

Homelessness & Covid-19

An overview of equality considerations arising from Coronavirus (Covid-19) and its impact on homelessness in Scotland



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1. Introduction

The additional impact of the Coronavirus (Covid-19) outbreak on homelessness and the protected characteristics of people who experience it in Scotland has been considered by Homeless Network Scotland and a specialist group of Expert Reviewers.¹

This document outlines the priorities identified. The purpose is to assist national and local partners provide a pandemic incident response that is sensitive to the different forms of inequality and the rights of people who have characteristics protected by the Equality Act 2010.

It is also intended to inform a whole person and whole system approach and act as one mechanism to help direct policy, procedure and resource during the pandemic and in its aftermath.

2. Scope

Homelessness risk is not distributed equally, and poverty is the greatest driver of homelessness in all its forms. The pandemic has magnified the impact of income equality overall; the disadvantage faced by people affected by homelessness will intersect with some or many of the characteristics summarised in this document. It is intended that action agreed and delivered will take account of how this diversity intersects.

The overarching priority during Covid-19 is for people to be safe and in a place where social distancing, self-isolation and shielding is possible. Therefore the overall homelessness response during Covid-19 needs to be more preventative, more local and more housing-led.

In some cases, appropriate moves will only be possible if a cross country and cross tenure approach is taken to rapid housing options that discount local connection or other restrictions to ensure that everyone can access a safe place to live.

3. Framing

A careful framing of the needs of marginalized and high-risk social groups is needed. A sole focus on how the virus affects 'vulnerable' groups creates distance and difference.

People don't see themselves in the issue; they disengage and ignore guidance. We can overcome this by placing particular risks in a broader frame before homing in on specific needs, that we should:

- i. emphasise the connections that exist between all of us;
- ii. avoid 'saviours and victims' framing; and
- iii. avoid labels that suggest weakness or separation from society.¹

¹ Frameworks Institute; [Framing Covid-19](#) (2020)



4. Impact and Action

| Characteristic | Additional Impact Due to COVID-19 (actual or potential) | Mitigating Action to Take Forward |
|---|---|---|
| <p>Pregnancy & Maternity</p>  <p>disproportionate impact due to pregnancy / maternity</p> | <ul style="list-style-type: none"> • Risks to health and wellbeing of women during lockdown and interrupted access to pre, ante and postnatal care. • Women in exploitative situations are especially vulnerable during lockdown and while pregnant. • Poor/no access to abortion procedures or counselling for unwanted pregnancies. | <ul style="list-style-type: none"> • How maternity services are delivered and accessed will be considered through the lens of all protected characteristics. • Information leaflets designed and/or distributed across the network of homeless accommodation and temporary flats with up to date information on helplines and local services. Additional phone contact with women. • Communicate with pre/ante-natal services / abortion services about homelessness. |
| <p>Religion, Belief</p>  <p>disproportionate impact due to religion or belief</p> | <ul style="list-style-type: none"> • People who access support through places of worship for food and social support etc. will be cut off. • Lack of ability to worship together can create an impact on well-being and increase social isolation – and for some a strong impact on mental health • Ramadan is due to start around 23 April; people who live in catered accommodation, where food is served only at fixed time, won't be able to access food at suitable time. | <ul style="list-style-type: none"> • Some faith-based groups are already changing how they support people e.g. delivering food and support leaflets. • Many faith communities coordinating worship services and other forms of social/emotional/spiritual support via the internet, highlighting need for Wi-Fi/IT access. • Clear communication of adherence guidance from faith groups shared widely, and in translation. • Local authorities helped to explore alternative options for people observing Ramadan to access/cook own food. |

