lockdowns
- Ensure a consistent outreach offer is maintained throughout the pandemic i.e. ensuring GPs, nursing, scripting services etc. can be accessed by residents in an emergency period of street homelessness
- Ensure residents' other needs can be met when in emergency accommodation i.e. mental health needs, disabilities etc.
- Put a clear safeguarding pathway in place within hotels, emergency accommodations, and hostels during a strict lockdown: there needs to be a place for residents to go/someone who they can speak to for those residents who might be triggered by spending time alone in their room
- Establish a key pathway for residents in emergency accommodations to be referred directly to mental health services
- In emergency accommodations without support staff on site, there needs to be clear communication and clear links with remote support staff

More generalised findings

- Signposting and processes for residents needs to be more straightforward from a service user point of view
- Provide continuing support/wellbeing checks once residents have moved on from hostel or hotel accommodation
- All residents need access to a digital device, which they at the very least can use in a private space
- All messaging needs to be in clear and simple English, in translated versions, and relayed verbally for those who can't read
- Given the extremely high physical and mental health needs of residents, all support staff should receive basic training to recognise common health warning signs
- Ensure that women's proximity to their perpetrators has been checked and that women are being placed in a safe location

***Key recommendations here are prioritised by urgency and importance. A full set of recommendations can be found on slides 40-48**

2.0 Background

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Colleagues from across the council, including Public Health, and from our community and voluntary sector, and the NHS have been working together on the strategic response to COVID-19 in relation to protecting and supporting our homeless populations. This includes embedding learning from the pandemic to ensure that our legacy work is robust

Rapid engagement was carried out with service providers in April and May to contribute to the Homeless Needs Assessment. Off the back of this, interviews were then organized with residents in order to gain a more nuanced and in-depth understanding of their experience throughout the pandemic

Information was sought around how residents' situation had changed since the onset of the COVID-19 pandemic, what residents had found most helpful in looking after their wellbeing, what their experience had been of services offered, how their health and substance misuse needs were met, if there were any missed opportunities, what else could be done should there be future peaks of the virus, and what people's hopes and concerns are over the coming months

It is becoming increasingly clear that the impacts of the COVID-19 pandemic will be with us for many months to come, even once the virus itself is controlled. This piece of work should inform future action and interventions to protect the health and wellbeing of our homeless residents, and should encourage greater user involvement and co-production

Overview of Apr-Sep engagement work

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Our initial engagement work involved speaking to 7 different service providers in April 2020. Participants represented a range of perspectives and were asked about key issues around how residents were coping and how services had adjusted. We were able to validate these earlier stakeholder findings (report available upon request) with our resident engagement findings collected from July. The below table and the table on slide 8 provides a summary:

What has been working well	
April service provider findings	**July-September resident findings***
Collaboration between services and achievements is **"exceptional"**	N/A
Great support from services like the police and Community Officers	Residents had **mixed feelings** on information received from different community outreach services and police officers. However, it was referenced a couple of times that **police supported residents** by signposting to services
Majority of **residents feel grateful** for the support received	Residents were **overwhelmingly grateful** for the help they had received, **particularly from homeless service staff** once housed
Entrenched rough sleepers **engaged** with services **for the first time**	**First time engaging** with services for many – mainly due to the **fear of COVID-19** and a need to **access to services**
Support services are making **immense efforts to keep in touch with clients**	The majority of service users felt that **key workers made a huge effort** to keep in touch virtually. However, the **lack of face to face services** was missed
Hard work has gone in to **identifying additional accom** for residents/ensuring residents **don't become homeless**	N/A
No explosive outbreaks	Residents felt they **could shield from virus** if they wished to in accom. However, some residents felt they **weren't being told if staff/residents had COVID-19**

*This table summarises points of comparison between findings from the earlier engagement work with service providers and the more recent engagement work with residents. There are further findings and additional areas of discussion in the resident findings, which will be presented in more depth in this report. It should be noted that the engagement with service providers took place at an earlier stage of the pandemic, and therefore temporal factors could also impact on findings

Overview of Apr-Sep engagement work

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Common issues	
April service provider findings	**July-September resident findings***
Gap in provision: there are still rough sleepers waiting to be housed	**Process to be housed when on the street was not straightforward**
Resident anxiety around being housed and the move on process	**Anxiety** around potential **closure of hotels, move on process**, and the potential of not being able to continue to **access services**
Residents **struggling with addiction** and need to get on the right script	Some residents **struggled to get scripted** in early stages of the pandemic. This was one of the **reasons for coming in to services**
Ways to **help** residents to **stick to guidelines** i.e. interactive technology, TVs, online Employment, Education, and Training (EET) resources	Having **more meaningful activities** to focus on, particularly in another lockdown, was mentioned by nearly all residents
Lack of **access to Universal Credit**	**Pausing of Universal Credit sanctions** was welcomed. **Digital exclusion** makes it very **difficult to access** their UC accounts
Vulnerable residents **refusing to move to COVID-PROTECT facilities**	Some residents **didn't have access to the services** they relied upon once they were **moved to a hotel**
Provision of different types of accommodation (more supported accom)	Many residents felt unable to be in independent accommodation and felt **reliant upon** being given a **supported accommodation** space
This crisis has provided an opportunity to **assess the extensive health needs of the homeless population**	Residents had an extremely **high burden of ill health** –the pandemic gave some breathing space to **address health needs**

*This table summarises points of comparison between findings from the earlier engagement work with service providers and the more recent engagement work with residents. There are further findings and additional areas of discussion in the resident findings, which will be presented in more depth in this report. It should be noted that the engagement with service providers took place at an earlier stage of the pandemic, and therefore temporal factors could also impact on findings

3.0 Key Research Questions

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1: What helped residents to cope through the lockdown?

2: What has residents' experience been of the services they have received during the pandemic?

3: How has residents' experience of the housing process compared to prior expectations?

4: Were there any missed opportunities where residents did not receive the help they needed? (gaps in support)

5: What are the health and substance use needs of residents, and what do residents want to see in terms of health delivery? (both during and post pandemic)

6: Is there anything services could do to make a second lockdown more manageable?

4.0 Methodology

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- 9 in-depth telephone interviews conducted by researcher from the Camden and Islington Public Health team
- 8 additional in-person 'brief interviews' were carried out by peer mentors from Fulfilling Lives Islington & Camden. Verbal consent was obtained from these participants
- Findings from the May 2020 service provider interviews and additional contextual information fed in to the data collection tools for this piece of engagement work (topic guides are available upon request)
- Participants represented a range of perspectives and had very different routes to homelessness and their subsequent entry in to the housing pathway
- Alternative methods of data collection, such as getting feedback via WhatsApp or journal entries was largely unsuccessful due to lack of frontline staff time – learnings on slide 39
- Additional staff members were interviewed in order to triangulate data already collected, and to fill in some gaps in information that were missing from the data i.e. information on adjustments for women from the service provider perspective

<u>In-depth interviews</u>

- Interviews were semi-structured and largely participant led in order to reduce bias
- Interviews lasted between 29 and 84 minutes, and were all recorded
- Written consent was obtained from participants
- Recordings were transcribed and thematic analysis was used to organise the data and derive key findings

Data collection

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Type of data collected	No collected
In-depth interviews	9
Rapid interviews	8
Journals*	2
Additional staff interviews	3

*There was minimal uptake on this method of data collection. Stakeholders felt that outside of the pandemic, service staff would likely have more time to promote this type of data collection adequately, and that it is integral to have staff buy-in from staff who are on the ground with residents

The lack of uptake led us to shift focus to collecting supplementary data through the rapid interviews which FLIC peer mentors undertook

Recruitment process:

In-depth interviews

- A combination of purposive and convenience sampling
- Participants were reached via staff and via leaflets disseminated at accommodations
- Convenience sampling was used as researchers would only be able to access individuals who service providers can reach (i.e. access to internet/phone line, already engaged)
- Purposive sampling was used so that as many perspectives as possible could be included. A targeted effort was made to reach out to residents who fit the profile of perspectives missing from the sample (see sampling criteria below)
- Residents were interviewed from a range of accommodations across Islington and Camden
- With the exception of the Britannia in Camden, staff did not know who completed interviews
- Residents were given a £15 shopping voucher for taking part

Rapid interviews

- Researchers and peer mentors held a meeting to discuss approach
- A couple of key accommodations were targeted and contacted to see if they would be open for peer mentors to come in and host a 'drop in/coffee' session
- Peer mentors grabbed residents as they passed to see if they would be happy to have a brief interview
- There was no specific criteria for who would be interviewed
- Residents were entered in to a prize draw for the chance to win a shopping voucher

<u>Optimum sampling criteria was to include a mix of people that:</u>

- Were previously entrenched rough sleepers, but have engaged with services since the beginning of the COVID-19 pandemic
- Have experience of being placed in to a COVID-PROTECT facility
- Became homeless because of COVID-19
- Were already in homeless pathway accommodation
- Residents with no recourse to public funds
- People who have disappeared from accommodation/have not been showing up to housing interviews etc. (generally residents who have been resistant)

5.0 Demographics

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Demographic info on gender, age and ethnicity was only collected for the 9 in-depth interviews:

Gender: 5 male, 4 female
Age: 22-66 years, median age: 53
Ethnicity: 5 White British, 1 Black African, 1 White British/Black Caribbean, 1 Mixed Other, 1 Prefer not to say

Multiple disadvantage: Reported Issues (all 17 interviews)

Issue	Number of participants reporting this issue (out of 17)
Substance misuse	8
Mental health issues	9
Long term health conditions/disabilities	9
Newly homeless	7
Issue	**Number of participants reporting this issue (out of 9)***
Background of trauma	8
History of offending	2
Experienced suicidal thoughts	3

Out of the 17 interview participants, only 3 individuals weren't affected by either substance misuse, mental health issues, or long term health conditions. 3 of the respondents were dealing with all three of these issues concurrently

Background of trauma: a broad range of traumatic events described, ranging from experiencing rape and extreme violence, experiencing being an inmate in prison, witnessing the death of family and/or friends, witnessing family members being sectioned etc.

