

# COVID-19 and Homelessness Frequently Asked Questions

**Final update: 11 June 2020**

**This document aimed 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, in the early months of the pandemic and lockdown.**

**We have stopped updating these FAQs as they no longer reflect the current situation, with new questions arising as the pandemic response has moved on.**

**Please see the separate Transition FAQ document for updates since 11 June:**  
[www.homeless.org.uk/covid19-homelessness](http://www.homeless.org.uk/covid19-homelessness)

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.

Also refer to our Resources list, which links to a range of material relevant to service delivery: [www.homeless.org.uk/covid19-homelessness](http://www.homeless.org.uk/covid19-homelessness)

## Let's end homelessness together

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# COVID-19 and Homelessness Frequently Asked Questions

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## Produced by

Innovation and Good Practice Team, June 2020

## Acknowledgements

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## Housing, self-isolation, evictions and moves

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

This issue primarily affects people who are:

- sleeping rough
- hidden homeless e.g. in squats, sofa surfing

Also:

- people in hostels or supported housing with shared facilities

On 26 March, the Minister for Rough Sleeping & Housing, 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 who were rough sleeping or at risk of rough sleeping into suitable accommodation “by the end of the week”. In other words, this was a call to get ‘everyone in’ so that they could stay indoors and/or self-isolate where necessary to mitigate their own risk of infection, and transmission to others, in line with public health guidance.

In addition, guidance was given about triaging (and accommodating) 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

Full text: [www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities](https://www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities)

Local authorities (and regional authorities such as the GLA) have procured hotels or other suitable en-suite single rooms (e.g. flats, halls of residence, B&Bs) and, in partnership with homelessness service providers, moved many people out of shelters and off the streets into safe accommodation. As well as providing accommodation, LAs needed to put in place support for people which at times required recruitment of additional teams/volunteers or re-deploying staff from existing services. In many cases, meals also had to be provided.

In relation to triage, 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 was used to identify people who have underlying health vulnerabilities and needed to be in a COVID-Protect accommodation; those with symptoms who needed to be housed in COVID-Care accommodation; and those who are less vulnerable and not symptomatic but who needed housing. However, while this model was used in London and elsewhere, it has remained unclear where responsibility lies for coordinating triage in each area, who is responsible for finding and staffing Care and Protect buildings, and where funding comes from. As a result, there has been inconsistency in the use of the triage approach.

Despite the push to bring ‘everyone in’, some people have remained on the streets. This is a combination of people who have not accepted accommodation offers, have been in accommodation but have abandoned or been evicted, and people who have not had an accommodation offer, including those already sleeping rough and people new to the streets. The MHCLG have not formally ended the ‘everyone in’ approach, instead leaving

discretion to LAs who provide the accommodation and support, although there have been a number of statements from MCHLG that LAs should do all they can to avoid anyone returning to rough sleeping.

### **What about people in hostels and supported accommodation?**

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

### **What about people new to the streets?**

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 has been inconsistency in the response to people who are newly homeless. Some local authorities require 'verification' of rough sleeping (i.e. telling people to sleep rough until found by outreach). Some have applied homelessness assessment eligibility tests such as priority need (i.e. not providing emergency accommodation unless the person is considered to be 'vulnerable'; or telling people to travel to another local authority area to find housing if they do not have a local connection with them). Other LAs have continued to place anyone who is rough sleeping or at risk of rough sleeping in emergency housing, due to the ongoing risks to health of not having a suitable place in which to isolate. MHCLG have quoted a figure of 15,00 people given emergency housing, which included approx 5,400 people known by LAs to be sleeping rough prior to the pandemic, with the remainder including people newly homeless or at risk.

StreetLink: [www.streetlink.org.uk](http://www.streetlink.org.uk) has remained operational, taking referrals for people who are sleeping rough and connecting them to local services. This has relied on local authorities and outreach teams keeping StreetLink informed of changes to service provision and current pathways into accommodation. Local authority or service providers can update their StreetLink information by emailing: [informationteam@homelesslink.org.uk](mailto:informationteam@homelesslink.org.uk)

Homeless Link's position is that local authorities should continue to 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. We published a [blog](#) calling for support to keep everyone housed and moved on into suitable accommodation.

## Are landlords allowed to evict tenants?

The government introduced emergency measures from 23 March to protect renters in the private and social housing sector affected by coronavirus from eviction (with similar measures for those with mortgages). This ban on evictions has been extended to 23 August 2020.

