

the european  
**end street  
homelessness**  
campaign



# Responding to the COVID-19 pandemic

**Case studies from the European End Street  
Homelessness Campaign**

JUNE 2020



# Responding to the COVID-19 pandemic

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# Introduction

## COVID-19

The world is currently experiencing a global health crisis. The spread of COVID-19 is having an unprecedented impact on the whole world. It brings into sharp focus the ever more urgent need for effective action to provide homes and support for people who are street homeless.

The current outbreak is the biggest risk to public health in our lifetimes. All across the world, measures are being taken to encourage self-isolation and reduce situations where community transmission of the virus may increase. People who are street homeless, or at risk of homelessness, are particularly vulnerable as they do not have safe spaces to self-isolate. They are more likely to catch the virus due to cramped informal homelessness accommodation (such as night shelters) and are at risk of more severe symptoms due to higher levels of complex health issues whilst also facing barriers to accessing healthcare.

Despite these challenges, our European End Street Homelessness Campaign (EESH) partners are making extraordinary efforts to find housing, and provide food, medical support, personal protection equipment (PPE) and other support within just a few days. Even in these most difficult of times we have seen inspiring action of communities mobilising and a strong commitment to supporting each other.

In this document we detail case studies of what has happened across the network of cities in the European End Street Homelessness Campaign, which is organised and led by World Habitat. While each has a unique local housing situation; all have been faced with the same COVID-19 public health crisis.

The evidence presented here reflects local responses to the COVID-19 pandemic within the first three months of the virus and information is accurate as of end of May 2020.

## The European End Street Homelessness Campaign

The European End Street Homelessness Campaign is a network of local city campaigns, all working with the same set of principles to end street homelessness in their communities. It is a movement of people, including support workers, directors of charities, local government officials, community volunteers and people with lived experience of street homelessness.

Since 2015, our campaign has brought these individuals and their organisations together to help them learn from each other and show how communities everywhere can develop solutions to street homelessness. We are grateful for our partner cities taking the time to provide us with this information at this extremely challenging time.

## Contact us

For more information on the European End Street Homelessness Campaign, please visit our [website](#), or to get in contact, please email Patrick Duce, Programme Lead for Homelessness, at [patrick.duce@world-habitat.org](mailto:patrick.duce@world-habitat.org)



# Key Findings

The immediate emergency response across Europe to the COVID-19 pandemic saw national governments, local municipalities and NGOs undertake remarkably swift action to protect people who were street homeless.

Often led by the actions of local government and health partners – the experience in our campaign cities was, overwhelmingly, that effective partnerships between local NGOs, homelessness organisations and community partners were critical in building and delivering a cross-sector humanitarian response. This response involved providing temporary accommodation, medical triage and basic amenities like food, water and personal protection equipment.

In addition, the following – which are covered in more detail throughout this report – also highlight considerations for future responses.

- The COVID-19 emergency response phase has been very successful in some countries, particularly in Spain, Belgium and the UK. However, the 'Everybody In' approach is not echoed elsewhere across Europe. In some places it is actually the reverse through emptying big shelters and the dispersal of street homeless people by police, and restrictive public distancing measures.
- There have been lower COVID-19 infection rates – so far – amongst the homeless population than were anticipated. However, more and better testing and triage is needed to avoid future spread of the virus and getting people the right support or shelter.
- Emergency policy/practice guidelines have, in some cases, enabled the inclusion of migrants – with no access to statutory housing benefits – in emergency support measures. While this emergency accommodation has been welcome, there are serious concerns from councils and NGOs across the campaign cities about a lack of long-term housing pathways for these vulnerable individuals.
- Early engagement and cross-sector partnerships between local municipalities, public health institutions, health partners and homelessness organisations were critical to driving swift and successful local action planning.
- There are useful roles for volunteers during this emergency, either in supporting those who are temporarily sheltered with food/clothing/toiletries, or by staying at home making protective masks and, in some countries, very basic PPE.
- The coronavirus emergency has flagged up the potential to adapt & review how homelessness organisations work best with individuals while social distancing is required but has reinforced the digital divide. For instance, how much psychologically meaningful activity can be achieved in a hotel room?



- From very early on, cities were reporting a rise in the numbers of people made street homeless because of COVID-19 economic and social changes. Across Europe, the causes and drivers of street homelessness have not gone away, and the pandemic has reinforced the need for permanent housing solutions for everyone who needs it.

### Key outcomes across campaign cities

This report documents key outcomes in cities from the European End Street Homelessness Campaign. In spite of the challenging circumstances, there have been significant achievements.

- **Barcelona:** over 200 people have been housed and have received social support from staff at campaign-partner organisation Arrrels.
- **Bratislava:** campaign-partner organisation, Stopa, extended their services to 90% of the city, as many social services had closed down. After two weeks they had the three biggest areas covered by their outreach teams and were in contact with more than 500 rough sleepers.
- **Brighton:** around 220 people who were formerly rough sleeping have been accommodated in hotels by the local council, with access to health support, daily welfare and symptom checking and rapid access to a substance misuse service. Campaign partners Galvanise BH supported this community effort by co-ordinating food deliveries, fundraising and collecting donations.
- Campaign partner organisation in **Brussels** - Infirmiers De Rue - launched a global call to #ProtectTheUnhoused, bringing together a commitment of over 80 organisations across the world, in calling for people who are street homeless to be protected from the consequences of COVID-19.
- **Croydon:** rough sleepers were provided with safe accommodation despite a 500% increase of in those referred to the outreach team in the early weeks of lockdown.
- Nineteen homelessness organisations in Scotland, including Homeless Network Scotland – the lead campaign partner organisation in **Glasgow**, formed a collective to campaign for housing to be at the heart of Scotland’s national recovery from COVID-19, under the banner ‘Everyone Home’.
- A total of 130 people have been housed in hotels and student accommodation in **Leicester**; 40 people have been moved out of bed and breakfast spaces to more supportive accommodation, including over 20 to permanent homes.
- **Torbay** Council have accommodated around 200 households including 165 single people who were at risk of street homelessness.
- More than 500 people have been moved off the streets into hotels in **Westminster**, London, – the offer was made to anyone rough sleeping even if they had No Recourse to Public Funds (NRPF).