***the shorter, peer-led interviews did not go in depth enough to touch on issues such as trauma, offending and suicidal ideation**

6.0 Findings

Overview of key themes

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Experience prior to being placed

- Hidden homeless
- Huge mix in background
- Process to be housed not easy
- Entrenched homeless engaging
- Lack of food
- Trauma experienced
- Loss of dignity
- Fear re covid
- Sudden change in living status

Experience in hotel/hostel during lockdown

- Grateful for help offered
- Respite offered
- Meaningful activities key to wellbeing
- Feelings of security
- Isolation and loneliness common
- Service staff praised
- Social distancing in accom can be difficult

Health and wellbeing

- High burden of physical conditions
- Background trauma and PTSD
- Many suffering with ill mental health (inc. depression)
- Changes in substance misuse
- Lack of hope
- Suicidal ideation
- Anxiety re virus
- Multiple disadvantage

Access to services

- GPs and health professionals hard to reach
- Change in model of some services working well
- Support workers invaluable in coordinating access to services
- Phone appointments not working well
- Limited access on street
- Anxiety re service access once 'moved on'
- NHS 111 not helpful in their advice

Resident concerns

- Move on process
- Being housed out of borough
- Bad communication
- Lack of options
- Sense of unfairness
- Digital exclusion
- Stalling of plans
- Frustrations of the benefits system
- Lack of capacity for independent living
- Lack of respect

Women and homelessness

- Rough sleeping very dangerous
- Discomfort with males
- Greater need for relationship based support
- Violence and safety concerns
- Other issues felt more pressing
- Housed near perpetrators

User input

- Strengths-based approaches
- Desire to help others and give input
- Services should proactively involve residents in another lockdown
- Vulnerable residents without voice
- Consider suggestions from residents

Case study

The following highlights the journey of one participant, but it includes common themes experienced by others:

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Female resident, aged 65-69, Black African

February 2020	February - April 2020	February - April 2020 cont'd	April 2020	April 17th 2020 – June 2020	Looking Forward
Working full time as a live-in nanny. Prior to lockdown, her employers lost their jobs and so made the resident move out. After a few nights of paying to stay in hostels, the resident found herself street homeless. Resident doesn't have right to remain/ permanent residency	Resident was sleeping on the streets in Central London. During this time, she was attacked and struggled to access food. She spent a lot of time riding up and down on buses. When she could, she spent a night in a hostel	Called numerous different councils and service providers during this time but could not manage to access accommodation. Resident was extremely worried about catching the virus and felt sure that she would die on the streets	***"Islington Council was the only council that answered me in the whole of the UK"*** Once in contact with Islington Council, she was found a place at the Finchley Ramada within a day. She was also given food and food vouchers	<u>At the Finchley Ramada:</u> 1) Really happy and grateful for the time at the Ramada – felt that it saved her life 2) Felt like a human again – could have a bubble bath 3) Had access to food and felt that security there made her feel safe (had been through some severe trauma when on streets) 4) Though she struggled to speak to her GP at all ***"I recommend it to anybody. I'd like to stay forever, but you can't"***	Resident is now in temporary accommodation in Haringey and is receiving assistance with her home office residency application. Whilst she is extremely grateful to have a roof over her head, she is very isolated and concerned about her housing in the future, particularly once the pandemic is over

- Despite living in the UK for over 20 years, this individual was part of the 'hidden homeless', as she was used to finding accommodation with employers
- With the onset of the COVID-19 pandemic, this resident simultaneously lost both her income and her accommodation
- She tried to contact various councils, service providers, and charities, and yet it took this resident over a month to get off the streets (eventually achieved with the assistance of Islington council)
- This resident struggled to access GP services (even once housed), but she was given a council case worker and was extremely grateful for the help given
- Unfortunately, she is still extremely isolated in her temporary accommodation, and there has been little follow up in terms of checking on her wellbeing
- This resident remains anxious about how long she will be able to remain in temporary accommodation, and believes there is a risk she will end up street homeless again

Ideal user journey

NB: The following ideal resident pathway has been developed using the results of the engagement work

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RESPECT – maintain the change of focus in conversation and make it about the residents' health and wellbeing status

On the Street

What practicalities would be needed for future lockdowns?

- Emergency hubs and day centres need to be assisted to remain open, regardless of pandemic status
- Homeless residents need to be able to access showers, food, and a place to charge their phone and get some signposting
- Outreach medical services need to be accessible and known about

Where can residents go to seek help?

- Every council should have one central coordinating phoneline where people can be signposted to the service required if they have not managed to receive any help (re medical care or housing)
- Outreach agencies, homeless services, and services such as the police, ambulance service, and A&E should all be giving the same messaging re avenues to seek help
- Physical comms such as posters should all be giving the same message to residents

Clear communication

The "check in"

This process needs to be:
a) Easy for staff to identify resident needs
b) An accessible juncture at which residents can ensure their needs are met

What should happen at hotel/hostel check in?

1) Give residents a clear and honest outline of what the resident can expect (likely length of stay; who will be following up with them)
2) Within the first few days (if not possible at check in), assess in private: history of domestic violence, mental health, drug and alcohol needs, disabilities, universal credit status, whether entrenched/ newly homeless, and preference in staff gender
3) Wellbeing probe: what keeps you busy; is there anything which would help you; anything you are worried about (this could even be generic tickboxes)
4) Explain options to give feedback

Don't forget the staff
- Continue to provide training
- Ensure staff get some respite
- Build reflective practice in to ways of working

Being housed

Inside the hotel/hostel

What practical/emotional support should be in place?

- Access to an integrated care pathway: this may not be available on site, but there should be clear referral pathways and a designated staff member to coordinate this access to care
- As far as feasible, give residents a variety of food options (i.e. mix of vouchers and on site provision)
- Have security staff in place at hotels/emergency accom
- Have a robust offer of meaningful activities (including access to fitness/physical activity)
- All residents should have access to a digital device which they can use in a private space
- Opportunities to volunteer (even if this is volunteering remotely) should be set up
- Wellbeing mentors/'buddies' should be linked in with every new resident in an accommodation

What processes should be in place?

- Have a clear safeguarding policy: residents shouldn't remain alone in rooms for extended periods of time if this will be a trigger for them
- Have a policy for how to support couples
- Action plan in place for how to combat loneliness
- Communication should be consistent and clear with regards to public health messaging and to the housing status of the resident

Internal user involvement provides a feedback loop

Ideal user journey: from the streets to accommodation

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RESPECT – maintain the change of focus in conversation and make it about the residents' health and wellbeing status

Inside the hotel/hostel

Move On Process

- **Transparency:**
Explain clearly why or why not a resident is eligible for a particular type of property
Regarding moves and moving timelines, be open with resident and also keep in touch with them about the fact that you **don't yet know** what is happening
- **Mediation:**
This process could really benefit from having a peer champion who can answer questions and support residents through this process
- **Transition training:**
Whilst there is some guidance/training in place, perhaps there are other topics residents would benefit from more and this could be directed by engaging with the residents i.e. rights to register with a GP, general health literacy, what to do if you get a rogue landlord, signposting to key contacts if need help/referrals for different issues

Post hotel/hostel

Independent accommodation

- **Transitionary Period:**
There should be a transitionary period where the resident has access to the same support services as they did when in supported accommodation, even though they are no longer living on site i.e. therapy, physical activities, social events/activities, health assessment days, access to multidisciplinary teams
- **Wellbeing checks:**
Wellbeing checks should continue from a key worker on a regular basis
- **Buddy system:**
Resident should be linked to a peer mentor who can help them if wanted through this transitionary period
- **Single Point of Contact (SPOC):**
Have a SPOC who can assist or signpost with anything the resident is worried about/needs to deal with
- **Peer mentoring:**
Direct those residents who are less chaotic and are keen to help in to peer mentoring schemes or lived experience monitoring groups (this should hopefully contribute to a systems-wide shift around valuing and incorporating lived experience)

Key takeaway once residents leave services: Ensuring a robust support package at this stage could contribute to avoiding a negative cycle where residents lose support and then fall through the gaps again and potentially end up homeless. If feasible, we need to be able to keep track of residents once they leave services and monitor what actually happens next

6.1 Experience before being placed or moved

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The following information highlights issues that participants faced before the pandemic

Change in living status

"I was able to sofa surf at friends' houses, but when the lockdown came in, I was not able to continue this and I ended up street homeless"

