March 2021

Covid-19, lockdown and care

Research presentation

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CHIRN

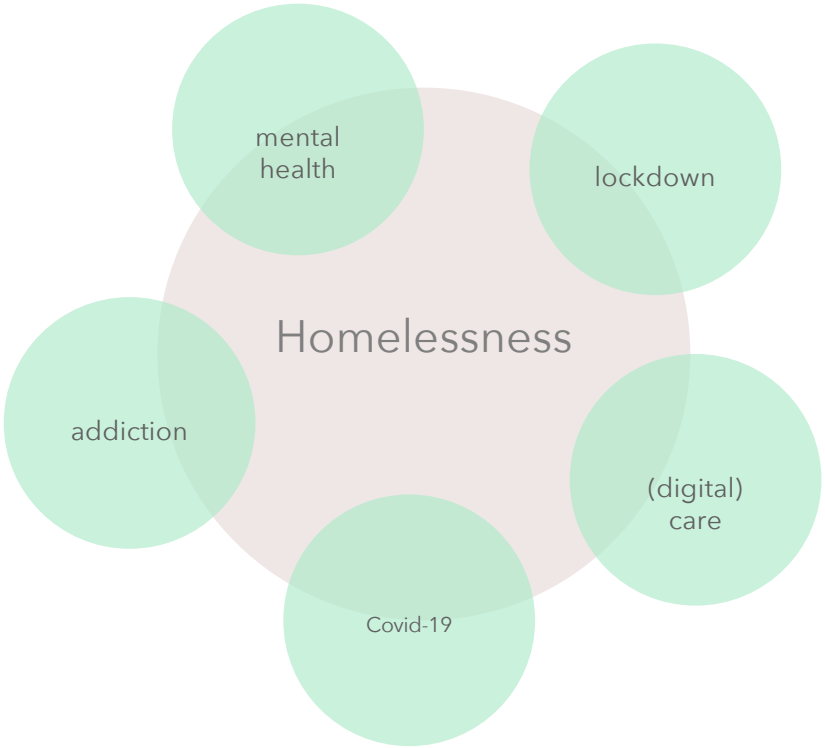
Homeless institutions were able to shoulder the increased burden of care during Covid and the lockdown; however, the transition to digital services and specialized needs were more complicated

Where
Cambridge

When
March – July 2020

How
Participant observation, interviews with stakeholders

Who
Eana Meng
Dr Johannes Lenhard



Key takeaways:

- Unconditional housing works: institutions were able to house the large number of people and provide for their daily needs.
- Some of the most marginalised people fell (temporarily) through the support net: people with mental health and addiction issues struggled the most and were penalized for it.
- Shift to digital care was rocky: the emotional disconnect of virtually-based care led to disengagement.

Housing first principles and unconditionality were met with strong engagement.

Housing First

Unconditionality

Housing and support

≠ welfare ready

Mental health and addiction welcome

Assessment for emergency accommodation
Sped up without downsides

"Long-awaited invitation"
Majority of people took up housing offers

Continuity of housing provision
Assuring the provision of housing with longer-term options led to trust and strong engagement

Intended consequences

1. Provision of emergency housing for large number of people experiencing homelessness
2. Strong engagement and support now and going forward