# Barcelona, Spain

Information provided by Arrels Fundació.

## Action taken by local council/municipality

On 28 May 2020, Barcelona City Council announced that an additional 9 million euros was being designated to support homeless people during 2020, due to the COVID-19 emergency. According to the City Council, this represents an increase of 25% on top of the 35 million euros that were already budgeted for. This funding is to be invested in beds and other emergency resources.

The local government initially provided a temporary centre with capacity to accommodate 58 homeless people. Days later it opened large spaces, including two pavilions of the Fira de Barcelona, with capacity for about 420 people. Other specialised centres have also been opened to accommodate:

- women only (72);
- to provide health care to people with symptoms of COVID-19 (30);
- for homeless young people (exact figure unknown) and;
- for people with addiction issues (70).

Barcelona City Council has also set up the *Hotel Salut*, which has provided bed spaces and care for almost 100 homeless people who were housed in existing shelter accommodation that was subsequently closed due to infection risks.

Since 16 March 2020, the City of Barcelona has concentrated its social services in nine centres (closing the rest), where people can be supported both in person and over the phone. Since 25 May, 20 more social service centres have re-opened.

## Response from EESH partner organisations

Lead campaign partner Arrels Fundació responded quickly to the COVID-19 outbreak to protect both clients and staff members. Arrels supports 205 people across the city in various types of accommodation and worked jointly with other organisations to procure enough Personal Protective Equipment (PPE) for social workers to safely continue their work to support those in accommodation.

There are still a lot of people sleeping on the streets and Arrels have adapted their services to support them. Initially, the Day Centre had to close for three days - twice due to possible cases of COVID-19 and a third day because of a positive case among a staff member. The Day Centre then re-opened with limited services to continue to help people experiencing street homelessness, including offering clothing, washing facilities, and food.

The organisation usually works with around 400 trained volunteers, many of whom were unable to continue volunteering during the pandemic, due to personal or family health reasons.



Since the [state of alarm](#) was declared, 239 people have volunteered for Arrels, including 133 for the first time. Most of these volunteers (149) have been part of the emergency route team - where they work on specific routes to provide direct outreach to people living on the streets. This included providing hygiene kits, information leaflets on support services available in the city, health checks, and meals – something which Arrels had not done before, and for which there was a greater need as food projects across the city had quickly closed down. Arrels also set up an advice line for both homeless people and for members of the public worried about people sleeping on the streets.

Other volunteers, who had already collaborated with Arrels, provided:

- telephone support to people living in flats;
- help to run the Day Centre; and
- logistical tasks.

The police were initially fining people sleeping on the streets for breaking lockdown rules. The Arrels Advocacy Team worked to raise awareness and combat this, with successful outcomes. However, since lockdown was imposed, tragically four rough sleepers were murdered on the streets, Arrels knew three of them. Arrels has built a good relationship and has worked closely with the police to apprehend the perpetrator.

On 14 May, Arrels organised a count to find out how many people continued to sleep on the streets of Barcelona during lockdown. A total of 1,239 people were located, and more than 600 volunteers participated.

Key to Arrels' COVID-19 response has been advocating for public administrations to rethink the model of care for homeless people, with a focus on ensuring access to stable housing and adapting services to the needs of the individual, not solely in emergency situations.

### Key outcomes

- No clients from Arrels Fundació have contracted COVID-19.
- Between 13 March and 30 April, 320 people attended Arrels' Day Centre, (279 men and 41 women) and 232 people were visited by the team of street workers.
- More than 200 people housed and received social support from Arrels staff.
- 140 people visited on the street by the route emergency team. Meals, hygiene kits, warm clothes and information leaflets on the city's resources for homeless people were distributed.
- 239 active volunteers in Arrels' projects during lockdown.
- 1,239 people sleeping on the streets of Barcelona during lockdown – data collected during a 'count' organised by Arrels on the night of 14 May – 600 volunteers participated.
- From 14 April–28 May, of the 168 calls to the new telephone helpline: 95 were from citizens who wanted to know how to help people experiencing homelessness, 62 from people who live on the street or find themselves in other vulnerable situations, and 11 from the public administration or other organisations.



### Key challenges

- The scale of the challenge – how to continue to protect and support people sleeping on the streets when the numbers remain so high.
- Gather robust data to deepen the understanding of the current realities of street homelessness. This includes quantifying the problem at a regional level across Catalonia and understanding people who have recently become homeless.
- Take advantage of the emergency response of municipalities and transform it into stable resources for homeless people – the challenge is how to make the commitment to housing effective beyond temporary emergency resources.
- Work in a co-ordinated and urgent manner with the administrations, using a joint action plan to address homelessness at the Catalan level.

### Key learning

Quotes from the Arrels Fundació staff team member:

*“In this context we have discovered our limits as an entity, as well as our strengths and our great ability to adapt. We have tried to start projects (small spaces to confine people) that we saw we were not able to sustain. But in a very nimble way we were able to refocus the projects, also learning that flexibility and the power of adaptation are essential.”*

*“We have implemented a new methodology for counting remotely that allows us, through citizen involvement and technology, to count homeless people in a very agile way and without incurring high costs. It is a methodology that can be extrapolated for obtaining information (for example, for conducting surveys) or for direct monitoring of homeless people.”*

*“We will continue to promote Arrels Fundació as a tool for the general public to help homeless people – telephone support projects and the Arrels Locator app are examples that work.”*

## Bratislava, Slovakia

Information provided by Oz Stopa Slovensko.