- Huge mix in backgrounds: ranging from entrenched rough sleepers to individuals who lost jobs and accommodation overnight
- Many residents were simply moved from the hostel pathway to one of the hotels due to shielding needs/inability to social distance in the current accommodation (confusion around this from some residents)
- Some residents stating that they were homeless and in the pathway anyway, so nothing had really changed for them
- The move from their original accommodation to a hotel wasn't suitable for some people's needs (i.e. cognitive issues, disabilities)
- Several residents spoken to had been sofa surfing prior to the pandemic and so were part of the 'hidden homeless': the onset of lockdown led to quite an unexpected and sudden change in living situation for these individuals. Some of these individuals had been 'sofa surfing' for several years prior to the lockdown
- Several of the participants had previously been rough sleepers, and had come in to services due to the COVID-19 pandemic (the time that these particular individuals had been on the street ranged between a few months and 20 years)
- Anecdotally, a lot of residents in the hotels (Finchley, Oyo) were described as ***"You would be so surprised the people who are homeless, the people I saw in the hotel in the Ramada… nice-looking gentleman, elderly, he's not a young man… lots of people lost their jobs, once you lose your job your life goes"***
- Reports from some participants of losing jobs around the start of lockdown and how this led to not being able to pay rent and losing accommodation (this happening prior to eviction bans coming in to force at the end of March 2020). One particular resident had been a live-in nanny and was asked to leave the family house directly as a result of the coronavirus pandemic (at least 4 of the residents interviewed had suffered job losses)
- One resident became homeless due to experiencing violence, having her life threatened, and going through a crisis
- One resident needed to leave her home due to an ongoing traumatic situation in her family home
- For one resident, he had recently left prison and only managed a few weeks of sofa surfing before the pandemic started. Another resident originally became homeless due to leaving prison, but he had already been in the housing pathway for some time

Hidden homelessness

The COVID-19 pandemic hugely impacted a sector of society who are often referred to as the 'hidden homeless'. Residents who had been staying with friends or family, or living with employers or in cheap shared accommodation, were no longer welcome to stay and were forced out on to the streets. Out of the 17 participants interviewed, 7 were made newly homeless at the beginning of the UK's lockdown

Pathways to homelessness

Many residents' personal pathways to homelessness featured factors already well-known from other research. History of trauma, exiting the prison system, having no recourse to public funds, having mental health issues, and experiencing a high level of disadvantage in family background was referenced heavily in residents' accounts

"I saw a Scottish guy on the television who said 'your best protection is that front door'. But what do you do when you don't have one?"

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Experience of being street homeless

- For residents who were entrenched rough sleepers, they miss the social network from being on the street – now feeling lonely
- Fear and lack of safety felt when sleeping on the streets; this is even more pronounced for female residents
- ***"So I was there alone, and when you're out there you can't sleep, I don't know if other people sleep, but I couldn't sleep much"***
- In addition to the usual hardships of lack of safety and cold weather, residents additionally felt completely unable to protect themselves from the virus
- Levels of trauma: some residents experienced trauma when street homeless i.e. rape attempts, suicidal ideation, fear of death
- The inability to sit or lie down in a park when street homeless during the height of lockdown was mentioned by some residents
- Lack of access to food: day centres and support services shut down overnight, leaving many without food
- ***"the only place that was open was Saint Patrick's Church in Soho Square. Without that, people would have starved because there was literally nowhere open"***
- Confusion about process: many residents not understanding how to get housed; also a lack of understanding around priority (conflicting messages coming from different councils and outreach organisations)
- Health issues: access to health services challenging; gaps in access to methadone/getting everyone on to a script

Getting off the street

For those residents who found themselves street homeless at the beginning of lockdown:

- Police were often the contact point who referred residents to hotels/councils/housing orgs
- Outreach services were another main method of accessing help
- Huge variety in the length of time it took for residents to manage to get inside (from a few days to 9 weeks)
- The process for getting housed was not straightforward for some residents

'somebody came out and said they had a place for me, that I'm going to a hotel in Finchley to stay there. Because I was telling them, I said when they come in, I said, "If I don't get shelter this week I'm going to die"'

Council response

- Two residents particularly effusive about how Islington was the only council they received a response and help from: ***"Nobody else helped me"***
- However, there was a sense of being forgotten by the council once housed: ***'Since I've been here, you are the only one who has called to ask me, "How are you finding things?"'***

"It's a terrible life, a terrible life"

What did being homeless during the pandemic mean to residents?

- Much harder to get access to money
- Nowhere to hide from the coronavirus, even before the lockdown and restrictions came in: ***"Do you know in the room where I stayed how many tested positive? Ten people in the room".*** Several residents described the impossibility of social distancing
- Embarrassment: Nowhere to shower, use the toilet, or charge devices
- ***"one thing you do notice is your dignity, is being able to have a shower and go to the toilet, that's one major thing is being able to go to the toilet, you just don't realise it until you're out there on those streets"***

6.2 Experience in hotel or hostel during lockdown

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The following information highlights residents' experiences once in accommodation:

Grateful for help offered

- The vast majority of residents extremely grateful to be housed during the pandemic
- A particularly huge sense of relief from those who had found themselves unexpectedly street homeless
- Some entrenched rough sleepers who came in off the street were surprised and appreciative of the help and support they received from service staff – challenged expectations
- In answer to the question 'What have you found most helpful in the past 5 months in terms of looking after your wellbeing?', several residents expressed that it was simply having a roof over their head which was the greatest help to them

"But at the same time I'm so grateful, and it was the hardest thing I've ever done in my life to leave that flat, and I'm so grateful that I've been housed, rehoused here, and been given an opportunity to find work and organise my housing"

General context of being in one of the emergency hotels

- The hotel accommodation was not appropriate for everyone's needs, even if it was considered beneficial to send residents there in order to protect them from COVID-19 infection. Reasons included having disabilities, cognitive issues, experience of domestic abuse/violence, background of trauma or severe mental health issues
- Majority of residents felt very secure in the hotels: there were several positive comments made around how the security guards were greatly appreciated, particularly when there were any issues with breaking of rules such as smoking, drinking excessively, or making lots of noise
- Nonetheless, there was still some discontent from residents who felt that the behaviour of some residents warranted eviction, but that this was now not really possible
- The hotels provided 'respite' – residents could focus on recovery or future goals in the knowledge that an imminent crisis wasn't threatening them
- Loneliness impacted on some residents, as living on the street was part of people's accustomed life and social circle
- Concerns from some around there not being regular on-site testing for COVID-19 as part of the health and safety process
- Cleanliness: extremely positive comments about the cleanliness and comfort of the hotels people stayed in: ***"Then they give you cream, shampoo, conditioner in the bathroom, they repeat it every week, you get a new set, shower cap… You could have a bubble bath, they gave you bubble bath."***

Food provision

- Even with the provision of vouchers (which was appreciated), there should be continued access to food banks
- No point delivering food that can't be cooked at facilities/are not appropriate, though there was ample provision of ***"bags of groceries, milk, cornflakes, sugar"***
- Residents would like to use the cooking facilities at hotels: ***"Somebody used the microwave to cook chicken. Using a microwave is not the best, it's not good health wise, but when you're in a situation as we were, you do"***
- Some complaints around the lack of availability of fresh fruit and veg in hotels/hostels
- Sandwich and coffee chains have started delivering again in the evenings: nice to have this fresh food and salad again

Social distancing and accommodation regulations

- Generally, residents were allowed in and out of accommodation whenever they wanted. This was strongly perceived to be the right approach by residents, who felt that only prisons could stop you from leaving, and that enforcing such rules would only cause issues for staff: ***"I'm not being funny, that's I believe where problems happen. You can't tell people you can't go out"***
- Some vulnerable residents were unable to wear masks, and felt like they needed to go out early in order to avoid other people
- Social distancing: generally residents felt they could socially distance from other people in their accommodation if they wanted to
- However, some residents commented that others didn't take public health messaging seriously and did not adhere to any of the guidance i.e. crowded together outside sharing cigarettes. Additionally, a couple of residents actually did not feel that social distancing was feasible in their accommodation: ***"but if I'm living here very closely to other people how are we supposed to follow the guidelines when the proximity of your neighbour is, it kind of defeats that"***
- Social distancing guidelines led to feelings of isolation and segregation: there was no mixing, and no use of common areas
- In addition to this, guests were not allowed back to the accommodation. Some residents were disgruntled that this was still a regulation, especially as in some cases, other residents in the hotel/hostel were 'smuggling' guests in
- Overall, the social distancing regulations at accommodations understandably had an impact on being able to see family and social contacts, and also had an impact on social drinking (along with pubs being closed)
- Residents not allowed to sit in the park during lockdown: an important escape for residents staying in hostels/hotels

"There seems to be an acknowledgement that the social distancing rules are meaningless with 48 of us sharing only one entrance door, a common stairwell and a reception desk less than two metres long!"

"Most people are dealing with it quite well. All the petty squabbles and quarrels have been abandoned"

Activities, meaningful time, and routine

- For those who had access to a TV or a tablet, this was seen as invaluable
- Services and usual activities not available to residents, causing anxiety and boredom
- A point made by several residents was that, especially for people who are a bit more stable or who want to move on from using substances, activities are key to wellbeing
- Not having these meaningful activities can trigger people: ***"I fall into a depressive state or I'll just isolate myself and just watch telly all night and sleep all day, which I don't want to do".*** For this reason, weekends can be more challenging
- Routine cited several times as being important: walking was often mentioned
- Activities mentioned include drama and improv sessions (Cardboard Citizens), blog writing and podcasts, and puzzles and crosswords: ***"You've got to keep your mind active"***
- This period represented a massive change in lifestyle for many: ***"But the main thing is having all the time on your hands, especially when you've been used to working"***

What additional 'meaningful activities' would residents like?

