

COVID-19 and Homelessness Frequently Asked Questions

Last updated: 29 April 2020

This document aims to collate questions and concerns from the homelessness sector about the impact of COVID-19 on people who are homeless or at risk of homelessness, and on delivery of services to those people.

Our focus is on individuals and couples without dependent children in their household e.g. people sleeping rough, using day centres and night shelters, in hostels or supported housing, as well as those who are hidden homeless, for example in squats or sofa surfing.

This document does not cover wider sector issues e.g. staffing, charity finance.

Questions and topics are included here even if there is no answer yet, so that you can see what is being discussed in the sector and with local and central government. We have used a traffic light rating to indicate how complete the answer is currently, although this will not be exact and some that are green/answered may change as new information or practice comes to light.

The document will be updated frequently as new information emerges.

Please check 'Homelessness and COVID-19 information and updates':
www.homeless.org.uk/covid19-homelessness for the most recent version.

Also refer to our Resources list, which links to a range of material relevant to service delivery. Download from 'Homelessness and COVID-19 practice resources':
www.homeless.org.uk/covid19-homelessness

If you have a question or concern that is not yet covered, or if you can answer or add to a question, please email tasmin.maitland@homelesslink.org.uk or your usual Homeless Link point of contact.

Let's end homelessness together

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COVID-19 and Homelessness Frequently Asked Questions

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Housing and Self-isolation

How do people without housing, or without suitable housing, follow guidance to stay at home? How do they self-isolate?

Partly answered – lack of clarity over people still on the streets or in hostels with shared facilities

This issue primarily affects people who are:

- sleeping rough and in dormitory-style night shelters
- hidden homeless e.g. in squats, sofa surfing

Also:

- people in hostels or supported housing with shared facilities

As of 25 March, the Public Health England guidance on hostels has been unpublished, pending updates.

On 26 March, the Minister for Local Government and Homelessness, Luke Hall MP, wrote to local authorities setting out the principles for housing people who are homeless during the COVID-19 crisis, and requiring urgent action to move people into suitable accommodation “by the end of the week”.

“The basic principles are to:

- focus on people who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate, such as shelters and assessment centres
- make sure that these people have access to the facilities that enable them to adhere to public health guidance on hygiene or isolation, ideally single room facilities
- utilise alternative powers and funding to assist those with no recourse to public funds who require shelter and other forms of support due to the COVID-19 pandemic
- mitigate their own risk of infection, and transmission to others, by ensuring they are able to self-isolate as appropriate in line with public health guidance”

Full text: www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities

Local authorities have found hotels or other suitable en-suite single rooms (e.g. flats, halls of residence, B&Bs) and moved many people out of shelters and off the streets. As well as providing housing, LAs need to put in place support for people in congregate and dispersed accommodation, which may require recruitment of additional teams/volunteers or re-deploying staff from existing services.

Some hotels and B&Bs asked residents to leave following the Government’s business closure guidance of 23 March, however the guidance was updated to clarify that housing for people while homeless is exempt, and is currently:

Hotels

Hotels, hostels, B&Bs, campsites and boarding houses for commercial use

Exceptions

Where hotels, hostels, and B&Bs are providing rooms to support homeless and other vulnerable people such as those who cannot safely stay in their home, through arrangements with local authorities and other public bodies, they may remain open.

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Hotels

Caravan parks/sites for commercial uses

Exceptions

Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.

www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance

MHCLG reiterated this message in the media and in a letter to hotel chief executives: www.gov.uk/government/publications/covid-19-hotel-accommodation-to-support-key-workers-and-vulnerable-people

The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, page 3, under 'Further restrictions and closures during the emergency period' notes an exception to closing hotels etc if they are keeping premises open "to provide accommodation or support services for the homeless" www.legislation.gov.uk/ukxi/2020/350/contents/made

In Homeless Link's COVID-19 and Homelessness webinar of 8 April, speakers from NHS England explained the approach to triage for people who are homeless, based on the increased health risks among this group. The approach is to identify people who have underlying health vulnerabilities and need to be in a COVID-Protect accommodation; those with symptoms who will be housed in COVID-Care accommodation; and those who are less vulnerable and not symptomatic but who need housing. However, it is unclear where responsibility lies for coordinating triage in each area (and therefore whether it will happen); who is responsible for finding and staffing Care and Protect buildings; and where funding comes from. Currently there is inconsistency in the use of the triage approach for homelessness across England.

For full details of the NHS England approach to homelessness and COVID-19 please see the slides and listen to the webinar:

www.homeless.org.uk/webinar-covid-19-and-homelessness-services-8-april-2020

Despite the push to bring 'everyone in', there are still people on the streets. This is a combination of people who have not yet accepted accommodation offers, and people who have not had an accommodation offer, including those already sleeping rough and people new to the streets.

While in some areas the triage approach has resulted in the most vulnerable residents in hostels with shared facilities being moved into hotels, many buildings with shared facilities remain open, and are applying health guidance on social distancing and hygiene measures to support self-isolation.