### Action taken by local council/municipality

The Municipality opened a quarantine space with 30-50 beds for those living on the streets who had tested positive for COVID-19 or were awaiting test results. A referral process was activated, whereby outreach services could call an ambulance to take those displaying symptoms to local authority accommodation.

Concerns were raised about how if a person tested negative, they were given no other accommodation options. As the overall levels of infections and deaths have been very low, there has not been much need for this type of facility.

Three weeks into the pandemic, the Bratislava Municipality produced a video stating that they were beginning to deliver street outreach. Campaign-partner organisation Oz Stopa informed them about areas where there was a real need for their support, including the main train station. The municipality then delivered food to homeless people in those locations.





In the last week of April, Bratislava's regional public health authority announced the closure of some shelters and a reduction in the number of clients in others, in order to maintain social distancing. Again, due to the extremely low infection rate, this was later revoked. Despite the overall low levels of infection, there were still thousands of homeless people in the city, many of whom were sleeping on the streets or in fields - desperate to have somewhere safe to stay during the pandemic.

Some local districts within Bratislava provided Oz Stopa Slovensko, the lead European End Street Homelessness Campaign partner in Slovakia, with additional support due to their increased visibility during the crisis.

### Response from EESHG partner organisations

NGOs continued to provide emergency support to homeless people despite limited funding and co-ordination. Oz Stopa Slovensko, the lead European End Street Homelessness Campaign organisation in Slovakia, continued to deliver support as lockdown was imposed. Panic buying meant that shelves were empty of food and many NGOs and other services closed, leading to lack of food and basic services for homeless people.

Nevertheless, Stopa's limited capacity was boosted by volunteers, who have produced face masks, prepared and distributed food, and provided thermometers. The Municipality has also given NGOs - including Stopa - basic items such as masks, drinks and hand sanitiser. Other NGOs and state services began to re-open during lockdown, with limited opening hours and capacity.

Stopa's street outreach work has included:

- distributing information to all rough sleepers about COVID-19, how to self-protect and what to do if someone suspects they are infected;
- delivering face masks and hand sanitiser;
- preparing and delivering food - primarily for the oldest and most vulnerable rough sleepers;
- checking temperatures and calling an ambulance if needed;
- outreach in the district of Petržalka, the largest borough in Bratislava, although it is not funded to undertake this; and
- outreach in the central Staré Mesto (Old Town) district, such as offering food, advice and guidance to Stopa clients.

Other local NGOs have provided support.

- **Brothers of Mercy Day Centre:** open throughout the crisis with a reduction in number of homeless people visiting (80 to 50).
- **Depaul SK:** remained open as a night shelter and continued to deliver street outreach work in some parts of the city.
- **Nota Bene:** stopped producing the street newspaper which provides vendors with an income but converted it to an online format.
- **Vagus:** closed down their day centre for one week and reduced street outreach work to two to three days per week. Stopa works in 90% of the city and co-ordinated with Vagus, who deliver in two other areas.
- **PRIMA:** worked in the streets and in a contact centre to provide support, as well as co-ordinating on a daily basis with Stopa.



- **Odysseus:** offered support work at a contact centre - and street outreach - for drug users.
- **Catholic groups:** provided food for people on the streets three times a week.

### Key outcomes

There are no homeless individuals known or confirmed to have died from COVID-19. However, one community of rough sleepers (five individuals) tragically died recently but this was not due to COVID-19. There has been continuous support for street homeless individuals throughout the pandemic by Stopa and various other organisations, despite the lack of funding or government co-ordination.

During the first weeks of the pandemic, Stopa extended their services to 90% of the city, as many social services had closed down. After two weeks they had the three biggest areas covered by their outreach teams and were in contact with more than 500 rough sleepers. Orange Foundation initially provided €2,300 for tents, sleeping bags, food and co-financed a salary. When the pandemic began, they gave an additional €2,500 to help to get five people off the street during the crisis. The Ministry of Social Affairs later provided €1,500 for sleeping bags and food.

### Key challenges

Stopa have secured funding to provide accommodation for five people over three months. Their challenge is how to prolong this and ensure long-term, secure housing. Due to the pandemic, many people who had been living and working abroad, primarily in the Czech Republic, lost their jobs and returned to Slovakia without a safe place to stay. Others were living in temporary accommodation which was then closed. As a result, new people were becoming homeless.

In order to keep socially distant - and also avoid the police, who were breaking up groups of more than two people and asking them to move on - many street homeless people have moved further out from the centre, or to new places, some are in fields, or in cemeteries. This means it is harder for NGOs like Stopa to find and support them.

### Key learning

**Proactive action to reduce risks and save lives.** Demonstrating the effective response an NGO like Stopa can make, based on the needs of those on the streets. Rather than being reactive and waiting for clients to contract COVID-19, they proactively worked to protect people and reduce risks, including supplying protective masks and hand sanitiser.

**A small number of people can achieve a lot.** Because of the actions of Stopa and others, after one week almost all street homeless people across the city had protective masks, were informed about COVID-19, and knew how to best protect themselves and the community. Homeless people were not left alone to fend for themselves.

**Co-operation is key.** Many NGOs came together to support each other in protecting vulnerable people on the streets. For example, as part of his work at the Brothers of Mercy Day Centre, Brother Marius prepared food for two NGOs and the municipality street outreach team to provide to homeless people. And if one NGO had ample volunteer support or enough thermometers or masks, they would offer surplus to others. Case workers, especially those working with NGOs that form the Bratislava campaign, were in regular contact and kept each other informed.



# Brighton and Hove, UK

Information provided by Galvanise BH.

## Action taken by local council/municipality

The Director of Public Health chaired a roundtable bringing together the Local Authority, Clinical Commissioning Group (CCG), Public Health England and St Mungo's to focus on planning. It was identified that Brighton and Hove had a high proportion of people sleeping rough who could be classified as 'at risk', either due to health issues, or through presenting challenging behaviours.