- Access to books, games, art packs, graffiti resources, creative writing classes, language learning, and mindfulness sessions: ***"I know I'm not the only person that struggles with their mental health"***
- EET opportunities: particularly around writing a CV and computer courses. There were also some comments that PIP sessions can feel patronizing and are just a tick box exercise
- Relapse prevention sessions
- Outside of the lockdown scenario, residents want more access to leisure facilities: ***"treating yourself, being able to go swimming"***
- Several residents were keen to volunteer while in the hotels, and those who used to volunteer miss it: ***"volunteering has given me confidence, my self-esteem is higher, it's been an amazing journey and I miss it"***
- BBQ/breakfast clubs to discuss COVID-19 experiences with peer facilitators

Staff Support

- The homeless service staff have been universally praised: they go the extra mile for clients
- Comradery: many residents observed that many of the staff are also going through a period of increased stress and uncertainty, and there was a palpable appreciation from residents that staff still continue to carry out their roles
- Case workers have made real efforts to keep in touch with their clients remotely. Although:
    - There was one exception to this where a young female resident stated ***"but my key worker has gone away on annual leave for a whole month, and with the whole pandemic she might have to isolate as well, so I haven't seen her, I don't really understand why she's been away for so long"***
    - There was a massive drop off in support once one service user was moved on in to temporary accommodation
- Residents still really missed the face to face contact and informal chats with their key workers
- In some cases, there were too many locums on from day-to-day: this made it harder for residents to build a rapport and to feel that their needs were being met
- A few residents felt that they got the vast majority of their support from hotel/hostel staff i.e. checking in, picking up food or medication. Welfare checks every day also gave residents a lot of reassurance and a regular access point
- Residents commented that homeless service staff are fair but also take no nonsense, and that this helps create a peaceful environment
- A few people described how if their support worker/usual contact was not there, they would feel comfortable talking to another staff member

Accommodation specific feedback

602a

- Great feedback about the staff at 602a
- Staff described as supportive around IT issues, accessing benefits, and around physical and mental health needs

Finchley Ramada

- Security staff great and reassured residents
- There was a lack of dedicated staff to support here: there is the potential that some residents struggled and perhaps needed to be in a more supportive environment with tailored services
- ***"Hotel staff not used to dealing with 'people like us'. They can answer simple questions but can't deal with the wellbeing of the 60 people that are here from different councils"***
- However, fantastic feedback on the work done by Islington case workers supporting people at the hotel

Comments made about Islington service staff

"Staff at the hotel 602a are great!"

"the one in charge of my case she was always calling me to check on me"

"but now with what Islington Council has done, I'm impressed"

"The woman didn't really know me, since then she has done a lot for me"

"we had arranged a food delivery from Manor Gardens food banks. They were amazing"

"I think staff do an absolutely amazing job, they work hard"

"they've been absolutely brilliant, they've made sure everybody's okay and they've got what they need"

"well actually they do understand, they're human, a lot of our staff do have lived experience"

Staff resilience (staff member interview)

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- Resilience of hostel workers was particularly highlighted by a staff member working in women and homelessness due to the fact that female homeless residents often come with complex and traumatic backgrounds. However, given the context of the pandemic, many frontline staff were showing signs of fatigue, and this is something which service users themselves recognised
- More training and reflective practice is important to build in now. It is important that staff aren't left to feel that they have to take on this huge emotional load without any additional back-up, support, and training: ***"if we were dealing with a three month, when we first talked about lockdown being a three month thing then that's something that can be knuckled down and got through to a certain extent and then reflected on and recovered from afterwards, but we're now six months in and we know, no matter what the government say about transitioning out of lockdown, it's coming, we are still very much in this, this winter's going to be just as bad, if not worse than what we've just been through, so people can't do 12 months of just knuckling down and reflecting on it later, it needs to be built in"***
- Much of the social distancing and self-isolation advice goes against everything that frontline workers have learnt to usually be helpful in supporting service users. This can be difficult for teams
- Reflective practice has been largely lost through the pandemic: it is a difficult time over which to deliver training, and to ask staff to find the mental space to reflect and adapt their practice. Everything went in to a reactive mode, and so people were perhaps not in the mental space to be able to think creatively about their practice
- Staff time completely consumed by COVID: ***"everyone's gut response was, 'I've got no time, I couldn't possibly read that', and that was their response to anything that wasn't a positive COVID test in your building"***

"you're working with probably the most complex, most heavy trauma load, and now you don't have all your wider support network of advocacy services, statutory services, and you are on your own, so where is your support network? You're doing all of that in the light of a pandemic, are you having more reflective practice than you had before or less? Are you having better supervision than you had before or less? Is your manager supporting you more or less? And if it's all less then you have to look at what that means for yourself as an individual when you're doing this work"

Staff sources: Finchley Ramada and Oyo Hotels

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- When residents were placed in the hotels, the council didn't seem to inform them that staff would be calling to offer support, so some residents became suspicious: ***"who are you, why are you asking me these questions, and it is fair enough, you have a stranger calling you, asking do you have a GP"***
- Support staff can provide basic support via phone but aren't there on the ground
- Staff felt that there is sometimes a very real need to be there in person, and that issues couldn't be dealt with effectively over the phone: ***"I went there a couple of times to go to the hotel to ensure everything was ok. I need to see some people to fill in forms, to do things that can't be done over the phone"***
- Access to the information which residents needed wasn't all in one place: ***"We weren't involved in their housing. However, in some cases, if someone couldn't find their housing worker, we would ask who their housing worker was because the person wouldn't have heard anything about their move on plan"***
- Huge mix of people housed: rough sleepers recently released from prison; people who had lost their jobs during the pandemic and who couldn't afford to live at their property; residents who had fled domestic violence from different areas etc.
- Issues encountered at the hotels: during the lockdown, there were lots of reports of drug and alcohol use, and a sex worker was working from one of the hotels. Police were called out to the hotels on a few occasions, and an arrest at the Oyo was made. Some of the problems encountered were perhaps exacerbated by the fact that ***"staff from the hotels were basically reception staff, they weren't support staff"***
- SHP staff who were supporting the hotels were called frequently at the beginning: this only decreased as hotels were wound down and residents were moved on
- Manor Gardens were described by staff to be "so amazing"
- A few residents weren't using their hotel room and so were informed that their hotel room was being cancelled as they clearly had somewhere else to stay. Some others simply abandoned the accommodation. Staff are unsure of the reasons why people left, but just assumed that these individuals weren't very engaged in the process

What issues were hotel staff helping residents with?

- Needing assistance in applying for Universal Credit
- Many individuals had lost their passwords and so were struggling to log in to their Universal Credit accounts, especially without access to devices
- Digital exclusion: a lot of people only had burner phones. ***"Even if there is Wi-Fi, it is very hard to check their Universal Credit, because for a lot of clients, they are not like tech-savvy or they don't have the phones"***
- Food was by far the biggest issue for the majority of residents at the beginning: even if residents were already on benefits, many had already spent it
- Some residents didn't have clothes/change of clothes
- Support with GP registration was needed
- Key concern from all: ***"the main question from people after the food was what is going to happen to me after the hotel; where am I going? Yeah that was not our thing to answer because we are not from the council so we didn't know what their housing plan is"***

"they [service users] call me and ask me to log in to their journals and I can see what is happening, but when the communication is over the phone, and they haven't met you, they are very suspicious to give you their password. So they say don't worry, I'll call Universal Credit, but for the first couple of weeks, everyone was claiming UC, so you couldn't get through to someone for days"

Interviewer: And they have put the sanctions back on now haven't they?
Respondent: Yeah, they have.
Interviewer: And is that going to have a negative impact on clients?
Respondent: Well usually Universal Credit texts you and says check your journal. If someone doesn't have access to the internet or phone or tablet, and they don't have a worker that they trust, well pretty much they can't access it. And if they don't have family that can help them out, I don't know how they would do that

Staff sources: Finchley Ramada and Oyo Hotels

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Key takeaway for what could be improved

"I think that the lesson learnt is that if this situation continues or if it happens again, it's a bit more clear on the communication side. Ok yeah you go to the hotel, someone is going to call you to do this, and your housing officer is going to call you to explain your housing plan. But we have residents who haven't heard from their housing officer for ages"

<u>Better communication needed:</u>

- SHP staff were often not informed when new residents were moving in to the hotel. Staff would need to ring the hotel and find out if new people had moved in: this meant that sometimes they missed new arrivals: ***"They might be there already a month, and then you would be calling them after a month and they were like why are you calling me now?"***

- Residents should be pre-warned that service staff may get in touch with them after their arrival. The way it was done was not helpful for those residents who were already paranoid or nervous: ***"So I think if someone is a bit suspicious or a bit paranoid, this makes it a bit worse for them"***

- Housing staff needed to keep in contact with residents more effectively, and update them on what their next steps were likely to be. There needs to be better linkages in-between these various professionals: ***"that was the main issue for a lot of people because they knew it was temporary accommodation so they were like ok what happens after that and it's a bit bad as a professional that you have to say talk to your housing officer. It is bad, because you know these people are asking what am I going to do after this, and you have no clue what to tell them"***

Access to drug and alcohol services

Mostly, residents who needed drug or alcohol services were already engaged with Better Lives when they entered the hotels. The only time residents needed additional support was when they didn't have credit on their phones and so could not contact Better Lives. In this case, staff would email Better Lives to let them know where residents were (it did take about 45 minutes for residents to get from the hotel to the Better Lives Service in Islington, but apparently this did not cause massive problems due to existing levels of engagement)

Access to mental health services

There was the sense that it was not straightforward to link hotel residents with access to mental health services**:** ***"there was a client who needed mental health support, but it was very hard because he wasn't linked with a GP so it takes time to link with a GP and then to ask for a mental health assessment, so that was the practicality of it"***

From resident interviews, it is clear that more than this one individual was suffering with mental health needs during this time at the Finchley Ramada or Oyo Hotel

Key issues over coming months

- End of eviction ban, especially given there are already so many people at risk of eviction due to issues like mental health or being behind on rent
- Concern around how people will manage future lockdowns (both staff and residents). Staff survived the first one and so can do it again, but there are worries about the sheer numbers of people who will be affected if there are future surges in virus cases
- When lockdown is easing and hotels are wound down, there are too many residents to permanently house

"From my experience from the people in the hotels, a lot of them, they were working, they lost their job and room, they had nowhere to stay, so yeah, let's hope it's not gonna happen again!"