Mortgage payment holidays for Private Landlords whose tenants are experiencing financial difficulties due to coronavirus have also been introduced to ensure no unnecessary pressure is put on their tenants as a result.

At the end of the ban period there is concern that evictions will increase dramatically. Guidance has been issued to help landlords and tenants work together to establish an affordable repayment plans, taking into account tenants' individual circumstances. The government has also sought to widen the 'pre-action protocol' on possession proceedings, to include private renters and to strengthen its remit, to support the necessary engagement between landlords and tenants to resolve disputes.

Secretary of State for Housing, Communities and Local Government Robert Jenrick MP said: "We are also working with the judiciary on proposals to ensure that when evictions proceedings do recommence, arrangements, including rules, are in place to assist the court in giving appropriate protections for those who have been particularly affected by coronavirus – including those tenants who have been shielding."

The MHCLG press release also states that:

"The Master of the Rolls, as head of civil justice, has convened a judiciary-led, cross-sector, task-and-finish working group to consider and to address so far as practicable matters affecting litigants and the courts when the present stay on possession proceedings is lifted [...]

The focus of the group is on preparing the courts for the lifting of the suspension including how best to support parties, including vulnerable renters. The group will also include rules, guidance (including to private landlords as well as social landlords), the provision of information and the sharing of best practice.

Membership includes representatives from the judiciary, government, advice sectors, legal profession, Legal Aid agency, charities and pro bono organisations."

More information:

[www.gov.uk/guidance/government-support-available-for-landlords-and-renters-reflecting-the-current-coronavirus-covid-19-outbreak](http://www.gov.uk/guidance/government-support-available-for-landlords-and-renters-reflecting-the-current-coronavirus-covid-19-outbreak)

[www.gov.uk/government/news/ban-on-evictions-extended-by-2-months-to-further-protect-renters](http://www.gov.uk/government/news/ban-on-evictions-extended-by-2-months-to-further-protect-renters)

## Can people move home during the COVID-19 pandemic?

There have been various changes to guidance on moving home. The latest was published on 26 May, confirming all moves could go ahead both in private and social housing sectors: [www.gov.uk/guidance/government-advice-on-home-moving-during-the-coronavirus-covid-19-outbreak#social-landlords](https://www.gov.uk/guidance/government-advice-on-home-moving-during-the-coronavirus-covid-19-outbreak#social-landlords)

In relation to social housing moves, the guidance states that:

“Allocation by local housing authorities is governed by [Part 6 of the Housing Act 1996](#) and authorities must have regard to statutory guidance. Registered providers of social housing should refer to the [relevant regulatory standards](#) set out by the Regulator of Social Housing. Landlords will need to consider how to carry out their activities in line with the government’s advice on [social distancing in the workplace](#)). Practices should also be altered in line with this wider guidance, including:

- property inspections for vacating tenants
- collecting returned keys
- conducting viewings
- conducting tenancy sign-ups
- preparing homes to be re-let

Some applicants and tenants may be anxious about moving at this time. It will be important to ensure that they are not put under undue pressure to move, if they are not ready or able to do so.”

## Personal Protective Equipment (PPE) in homelessness services

### Who needs to wear PPE?

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 should 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 two-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](http://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/](http://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](http://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](http://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](http://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings)

## Testing in homelessness services

### Is testing available to people who are homeless and to staff and volunteers?

Testing is now widely available for anyone who has symptoms. Tests for essential workers are prioritised over the tests available for the wider public. The symptoms are:

- a high temperature,
- a new, continuous cough
- a loss of, or change to, your sense of smell or taste

The test involves taking a swab of the nose and the back of the throat, which can be done by the person themselves (self-administered) or by someone else (assisted). Testing is most effective within 3 days of symptoms developing.

### Staff and Volunteers

Most staff in homelessness services should be regarded as keyworkers and are therefore entitled to priority testing. On 17 March, the Department of Health and Social Care announced:

“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”

Charity staff are included with ‘local authority staff’.

Tests can be arranged either through the self-referral booking route or through employer-referral booking route.