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| <p>Gender/Sex Women</p>  <p>disproportionate impact on people due to gender</p> | <ul style="list-style-type: none"> • Increase in rates of domestic abuse during lockdown; abusers could take advantage of victim's reduced social interaction with others. Increased vulnerability when the women has health or disability issues. • Healthcare and educational settings that offer a way of identifying this are under unprecedented pressure. • Household or individual affected by use of substances, or forced withdrawal if supply is cut off. Risk of relapse if in recovery with no access to recovery networks. • More women 'keyworkers' across homelessness services. Severe impact on services of a reduced workforce. • Refugee women are disproportionately reliant on family members for interpreting and less likely to know about options and rights. | <ul style="list-style-type: none"> • Additional housing, including temporary respite, for women (and children) to escape or needing to self-isolate. • Connect rapid rehousing procedures on the ground to national campaigns and helplines for women at risk of domestic abuse during the pandemic. • Increase telephone and other non-contact support and counselling for women in temporary accommodation. Ensure interpreting support where needed. • National and local support given to workforce recruitment drives of frontline supported housing and housing support services, including Housing First. • Create safe space for women to socially distance, self-isolate or be shielded as needed during the pandemic – hotels, hostels and temporary flats. Immediate personal housing plan co-developed for settled accommodation. |

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|---|---|---|
| <p>Gender/Sex Men</p>  <p>disproportionate impact on people due to gender</p> | <ul style="list-style-type: none"> • More likely to be rough sleeping and in large hostels, with less access to places to self-isolate. Now make up the largest population in hotel accommodation. • Increased risk of suicide ideation or attempts. • Tensions, anger and frustration fuelled by uncertainty of situation, or specific incidents including loss of income. • Household or individual affected by use of substances, or forced withdrawal if supply is cut off. Risk of relapse if in recovery with no access to recovery networks. • Can be victim of domestic abuse. Men are especially vulnerable when there is a health or disability issue. • 1 in 4 gay, bisexual and transgender men experience domestic abuse, the same rate as heterosexual women. | <ul style="list-style-type: none"> • Create safe space for men to socially distance, self-isolate or be shielded as needed during the pandemic – hotels, hostels and temporary flats. • Immediate personal housing plan co-developed for settled accommodation. Supported by overarching national and local post-Covid19 ‘exit-plan’ from hotel rooms into settled accommodation. • Increase telephone and other non-contact support and counselling for men in temporary accommodation. Include peer support. Ensure interpreting support where needed. • Increase local access to a safe supply of opiate substitution treatment, injecting equipment and naloxone for people across the homeless accommodation network. • Promotion of domestic abuse services should include services for men and LGBT people www.lgbtdomesticabuse.org.uk |

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| <p>Age Young People</p>  <p>disproportionate impact on people due to differences in age.</p> | <ul style="list-style-type: none"> • Young people who don't see themselves at risk may not follow guidelines, putting themselves, general public and support staff at risk. • Young people still at risk of eviction as they are more likely to be in informal rental agreements. • Wi-Fi and data especially important to keep connected. • Lack of meaningful occupation of time, due to colleges, schools and activities closing, leading to social isolation and increased anxiety. • Likelihood of increased domestic violence in the home around and/or involving young people. • Lack or loss of income due to no or insecure employment, or within informal or gig economy. If Covid-19 leads to recession and unemployment rises, young people with least employment experience will be hit the hardest. • Increased pressure on shared homeless accommodation services, and emergency services who are often called to intervene. • Poor mental health and low wellbeing particularly acute in younger LGB adults. Evidence shows that being young and being newly 'out' as LGB are risk factors in experiencing domestic abuse. | <ul style="list-style-type: none"> • Young people's homeless charities supported and resourced to provide accurate and up to date information for young people in a young people friendly format. • New and existing digital initiatives should prioritise disadvantaged young people including those across the supported accommodation network. • Measures to mitigate financial hardship will be essential for informal and gig economy workers, with no/few protections in employment law, and more likely to be younger people. • Additional support and targeted information for the network of young people's homelessness supported accommodation. • Appropriate/safeguarded emergency accommodation for young people who are made homeless during Covid-19 crisis. • Increased telephone and non-contact support and information available in non-digital spaces. |