6.3 Health and wellbeing of residents

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The following describes findings regarding the reported health and wellbeing of residents:

Physical health

- 9 out of 17 residents interviewed stated that they had long term health conditions or disabilities
- Some of the physical conditions residents mentioned include: COPD, blood clots, cognitive issues, Hepatitis C, arthritis/osteoarthritis, frequent falls, asthma, anaemia, dental issues, sarcoidosis, spine disorders, hearing aid needs, sight issues, dermatitis, diabetes, emphysema, Meniere's disease, plantar facilitus, and bruising and pain caused by taking steroids for other conditions
- Those with disabilities or challenging physical conditions can struggle in hotels. Some of the issues included not being on the ground floor, there being no walk in shower, and no armchair to sit in
- There was additionally a high mention of severe health issues, resulting in hospital visits and emergency admissions (some residents were quickly referred to hospital upon admission in to a hostel or hotel as they presented with urgent issues)
- Clear that this is a prematurely frail group of people
- Residents who were street homeless during the pandemic with these really high physical health needs were genuinely afraid of dying. There was additionally a lot of anxiety from those residents who needed to shield and move accommodation
- It was evident from the residents interviewed that there is a high demand for supported accommodation places, and that independent living would be extremely difficult for many
- Many of the participants felt that there had been an improvement in their physical health since receiving help in hotels/hostels

"I have been in hospital 7 times this year. I had an emergency admission into hospital re COPD"

"We are so vulnerable, it's mind-boggling"

"I am so fortunate that I've got my mobility scooter or I'd be in diabolical strife"

"the good thing is if you get it, you don't live long so my suffering would come to an end very quick"

Multiple Disadvantage

Out of the 17 interview participants, only 3 individuals weren't affected by either substance misuse, mental health issues, or long term health conditions. 3 of the respondents were dealing with all of these issues concurrently:

"I'm a Type 2 diabetic and I also have mental health. I've got borderline personality disorder… you've got to surf the emotion and ride through it instead of running away and blocking it and doing what I used to do, and that was drink"

Safety

The majority of residents interviewed seemed to get a sense of safety from being in hotels or supported accommodation throughout the pandemic. However, a few residents voiced their concern around being housed with certain other residents: they felt wary and felt that it could harm their wellbeing. The behaviour of some residents also put people on edge.
Whilst many people felt very secure in their hotel or hostel, they didn't necessarily feel very safe in the area they were in.

"it's really difficult living in social council sheltered housing for the homeless when you're a young person because there's people who are living here that have severe drug abuse, substance addictions"

One resident who stayed at the Finchley Ramada commented that there was a male staff member there who was behaving very unprofessionally and this made her feel uncomfortable: ***"professionals are not meant to frighten or intimidate, but this male worker threatened this client twice… no professional is meant to upset or threaten any client, that's an Islington policy… I was shocked, I've lived in hostels all my life and you just don't expect to see that!"*** [Note: this was not followed up on, as by the date of analysis, the provision at the Finchley Ramada had been wound down]

Mental and emotional wellbeing

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"I wonder how many of us feel like zombies on the inside; we just don't have any visible symptoms"

"It feels like a lot of pressure having no support. People should have more understanding for homeless people"

Lack of hope

- Residents described having 'zero hope' at different stages of the pandemic
- Some people simply resigned to catching the virus and potentially dying
- No hope for future plans: ***"what really gets to me is that there is no future"***
- Lack of hope with regards to employment
- Being housed and accessing support services did alleviate this lack of hope in many cases

- Residents felt the need for more emotional support (including "lighter-touch" emotional support prior to service users reaching crisis point), particularly at sites where there is no dedicated mental health support offer or service support staff. This could be as simple as a dedicated worker calling residents up to check in with them
- This is something that some residents at the Finchley Ramada struggled with: ***"nothing could change at the hotel because there's no proper professionals there"***
- Presence of a support worker onsite was perceived as being important to a lot of people's continued wellbeing
- People receiving regular check ins from services seemed to be faring better than those who were left to their own devices
- Residents were emotionally impacted by a lot of services being shifted online i.e. sessions with key workers
- Some people seemed to be unaffected entirely by the pandemic: they were used to dealing with isolation
- Being around other people has a positive impact on people's wellbeing. Staying in their own rooms took its toll: ***"there's a communal area so people will always be drawn there to have a cup of tea or watch telly, so even if I didn't really talk, being around people like that would have helped me a lot"***
- Anxiety about virus: some residents believed they would die if they contracted the virus, and some residents were still quite nervous about being out and about: ***"I'm very cautious as to where I go and what I do, I usually do things fairly early in the morning to avoid the crowds"***

Isolation and Loneliness

- Loneliness was a key theme, particularly for residents who had been entrenched rough sleepers: ***"I have been lonely, because being on the street is a part of my life"***
- The inability to use the public transport network for free impacts on social networks and increases the sense of isolation
- Lack of devices means some residents can't keep in touch with loved ones
- Everyone feels the lack of human contact: ***"I think lacking living connection can really make one feel depressed, and we as humans are social animals, we need to socialise and be close to one another"***
- This isolation is impacting on a group of people who already feel isolated from the rest of society: ***"Even before this isolation came, either having mental health issues or being homeless, it's the ultimate isolation!"***

Traumatic experiences

- Trauma and its impact permeated the interviews, with residents experiencing a wide range of traumas, including spending time in prison, witnessing death, and being attacked or raped
- Some residents feel their traumas have never been fully addressed and link their use of illicit drugs to past trauma***: "I only started using it about 10 years ago after all the trauma and stuff I've had"***
- Some evidence of how these past traumas may have impacted on people who have previously been in prison or trapped in violent situations: they exhibited anxiety around the thought of not being allowed in and out of their accommodation during lockdown: ***"You just can't tell people you stay in, unless you're in prison, you can't do it"***

"I still feel like I'm recovering from seeing my mum being sectioned… it's not been easy, and then plus the pandemic"

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Post traumatic stress disorder (PTSD)

- Several respondents discussed having PTSD (linked to the prior trauma discussed earlier)
- This has resulted to multiple referrals to crisis teams (including during the lockdown)
- These PTSD diagnoses (which are prevalent in this group) add another layer of complexity to the needs of residents during a lockdown i.e. ***"when there's other people, they don't have to be talking to me but if they are talking, then that's the only time flashbacks don't happen so I very rarely was in my room and I didn't sleep for almost the whole time that I was there"***
- These are residents who might benefit from being in supported accommodation
- Two residents additionally stated that they have been diagnosed with borderline personality disorder, and they have found it particularly difficult to negotiate emotions

"I've got into that mental lockdown and I know it's wearing me out and it's not just me is it, you watch the amount of people that are discovering, 'I know what PTSD is now, I've got it, I've got that fight and flee, anxiety attacks, and I wake up at 2 in the morning', you know?"

"Yes, there must be God knows how many forms that says about me having PTSD and having had severe depression. I locked myself in a room for a year, how depressing can you get?"

"I believe they failed me 100%, and to be locked up and to not even go to the shop or a walk, you can't get people to come... it's the impact"

"they did want to put me in private rented accommodation but I said, 'No'. Say, I had a depressive episode or relapse and I don't pay my bills and my rent, don't speak to anyone, then I'm back out on the streets and back on square one"

"Things will be going OK and subconsciously, I won't think about it, I'll just sabotage it, and that could be from just going on a binge and then I wouldn't go to work for weeks at a time, fall into a depressive state"

"I almost did take my life there but it was only because of one professional that has supported me for 10 years, I felt that if I did, that would be a slap in the face to her"

Depression

- Four residents discussed their diagnoses of depression
- Several respondents had either had a previous suicide attempt or had had suicidal ideation (two whilst in lockdown)
- Depression referred to as a contributing factor in people losing their employment or homes
- Worsening depression and anxiety was a concern for some residents during lockdown, particularly without their usual activities and mechanisms of support
- There was a fear of being put in private rented accommodation and having a relapse or depressive episode when alone and without support on site
- There was a sense from residents that they could not access help for their depression or anxiety in usual ways i.e. ***"I won't get to how bad it really was but that's my point, psychiatrists, we're not allowed to get in touch with them, we can't even leave a message"***

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Staff comment: ***"That approach of in-house support is something that when I started in the sector 12 years ago there was loads of and it worked really well for multiply disadvantaged clients but has slowly been stripped away for years, and we've been told, particularly by scripting services it's just not possible, so to see that it happened within a month was amazing, and to see the impact with some clients, it was really, really effective"***