[www.gov.uk/guidance/coronavirus-covid-19-getting-tested](http://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)

### People who are homeless

Testing is now widely available for anyone with symptoms and tests can be requested through the NHS website. Test sites include drive-through and walk-through test sites. There are some mobile testing units which travel around the UK to increase access to coronavirus testing. Home testing kits can also be requested. Guidance on being tested for coronavirus: [www.gov.uk/guidance/coronavirus-covid-19-getting-tested](http://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)

### After the test

It can take up to 48 hours to get a result from a drive through or walk in site and up to 72 hours for a home test. Results can be negative, positive or unclear/void/borderline/inconclusive. More information: [www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/what-your-test-result-means/](http://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/what-your-test-result-means/)

### Test & Trace

The NHS Test & Trace service will contact people they think may have been in contact with someone who has recently tested positive and they will need to self-isolate for 14 days. [www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/](http://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/nhs-test-and-trace-if-youve-been-in-contact-with-a-person-who-has-coronavirus/)

## Planning & Delivering Local Responses

### What should be happening in my local authority area?

As referred to above, on 26 March Minister Luke Hall MP wrote to local authorities setting out the principles for accommodating 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 following is an extract:

“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](https://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.

The local taskforce arrangements may have moved through different stages or phases throughout the pandemic. Homeless Link has recommended that local taskforce / coordination includes a range of key stakeholders 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 agree an action plan, assign activities and meet frequently to revise the plan and hold people to account for delivery.

## Homeless Link

For help engaging with your local taskforce or other multi-agency groups, contact Homeless Link's Partnership Manager for your region:

London & South East <a href="mailto:chrystalla.karvella@homelesslink.org.uk">chrystalla.karvella@homelesslink.org.uk</a> <a href="mailto:greg.headley@homelesslink.org.uk">greg.headley@homelesslink.org.uk</a>
South <a href="mailto:anna.suswillo@homelesslink.org.uk">anna.suswillo@homelesslink.org.uk</a>
Central/Midlands <a href="mailto:steven.barkess@homelesslink.org.uk">steven.barkess@homelesslink.org.uk</a>
North <a href="mailto:sirea.jabar@homelesslink.org.uk">sirea.jabar@homelesslink.org.uk</a>

Homeless Link recommended that 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.

See the [FAQ on Transition](#) for further information.

In terms of funding for local Homelessness responses, a series of announcements have been made by Government confirming funds:

- ❖ 17 March  
[£3.2 million emergency support](#) funding for people sleeping rough during the coronavirus outbreak. Maximum individual allocations were nominally assigned to LAs based on their level of rough sleeping as indicated in the Autumn 2019 snapshot. LAs then had to claim reimbursement for costs incurred in providing emergency accommodation and emergency support services up to their maximum allocation.
- ❖ [19 March](#) & [18 April](#)  
Two announcements, each of £1.6 billion for councils and providing funding for a range of needs including social care, with no ring-fenced amount for homelessness although both mention that the funding can be used to strengthen services for homeless people and for 'getting rough sleepers off the streets'.
- ❖ 2 May & 7 May  
[£76m](#) for survivors of domestic abuse, sexual violence, vulnerable children and families, and victims of modern slavery. £10m of this funding as [grant programme](#) for domestic abuse charities.
- ❖ 14 May  
£6 million financial assistance for homelessness charities, distributed via Homeless Link's [COVID-19 Homelessness Response Fund](#)
- ❖ 26 May  
[Funds announced](#) in March budget brought forward and support funding increased - £433m for 6,000 housing units/support. £160m for 3,300 units/support in 2020-21.

## Delivering homelessness services

### Do night shelters & day centres have to close / When can they re-open?

Most Day Centres and Night Shelters have closed during the pandemic, with some staff supporting people in their emergency accommodation.

Public Health England guidance for hostels was unpublished on 25 March and remains so: [www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping](http://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping)

In an MHCLG letter of 26 March local authorities were asked 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](http://www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities)

Day centres can re-open provided they complete risk assessments and implement infection control measures – there is no specific PHE guidance for this setting, but existing guidance such as that for employers, offices and other communal settings can be applied, for example to change how the building layout works and increase hygiene measures. Seek advice from local Public Health teams via the local council to review your plans.

Night shelters with dormitories or other shared sleeping spaces cannot re-open as the risk of infection is considered too high, even when infection control measures are implemented. This situation remains under review.

Please see the [FAQ document on Transition](#) for any further updates.

### What about soup runs and other food services?

Most services have closed or adapted their provision for limited takeaway or deliveries.

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 remain closed. 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 people have been moved into hotels and emergency accommodation, wrap-around support including food has been needed into these sites, while the demand for other food provision on the streets has often reduced.

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, switching from street-based soup runs to safe deliveries into building-based services, or a combination of the two where people remain sleeping rough. This may require funding or donation requests for new kit such as take-away boxes.

## Homeless Link

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.

