BMA

BMA position statement on COVID-19 and homelessness in England

Introduction

The total number of households in temporary accommodation increased by 75% between 2010 and 2019 in England.[1] Rough sleeping, meanwhile, increased by 141% between 2010 and 2019. This does not account for the 'hidden homeless' who will not be known to authorities.[2] The health outcomes of homeless people are poor; homeless people are more likely to die young, with an average age of death of 47 years and even lower for homeless women at 43, compared to 77 in the general population, and 80 for women.[3]

The response of the Westminster government to protect the rough sleeping population and those in homeless shelters who could not self-isolate at the outbreak of COIVD-19 was swift and effective. It is important not to forget that the reason this had to be done so swiftly and effectively in the first place, though, was because of the higher risk of transmission and death rough sleepers would otherwise face from the virus.

> **"To be at higher risk of contracting and dying from the virus because of your housing situation is unacceptable."**
>
> Chair, BMA Board of Science

Many of the 'hidden homeless', who may have been 'sofa surfing' in shared accommodation, for example, will undoubtedly have had their ability to stay safe compromised at some point. Little has been reported about this group, and it is a group who have received little attention from the government.

The outbreak of the virus has reminded us all of the urgency of reversing the rising rates of homelessness and rough sleeping.

The BMA is therefore calling for:
- immediate action from all UK governments to protect those at risk of homelessness as a direct result of the COVID-19 pandemic, and continued funding for efforts to protect those currently homeless from contracting the virus.
- the government to use this opportunity to proactively engage homeless people in services that can make a long-term difference to their health.

Such actions need to be *alongside* longer-term interventions if the government wants to meet its commitment to end rough sleeping by 2027. Public services that uphold homeless people's right to health need to be developed proactively and designed alongside homeless people themselves.

Protecting the homeless population from COVID-19

The government's 'Everyone In' initiative to temporarily house the rough sleeping population and those homeless people in shelters who could not self-isolate at the outbreak of the virus has been widely praised across the homeless advocacy and support sectors.[4] By May, more than 90% of rough sleepers and those in unsuitable sheltered accommodation, had been offered accommodation by local authorities.[5] It is important to note, however, that the accuracy of this figure has been questioned by data showing alerts from the public to the charity Streetlink of rough sleepers increased between April and June 2020.[6]

There are still many people at risk of sleeping rough and becoming homeless as a direct impact of COVID-19. As job losses filter through society, as domestic violence increases as a result of the pandemic, and as the ban on evictions comes to an end on the 23rd August, rates of homelessness are expected to increase.[7,8,9] Those who are struggling to pay rent, or who are in an unstable housing situation need to be identified by any public services in which they come into contact, before they are pushed into homelessness. Moreover, the additional funding to protect homeless people announced in June is finite; we know some contracts between local authorities in London and hotels housing homeless people have come to an end. As housing insecurity increases, prevention of homelessness and rough sleeping must be a priority of the government's homeless strategy during the duration of the COVID-19 outbreak. We therefore believe the ban of housing evictions should be extended beyond the 23rd August.

There have been remarkably few COVID-19 deaths in the homeless population in the UK. Sixteen homeless people are known to have died from the virus, as of July 2020.[10] The numbers are particularly surprising considering homeless people are three times more likely to experience a chronic health condition including respiratory conditions such as COPD, a risk factor of severe symptoms of COVID-19.[11] There is good reason to assume this number would have been higher had the 'Everyone In' initiative not been able to fund the placement of rough sleepers in single en-suite rooms, and where food is largely delivered directly to their doors. As of July 2020, Public Health England and the Ministry of Housing, Communities & Local Government were considering advice to providers on how to reopen dormitory style hostels and night shelters for the winter months. These premises are entirely unsuitable for social distancing.[12] Unless the government continues to fund the placement of homeless people into suitable and safe accommodation, we could see large outbreaks amongst this population. This is particularly concerning considering the anticipated wave of newly homeless people as a direct result of COVID-19. The BMA supports calls for emergency homelessness legislation.[13] This would place a 12-month duty on local authorities to enable everyone either sleeping rough, or who is homeless and cannot self-isolate, or at risk of these eventualities, to have access to safe accommodation. It would also prevent those providers of night shelters from having to resort to the reopening of dangerous dormitory style hostels and night shelters.

As well as housing so many rough sleepers in such a short amount of time, another positive development of the pandemic response has been improved collaboration at a local level between Clinical Commissioning Groups (CCGs), public health, local authorities and housing departments in England. For example, there are instances of public health and local authorities working with their CCG to find funding for specialist homeless clinical practices to provide additional COVID-19 outreach and screening.[14] It is vital such new ways of working are not lost, to allow homeless people to continue to be better served in their health needs by public services. The COVID-19 rough sleeping taskforce has done a remarkable job of housing so many homeless people. The taskforce must now embed such practices so that collaboration is continued beyond the pandemic, and for the 'hidden homeless' population who were not provided for by the funding. Homelessness cannot be tackled in a meaningful way if health is ignored.