- 8 out of 17 people were open about their substance use
- Some residents struggled with getting access to methadone during the early stages of the pandemic: chemists suddenly closing, residents needing to get newly scripted, some people's prescriptions were ***"messed up"***
- It seemed to be a little hit and miss with regards to who managed to access methadone while street homeless. One resident spoke of getting scripted by an outreach homeless nurse. Someone else, until they managed to get scripted, borrowed Physeptone tablets from friends so that they didn't go in to withdrawal on the streets
- This links to the fact that there was initially less availability of substances on the street, and what was available was lower quality, more expensive, and residents lost their usual sources of income at the same time (i.e. begging, loss of employment). Nonetheless, two residents commented that despite quality and sizes going down, drugs were still readily available and residents ***"stocked up"*** with ***"a whole load of bartering going on between all the hostels"***
- The pandemic affected people's usual patterns of substance use and this led them to engaging with services and drug and alcohol services for the first time. Additionally, a couple of residents stated they had managed to reduce their methadone dose while staying in accommodation throughout the pandemic
- A significant change in the model of substance use services: in many cases, coming to residents instead of residents going to services. For many residents, they felt that ***"this has helped me stay on script".*** Though one resident did point out ***"they bring your methadone to your door here each day, because when it was lockdown, it was the only way of doing it. But I also think that doesn't make people engage very well with services or their key workers"***
- People are drinking alcohol and using less due to the social aspect being taken away during lockdown
- There were several unprompted mentions of sport/gym/walking helping residents to reduce their substance use: ***"the gym has replaced the pub for me"***
- Some people believed that too much time on people's hands was not helpful for those trying to cut down on alcohol or drug use – this free time could trigger them

"it's the first time I've been in drug treatment as well, I've never been on a methadone script before because I was always kidding myself, didn't think I had a problem"

"I don't know, usually I would usually go to meet me friends and that and at the moment a lot of 'em are not coming out"

"that's all they see, somebody who's drunk, high on drugs but you need to look at that and say what sent that person down that road?"

6.4 Access to Services

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The following describes how residents experienced accessing a range of services:

- As evidenced in previous slides, a high proportion of homeless residents have really high needs. Several residents had multiple conditions to manage and a wide variety of services they would traditionally have needed to be in contact with
- Generally, specialist appointments for long term conditions were found to not be working well over the phone
- However, some residents found that the automation of some services/access via phone made it much easier for them
- Changes in the model of services i.e. services going to people rather then people going to the service: for a lot of residents, there was a sense that this made all the difference in them being able to access the service regularly
- Residents did state it was still tricky to reach GPs, renew their prescriptions, or speak to their usual health professionals during the pandemic: ***"It's taken me three days to get the doctor to write up my paracetamol".*** Residents also struggled to get the help or advice they needed from the NHS 111 service
- Some entrenched rough sleepers stating that now seemed like an ideal moment to come inside due to the greater ease in getting access to much needed services
- For people who are extremely chaotic, help from support workers is invaluable in coordinating access to services: ***"it's a big help to them not having to go all over the place and having all the services in one place. It's like everything's integrated"***
- Several residents were registered with a GP by the hotel/hostel as they came in to the services during the pandemic
- Because of the perceived complexity of accessing services, some residents would just present to A&E if anything was wrong
- Access to mental health services seemed to vary quite significantly for residents during the pandemic, depending on where they were/previous contact with the mental health system
- Whilst some people have received referrals for i.e. falls, MRIs, spinal assessments, these do not seem to have been followed up. Anecdotally, it seems that some residents have also been missing out on other routine services such as i.e. cancer treatment services

Access to services on the street

With the shutting of day centres and cold weather shelters, there was nowhere to shower, no food, no access to medical services, and some struggled to get help regarding 'coming inside'

Anxiety re continued access to services

- There is a lot of concern that access to services (which are now relied upon) will be stopped once people are "moved on" from hotels/hostels
- There is fear around council funding being cut: support services may then be stopped
- Complex needs: more supported accommodation places are wanted

"I fill it out and whatever and it says, "ring 111 now" and then you do ring 111 and they literally say, this has happened twice when I rang up, all they wanted to know was about COVID"

"The doctors didn't want me to go round there"

"But my mental well being is still plagued with fear for the future. If I had been moved on to independent living and private accommodation prior to the pandemic I would not be writing this"

"Yeah, that's what would help me, is still access to support, being able to speak to someone, a clinical psychologist, and access to a personal trainer or a gym"

6.5 Resident concerns

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The following describes resident concerns that came up frequently:

Sense of unfairness

- For some, who got in off the streets first felt like a matter of luck
- Residents with local connections or health conditions didn't understand why they weren't prioritised
- People felt like they weren't a priority to house first because they didn't have any addictions
- There was a sense of outrage that the rich or powerful (i.e. politicians) can get away with not following guidance
- People were being moved out of borough who had been long term residents

"I was on the streets for a couple of months… 'Well, what's going on, why has someone come up from Somerset, been in Soho 4 days, and got in a hotel, given that I've got asthma, anaemia and I need a script?'"

"I'm trying to work and things like that and I don't get any help, yet I've got more help if I went and abused meself"

Housed out of borough

- This was a key concern. Many of the residents interviewed had local connections, felt that they belonged to an Islington community, or had children in borough
- Anecdotally, there are some people who are desperate to get out of the borough and be moved back to their home borough

"from this hostel alone, someone has been sent to Newcastle, 3 down to Kent, 2 in Stoke, another in Finsbury Park, 2 in Barking, 1 in Barnet and the other in Enfield… It does not matter how much roots you have here, I've been in Camden since I was 16. That doesn't count"

"I do think about it. I don't want to be out of London, I'd rather be close to family. It's pointless me being away from family"

Move on process

- Continuation of support was a key concern for the majority of residents
- Communication around move on plans was not always clear, which caused anxiety
- Some residents not happy with their move on option.
- Anxiety about housing options after the closure of hotels was palpable, particularly from residents who haven't previously gone through the housing pathway: ***"the people staying in hotels, they could be chucked out back to the streets when the Government stops sponsoring the councils. So I was very afraid of that"***
- Some residents were extremely grateful that services supported them to move on to their hostel/accommodation of choice
- Some people don't feel ready or capable to be moved in to private rented accommodation and expressed a need to be in supported accommodation when 'moved on'. However, other participants were really keen to move on and live independently as soon as possible: ***"which would make me eligible for a studio flat, permanent housing, which ultimately that is what I want to do… because I feel like I don't really have a private life here, I just feel like I'm in a council building"***
- Some homeless residents may ***"rather be a part of the rough sleepers, the street community than stuck on their own with a private landlord"***

Communication issues with residents

- Some residents feel that they are given insufficient information about what is going on i.e. how to keep themselves safe, what is likely to happen in the near future with housing options etc.
- Regarding communication around move on, residents expressed even if staff don't know what their next steps are and are waiting for more information, it would still be helpful to communicate that
- A lot of misinformation being shared between residents around how the hotels are going to be shut down and everyone will just be chucked back out on to the streets
- Several residents shared stories of how someone would disappear from accommodation and they would not know where they had gone, only to find out later that this individual had Covid/was in hospital with Covid. Residents got the impression that they were being kept in the dark: ***"they didn't tell us, because if they told us everybody would be running away from the hostel"***
- Residents also felt that staff would disappear suddenly for two weeks but residents would never be told whether this staff member was self isolating because of Covid infection
- Communication issues were also referred to when residents were street homeless: they did not understand what the process was to be housed, or where to get immediate help or food from
- For some residents, English is not their first language and they struggled to understand a lot of the information given to them
- Public health messaging and why it is so important to socially distance needed to be reinforced
- Residents understood that very often the staff themselves didn't know what next steps would be
- One resident feels that they were unfairly discharged from the crisis centre, with Covid being used as an excuse (resident doesn't believe she had the virus as no one followed up with her to check she was physically healthy): ***"I had seven minutes to not only get dressed but to pack up my things, she was going to be giving me transport home because I had high signs of the virus"***
- In one case, a resident's case worker was absent for a month and no replacement was organised to help guide this resident through her next steps

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Lack of options and help

Some residents literally had nowhere to go because of the pandemic. Usual options such as sofa surfing or paying for a hostel were not feasible. This made some residents feel at the mercy of the council/move on process: they felt powerless in this climate to make changes, find employment etc.