Anyone found sleeping on the streets of Brighton and Hove was offered accommodation across a range of different options. Following an assessment of everyone's health needs, homeless street outreach teams were able to refer people directly into medical triage, and then into suitable accommodation. By the end of March, all existing people sleeping rough were moved into hotel and bed and breakfast (B&B) accommodation.

The local authority procured rooms in hotels and B&Bs to rapidly move street homeless people into accommodation to enable them to self-isolate and protect them from becoming ill. Through the council's housing department, 70 people were given rooms in B&Bs. Other accommodation provided included 51 spaces in youth hostels, and 180 units in three private hotels.

All hotels were staffed by St Mungo's and the Council-commissioned homeless outreach team. During the night this was done by security staff, and during the day - from 8am-8:30pm - trained support staff were available to all residents, ensuring 24-hour staffing. Night shelters and accommodation with shared sleeping spaces were closed down and clients moved into hotels. Staff were transitioned from shared sleep services that had been shut down due to infection risks.

Hotel accommodation was delivered by adapting Pathway's 'Care and Protect' model, which meant working in partnership with local health providers to set up a primary care triage hub, to identify individual hotels as separate Protect services for people who were:

- a) at 'high-risk' of harm from COVID-19 (including people who were extremely clinically vulnerable);
- b) for people at 'low-risk' of harm from COVID-19; and
- c) people with complex needs.

A private ambulance was sourced to support people with symptoms to be taken to the Care Hub where their health needs could be managed outside of hospital.

Three meals a day - adequate to meet dietary requirements - were delivered to the hotels for each client, provided by a local community kitchen and a small businesses working together.

## Response from EESHG partner organisations

Galvanise BH is a local community-led voluntary campaign group which wants to end rough sleeping in Brighton and Hove. They are committed to finding community solutions to a community issue and at the heart of all they do are the voices and lived experiences of their street homeless neighbours.



When lockdown was announced, Galvanise mobilised their volunteers to support city-wide actions. These included:

- delivering three meals a day to people in hotels and emergency accommodation in conjunction with partner organisations;
- laundry, toiletries and sanitary goods for people in temporary accommodation;
- collecting donations from the public to reduce social isolation (e.g. mobile phones, computer games, art packs, puzzles, jigsaws) and clothing – mainly essentials, such as underwear and socks; and
- organising PPE for frontline homelessness staff working in hotel accommodation (e.g. gloves, masks, and aprons).

Galvanise BH launched a local crowdfunding campaign to raise money. Existing relationships with corporate partners in the city also focused on providing support to those placed in hotels.

### Key outcomes

Approximately 220 people who were formerly rough sleeping have been accommodated in hotels, with access to health support, daily welfare and symptom checking, food deliveries and rapid access to a substance misuse service (phone only assessments). A significant number of people have taken the opportunity to address their substance use and have moved onto substitute prescribing.

A rapid clinical triage model is in place for homeless people who are symptomatic. A GP service is on call 24-hours a day for clients staying at the main hotel accommodation.

### Key challenges

- Very high number of 'high-risk' rough sleepers who had pre-existing health conditions or other significant issues.
- Initially many B&B and hotel accommodations closed with very short notice, leading to a rise in numbers of new rough sleepers. Many were in precarious jobs or were made redundant as soon as the crisis hit and not offered any support through the UK Government Furlough Scheme.
- The ongoing costs of housing rough sleepers once the grant from MHCLG has been used.
- Initial offers of hotel accommodation were offered to NHS keyworkers or removed entirely.
- Mobilising, co-ordinating and maintaining a large list of volunteers who want to offer support. This has been achieved by volunteers working, or in lockdown, at home.
- Long-term planning for accommodating people in hotels and other emergency accommodation. Lack of good-quality permanent housing options with adequate support.
- Initially, some accommodation offered was unsuitable or inadequate, including B&B and small hotels with poor quality fittings and furnishings.

### Key learning

- Early engagement and cross-sector partnerships between local authority, public health, health partners and homelessness organisations was critical to swift action on housing people in hotels.



- Cross-sector working with a public health focus enabled effective challenge to poor offers of accommodation and initial failure to medically triage and cohort.
- Better co-ordination with partners regarding volunteers in the early days would have avoided confusion about which organisation is hosting the volunteers.
- Safety and risk planning – for volunteers on briefing, check-ins and debriefs – took longer than expected, partly due to early confusion among partners and rapid mobilisation.
- COVID-19 infection rates among the homeless population have been lower than expected.
- In Brighton & Hove, only a few people chose to leave – or were asked to leave – hotels, compared to other areas locally. This was as a direct result of adequate support and other staffing and provision of meals and personalised items to support isolation.

## Brussels, Belgium

**Information provided by** Infirmiers De Rue / 400 Toits-Daken.

### Action taken by local council/municipality

In March, the Belgian government requested that all municipalities make facilities available, with financial assistance, to shelter homeless people. The Regional government instructed local municipalities to open up spaces where homeless people could safely self-isolate. The conditions of access to these establishments varied from one municipality to another. Many existing homelessness and support services were closed, which, along with food outlets and shops, made it particularly challenging for people on the street to access basic provisions. Local swimming pools' washing facilities were made available.

Local municipalities in Brussels placed homeless people into accommodation, including unused hotels, youth hostels and empty buildings. As a result, over 750 individuals were placed into hotels and around 200 in medical facilities. One specific site with 150 places was designated for people displaying COVID-19 symptoms and was filled extremely quickly.

### Response from EESH partner organisations

The 400 Toits-Daken campaign is a partnership of NGOs working to end street homelessness in Brussels. During the emergency phase of the COVID-19 pandemic it was not active as a collective campaign, however individual organisations delivered a range of services in the city.