See section on [Police Action and Enforcement](#), below, for more detail on the impact of the Government's stay at home guidance of 23 March on people who are homeless.

How will people new to the streets access suitable accommodation to self-isolate?

Partly answered: varies by local area

People continue to become homeless during this period, for example due to: illegal evictions, escaping domestic abuse, or breakdown of sofa surfing arrangements. In some areas, the closure of housing offices (with services moved to remote phone or online contact) and reduction of street outreach provision means that there are fewer points of contact when a person becomes homeless. This increases the risk that people will end up sleeping rough before they can access support. Access to phone and credit is crucial to help people get access to services in the current emergency.

There is inconsistency in the response to people who are newly homeless, with some local authorities requiring 'verification' of rough sleeping (i.e. telling people to sleep rough until found by outreach) and some applying homelessness assessment eligibility tests such as priority need and local connection (i.e. telling people to travel to another local authority area to find housing). It is, currently, unclear whether the MHCLG guidance to local authorities issued on 25 March to house everyone sleeping rough applies on an ongoing basis.

As at 29 April, many local authorities have reverted to applying standard homelessness eligibility tests (including priority need and local connection) to people who they did not already know to be sleeping rough. Some accommodation and support providers report having reached capacity in terms of emergency hotel or other accommodation.

StreetLink: www.streetlink.org.uk remains operational, taking referrals for people who are sleeping rough and connecting them to local services. This relies on local authorities and outreach teams keeping StreetLink informed of changes to service provision and current pathways into accommodation. If you are from a local authority or service provider and need to update your StreetLink information please email: informationteam@homelesslink.org.uk

Homeless Link's position is that local authorities should waive all restrictions during the COVID-19 emergency and ensure that anyone who is homeless, or facing homelessness, has access to suitable accommodation as a matter of urgency.

Personal Protective Equipment (PPE)

When will services get Personal Protective Equipment (PPE)?

Answered – not yet confirmed in practice

During Homeless Link's webinar of 8 April, Olivia Butterworth of NHS England outlined the approach to creating different accommodation facilities for people who have symptoms (COVID Care), those who have no symptoms but underlying vulnerability (COVID Protect), and other homeless people who need to be housed. She said that PPE is only required in COVID Care buildings, which should have clinical staffing input and where supply will be arranged through local health agencies.

Olivia highlighted the importance of training for any staff in use of PPE, and that incorrect procedures for donning and doffing PPE can increase the risk of infection. She emphasised that the most important health protection measures are 2-metre distancing, handwashing and cleaning of surfaces. Listen to the webinar and review the slides here:

www.homeless.org.uk/webinar-covid-19-and-homelessness-services-8-april-2020

Guidance on PPE:

Supply and use: www.england.nhs.uk/coronavirus/publication/guidance-supply-use-of-ppe/

Infection control: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Donning and Doffing: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

Cleaning in non-healthcare settings: www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings

Testing and Treatment

When will testing be available to people who are homeless and to staff and volunteers?

Answered – but local experience vary

On 17 March, the Department of Health and Social Care announced the extension of testing to include additional categories of frontline staff.

“The full list of eligible workers now includes: ...

- local authority staff, including those working with vulnerable children, adults and victims of domestic abuse, and those working with the homeless and rough sleepers”

“Anyone who is eligible – has symptoms of coronavirus a high temperature or new continuous cough – and would like to be tested should speak to their employer. The relevant employers will be provided with information on how to make an appointment with the programme either from their local resilience forum or direct from the Department of Health and Social Care.”

Charity staff are included with ‘local authority staff’, and employers should be receiving packs and information from their Local Resilience Forums about testing. However, the Forums might not have details of every homelessness charity, in which case providers should be proactive about contacting their Forum directly or going via a local authority commissioner or Housing lead. It may also be possible for staff to access tests directly via the online portal (see below).

Announcement on extending testing to additional frontline workers:

www.gov.uk/government/news/government-to-extend-testing-for-coronavirus-to-more-frontline-workers

Guidance on being tested for coronavirus:

www.gov.uk/guidance/coronavirus-covid-19-getting-tested

Further announcements up to 28 April have extended eligibility for testing to a much wider group, including members of the public in certain categories. Eligible people can apply directly via an online portal – see the links for different groups under the ‘Testing for coronavirus’ tab here: www.gov.uk/coronavirus

There have been government statements about the introduction of mobile and home testing. At this point, there appears to be variation between areas in terms of how easy it is to access tests so this is still an emerging topic.

www.gov.uk/government/news/further-expansion-of-access-to-coronavirus-testing-helps-protect-the-most-vulnerable

Planning & Delivering Local Responses

What should be happening in my local authority area?

Partly answered – inconsistencies in local practice

On 26 March, the Minister for Local Government and Homelessness, Luke Hall MP, wrote to local authorities setting out the principles for housing people who are homeless during the Covid-19 crisis, and requiring urgent action to move people into suitable accommodation “by the end of the week”.