The various processes were not very clear. When street homeless, the process to get housed was obscure: ***"two people have contacted me at all out of 2,000 [numbers/orgs that were called], so I couldn't believe it. Nobody else helped me"***

Two people additionally mentioned that they have found it extremely difficult to get a bus pass, despite being eligible for one

"even just explaining the process, [name of outreach org] didn't do any of that. They just kept saying to me, 'Sleep on the Strand"

"I've been unemployed since last year and now this whole pandemic is making it more difficult to find something in the arts"

"they send me emails occasionally, but I don't know anything about what's going to happen in the future"

"I'll be honest with ya, no one really knew what was happening. It was all up in the air really"

"anybody who tries to do it on their own here, I really don't think they'd make it because they wouldn't know who to go to"

Frustrations of the benefits system

Comments were also made around how the benefits system functions, and how it is extremely difficult to navigate, particularly if not supported by staff

Digital exclusion

"without internet inclusion, you're stuffed"

- There is quite a heavy reliance on digital access at the moment in terms of reaching services, and this can be frustrating for residents, particularly those who feel they are not very 'tech-savvy': ***"Especially if you've got health problems, if you can only report via the internet but you can't actually report that because you haven't got any internet. It drives everybody mad!"***
- Several residents mentioned finding it difficult to reach the council using IT and phone calls i.e. not being able to go in person
- Residents who were provided with free tablets/digital devices were grateful: this enabled them to watch TV and films, research flats, access online learning resources, log in to their Universal Credit account, join in with activities and Zoom sessions, and keep in touch with loved ones. Residents without this access struggled
- Many services, such as clinical psychology sessions, were moved online at the beginning of the pandemic
- Some residents are uncomfortable accessing services online: ***"everything's being done by Zoom and they're all in groups, and I don't do too well"***
- Whilst hotels/hostels largely do have access to WiFi, many residents don't have devices
- Some residents firmly felt that they get more value out of face to face meetings with services, and don't want this to be lost in the long term: ***"But I hate all this virtual stuff! You can't beat just sitting and chatting to somebody, it's different than being on a screen"***
- There is an assumption that younger residents are happy to access everything online, but some feedback suggested that this can cause distance and could have a negative impact***: "Yeah, I think it's knocked my confidence because I don't like to use technology, and I think that now as a young person everything is technology"***
- Some residents feel they would benefit from basic IT/computer courses
- Minority of people expressed they found the digitalisation of services easier to manage
- The majority of residents feel they are at a disadvantage on several levels if they do not have personal access to digital devices, particularly in the pandemic environment we are living in

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"The technical challenges of the age are the biggest bane of the homeless. And is probably the biggest of the hostile environments that we face"

"I just think they take it for granted that everybody knows how to use the internet, everybody has internet access, well not everybody does. That worries me"

Other concerns

- **Stalling of plans:** Some residents felt COVID-19 was stalling their plans and stopping them from making any personal progression i.e. volunteering, securing employment or housing
- **Issues mentioned regarding temporary or private rented accommodation:** fridge/freezer small so impossible to save money by cooking in bulk; once the support of service staff is taken away, residents feel like they are a nuisance when ringing up for help (***"because you're just seen to that person as a complainer";*** being "in the hands of private landlords" seems to be perceived by residents as being suboptimal
- **Miscellaneous points:** harder to get money during pandemic; lack of respect experienced by many participants, including from professionals (not including homeless service staff); failure of the system in past years with regards to getting people the help and diagnoses they need is referred to; there are some concerns from respondents that more vulnerable residents aren't getting their voice heard/needs met; concerns around Universal Credit sanctions being reintroduced; several residents are unable to wear face masks due to health conditions

"it's not a home of my own, if it's a private landlord, it's his home and you can be kicked out at a moment's notice"

"But with this service comes a lot of people more vulnerable than me and if they can make mistakes with me and I'm able to sort it out near enough straightaway, but these other people can't speak out and this will continue"

6.6 Women and homelessness (including data from staff sources)

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The following focuses on the impact on female homeless residents:

The impact that COVID-19 had on homeless women

- COVID-19 did not impact on homeless women in the way initially expected. Despite complex health needs and the anticipation that many people would become ill, this did not happen. The impact of illness from the virus became very minimal in comparison to other issues
- COVID-19 impacted on the risk to women in new and different ways. For women who were entering COVID-PROTECT facilities, priority was placed on their physical health condition. However, they were often being asked to move in to hotels from support services that met their needs around i.e. mental health or background trauma. There was too much emphasis on potential COVID infection, when other issues were ***"just as risky to them".*** Often their main concern was not COVID-19, but rather issues they were dealing with prior to the pandemic
- Increased isolation had an extremely negative impact on this group of women
- Relationship-based practice and face time was severely limited, which impacted on women's recovery
- The lack of visits from support services meant that women became more dependent on partners and perpetrators (increase in control from partners, lack of empowerment from support services, and women thus further disengaged from support networks)
- During COVID-19, the sale of sex was not reduced, and in many cases was even increased. For multiply disadvantaged women in particular, who would usually be able to earn through begging, shop-lifting or drug runs, they were now having to earn in different ways, and that often meant sexual exploitation

Violence experienced and safety concerns

- Two women interviewed had experienced extremely high levels of violence
- Having a self-contained room or flat made the women feel safer. They particularly found having security and staff on site a comfort: ***"Shelter buildings are very safe, so I don't have to worry no more"***
- Greater consideration should be taken when deciding where to house women so that they will not be near to their perpetrator: ***"I was asking them to put me out of the borough of Islington because this man had not been picked up by the police yet".*** Some women were even located in very close proximity to perpetrators. Some hotels hadn't seemed to consider the needs of female residents in a different way to male residents: ***"my main issue is the local area… I don't generally feel safe"***
- Specialist accommodation is needed for some women so that they have access to the necessary emotional support

"The men who are going there, they're not homeless, they just go there because they know they can snatch people's bags, mobile phones, or they can find the women to rape"

"never men because I will not relate with men. Unless a man has been attacked or lost a child, they cannot understand"

Who presented to services during the pandemic?

A lot of the women in hotels and hostels were already known to services. There was a group of women who were known to services but had previously refused to engage, but were now coming in to services. Then there were women who were known to services who had been in and out of services for years

Female experience of being homeless during pandemic

- Dangers of rough sleeping: one of the women was threatened by men when sleeping on the street
- Female residents gave descriptions of being in a hotel surrounded by ***"drunken men smoking"*** and feeling threatened by this
- Uncomfortable dealing with male professionals/staff
- Women particularly struggled with the decrease in 1:1 relationship-based support: they expressed a greater need for people to check in with them

How can COVID emergency accommodation be more 'women-friendly'?

- All staff need to be upskilled to have a greater understanding about what support women may need
- Services need to think about their first contact with women and be aware that Covid and primary care is unlikely to be the biggest concern
- At first contact, staff should clarify: would the client prefer contact from female members of staff when possible; ensure that she knows who is on shift when and what the gender balance of the team is; ensure the client knows that even though people are being expected to isolate in their rooms, that they can come down to reception at any time if they feel at risk

- Make the space itself more female friendly:

• Be mindful of where women are being placed in the building i.e. is there CCTV; can male staff access this floor; are there signs indicating that this is a female only space

• Give women some say over that space and what they might need

• Have condoms, sanitary towels, tampons etc. in place, so women are not in a position where they potentially have to come and ask a male night concierge for these items

• Toiletries and nice things for homeless women are incredibly meaningful***: "so much of all women's identity is tied up in their self-care and their wellbeing, particularly if you don't have access to those things, so nice toiletries, clothes, food, those things matter and really mean something"***

- Furthermore, activities such as self-care (getting hair or nails done) is a) extremely meaningful for a lot of women and b) a great tool for building trust with women ***"you need to work on all those really 'superficial' things like taking them out for hot chocolate and getting their haircut before you can do any of that much deeper, deeper, deeper work"***
- Multiply disadvantaged women benefit from having positive supportive relationships to allow them to access support. Therefore it is key in hotels that women can communicate (consider phone, email, texts, and hand written notes as valuable tools) – it is even more vital for women in homeless pathways/emergency hotels to have a mobile phone
- It can be difficult to make a space appropriate for multiply-disadvantaged women in a mixed gender environment: ***"we're always quite limited with what we can recommend for a trauma-informed approach with women in mixed gendered spaces unless you're going to do it for everyone, and most services can't afford to do that, and that's the problem"***

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Women leaving accommodation

- Some women were evicted from hotels for not following the rules. However, some multiply-disadvantaged women really struggled to self-isolate and being alone in a hotel room was traumatising: ***"being alone in your room is incredibly triggering… so they're highly likely to become perpetrators of breaking the rules and therefore issued lots of warnings and evicted, potentially losing their space at the pathway that they originally securely and safely had"***
- A few women did leave accommodation by choice, mainly due to the fact that the experience was too isolating
- On paper, it seemed that some women simply abandoned their hotel/hostel space, but the background story to this is often far more nuanced and worrying. One example of this is a woman who was housed alongside a coercive and controlling male client. When he was evicted from accommodation due to becoming violent, she chose to leave with him: ***"because he left she left with him, she removed herself, but really it was quite predictable that that would have happened"***

Key issues over the coming months

- The emergency offer which was put in place in the short-term to protect against the virus is quite different to what you may offer someone for 12 months or more. Protections need to be put in place for wider concerns

Staff training around women-specific issues* (comments from staff)

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- Services were starting to recognise that homeless women die younger than men and access services less frequently etc., and thus may need a different approach. However, COVID-19 arrived and those conversations and plans stalled
- 'Specialised hostel workers' will often get given all of the female clients. However, ***"if you break it down by need and level of trauma and complexity and difficulty to engage they will almost certainly be the most complex cases in that hostel".*** Additionally, external support services are very often not coming in now due to COVID-19. Therefore, it was suggested by a staff member interviewed that it is important that every member of staff in a hostel/hotel has some basic training around working with these women
- Regarding transactional sex, a staff member suggested that staff need specific training around the fact that sex work is not necessarily standing on a street corner selling a specific service for a specific amount of money. Staff need to be encouraged to think about a whole spectrum of sexual exploitation in terms of transactional sex: ***"so exchanging sex for drugs, exchanging sex for protection, exchanging sex as part of a relationship that might not always be consensual, so staff having a wider view of that and the conversations they might have with their clients"***