Agencies across Brussels adapted to COVID-19 by focusing on the immediate needs of the street homeless and temporarily housed populations. Services providers, including Infirmiers de Rue (who lead the 400 Toits Campaign), moved from long-term monitoring to an emergency and prevention COVID-19 approach. This resulted in them expanding their work to compensate for the closure of administrative services, restaurants, reception centres and medical homes. They distributed food, disseminated prevention messages, and worked with several services to ensure that hygiene needs were met.

As a medical outreach team, Infirmiers De Rue (IDR) modified their delivery model from working only with long-term chronic rough sleepers to providing an emergency response to anyone found homeless in the local area. Volunteers sewed facemasks for staff and clients. The IDR housing



team switched to providing support, advice and guidance to those placed in emergency accommodation. After campaigning locally, IDR were able to get tests to screen homeless people in temporary accommodation in the city. While limited to only 400 at first, this has increased.

IDR launched a global call to #ProtectTheUnhoused, bringing together a commitment of over 80 organisations across Europe and the world, in calling for people who are street homeless to be protected from the consequences of COVID-19. This major advocacy effort was supported by organisations including World Habitat, the Institute of Global Homelessness, FEANTSA and NGOs working in cities as part of the European End Street Homelessness Campaign.

The global statement called for urgent and priority measures to be taken to screen and support people who were street homeless and stop the spread of the virus.

- **Protection of the homeless public** - promotion of access to safe accommodation, guaranteeing of primary care needs, provision of personal protection equipment, access to counselling and support, protection from punitive police measures.
- **Proactive and systematic screening policy** - provision of adequate COVID-19 testing equipment in homeless and migrant centres – for both clients and workers.
- **Keeping people in housing** - maintain housing for people in temporary spaces and put in place structural solutions to end street homelessness for good.

For more information visit: <https://covid19-protecting-screening-rehousing.com/>

In the coming months, IDR aim to mobilise the broader 400 Toits campaign's volunteers to sign the petition and to write to their local municipalities insisting they not return people back onto the streets.

### Key outcomes

- 10 hotels were opened, sheltering 760 people – however this has not been enough to meet the growing need in the city.
- 400 tests were distributed for screening homeless people in accommodation services.
- 80 organisations across the world signed up to a global advocacy campaign called #ProtectTheUnhoused.
- 400 tests were initially distributed for screening homeless people in accommodation services, with many more distributed to frontline services over the following months.

### Key challenges

- Long-term rehousing via traditional housing pathways stopped due to the closure of many housing services.
- Too few solutions for undocumented migrants - no testing facilities and sometimes not accepted in requisitioned hotels due to ring fenced spaces.
- Maintaining and sustaining a global movement and engaging organisations across many countries – new approach to campaigning for Infirmiers De Rue.
- Lack of response from municipal officials to campaigning and advocacy actions.
- Once accommodation options were developed (disused buildings/hotels etc), they were immediately filled, which led to competition between frontline agencies and ringfencing of spaces by municipalities.



- Despite acquiring COVID-19 testing for homeless people, many people tested were living in shared accommodation – which made risk of re-infection much higher.
- No access to on-going testing with adequate turnaround times for results.

### Key learning

- After many years of campaigning, municipalities have acted swiftly and decisively in developing temporary housing options and reusing old buildings and disused facilities. 400 Toits campaign has been trying to make this happen for several years – but now they know it can be done.
- IDR learnt that it is possible to set up and lead a global advocacy call, including seeking collaboration from international partners.
- The COVID-19 pandemic and subsequent lockdown has had a big impact on certain informal sectors within Brussels, such as those working illegally or sex workers, leading to loss of income, accommodation and health services.
- The number of COVID-19 infections is lower than expected among the homeless population.

## Croydon, UK

Information provided by CR ZERO 2020.

### Action taken by local council/municipality

Croydon Council adopted the UK Government's 'Everybody In' approach as a response to the pandemic, providing accommodation both for rough sleepers verified by the Council's commissioned outreach service, Croydon Reach, and those at risk of rough sleeping. Rough sleepers were accommodated in locally procured first-stage emergency accommodation or were referred by Croydon Reach to hotels procured by the Greater London Authority (GLA) across London. The GLA procured hotel spaces for [COVID-Protect accommodation](#) in Croydon. All GLA provision was made available on a pan-London basis, with a centralised assessment and allocations process.

Some existing homeless services with shared sleeping spaces were closed due to COVID-19 infection risk, such as the Somewhere Safe To Stay (SSTS) assessment hub and local night shelters. All residents were referred to GLA procured self-contained hotel rooms, which were allocated dependent upon health and support needs.

There has been strong partnership work across the Borough, between Croydon Council and other key providers such as Crisis, Thames Reach, Evolve and Turning Point. This also included the commissioned homeless hospital discharge service, which prevented people from leaving hospital for the streets and was able to facilitate bed vacancies.

Croydon Council is planning to move rough sleepers onto longer term housing solutions, setting up a Task and Finish Group with key internal and external partners, including CR ZERO 2020 members Crisis and Thames Reach. They are mapping need and demand across those accommodated in hotels and first-stage temporary accommodation. Their aim is to develop a number of work-streams to help achieve successful 'move-ons'.





These include:

- working alongside partners to source Private Rented Sector (PRS) accommodation to support move-on from hotel accommodation that is due to close, and from first stage emergency accommodation;
- working with local partners to bring forward accommodation with low level support, and
- liaising with CR ZERO 2020 partner Evolve Housing to create sufficient vacancies in commissioned supported housing for those with higher support needs.

### Response from EESH partner organisations

CR Zero 2020 is led by a network of organisations working in Croydon including commissioned and non-commissioned partners, faith & voluntary organisations, Croydon Council, Croydon Business Improvement District (BID) and local community volunteers.

CR ZERO 2020 partners provided support to rough sleepers without access to public funds. Crisis continued to provide support to members, including working with them to resolve their immigration status, and liaising with local support partners.

As a result, 40 rough sleepers with NRPF are now accommodated, a four-fold increase to before the pandemic. Croydon Council services increased support to these rough sleepers, ensuring access to food and other basic provisions were provided.