“This should be done by taking the following programme of actions:

1. Convening a local coordination cell to plan and manage your response to COVID and rough sleeping involving the local authority (housing, social care and public health) and local NHS partners together. This would then report in to wider local COVID structures.
2. Seeking to stop homeless people from congregating in facilities such as day centres and street encampments where there is a higher risk of transmission
3. Urgently procuring accommodation for people on the streets if you have not already done so – MHCLG will support you to do so if you are struggling to procure sufficient units
4. Triaging people where possible into three cohorts driven by medical advice:
 - those with symptoms of COVID19;
 - those with pre-existing conditions but without symptoms; and
 - those without any of the above.

Attached to this letter is additional guidance on the approach that agencies should be taking to triaging agreed with NHS England and Public Health England.

5. Getting the social care basics such as food, and clinician care to people who need it in the self-contained accommodation. It is likely that you will need to utilise your commissioned homeless services to provide support to people in this accommodation and we urge you to work with the commissioned and non-commissioned sector to make sure there are adequate levels of support provided.

6. If possible, separating people who have significant drug and alcohol needs from those who do not.”

Full text: www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities

See above for details and links to [NHS England presentation](#) on the approach to homelessness health and triage.

Homeless Link recommends local taskforce/coordination includes a range of key stakeholders in that area who understand local patterns of homelessness e.g. council, public health, homelessness, housing, police, community safety, drug & alcohol treatment services, community/faith/grassroots groups. This group should write an action plan, assign activities and meet frequently to revise the plan and hold people to account for delivery. Plans should include short, medium and long term actions; and identify risks and mitigating actions. It should be clear which actions are achievable within current resources and where more funding will be needed and who will be responsible for securing those funds and approving expenditure in the short term.

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The MHCLG letter to local authorities of 26 March references social care funding to cover the cost of hotel accommodation: “the Government announced £1.6bn for local authorities to respond to other COVID-19 pressures including for services helping the most vulnerable, including homeless people. This grant will cover all costs incurred in the first phase of the response, but we will keep future funding need under review. To support our understanding of what authorities or additional funding is likely to be required we will be working with local authorities to develop an ongoing assessment of costs.”

Plans need to include wider support as well as suitable housing, bearing in mind that community-based resources – day centres, cafes, libraries etc – are no longer accessible. Dedicated support will be needed for people in their new accommodation, with consideration for the type of support, in particular for people who may be struggling with substance use and mental health. There is a need for practical help (e.g. food deliveries, collecting medication from pharmacies) and social support (e.g. phone calls, written updates or contact with staff on site following physical distancing guidelines).

Time is of the essence – it is better to start delivering a plan that changes, than wait to get everything in place, as by then you may be too late to save those at greatest risk.

Groundswell have produced a resource to support planning for Covid-19 – scroll to ‘Listen Up!’ resources at the bottom of the page: <https://groundswell.org.uk/coronavirus/>

How can I find out about my local taskforce?

Partly answered: varies by local area

Ask Homeless Link’s Partnership Manager for details in your local authority – we are gathering information on work in progress:

London & South East chrystalla.karvella@homelesslink.org.uk greg.headley@homelesslink.org.uk
South anna.suswillo@homelesslink.org.uk
Central/Midlands steven.barkess@homelesslink.org.uk
North sirea.jabar@homelesslink.org.uk

Delivering homelessness services

Do services such as night shelters and day centres have to close?

Partly answered: awaiting Public Health England guidance

On 25 March, Homeless Link published an urgent call for London day centres to close to minimise the spread of infection and so that day centre teams could help to staff hotels being used to house people who were previously in night shelters, assessment centres or on the streets.

www.homeless.org.uk/connect/blogs/2020/mar/26/emergency-appeal-for-help

As of 25 March, the Public Health England guidance on hostels was unpublished, pending updates.

www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping

The letter from MHCLG on 26 March asks local authorities to take action around “Seeking to stop homeless people from congregating in facilities such as day centres and street encampments where there is a higher risk of transmission”.

Full text: www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities

The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, page 4, ‘Further restrictions and closures during the emergency period’ states that places of worship must close, with an exception that premises can be used “to provide essential voluntary services or urgent public support services (including the provision of food banks or other support for the homeless or vulnerable people, blood donation sessions or support in an emergency).” www.legislation.gov.uk/ukxi/2020/350/contents/made

Where local authorities and partners have sourced alternative accommodation such as hotels, the decant of night shelters has been a priority, because of the difficulties of following PHE advice in a communal setting. Most shelters have closed, with staff supporting people in their alternative accommodation. Any remaining night shelters should be decanted as a matter of urgency, with local authorities placing everyone in suitable alternative accommodation. This includes shelters housing people with no recourse to public funds ([see below](#)).

Do soup runs and other food services have to close?

There are a number of exceptions that allow food provision and other services to continue operating if they are helping people who are homeless.

Government guidance on ‘Businesses and other venues subject to further social distancing measures’ as at 1st April:

“To reduce social contact, the government has ordered the following businesses and venues to close

	Exceptions
Cafés and canteens	Cafés and canteens at hospitals, police and fire service places of work, care homes or schools; prison and military canteens; services providing food or drink to the homeless.”