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| <p>Age Older People</p>  <p>disproportionate impact on people due to differences in age.</p> | <ul style="list-style-type: none"> • While % of older people (60+) experiencing homelessness is relatively low, the prevalence of underlying health conditions mean they are at particular high risk of infection, and of it being serious. • Less likely to be digitally engaged and therefore harder to reach with current information and advice. • Older people are already at greater risk of depression and anxiety because of loneliness and isolation which will be compounded by Covid-19. • LGB people aged 55+ have twice the prevalence of poor mental health and low wellbeing. | <ul style="list-style-type: none"> • Connect rapid rehousing procedures on the ground to ensure older people have rapid access to settled accommodation, or a safe place to self-isolate as a minimum. • Targeted communication. Ensure all communication considers the need for non-digital activities, including telephone and print media. • Utilise localised groups and neighbour networks that are providing support and running errands. <p>Signpost to www.covidmutualaid.org</p> |

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| <p>Socio-economic Status</p>  <p>disproportionate impact due to poverty</p> | <ul style="list-style-type: none"> • People experiencing issues with welfare benefits; sanctions and other issues and ending up with no money at all. Other options (including payday lenders) severely restricted. • People are not able to access their usual practical and social support from community groups. • Low income individuals and families can't afford to stockpile and need more trips to a shop, increasing infection risk. Low income families depend on free school meals. • Immediate loss of income due to industries impacted: especially gig and informal economy. For self-employed people the time-gap before government financial aid. • Loss of begging income as city and town centre footfall decreases. Potential that people with active addictions will resort to alternative means of funding their addiction. • Additional risk of infection among people and customers in the sex work industry; interplay with domestic abuse factors outlined above. • Lack of digital access. Most services are now offered remotely via phone/video app; people who have limited income will not be able to top up phone credits and may not be able to engage with services as a result. | <ul style="list-style-type: none"> • Emergency Personal Fund ('Staying In Fund') for people across the homeless accommodation network to access small amounts of cash fast – people in hostels, hotels, B&Bs, temporary flats and supported housing. • Community support, foodbanks and volunteer led food delivery is emerging. Build the capacity of local networks to respond effectively to broader material poverty or addiction. • Home energy top up scheme for single parents extended to individuals and couples with or without children during and in the aftermath of the pandemic. • £0.5m Scot Gov funding for Social Bite to deliver food parcels in partnership with local homeless services. • Targeted communication around direct sources of cash help, including credit unions and the Scottish Welfare Fund across the homeless accommodation network. • Funding to be used to provide phones and support to access internet across the homeless accommodation network. Ensuring free WIFI in hostels, hotels, B&Bs and TFFs. |



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| <p>Disability Physical Disability</p>  <p>disproportionate impact on people due to disability</p> <p>Learning disability or limited English language</p> <p>Neurodiversity and communication problems</p> | <ul style="list-style-type: none"> • New living spaces commissioned (hotels etc), ensuring physically accessible for everyone. • An increase in relationship breakdown at times of stress; housing implications when the disabled partner has to leave the accessible property. • People with sensory impairment often already economically disadvantaged and socially isolated. Will be additionally vulnerable in most forms of temporary accommodation and information sharing will be more difficult. • Complex and changing information difficult to understand and follow. • Not everyone has good access to easy-read versions. • Higher frustration, confusion, anxiety about the situation. • Lack of direct instruction and subtle changes in Covid-19 messaging not useful. Use of metaphors not useful. • Increased pressure on accommodation services, and emergency services who are often called to intervene | <ul style="list-style-type: none"> • Providing adaptations as required. Prioritising people with physical disabilities for rapid move on to adapted and settled accommodation. • Target plain language and alternative language format for key information. • Be consistent and avoid changing messages without being clear of the reasons. <p>Signpost to www.keepsafe.org.uk for plain-read information on Covid-19. Create repository for other trusted resources including:</p> <ul style="list-style-type: none"> • Accessible resources (SCLD) • Easy-read information leaflets for people who are homeless, (Groundswell) • Guidance and materials (Scottish Autism Society) • Videos in British Sign Language from NHS Inform • Information available in Easy Read format from NHS Inform • Handwashing posters for people using wheelchairs |