Recommendations

1. **The government must extend the temporary ban of housing evictions beyond the 23rd August to prevent further homelessness arising from COVID-19.**
2. **The government must introduce emergency legislation and accompanying funding to allow for the continuation of efforts to protect the homeless population from COVID-19.**
3. **The government's COVID-19 rough sleeping taskforce must work to embed the practices that have seen effective cross-sector collaboration during COVID-19, so this is continued and built upon beyond the pandemic. This must follow proper evaluation of any changes in practice or service delivery to be sure that they are having the desired effects.**

Engaging the homeless population in health services

Rising rates of homelessness across the country have required urgent action for too long, and the government must not waste the momentum created from their efforts in housing homeless people during COVID-19. The 'Everyone In' initiative has meant those homeless people who have been found temporary accommodation during the outbreak of COVID-19 are now engaging with local authorities, possibly for the first time since becoming homeless or since sleeping rough. This is an opportunity to establish a relationship, build trust and connect them to the health services that can help meet their needs. This is, historically, a group of people who are not often heard, some of who have complex health needs, and so such an opportunity must not be wasted. The specialist taskforce created by the government to lead the next phase of support for rough sleepers during the pandemic should prioritise such engagement. Throughout this process, all public services should be actively challenging prejudice and discrimination towards homeless people.

Engaging homeless people to help with their health needs must include signposting and improving access, where appropriate, to mental health services. In 2014, 80% of homeless people in England reported that they had mental health issues, with 45% having been diagnosed with a mental health condition.[15] People sleeping rough who experience mental illness are 50% more likely to spend more than a year sleeping rough than those who do not.[16] Treatment has the potential to address the trauma that is too often a pathway into rough sleeping and long-term homelessness.[17]

It is important that homeless people can access primary care and treatment, even if they do not have proof of address. The BMA has previously published registration guidance for GP surgeries which highlights that practices should not refuse registration on the grounds that patients are unable to provide proof of identity or address.[18] In addition, as we move towards digital care in the time of COVID-19, it will be important that homeless people are not digitally excluded from accessing all important primary care. Barriers exist in secondary care too, and the decimation of addictions services provides a good example of what happens when public health budgets are so dramatically reduced. [19] Where provision is reduced this will likely lead to higher thresholds, so capacity is not exceeded, creating yet another barrier for homeless people to access the help that so many need.

The BMA supports the 'Housing First' approach as a solution for more homeless people to engage in health services. This model advocates for housing as a human right and gives people who have experienced homelessness and chronic health and social care needs a stable base from which to rebuild their lives. Crucially, it is different to traditional homelessness models in that it places no conditions on participants to stay in their new housing. The model has a success rate of between 70% and 90% in keeping people in permanent accommodation.[20] The Housing First model is typically for people with longer term and more complex needs. There also needs to be provision for the newly homeless, in light of the anticipated wave of homeless people as a direct result of COVID-19, with a similar recognition of stable housing as an essential means to benefitting from 'wrap around' health and social care.

Recommendations

4. **The government's COVID-19 rough sleeping taskforce must use the opportunity of the 'Everyone In' initiative to engage the homeless population in health services by working with NHS England to promote wider access to physical and mental health services for homeless people, both in primary and secondary care.**

References

1. Ministry of Communities, Housing & Local Government (2020) Statistical data set: Statutory homelessness live tables.
2. Ministry of Communities, Housing & Local Government (2019) Rough sleeping snapshot in England: autumn 2019.
3. Crisis (2012) Homelessness kills; An analysis of the mortality of homeless people in early twenty-first century England. London: Crisis.
4. Crisis (2020) Government response to homelessness and COVID-19.
5. Parliamentary written question - HL3154. Answered 04 May 2020.
6. The Guardian (18.08.20) Reports of rough sleeping in UK rose sharply during lockdown
7. ONS (2020) Earnings and employment from Pay as You Earn Real Time Information, UK: August 2020
8. Refuge press release (09.04.20).
9. BBC News (17.08.20) Coronavirus: MPs warn of 'wave of homelessness' when eviction ban ends.
10. ONS (2020) Coronavirus and deaths of homeless people, England and Wales: deaths registered up to 26 June 2020.
11. Crisis (2020) Government response to homelessness and COVID-19.
12. Ministry of Communities, Housing & Local Government. Closure of night shelters in response to COVID-19 (03.07.20)
13. Crisis open letter to the Prime Minister calling for emergency homelessness legislation (07.07.20).
14. pathway.org.uk/blog/
15. Homeless Link (2014) The unhealthy state of homelessness: Health audit results 2014. London: Homeless Link.
16. St. Mungo's (2016) Stop the Scandal: an investigation into mental health and rough sleeping. London: St. Mungo's.
17. Maguire, N.J., Johnson, R., Vostanis, P., Keats, H. and Remington, R.E. (2009) Homelessness and complex trauma: a review of the literature. Southampton, UK, University of Southampton.
18. bma.org.uk/advice-and-support/gp-practices/managing-your-practice-list/patient-registration
19. Royal College of Psychiatrists press release (17.02.19)
20. hfe.homeless.org.uk/about-housing-first

Ref 20200308