1. Opportunity to end homelessness
2. Punitive surveillance for those who disobeyed in favor of majority (see slide 3).

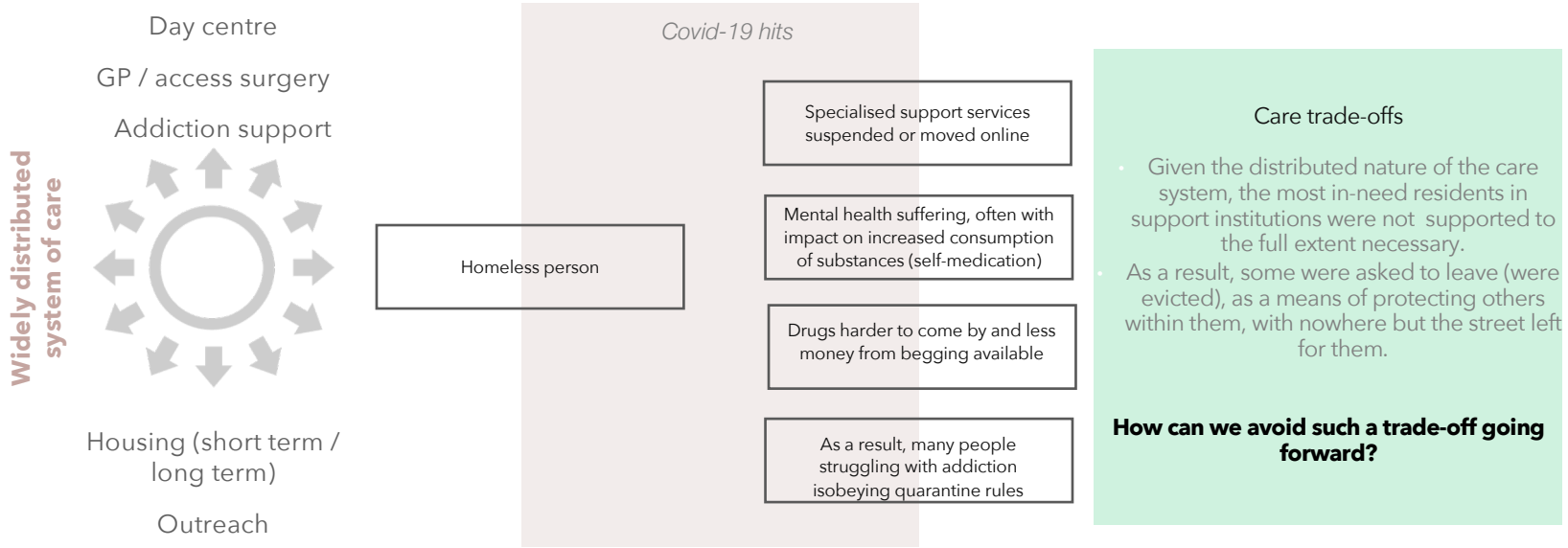
Un-intended consequences

Unconditional housing works:

- First, the process of assessing candidates for emergency accommodation (including the rented hotel rooms many people are still in) was drastically sped up without apparent downsides.
- Secondly, despite the administrative effort to secure enough short-term housing as well as concrete details such as food provision and security, many people took up the housing offers. As social workers put it frequently: many more people were able to be engaged than ever before.
- The unconditional offer of housing was the long-awaited invitation that many 'entrenched rough sleepers' were waiting for. The assurance to continue the provision of housing for people until a suitable longer-term option was found made the offer even more successful.

2. Support net

Some of the most marginalised people fell through the safety net.