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| <p>Disability Mental Health</p>  <p>disproportionate impact on people due to disability</p> | <p>The coronavirus is likely to affect many people's mental health, as a result of the forced lockdown environment, curtailment of activities and social interaction – and uncertainty of what's ahead. This is a normal reaction to an abnormal situation.</p> <p>People with existing indicators of poor mental health such as anxiety, depression, self-harm and suicidal thoughts etc – may be exacerbated by the pandemic situation.</p> <p>NHS mental health staff are being re-deployed, and this will have a significant impact on people who can no longer access clinical support (or were on a waiting list to do so).</p> <p>There are some groups more likely to be affected:</p> <ul style="list-style-type: none"> • People affected by homelessness are more likely to experience poor mental health. Men especially are at increased risk of suicide ideation or attempts. • LGB people are around twice as likely to report symptoms of poor mental health (i.e. anxiety, depression) than heterosexual adults and have around 1.5 times higher prevalence of depression and anxiety disorders. | <ul style="list-style-type: none"> • Promote the Distress Brief Intervention across the homeless accommodation network – hotels, hostels, supported housing, B&B's, temporary flats. • Increase telephone and other non-contact support and counselling across the homeless accommodation network. Ensure interpreting support where needed. • Ensure Housing Support workers (including Housing First) have access to digital tools to support people. Ensure both worker and person have access to easy instructions on how to use video-conferencing and other tools. • Information pack with leaflets distributed across the network of homeless accommodation with up to date information on helplines and local services. |



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| <p>LGBT</p>  <p>disproportionate impact due to sexual orientation</p> | <ul style="list-style-type: none"> • 1 in 4 LGBT people experience domestic abuse; the same rate as heterosexual women and the same risks associated with lockdown environment. • 80% of transgender people have experienced abusive behaviour from a partner or ex-partner. Transgender young people who are not 'out' to household may experience increased stress and/or gender dysphoria in lockdown. • LGBT young people are over-represented in the young homeless population. 24% of young homeless people are LGBT; 77% state that their LGBT identity was a causal factor in becoming homeless. • 69% of homeless LGBT young people had experienced violence, abuse or rejection in family home. Current lockdown can exacerbate this situation. | <ul style="list-style-type: none"> • Young people's homeless and LGBT charities supported and resourced to provide helpline and accurate and up to date information in a young people friendly format. • Appropriate/safeguarded emergency accommodation for LGBT young people who are made homeless during Covid-19 crisis and in its aftermath. • Distribute information via online platforms/ social media used by young people, including targeted advertising and promotion of non-digital services. • Make information available in non-digital spaces young people may access such as supermarkets, GP surgeries, youth work services etc. |

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|---|---|--|
| <p>Race</p>  <p>disproportionate impact on people due to their race</p> | <ul style="list-style-type: none"> • Poverty, work and loss of income for minority ethnic groups among the homeless population or households at risk of homelessness. • Access to interpreters for vital appointments (e.g. legal and medical) is constrained. • Poverty, work and loss of income for white Scottish groups among the homeless population, or households at risk of homelessness. • Newly granted refugees represent 17.7% of homeless cases (Glasgow). Slowing of housing allocations will lead to a backlog of homeless applications to process and to secure housing for from July 2020. | <ul style="list-style-type: none"> • Measures to mitigate financial hardship for informal and gig economy workers, with no/few protections in employment law and more likely to be younger or from an ethnic minority. <p>Create repository for translations including:</p> <ul style="list-style-type: none"> • Easy-read information leaflets for people who are homeless, including Polish and Romanian (Groundswell) • Translated posters from NHS Inform, along with a communications toolkit • International language information leaflets from UK Gov • Plan for backlog of housing applications among people with newly granted refugee status. |