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www.gov.uk/government/publications/business-and-other-venues-subject-to-further-social-distancing-measures/businesses-and-other-venues-subject-to-further-social-distancing-measures

The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 p4:
“A person who is responsible for a community centre must ensure that, during the emergency period, the community centre is closed except where it is used to provide essential voluntary activities or urgent public support services (including the provision of food banks or other support for the homeless or vulnerable people, blood donation sessions or support in an emergency).”

And also p9: “Businesses subject to restriction or closure:

2.—(1) Cafes, including workplace canteens (subject to sub-paragraph (2)), but not including—

(c) services providing food or drink to the homeless.”

www.legislation.gov.uk/ukxi/2020/350/contents/made

As there is an increased risk of infection among groups of people, all services have had to review their delivery model to reduce risk and follow PHE guidance, for example on physical distancing and enhanced hygiene measures. If it is not possible to apply this guidance stringently, the service should close. Even if the service is following guidance, people may gather in groups while waiting for service, or while eating food. These risks must be taken into account, as well as the delivery model, in deciding whether to open.

As local authorities provide hotels or other suitable housing, wrap-around support including food will be needed into these sites, while the demand for other food provision on the streets is likely to reduce.

Providers of food should aim to coordinate their offer with the local authority to ensure that people do not need to return to the streets to get food, for example by switching from street-based soup runs to safe deliveries into building-based services, or a combination of the two. This may require funding or donation requests for new kit such as take-away boxes.

Where still active, services should continue to inform people about the steps they must take to keep themselves and others safe, and of updates to Government guidance. For example, guidance not to gather in groups of more than two people (bearing in mind that people may be in a couple or other equivalent household unit while on the streets, and won't necessarily be alone).

Where services have closed, the local authority and other partners should be notified in order to manage the impact on people relying on that service, for example by pooling staff and volunteer teams from elsewhere, or creating alternative provision of essential services. Please also notify Homeless Link services changes to ensure information on our public database and used by StreetLink is up to date: informationteam@homelesslink.org.uk

Are homelessness staff classed as frontline workers for the purpose of keeping children in school?

Answered – subject to current guidance and local decision-making

PHE guidance released on 19 March states that *“If your work is critical to the COVID-19 response, or you work in one of the critical sectors listed below, and you cannot keep your child safe at home then your children will be prioritised for education provision”*. The list of “critical sectors” includes *“charities and workers delivering key frontline services”*.

Anecdotal feedback suggests that some schools do not have space for all categories of keyworker, while elsewhere charity staff have been able to keep their children in school.

www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision

How can my service find additional volunteers and/or funding in order to respond to this emergency?

Answered: check for new schemes and updates

There are a number of initiatives emerging to help charities access pools of volunteers and emergency funds. Homeless Link has collated information:

www.homeless.org.uk/covid19-homelessness

How can I adapt my face-to-face keyworking to remote support?

Partly answered: seeking additional practice

It is vital that support continues throughout this time. Where possible, supply people with prepaid ‘burner’ phones and credit or tablets/laptops (if they can access wifi) in order to keep in touch.

Bear in mind that a lot of access points and wifi hotspots may have closed or no longer have seating available e.g. libraries and cafes, so people who normally use email may be struggling now.

There is guidance for Housing First workers providing telephone support available on the Housing First Europe Hub:

<https://housingfirsteurope.eu/research/recommendations-for-telephone-support-for-clients-by-housing-first-teams-during-covid-19-confinement/>

To what extent does GDPR apply during the COVID-19 emergency?

Answered - GDPR continues to apply

Homeless Link commissioned a briefing, dated 30 March, on GDPR relating to rapid set-up of new services and partnerships, and the potential need for sharing personal data to facilitate service provision. While this briefing does not form legal advice, it may be useful for providers if read in conjunction with guidance from the Information Commissioner’s Office (ICO) and your own organisational policies and procedures.

Read the briefing here: www.homeless.org.uk/covid19-homelessness

Move on from COVID-19 emergency accommodation

Can people move home during the COVID-19 pandemic?

Answered

On 27 April, MHCLG and PHE published guidance for social landlords, which advised that vulnerable individuals should be supported to move to new homes. The guidance made it clear that this should continue to be a priority.

www.gov.uk/guidance/coronavirus-covid-19-guidance-for-social-landlords-on-essential-moves

Essential moves should continue, in line with the social distancing guidance:

www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people

The guidance says that registered providers of social housing should carry on working with local authorities to assist with their homelessness duties as required by the [relevant regulatory standards](#).

“Landlords will need to consider how to carry out these functions for the most essential moves in line with the government’s advice on [staying at home and away from others](#) – for example moving from a ‘choice based lettings’ system to a system of direct lets, where resources allow.”

“Landlords should avoid moving, unless it is essential and it cannot be delayed (e.g. for reasons of safety), tenants who are self-isolating, either because they are symptomatic or someone in their household is symptomatic, for the duration of the isolation.”