CR Zero 2020 has not responded directly to COVID-19 as a group, but those who are members of the campaign have been managing the response and sharing information. It has, however, provided a useful space for services working in the Borough to update on their situation, receive an update from the Council and discuss the developing exit strategy for the Borough.

### Key outcomes

- Rough sleepers were provided with safe accommodation despite a 500% increase of rough sleepers referred to the outreach team in the early weeks of lockdown. The outreach team were able to engage and support some of the most entrenched rough sleepers to access accommodation.
- Accommodation and support for migrant rough sleepers without access to housing benefits was increased significantly. Many of those in question had not sought support before, owing to the UK government's 'hostile environment' immigration policies which limits local authorities' ability to offer support to people unable to demonstrate they are eligible.
- Recovery planning has provided key information on rough sleepers' long-term accommodation and support needs.

### Key challenges

- Ensuring that the support introduced under 'Everybody In' is maintained for migrant rough sleepers with eligibility to public funds. There has been no policy change regarding the government's hostile environment immigration policies and therefore local authorities are restricted in the accommodation offers they can make.





- The Greater London Authority (GLA) has been placing rough sleepers from across London in a hotel within Croydon. There is a risk of some of these individuals remaining in the Borough, for which Croydon Council will have no statutory duty to help due to UK housing legislation.
- Securing adequate and affordable long-term accommodation units for rough sleepers required to move on from COVID-19 temporary accommodation.

### Key learning

- The pandemic has exposed the need for far greater partnership working between homelessness services, public health institutions, health commissioners and providers to develop and deliver joint responses.
- Local task and finish groups have provided key momentum for services to work together and develop personalised support plans and prepare move-ons from temporary accommodation.
- Although partnership working has been successful in many areas, there is always room for improvement and having now experienced such an unprecedented emergency, it is hoped that the outcome from this is a much stronger and more co-ordinated network within Croydon.

## Glasgow, UK

Information provided by Homeless Network Scotland.

### Action taken by local council/municipality

Scotland has progressive homelessness legislation, whereby local authorities have a legal duty to provide assistance to homeless people. When lockdown began, the Scottish Government funded Simon Community Scotland (roughly £300,000) - who provide outreach in major cities - to ensure rough sleepers were placed in hotels to self-isolate. A collaboration between local authority health and social care workers, and third sector organisations has resulted in a successful emergency response, which has led to a near zero visible number of people sleeping on the streets.

Falling under UK Immigration policy, migrants with limited or no access to statutory benefits in Scotland are usually unable to access homeless support. However, during the pandemic they have been included in the emergency response in Glasgow, as in other UK cities. Both EEA and non-EEA migrants with no recourse to public funds were accommodated in hotels as opposed to a congregate shelter. Glasgow Night Shelter for Destitute Asylum Seekers have supported 80 people with no recourse to public funds in hotels during the pandemic.

The housing stock all lies with Registered Social Landlords, which provided unoccupied properties for short-term lets to take pressure off temporary accommodation where residents share facilities. It is encouraging that mainstream housing was part of the response.



### Response from EESHC partner organisations.

Homeless Network Scotland, the lead European End Street Homelessness Campaign partner in Glasgow, released weekly COVID-19 briefings to keep members up to date with the latest developments.

Nineteen homelessness organisations in Scotland, including Homeless Network Scotland, formed a collective to campaign for housing to be at the heart of Scotland's national recovery from COVID-19, under the banner Everyone Home.

Housing First Glasgow has worked throughout the pandemic, with the principle of 'choice and control' at its core. As of March, Glasgow supported 117 people into tenancies through Housing First. Support workers had to significantly adjust their delivery. They made visits where social isolation was negatively affecting the mental health of clients, but otherwise support was restricted to telephone or online. Clients were involved in deciding how often they are contacted and who they are contacted by. COVID-19 has highlighted how many people - who are street homeless - have barriers to digital engagement and services have taken this on board, including providing mobile phones with internet coverage.

New services included provision of food for individuals in temporary accommodation.

### Key outcomes

- Councils and housing providers drew up plans to house homeless individuals during the pandemic.
- No-one visibly sleeping rough in Glasgow during the lockdown.
- Mainstream housing is part of the response.
- The emergency response includes those with NRPF.

### Key challenges

- Highlights the digital divide, particularly when trying to support people online or via phone.
- Homelessness has always been a public health emergency, but the COVID-19 pandemic has brought this to the fore. Rough sleepers have been accommodated within a few weeks, people's homes are being protected and changes to the welfare system are being enacted to make it easier for people to keep their homes. The overwhelming challenge is to make sure that the post-lockdown response keeps these changes in place.

### Key learning

Housing was the first line of defence in the fight against COVID-19. It brought into sharper focus how home, health and wellbeing are linked and demonstrated the public health challenge posed by rough sleeping. It revealed starkly how people and families who are in unsuitable housing, or with no housing at all, are put at risk. While Scotland's Ending Homelessness Together Plan is the right one, the pandemic has now forced faster progress on key fronts.

A collective has been formed to maintain the progress that has already been made and to protect the principles that must now guide next steps. For more information, please see:

<https://everyonehome.scot/pdf/everyone-home.pdf>



# Leicester, UK

**Information provided by:** Action Homeless.

## Action taken by local council/municipality

The key initial focus of Leicester City Council was to move clients from shared dormitory spaces and close facilities - such as the night shelter - to reduce risks of contamination and enable social isolation. Outreach shifts were increased to include daily shifts (7am-10am) to engage with as many people as possible on the streets of Leicester and offer them accommodation.

Leicester City Council worked with local hotels and private student accommodation providers to access 160 additional temporary homes for rough sleepers. By the end of April, 130 of these spaces were occupied. Of these, 16 had no recourse to public funds (NRPF). This also included making self-furnished units available in independent accommodation, bed and breakfast accommodation and utilising space within the Dawn Centre Hostel.