"Where you may have depended on an external advocacy service coming in and having those conversations with your clients, you're now on your own, whether you work in a hostel or a COVID hotel, you are that person that's having the contact and seeing her, no one else is coming in so it's all on you, so to be aware of that, to support yourself, but also if you don't ask that question probably no one else is"

* Although a lot of these issues are more common in homeless women than homeless men, we know from other research that some homeless men will be victims of domestic violence, and some homeless men will also experience sexual assault and be victims of sexual exploitation and engage in transactional sex. It is important that any staff training also ensures that staff have an awareness of this, and understand how to provide or signpost towards specialised support

Working with couples

- More thought could go in to effectively housing and working with couples. If hostels or COVID hotels don't house couples, there is a very significant risk that those couples will stay on the street: ***"particularly if a man is offered a bed space he might come in and a woman will continue to sleep out until she's offered a bed space, if she's offered a space and he's not she will sleep out until he is offered a space... so having that awareness that when you have a blanket 'no couples' policy, that you're disproportionately impacting women"***
- There is a high level of violence between homeless couples, and the male is more likely to be violent and be evicted. When male counterparts of a couple lose their accommodation, the female counterparts will often follow and then also lose their accommodation

Staff sources: Women and Homelessness

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"we know that women recover better from homelessness and reach more support services with relationship-based practice, so when they're having lots of face time, lots of client-centred conversations that are led by themselves on their own terms, in their own way, in lots of little interactions, so in a way that's designed and controlled by them, and that was all taken away from them, so support services weren't able to come out, key workers were saying, "Call me, don't come to reception", that all really adversely impacted women's recovery"

"I think really truly you want to have a women only COVID hotel if you're going to do COVID hotels safely and securely, the women coming in are going to be highly, highly vulnerable, and whether you're taking them out of hostel pathway or if you're taking them from rough sleeping you're changing their support network, they're going to be incredibly vulnerable, so a different process is needed for women and a more secure and safer service offer is needed, so that would be the gold standard really. There are some parts in the country that have done it but London doesn't seem to think it needs to"

"because often women were moved into the COVID hotel and it actually turned out that their perpetrator, who has a restraining order against them, lived two streets away, in one case a historic perpetrator was already living in the hostel"

6.7 User involvement and feedback

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The following describes how user involvement could be integrated further:

User-input and autonomy

- Overarching impression: residents want to talk and share. They want to help others who might end up in their position
- Coercive approaches/giving ultimatums is not seen as a useful approach. Rather it is more effective to signpost residents to support
- User involvement and hearing the voices of those with lived experience was very important to many of those interviewed
- With regards to what would help service users get through subsequent lockdowns, participants suggested that services should proactively consult residents: ***"I suppose actually communicating with people so if it was a second wave and you had to go into lockdown again, what would help, what would you like to be in place?"***
- It sometimes feels as if there is a lack of input in the day-to-day of living in a hotel or hostel: ***"you feel a bit like a lab rat"***
- A comment from some residents was that they need to see tangible action come from user involvement that they engage with. It can't just be for interest's sake
- There were some concerns that a lot of homeless residents are quite vulnerable and don't have the ability to voice their perspectives
- Residents feel that there are a lot of hoops they have to jump through to access services and that the system is not built around them: ***"if you get the wrong work coach who insists you spend 30 hours on the thing – which they can do by law – on the internet, searching for jobs, it's the equivalent of being sent to the workhouse and you just spend all day breaking meaningless rocks"***
- Residents appreciate being listened to and their voice being taken into account when changes within services are made

"I'm a peer facilitator…they still have their issues, some are still using but they've stuck with it and you help them and when you do see that certificate at the end, you see the smile on their face, it is priceless, you can't buy that and you see the sense of achievement"

"What I'd like to see is actually something tangible that they are going to be able to improve working with the homeless population with"

"we need community standing, we need to be valued, we need to be part of project boards, and courses… we need to realise that we can use our skills and can be valuable participants of society"

"The only accurate and honest feedback you get is between peers in a conversation based on trust. Most of these forms are for external stake holders to see where their money is going"

"you can do it to me and you're not going to get away with it, what about people you're doing it to who can't speak out?"

Strengths-based approaches

- Some residents felt that their knowledge or strengths are not appreciated, validated, and utilised
- Some of the professional or volunteering histories that residents had revealed a wealth of skill that was not being utilised, despite a willingness to do so: ***"I'm pretty good with budgets. I had $15m a year to run a budget in a quarry so I've got a pretty good head for figures"***
- Some residents voiced that they feel uniquely placed to carry out some of the welfare checks throughout the pandemic and to encourage people to start socialising again
- In terms of capturing honest feedback, one of the most valuable resources can be in trusted conversations between peers

What did residents say the positive impacts COVID-19 had been?

"it's been a blessing in disguise for lots of people in terms of getting them off the street"

- Being housed gave people security and space to plan next steps. The pandemic gave many people the push needed to engage with services
- It's resulted in residents enrolling in drug treatment programmes who otherwise wouldn't have
- The nature of the coronavirus pandemic and the COVID-PROTECT hotels has thrown a spotlight on the health status of homeless residents
- During the peak of lockdown, there was a reduction in social drinking and substance misuse
- Residents have managed to access help for other issues such as Universal Credit applications, home office applications etc.

"I think if the pandemic didn't happen then not so much change would have happened, and in a way change can be a good thing, it can be positive"

"St Mungo's did get a lot of people off of the streets, obviously there are some that don't want to come off of the street, had bad experiences of hostels, whatever the reason is so it was kind of a big thing"

Comradery

- Some residents lost the comradery and the comfort of a familiar social network that they had to support them on the street, and it was felt to be important to have access to this community when they're ***"being excluded from every other one"***
- Especially for residents who spent time street homeless, it was often other homeless or vulnerable residents who offered the most help. This network is valued as a source of emotional wellbeing. This was somewhat lost upon moving in to accommodation, and this feeling of loss was further exacerbated by the social distancing induced by lockdown rules. Residents were often unable to rebuild (or retain) a community within their hostel or hotel: ***"There's one of the guys I'd love to bump into up on the fourth floor, I think I've seen him once since I've been down in this room in three weeks, our paths will cross but rules are rules"***
- Nonetheless, comradery within accommodations was still referenced by a couple of residents as one of the things which helped them get through the lockdown: ***"Being on the front line and with others equally vulnerable has paradoxically kept me alive, and not being isolated from the comradery and support I receive from my community, the homeless"***

Hopes for the future

- Residents who were previously rough sleepers are now intent on moving in to the hostel pathway and retaining the stability they had gained throughout the lockdown
- Many residents want to have a clear plan for continued support as they take their next steps with regards to housing (whether that be supported accommodation or more independent housing) i.e. maintaining physical activity and therapy sessions, maintaining positive mental health, and adhering to drug and alcohol treatment programmes
- For one resident, a key aim was getting her permanent residency
- Many residents mentioned wanting to work towards full-time employment, part-time jobs, or voluntary work. However, housing seemed to be the first barrier to solve: ***"as long as I get the housing sorted it's, then I can get full time work"***
- Doubt remained for one young homeless individual who felt concerned about her opportunities: ***"it's hard to weave your way into these kind of circles because you're not sure if you'll be rejected socially because of your background"***
- Unfortunately, some residents felt that there was no point in making plans or having hopes for their future

"As a friend here said, "It only take one of us to mess up outside to mess up things for all of us inside." Well said"

"What I want out of life is a nice place to live, where I can call home, and also I love my friends as well, so I'd love to keep my friends around me"

7.0 Limitations and lessons

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- The context is shifting constantly, as COVID-19 rates and the social distancing rules imposed are always changing. This means that some of the data collected will be more relevant to certain points in time than others
- Digital exclusion: this presented a bias in the types of residents who I could access. It meant that is was particularly tricky to access residents who are currently street homeless or residents who are housed but have no access to devices
- Bias in who I could speak to would also have been introduced by the types of residents who were willing to speak with me and share their story i.e. residents who were perhaps more confident, outspoken, and perhaps not the most vulnerable
- Written feedback: I had initially been planning to get additional feedback via journal entries and WhatsApp messages. A lot of work went in to a framework for this type of work (which could be used and elaborated on by others) but staff understandably did not really have time to implement the data collection
- Perseverance was key in reaching residents. I often needed to contact a resident 5 or 6 times before we could find a good time for them to speak (reasons included not feeling mentally resilient that day, being busy, not having a charged phone etc.). Given more time and capacity, it is likely that more complex residents could have eventually been 'pinned down'
- In future, it could be extremely valuable to put in place training for peer mentors and to establish an ingrained feedback loop whereby peers can collect data at points that suits residents. Many services are under a lot of pressure at present, but it could also be very valuable to train outreach workers i.e. Routes off the Streets workers in data collection so that some of the voices we didn't manage to collect for this report could be heard

Missing perspectives

There are several voices missing from this piece of work, who were more difficult to make contact with. For any future work, it would valuable to also hear from the following:

- Those who left hotel accommodation/hostel pathway voluntarily
- Those who were evicted
- Residents newly homeless in the past month or two (pathways may have changed)
- Those who never came in to services – are still street homeless
- Families/temp accommodation – though this piece of work never had the scope to cover this group
- Those with no recourse to public funds (NRPF): only one resident expressed having NRFP
- Couples

9.0 Contact Details and Acknowledgement

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9.0 Contact Details and Acknowledgement

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