Local authorities should continue to allocate only to eligible applicants. It is the role of the local authority to determine whether any exceptions should be made to the usual qualification criteria. The decision to make exceptions may be to safeguard those most at risk during this period.

What is classed as an essential move?

Answered: [check for new updates](#)

An essential move is a move that cannot be delayed.

“Essential moves include:

- supporting victims of domestic abuse and people fleeing violence
- preventing severe overcrowding
- facilitating move-on from temporary accommodation
- supporting discharge from hospital to free-up bed space for others requiring care
- supporting those living in un-safe accommodation, or without settled accommodation, which poses a risk to their health”

The [Health Protection \(Coronavirus, Restrictions\) \(England\) Regulations 2020](#) states that moves can take place “where reasonably necessary”. This includes contractual commitments that are unavoidable.

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Essential moves, where an individual moves into more settled accommodation, could free up space in other forms of accommodation such as temporary accommodation or in hospitals and other healthcare settings.

In what instances should moves not take place (non-essential moves)?

Answered

The guidance states that home transfers should be paused during the current period. This will reduce the spread of COVID-19. Also, people should delay moving to a new home unless the move is classed as essential (please see above).

Landlords should also pause non-essential maintenance work: “Non-essential work that could be paused would include routine, planned maintenance activity such as replacement of kitchens and bathrooms, window replacement or non-urgent major works to the structure and exterior of dwellings.”

Refugees, Migration and NRPF

Is there provision for people with no recourse to public funds (NRPF)?

Partly answered – inconsistency in practice by local authorities

On 26 March, the Minister for Local Government and Homelessness, Luke Hall MP, wrote to local authorities setting out the principles for housing people who are homeless during the COVID-19 crisis, and requiring urgent action to move people into suitable accommodation “by the end of the week”.

The basic principles set out for local authorities to follow include: “utilise alternative powers and funding to assist those with no recourse to public funds who require shelter and other forms of support due to the COVID-19 pandemic.”

Full text: www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities

However, Homeless Link is hearing reports of local authorities telling people with NRPF to travel to another LA where they have local connection in order to be housed, and there continue to be barriers to housing and support.

Will people with NRPF be charged to access testing and treatment?

Answered

www.gov.uk/guidance/nhs-entitlements-migrant-health-guide as at 21 April:

“There can be no charge made to an overseas visitor for the diagnosis or treatment of coronavirus (COVID-19).

All overseas visitors, including anyone living in the UK without permission, should be aware that:

1. No charges apply to testing for COVID-19, even if the result is negative, or to any treatment provided for COVID-19 if the result is positive or up to the point that it is negatively diagnosed. The same is true of most other infectious diseases.
2. NHS trusts have been advised that no immigration checks are required for overseas visitors that are known to be only undergoing testing or treatment for COVID-19.”

Does the stay on evictions apply to refugees and asylum seekers in NASS/Home Office accommodation?

Answered

On 28 March, the Home Office announced the suspension of all evictions from asylum accommodation (sometimes known as NASS accommodation) for three months, including those housed under Section 4 and Section 95. Financial support will continue. These arrangements are due for review at the end of June.

www.theguardian.com/world/2020/mar/28/home-office-to-hold-on-evicting-asylum-seekers-from-state-accommodation

For updates please see British Red Cross: www.redcross.org.uk/about-us/news-and-media/media-centre/press-releases

Asylum Support Appeals Project Factsheet on claiming asylum support:

www.asaproject.org/uploads/Factsheet_20_-_Covid-19_and_asylum_support_updated_27.3.20.pdf

Welfare Benefits

How do people avoid benefit sanctions or make new claims?

Answered

The DWP has removed mandatory face-to-face appointments and changed conditionality requirements. JobCentres remain open but DWP guidance is that: “You should not attend the jobcentre unless directed to do so for an exceptional purpose”.

Changes to job search requirements as at 21 April:

“All requirements to attend appointments, undertake work preparation, undertake work search and be available for work have been temporarily suspended in response to the coronavirus outbreak. If you are able, you can continue to prepare for work by working on your CV and completing online training. If you are able to, and you can do it in a safe way, you should also continue looking for work as a number of industries require additional workers at this time”

www.understandinguniversalcredit.gov.uk/employment-and-benefits-support/faqs/#jobcentreappointments

On 25 March a DWP press release confirmed that:

“there will be no new reviews or reassessments across all benefits for three months – this includes Universal Credit (UC), Employment and Support Allowance (ESA), Personal Independence Payment (PIP), Disability Living Allowance, Attendance Allowance and the Industrial Injuries Disablement Benefit.”

www.gov.uk/government/news/coronavirus-update-benefit-reviews-and-reassessments-suspended

Guidance on making a new claim:

www.understandinguniversalcredit.gov.uk/employment-and-benefits-support/making-a-new-claim/

Claimants must still tell DWP about any changes to their circumstances:

www.gov.uk/report-benefits-change-circumstances

See further information and FAQs here:

www.understandinguniversalcredit.gov.uk/employment-and-benefits-support/

Drug and Alcohol Use

How will people get opiate substitutes e.g. methadone while self-isolating?