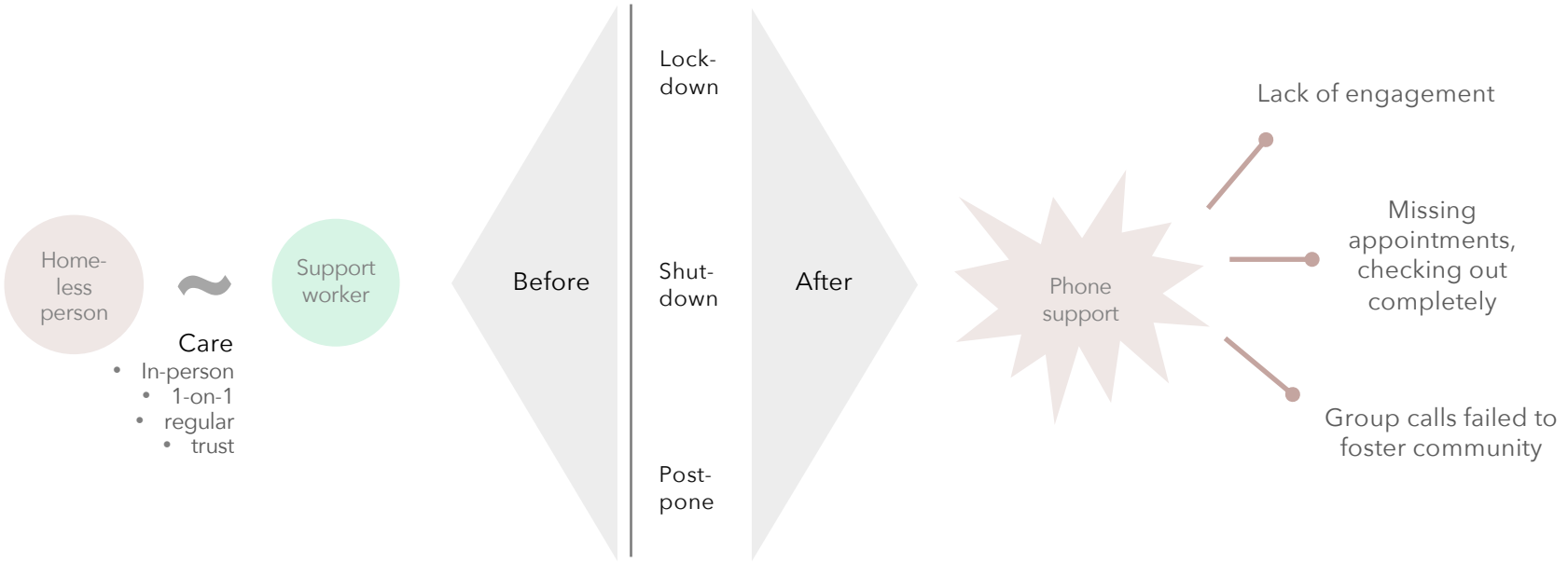


Most in need struggled – and were further marginalized as a result of care trade-offs:

- As many more **specialised support services**, particularly around addiction and mental health, were either partly **suspended or moved online** (often until today), people in those demographics struggled.
- With **drugs harder to come by** and no money from begging practices, we spoke with and learned of a number of residents who **disobeyed quarantine orders** to obtain drugs often in fear of experiencing withdrawal symptoms and/or increased mental health issues.
- Lockdown not only created a disruption of normal routines, but it also further **criminalized their lifestyle**, either by government imposed or institutional (lockdown) rules.
- As a result, some residents were asked to **leave the support institutions**, as a means of protecting others within them, with nowhere but the street left for them.

3. Digitalisation

The transition to digital services was made difficult by novelty and feeling of disconnect.



Digitalisation couldn't easily be 'turned on':

- Digitalisation was especially problematic for **mental health services**, where support workers reported a lack of engagement, as some residents were missing appointments or remained unwilling to engage.
- Both **workers and residents** explicitly expressed difficulties with connecting with each other over video/phone.
- Virtual **group-based work** was also affected, and the camaraderie of a sense of community was lost. As one support worker told us, "We're meant to connect!" and the **absence of those connections** was especially hard on those dealing with mental health conditions such as anxiety, depression, and psychoses.

Policy recommendations

Lessons from COVID-19 revealed three areas of fundamental need in providing care for those experiencing homelessness.

Policy 1: More (quasi) housing first

Our observations of the success of offering unconditional housing support a much wider roll out of Housing First. This is particularly urgent right now for people still in hotel rooms that are waiting for next steps. The trust that has been built up must not be lost. The usage of 'alternative' forms of housing (modular homes) should be considered.

Policy 2: Special support for addiction and mental health

More resources are need for services that provide for the most marginalized populations; specifically more support workers for dual diagnoses are needed. The more comprehensive embrace of harm reduction principles presents itself as a possibility, too; we are hence encouraging the development of safe injection facilities.

Policy 3: Remote services

Despite the rocky shift to digital services, we suspect much of the difficulties were because digital services were novel. With time, people will adjust. We believe the wider use of digital tools can indeed be an opportunity for increased and more personalised care.

Policy 4: Comprehensive care

The atomized nature of specialised services and the broad landscape of different service providers proved to be disadvantageous during the pandemic. More comprehensive and centralized service provision (e.g. housing, addiction, mental health under one roof) would have provided adequate support particularly for the most vulnerable people.

Overall, the pandemic led to unexpected, highly beneficial outcomes overall for homeless people when it comes to housing as well as (most) service provision. We should use the momentum to on the one hand cement existing, proven concepts but also on the other hand take a chance to experiment with new concepts (e.g. SIFs) to fill the holes that became apparent during the pandemic.