A hotel was used to triage those exhibiting mild to medium COVID-19 symptoms, which kept hospital beds free for more serious cases. However, at the end of April there were no cases. A Red Amber Green (RAG) system was used to assess the health needs of clients and their ability to manage their needs independently. Of the 130 people moved into emergency accommodation, 50 had previously been staying in hostel and dormitory accommodation.

In response to an increase in new people becoming homeless, the Council set up a 7-day-a-week Emergency Duty Telephone Line for Council staff to triage new cases before they could access the Dawn Centre.

Support was provided to those in temporary accommodation during the first two weeks to help them transition to being housed. This included food parcels, bedding, basic cooking equipment and utensils, distraction packs, mobile phones and radios. The Council used their contracted catering provider to distribute cooked meals when required and secured funding to buy food from supermarkets.

Following this, on-going support and pathway planning with clients was delivered, to help them secure longer-term accommodation. Some of the self-contained student accommodation being used in the emergency have already been secured as a longer-term option.

## Response from EESH partner organisations

Action Homeless, the key European End Street Homelessness Campaign partner in Leicester, took several immediate actions to respond to the COVID-19 emergency.

- Distribution of food across the city. This has now been diverted to a central foodbank which serves the whole city.
- Lockdown of houses, so as not to accept any new people into existing households.
- Reduced number of clients in hostels by half, moving those with lower support needs to hotel accommodation, to help with social distancing and to keep staff and residents safe.
- Secured funding for personalised budgets and distraction packs.
- Created COVID-19 Care and Support Plans for each client.



- Set up telephone support networks and 'doorstep contacts'.
- Prepared a house for symptomatic cases.
- Property health and safety checks were carried out with clients directly each week via text and telephone calls. In addition, support workers and property maintenance both assessed this each time they met with a client, asking basic questions to ensure highest levels of health and safety were maintained.
- Worked closely with the police on anti-social behaviour by speaking to individuals and ensuring an increased presence of police in specific areas.

### Key outcomes

- 130 people have been housed in hotels and student accommodation.
- Very few known and confirmed cases of COVID-19
- By the end of May, over 40 people were moved out of bed and breakfast spaces to more supportive accommodation options, over 20 of which were permanent tenancies.

### Key challenges

- **Lack of access to testing.** To introduce new people into shared housing environments both during and after lockdown with no access to testing.
- **Social distancing and lockdown.** Managing clients who do not adhere to social distancing and lockdown rules. Keeping a large hostel open with a 50% reduction in residents and reduced communal and sharing spaces. Protecting workers and providing day to day care for symptomatic clients in allocated hotel rooms. Continuing to provide security and safety within services when staff were unable to access projects and working remotely.
- **Voids and rent management.** With a number of spaces in some projects, Action Homeless faced challenges in continuing to manage rental income and arranging if - and when - empty rooms could be used again.
- **Inflows into homelessness.** The city is still getting an average of 13 new referrals each week.

### Key learning

- Uncertainty about the future, and potential impact of not being able to open traditional winter night shelter provision.
- Leicester's Homelessness Charter has created a workstream looking at how the current emergency could create a whole new cohort of homeless people, due to financial fragility, job losses and evictions.
- The COVID-19 outbreak has demonstrated positive alliance working but has also revealed a need for this to continue and increase.



# Torbay, UK

**Information provided by** Torbay End Street Homelessness (TESH).

## Action taken by local council/municipality.

In line with central government policy to find safe housing for people experiencing homelessness, Torbay Council put out an appeal to hotels and guesthouses for temporary accommodation.

The Council also moved to a telephone-led referral system, in accordance with social distancing guidelines. They launched a social media campaign to inform the public that accommodation was available to those in need. Everyone who was at risk of homelessness and approached the Council was accommodated.

Mobile phones were purchased and daily welfare calls were made by the Rough Sleeping Initiative (RSI) staff, who are part of a centrally funded programme - led by local councils - with the aim of making an immediate impact on the rising levels of rough sleeping across England.

Treatment agencies provided flexible prescribing and collection arrangements for clients. Staff also purchased alcohol for those who were alcohol-dependent and self-isolating.

## Response from EESH partner organisations

Shekinah Mission, part of the Torbay End Street Homelessness Campaign (TESH), continued to provide accommodation and support to people experiencing homelessness throughout lockdown. Initially two members of staff volunteered to live in their hostel, in order to provide 24-hour support to clients. After two weeks, a rota system was introduced.

The Housing First and Tenancy Sustainment Team provided welfare calls and visits, and food delivery alongside RSI staff.

## Key outcomes

- As of May 2020, the infection rate has been very low – changed work practice and a high-level of self-management by clients has appeared to contain potential exposure.
- Torbay Council Housing Options have accommodated around 200 households over the lockdown period. In total, 165 of these were single people at risk of street homelessness.
- The numbers of people sleeping on the streets in Torbay fell from around 19 before the COVID-19 outbreak to four during the lockdown. These four people were all offered accommodation but for a variety of reasons did not take up this offer.

## Key challenges

- Although the temporary accommodation is welcome, the ‘what next?’ question is pressing – how will those currently housed not return to the streets once the pandemic subsides?
- Government funding was made available to increase the supply of accommodation for people housed during the outbreak. The challenge remains to secure long-term funding and source appropriate accommodation in Torbay.



### Key learning

- More flexible responses are possible where there is a collective will to achieve a result.
- Confirmation that the people using services are far more reliable and resourceful than service systems often acknowledge.
- There is real potential to consolidate and develop a different set of practices and make significant changes to current approaches. But this will require energy and commitment to achieve.

## Westminster, UK

**Information provided by Westminster Homelessness Partnership**

### Action taken by local council/municipality

The local authority, Westminster City Council, block-booked hotels during March. In addition, the regional government (the Mayor of London's Office) secured hotel rooms for all local authority areas. The Council also worked with hostel providers to restructure and reduce capacity in hostels to make them safer.