Partly answered: varies by local area and issues are ongoing

On 15 April, Public Health England released guidance for commissioners and providers of services for people who use drugs or alcohol. This sets out some key principles, for example, that treatment providers should remain open, and that people who need help to stop using illicit drugs should be supported. However, given that some treatment providers have already reduce their services during the earlier phase of the pandemic, including in some cases closing to new clients, it is unclear whether the guidance will result in changes to practice.

The guidance is not specific to the homelessness sector. The risks around fortnightly substitute prescribing in hostel accommodation are acknowledged, while also stating that treatment services might be not able to avoid these risks:

“Those considered at most risk of diversion or misuse and overdose, or those living in shared or hostel accommodation where it is impractical or high risk to store large quantities of OST medicines, may be required to pick up their medication daily or at another frequency. However, it is possible that at times, due to pharmacy closure or restrictions on hours, even this will not be possible. Consideration should then be given to mitigations that reduce risk, such as hostel staff holding medicines, pharmacy delivery of medicines if available, lock boxes.”

www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol

There are existing provisions for a representative to collect a person’s script if they are unable. Contact the dispensing pharmacy to make these arrangements, for example to check if the person collecting will be asked to show ID. This provision is in A4.2 p277 of the Department of Health ‘Drug misuse and dependence: UK guidelines on clinical management’:

www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

Treatment providers are increasingly moving to dispensing fortnightly supplies of opiate substitutes, in some cases this includes people who were previously on daily supervised pick-up. Local arrangements vary by treatment provider. Speak to your local providers to establish what changes they have made and to discuss in details individual and how to manage risks, for example using lockboxes.

This update from CGL outlines the type of changes taking place in drug treatment:

<https://drinkanddrugsnews.com/looking-after-people-on-medication-assisted-treatment-during-the-coronavirus-pandemic/>

It is possible that there will be changes to legislation around prescribing of controlled substances including methadone during the pandemic, allowing pharmacists to dispense without a prescription. The Home Office asked the Advisory Council on the Misuse of Drugs (ACMD) to risk assess proposed measures around the supply of controlled drugs during the Covid-19 emergency. ACMD response: www.gov.uk/government/publications/acmd-advice-

[on-covid-19-emergency-legislation-to-enable-supply-of-controlled-drugs](#) There do not appear to have been changes as at 21 April.

There remain unanswered questions about safe storage of controlled substances and the extent to which homelessness staff can support residents with this. In the absence of confirmed legal changes, providers should contact local police to discuss any concerns that their teams may breach drugs law during this period. For more information on the existing legal position around managing drug use in residential buildings, and the scope for flexible tolerance, see Homeless Link's guidance and template drug policies:

www.homeless.org.uk/our-work/resources/supporting-drug-users

How will people dependent on drugs or alcohol cope while self-isolating?

Partly answered: varies by local area

The health of people who are dependent on substances may be at risk if they withdraw without treatment, and/or they may find it impossible to self-isolate through withdrawal. There is also a risk that people cannot buy drugs and alcohol as usual e.g. because of disruption to shopping/supply or dealers going into isolation. This may change patterns of substance use, with increased risks. Some people will have increased motivation to access treatment during this time, while others may increase their use to cope with the stress of what is happening.

For heavily dependent drinkers, alcohol withdrawal without medical supervision can be life threatening.

Access to treatment will depend on the approach of local drug and alcohol services. In some areas, services are facilitating rapid access to treatment. However, elsewhere treatment services have closed to new referrals.

Guidance from MHCLG issued 26 March for local authorities states, in relation to providing suitable accommodation for people who are homeless: "If possible, separating people who have significant drug and alcohol needs from those who do not".

In the 'Guidance on approach to triaging' sent to local authorities by MHCLG on 26 March, the COVID-19 response checklist includes: "Working together with local drug and alcohol treatment providers, local protocols should be agreed for prescribing, needle exchange and the provision of naloxone. Further substance misuse guidance will be provided."

The charity Change Grow Live (CGL) has produced guidance on 'Harm reduction strategies for alcohol dependence' to help people who are reducing, or thinking about reducing, their alcohol intake. This includes information on those at greatest risk if their drinking reduces without medical supervision, and is available here:

www.homeless.org.uk/covid19-homelessness

On 15 April, Public Health England released guidance for commissioners and providers of services for people who use drugs or alcohol:

www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol

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It states “Responses should include ensuring that sufficient treatment capacity is available if people look for withdrawal support or substitute prescribing as an alternative to using illicit drugs.” However, it is unclear whether this guidance will result in changes where treatment providers have already reduced services or closed to new clients.

The guidance includes recommendations on the clinical approach to managing drug and alcohol withdrawal, for example:

“There are risks in abruptly reducing or stopping drinking in people who are severely alcohol dependent. Those who are at particularly high risk of developing withdrawal complications and are more likely to require emergency medical treatment if they reduce or stop drinking abruptly include:

- service users drinking over 30 units of alcohol per day
- those who have pre-existing epilepsy
- those who have a history of fits or delirium tremens during alcohol withdrawal

These groups should be prioritised for support by specialist alcohol treatment services during the COVID-19 pandemic.