5. Special Groups

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| <p>Special Groups Veterans</p>  | <ul style="list-style-type: none"> • Veterans who experience homelessness are especially vulnerable often owing to their experiences in service. A preference toward using veterans organisations. • Generally they have very diminished social networks and are therefore alone at the point of crisis. Peer support is very important to this group. | <ul style="list-style-type: none"> • Additional peer support networks and upscaling online peer support e.g. Shoulder to Shoulder • Cascading tailored information and advice through veterans umbrella organisations: including COBSEO and Veterans Gateway. • Connecting with providers such as SVR. |
| <p>Special Groups People Leaving Prison</p>  | <ul style="list-style-type: none"> • In usual circumstances, many people leaving prison are homeless at the point of release (over 1,800 during 2018-19). The Coronavirus (Scotland) Act included provisions for the early release of some people from prison to reduce overcrowding and limit the spread of COVID19 amongst the prison population and staff. • This has important implications for statutory homelessness services and the provision of temporary accommodation. | <ul style="list-style-type: none"> • Scottish Government and local authorities reviewing how the process can be managed to ensure accommodation is available where needed over the next six months. • Connect with local third sector support and advice providers to ensure support is available to reintegrate. |

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| <p>Special Groups People Seeking Asylum</p>  | <ul style="list-style-type: none"> • People seeking asylum and with no recourse to public funds. Feeling trapped and isolated as sources of emotional and practical support are reduced or only available online. • Asylum Support has not increased in line with Universal Credit increase, Aspen Cards only usable in certain places and not all outlets open. • Destitution in the asylum-seeking population not being effectively mitigated in all cases. • Lack of women-only / gender-sensitive accommodation for those made or at acute risk of destitution from insecure immigration status, including women refused asylum. • Access to interpreters for vital appointments (e.g. legal and medical) is constrained. | <ul style="list-style-type: none"> • Interim funding to access hotel accommodation has been enabled by Scottish Government and Edinburgh and Glasgow City Councils. Support provided on site. • Work now to ensure that the Home Office includes Scottish Government, COSLA, Glasgow City Council and refugee charities in their review of the no-evictions policy in June. <p>That a partnership approach continues to adopt policy and practice that ensures rapid access to full asylum support and accommodation for anyone who is destitute.</p> <ul style="list-style-type: none"> • Gender sensitive pilot delivered in collaboration and informed by specialist women's rights/accommodation providers and refugee and migrants' agencies. • Ensure interpreters are funded and available for any legal/medical appointments and that the tech can support three-way engagement. Need to ensure multi-lingual information on rights and options is distributed. • There is a need for specialist online or telephone counselling that is trauma-skilled and conducted via agencies that are trusted by asylum seeking individuals and families. |

Special Groups

| Characteristic | Additional Impact Due to COVID-19 (actual or potential) | Mitigating Action to Take Forward |
|--|---|---|
| <p>Special Groups People who are being trafficked</p>  | <ul style="list-style-type: none"> Concerns that people trafficked into businesses that have closed due to Covid-19 (e.g. nail bars and car washes) could be forced into different work, or 'let go' if their trafficker can no longer make money from them. People are more likely to be experiencing trauma and less likely to seek medical help. People often have no ID, papers or money and are at increased risk of homelessness, rough sleeping, destitution and exploitation including sexual exploitation. It can be expected that some of the people that homelessness agencies are meeting may have been trafficked. | <ul style="list-style-type: none"> Share information and continue to strengthen relationships between agencies including homelessness, trafficking, destitution and refugee services. All agencies encouraged to spot the signs of human trafficking, more here: www.modernslaveryhelpline.org/about/spot-the-signs To get advice or report a concern contact the Modern Slavery Helpline on 08000 121 700 or advise the person that you are concerned about to phone this number. They can speak confidentially without giving their name. TARA (Trafficking Awareness Raising Alliance) work with women over 18 who have been trafficked into commercial sexual exploitation. Phone 0141 275 7724. Migrant Help: Work with people over 18 who have been trafficked for any purpose other than commercial sexual exploitation. Phone 0141 8847900 /out of Hours 0141 2128553. |



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