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](mailto:informationteam@homelesslink.org.uk)

In many areas the need and best delivery mechanism for food will be changing as the transition away from hotels begins, and new service arrangements may emerge as people move into interim accommodation between hotels and moves into longer term housing.

As many people have continued to receive benefits, or have set up a claim, during lockdown, in some locations provision of free food has been scaled back and people are expected to pay for food deliveries or to shop off-site. This has caused some problems e.g. where there are no cooking facilities or the options for food shopping are limited.

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

PHE guidance released on 19 March stated 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”*.

Now that schools have started to re-open for all pupils the guidance has been updated and says: “Children of critical workers, and vulnerable children who are already eligible, will continue to be offered a place, regardless of the year group they are in.” The definition of critical workers remains unchanged.

More information: [www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision](https://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?**

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](https://www.homeless.org.uk/covid19-homelessness)

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

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

## Homeless Link

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?**

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](http://www.homeless.org.uk/covid19-homelessness)

## Refugees, Migration and NRPF

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

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 ‘everyone in’ directive).

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](http://www.gov.uk/government/publications/letter-from-minister-hall-to-local-authorities)

Whilst this has meant that people with NRPF who were, or were at risk of, sleeping rough have, in most cases, been provided with emergency accommodation, the longer term arrangements have remained unclear.

See the FAQ document on Transition Planning for more information and updates.

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

[www.gov.uk/guidance/nhs-entitlements-migrant-health-guide](http://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?

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, but no further announcements appear to have yet been made beyond this period.

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

and Refugee Council: [www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/](http://www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/)

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](http://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?

**Changes to DWP requirements were announced on 19 March for three months. It is not clear whether these changes will continue to apply after this period – check DWP website and comms for updates.**

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

Change were made for 3 months i.e.until 21 June.

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](http://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](http://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/](http://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](http://www.gov.uk/report-benefits-change-circumstances)

See further information and FAQs here:

[www.understandinguniversalcredit.gov.uk/employment-and-benefits-support/](http://www.understandinguniversalcredit.gov.uk/employment-and-benefits-support/)

Welfare support update: [www.homeless.org.uk/covid19-homelessness](http://www.homeless.org.uk/covid19-homelessness)

## Drug and Alcohol Use

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

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](http://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](http://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-](http://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](http://www.homeless.org.uk/our-work/resources/supporting-drug-users)

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

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](http://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](http://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/](http://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](http://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/](http://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](http://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/](http://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](http://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?**

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 COVID-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](http://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?

Police have powers to enforce the Government's guidance on restricted movement. However there remains an exclusion in relations to restriction on movement such that enforcement "does not apply to any person who is homeless"

[www.legislation.gov.uk/ukxi/2020/350/regulation/6](http://www.legislation.gov.uk/ukxi/2020/350/regulation/6)

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, but the details of individual cases are not known.

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](http://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 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.

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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](http://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?

No-one should be left without accommodation during this period. However, there have been evictions from hotels resulting in people returning to the streets.

Inevitably, some people in services have struggled 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 has 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.

See Homeless Link's slides on managing accommodation:

[www.homeless.org.uk/covid19-homelessness](http://www.homeless.org.uk/covid19-homelessness)

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

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](http://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](http://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 Covid-19 resources exist for homelessness services?

Our Resources document is regularly updated with new links:

[www.homeless.org.uk/covid19-homelessness](http://www.homeless.org.uk/covid19-homelessness)

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

There remains unpublished. [www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping](http://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?

[www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings](http://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings)

### What is other government guidance is available for homelessness services?

[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](http://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/uksi/2020/350/contents](http://www.legislation.gov.uk/uksi/2020/350/contents)

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

Public Health England advice on social distancing and staying alert or self isolating is available in a range of languages:

[www.gov.uk/government/publications/staying-alert-and-safe-social-distancing](http://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing)

[www.gov.uk/government/publications/covid-19-stay-at-home-guidance](http://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/193qQN9l04Dvf0N9L5zeWTiXK\\_DRbrAqx](https://drive.google.com/drive/folders/193qQN9l04Dvf0N9L5zeWTiXK_DRbrAqx)

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?

Shelter: [https://england.shelter.org.uk/housing\\_advice/coronavirus](https://england.shelter.org.uk/housing_advice/coronavirus)

### Where can I get information for the social housing sector?

National Housing Federation:

[www.housing.org.uk/news-and-blogs/news/responding-to-coronavirus--resources-for-housing-associations/](http://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?

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](http://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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