Following clinical assessment, it will usually be appropriate to advise that this high-risk group continue drinking for the time being, preferably at a steady level with no large binges or days without any alcohol, to avoid severe complications of withdrawal. They should do this until it is possible to arrange appropriate medically supervised detoxification.”

“For service users who are alcohol dependent or otherwise at high risk and have their alcohol supply unavoidably interrupted, it may be appropriate to carry out community detoxification with remote monitoring.

This is not recommended in NICE guidelines as normal clinical practice, but it may be the safest, or only, option to prevent severe complications or death in the exceptional circumstances posed by COVID-19.”

“People who use drugs and alcohol and are not in drug and alcohol treatment may also be at greater risk than others in the community from COVID-19, and even more affected by the effects of changes in the supply of drugs and alcohol.

If it can be supported, fast access to drug and alcohol treatment for these people will be important. It may also be necessary to consider the nature and requirements of drug and alcohol treatment, with expectations of engagement and change reduced so that people are more willing to attend, at least for the duration of the COVID-19 pandemic.

The supply of naloxone to those liable to use opioids, and of injecting equipment to those who inject drugs, should be a priority.”

Clinical guidance on managing alcohol withdrawal and treatment

Healthy London Partnership:

www.healthy london.org/resource/homeless-health-during-covid-19/

www.healthy london.org/wp-content/uploads/2020/04/Protocol-for-the-management-of-alcohol-withdrawal-in-temporary-homeless-hotels-during-COVID-19.pdf

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NHS secondary care specialty guide:

www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/
www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0157-Specialty-guide_-Alcohol-Dependence-and-coronavirus_8-April.pdf

Clinical protocol for managing opioid dependence

Healthy London Partnership

www.healthylondon.org/resource/homeless-health-during-covid-19/

www.healthylondon.org/wp-content/uploads/2020/04/Protocol-for-the-management-of-opioid-dependance-in-temporary-homeless-hotels-during-COVID-19.pdf

How should services support smokers?

Answered: local arrangements are needed

There is an ongoing issue with people going outside to smoke and that this results in groups gathering outside buildings, against health guidelines.

Services have to make local decisions and arrangements around buying cigarettes or nicotine replacement products. NHS England have said that they are compiling a list of sites being used to house people who were homeless during the COCID-19 pandemic so that prescription charges can be waived in order to access nicotine replacement products free of charge.

Clinical protocol for managing nicotine withdrawal

Healthy London Partnership

www.healthylondon.org/wp-content/uploads/2020/04/Protocol-for-the-management-of-nicotine-withdrawal-in-temporary-homeless-hotels-during-COVID-19.pdf

Police Action and Enforcement

Will people sleeping rough be subject to increased police enforcement action?

Answered – restrictions on movement exclude people sleeping rough, while people in accommodation will be subject to the same police action as the general public

Police have powers to enforce the Government's stay at home guidance of 23 March. Note that, under 'The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020', there is an exclusion:

"Restrictions on movement

6.—(1) During the emergency period, no person may leave the place where they are living without reasonable excuse. ...

(4) Paragraph (1) does not apply to any person who is homeless."

www.legislation.gov.uk/ukxi/2020/350/regulation/6/made

It appears that the use of 'homeless' should be narrowly interpreted as 'sleeping rough' i.e. having no accommodation to return to under police direction.

Police have outlined their approach as 'engage – explain – encourage – enforce'. Homeless Link has heard reports of people living in homelessness services being fined by police. There may be a higher risk of fines for young people and for people active outside their accommodation in order to score drugs or to engage with friends who are not contactable by phone or online.

There have been reports of police fining people even though they are sleeping rough, which would appear to be in contravention of the health protection regulations.

Some public communications around the new powers emphasise the need for discretion and recognition of vulnerability. The College of Policing briefing of 31 March includes safeguarding guidance: "For example, are you dealing with aspects of domestic abuse, child abuse or mental health? ... Be professionally curious, do the checks and ask the questions. Find out what's really going on and enquire about the environment the person is living in."

www.college.police.uk/News/College-news/Pages/Health-Protection-Guidelines.aspx

Some local police forces have published details about their approach to people who are homeless or sleeping rough. For example, from Devon and Cornwall Police:

"What are you doing to ensure rough sleepers follow 'stay indoors' measures?

Where they have been housed and are not following the 'stay indoors' guidelines, the same principles of engage, explain, encourage and (finally) enforce are adopted to achieve the Health Protection (Coronavirus, Restrictions) Regulations 2020.

Some rough sleepers sit outside the council's threshold for provision. In these circumstances, the police are collating any anti-social behaviour and feeding back to council who may wish to take actions through the Anti-Social Behaviour Act.

Devon & Cornwall Police also use dispersal powers under Section 35 of the Anti-social Behaviour, Crime and Policing Act 2014, which allows an officer to exclude

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a person if they are within an area that has been identified as a dispersal zone by a police inspector. This is not exclusive to rough sleepers and is used to reduce anti-social behaviour from a wide range of sources in an area.