NHS partners took a triage approach to allocating the right hotel space for each person. The model – which was adopted and widely promoted in England – included:

- COVID-care facilities for those with symptoms;
- COVID-protect for those in a vulnerable group; and
- COVID-prevent accommodation for everyone else.

Clinical staff from Westminster's specialist homelessness health services oversaw the triage process in partnership with the Council and homelessness support providers.

In addition to providing hotels, the Council's rough sleeping commissioning team co-ordinated the implementation of support, food and security at the hotels. The team also worked in partnership with health and substance misuse services to provide treatment and support to people while they were self-isolating in hotels.

The hotels reached capacity and the Council's priority was now to move people on from hotels, to – in some cases – free up spaces for those rough sleeping. Exit or move-on planning included identifying a pathway with options for people with a range of accommodation and support needs, rapidly and at scale. The Council is co-ordinating this.

Westminster Council is also working with faith networks and the police to try and ensure humanitarian support and safety for those who are still on the streets of Westminster.



### Response from EESH partner organisations

Members of the Core Group of the Westminster Homelessness Partnership have been central to the COVID-19 response. Partnership on the ground and at a strategic level has been key.

- The day service providers (Passage, Connection at St Martin's and West London Mission) suspended open access services (and the night centre at the Connection), which were not suitable for social distancing. They utilised capacity to provide management of some of the hotels, as well as working together to provide food to hotels.
- St Mungo's provide the outreach team for Westminster and also oversee the pan-London hostel provision. The outreach work in Westminster is extremely challenging as there are people with nowhere to go with few services available. CEOs and operational leads at the WHP Core Group organisations have shown support to St Mungo's which has been greatly appreciated.
- The Core Group of four providers and senior council officers are meeting weekly to discuss key issues at a strategic level. The providers have written a joint letter to the Leader of the Council, have fed back on the Council's plans for the hotel exit strategy, and been briefed by a senior police inspector about plans for operations relating to rough sleeping.
- Core Group organisations will be working together to make the best use of the pool of resources for the 'move-on' from hotels.
- The day services (Passage, Connection at St Martin's and West London Mission) are working together on the medium-term approach and are considering providing some basic services during the day again. And over the longer term, building on the experience of the pandemic to create a more effective service ecosystem in Westminster.

Beyond the core group, a wide range of voluntary and faith services are part of the response to COVID-19 including those providing food on the street.

### Key outcomes to date

- More than 500 people have moved off the streets into hotels – the offer was made to anyone rough sleeping even if they had No Recourse to Public Funds (NRPF).
- Welcome packs and 1000's of meals delivered each week to those staying in hotels.
- Over 350 phones were provided to those still rough sleeping to keep in touch about accommodation becoming available and to help them access remote support when in accommodation.
- People were given rapid access to methadone scripts and other treatment along with remote support from substance misuse services.
- It is reported that people previously resistant to exiting street homelessness have started their recovery from addiction. Factors include having a safe place to stay, less income from begging and reduced and compromised drug supply.
- There is a shared goal of utilising this 'once in a lifetime' opportunity to ensure that people accommodated as part of the COVID-19 response do not return to rough sleeping or communal shelter provision.





Robert White, Commissioning Manager of the Westminster City Council Rough Sleepers Team, said:

*'The work of the service providers, health teams, volunteers, faith networks, Police, Greater London Authority, MHCLG and my Westminster City Council commissioning team colleagues has been phenomenal.*

*"Collectively we have supported an unprecedented number of rough sleepers away from the street and out of unsafe environments into apartments and hotel spaces in Westminster and across London.*

*"Our existing accommodation pathway has worked tirelessly to keep their residents safe. Our day and night services have completely repurposed, staff have moved away from their familiar settings and into running major projects within the hotels. Our outreach teams have worked day and night to meet vulnerable rough sleepers, some we know, some we have never met. They have managed to get over 500 people – and counting – indoors."*

### Key challenges

- Partnerships between agencies and between health, local authorities and homelessness services are key to success.
- The potential to mobilise in an emergency, with clear leadership and partnership working, is powerful.
- The pandemic has potential to shift the way of working in the long-term, but the drivers for homelessness that may persist/increase - including unemployment and poverty - are a huge concern.
- While the initial emergency response was encouraging, there is a long way to go to ensure that people who were rough sleeping during the peak of the epidemic see long-term positive outcomes. This cannot be achieved by local government or homelessness providers alone. Central government support will be critical.
- Different meetings/approaches are needed at different stages of an emergency response. It is important to be flexible and keep processes under review.

### Key learning

- While the efforts to triage and accommodate people have been successful overall, there have been gaps in supply, for example, accommodation for people who have tested positive for COVID-19 was not available until recently, and additional supply of hotel spaces has reduced over time.
- After reaching a low of around 50-60 people rough sleeping and contacted by outreach teams in Westminster on a single night, by mid-May this had increased to around 140 people.
- For those who are rough sleeping, conditions are extremely tough with fewer services providing food and showers, and anti-social behaviour is a reported issue.
- Supply of settled accommodation was always one of the major issues facing London's homelessness services and while there are opportunities in the private rented and social sector being explored, delivering at scale will be an ongoing challenge.





- Many of those currently living in hotels do not have access to public funds - securing positive outcomes for this group is even more challenging as their housing options are extremely limited and therefore employment services will be key.
- To ensure outcomes are sustainable, policy will need to be adapted to prevent and relieve homelessness, for example, if the level of housing benefit paid to people (Local Housing Allowance) goes back to pre-COVID-19 levels this will potentially be a factor in new and repeat homelessness.

### Contact us

For more information on the European End Street Homelessness Campaign, please visit our [website](#), or to get in contact, please email Patrick Duce, Programme Lead for Homelessness, at [patrick.duce@world-habitat.org](mailto:patrick.duce@world-habitat.org)