It is important to remember that a number of the street attached would be classed as being in the same household as they stay at same accommodation, this would therefore not be a breach.”

www.devon-cornwall.police.uk/advice/covid-19-coronavirus/covid-19-faqs/#support

Note that ‘street attached’ describes a wider group than people sleeping rough, e.g. people who are housed but meeting friends on the streets, street drinkers, and people sitting outside to beg.

Local charities and multi-agency groups should contact their local police to discuss any concerns about how fines are issued. Share information with residents and people sleeping rough about the new police powers. Give your local police up to date information about routes into housing for anyone they find on the streets.

Evictions from Homelessness Services

Is there a risk of eviction for people on licence agreements in hostels?

Partly answered: [additional information required](#)

No-one should be left without accommodation during this period.

There has been a suggestion that some hostels might evict people who do not follow self-isolation protocols. Inevitably, some people in services will struggle to self-isolate, for example because they are using drugs and would otherwise go into withdrawal, or because being alone/confined triggers mental health issues. It is a traumatising, or re-traumatising, time for many people.

Each service will have to balance their duty of care to those people who are not self-isolating with the safety of others in the building, aiming for flexibility when supporting the small number of people who will not follow isolation or hygiene advice.

Where a service cannot find a way to balance these different needs, urgent working with the local authority and other local providers is required to identify a planned move on to more suitable accommodation. There should not be a need for eviction to the streets.

If an incident is so serious and poses such a significant risk that immediate eviction is the only available option, call the police. The service provider should continue to work with the local authority and other agencies including police and outreach, ensuring that the person affected has accommodation if they are not in custody. Do not ask someone to leave without some sort of ongoing engagement from services. Accountability for that person's welfare must remain with a named local service.

How should services respond to non-compliance with isolation and public health guidelines?

Partly answered: [practice is emerging](#)

Camden & Islington and Lewisham Public Health Teams have shared interim 'Guidance for those providing services to someone who is unable or unwilling to self-isolate' (pending further guidance from Public Health England), available here:

www.homeless.org.uk/covid19-homelessness

See above for information on [police responses](#) to non-compliance.

Homeless Link blog on taking a trauma-informed approach:

www.homeless.org.uk/connect/blogs/2020/apr/20/at-time-of-crisis-don't-forget-basics

This MEAM blog outlines how to work with people who may struggle to follow guidance:

<http://meam.org.uk/2020/04/09/providing-accommodation-for-those-experiencing-multiple-disadvantage/>

Sources of information

What other resources exist for homelessness services?

Answered

Our Resources document is regularly updated with new links:

www.homeless.org.uk/covid19-homelessness

What is the Public Health England guidance for hostels and day centres?

Unconfirmed – guidance was unpublished on 26 March, pending updates.

www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping

What is the PHE guidance on cleaning rooms and communal areas?

Answered

www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

What is the government guidance on homelessness services remaining open?

Partly answered – waiting for update to PHE guidance on homelessness settings

www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping

www.gov.uk/government/publications/business-and-other-venues-subject-to-further-social-distancing-measures/businesses-and-other-venues-subject-to-further-social-distancing-measures

www.legislation.gov.uk/ukxi/2020/350/contents/made

What guidance is there for Local Authorities on homelessness and rough sleeping?

Answered

www.gov.uk/guidance/coronavirus-covid-19-guidance-for-local-government

www.legislation.gov.uk/ukxi/2020/350/contents/made

Where can I find information for people who speak other languages?

Answered

Public Health England advice on social distancing and staying home is available in a range of languages:

www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

Doctors of the World and British Red Cross have produced leaflets in a wide range of languages and are regularly adding new languages:

https://drive.google.com/drive/folders/193qQN9I04Dvf0N9L5zeWTiXK_DRbrAxg

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Groundswell have added Polish and Romanian translations of their resources for people sleeping rough and residents of hostels and temporary accommodation:

<https://groundswell.org.uk/coronavirus/>

Where can I get information about housing rights?

Answered

Shelter: https://england.shelter.org.uk/housing_advice/coronavirus

Where can I get information for the social housing sector?

Answered

National Housing Federation:

www.housing.org.uk/news-and-blogs/news/responding-to-coronavirus--resources-for-housing-associations/

Chartered Institute of Housing: <https://cihnews.org/p/YRX-FXV/our-approach-to-covid-19>

What do we know about international homelessness responses to COVID-19?

Partly answered: seeking further information

Housing First Europe Hub:

<https://housingfirsteurope.eu/research/covid-19-resources-homelessness-housing-first/>

FEANTSA (Europe): www.feantsa.org/en/news/2020/03/18/covid19-staying-home-not-an-option-for-people-experiencing-homelessness?bcParent=26

National Alliance to End Homelessness (US):

<https://endhomelessness.org/coronavirus-and-homelessness/>

Canadian Alliance to End Homelessness:

<https://caeh.ca/covid-19-homeless-sector/>

<http://cnh3.ca/resources/>



What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Let's end homelessness together

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