

**A qualitative study of the experiences of people
(*with experience of rough sleeping / homelessness*)
who were temporarily accommodated in London hotels as part of
the 'Everyone In' initiative
(March - September 2020).**

Dr Stephen Parkin

Research Fellow

National Addiction Centre

The Institute of Psychiatry, Psychology & Neuroscience

Background

COVID-19 and Public Health Responses

(UK, 23 March 2020)

- **(First) National Lockdown**

- Social Distancing, Social Isolation and Shielding
- 'Stay at Home, Protect the NHS, Save Lives'

- **'Everyone In' initiative**

- **(England, 26 March 2020)**

- Directive for all local authorities in **England** to provide emergency accommodation for people currently experiencing rough sleeping or homelessness

Everyone In

Over 1000 hotels throughout England procured by local authorities (providing temp accomm for over 15,000 people)

Of which c.65 hotels were located in/around London (providing temp accomm for approximately 5,500 people at peak)

Initially meant to be for 12 weeks

... but still running... in a much reduced format

Everyone In Accommodation: Tiered System of Provision

1. COVID-Care - accommodating people testing positive for, or displaying and reporting symptoms of, the virus
2. COVID-Protect - accommodating people who are asymptomatic but considered most vulnerable because of their age or underlying health conditions
3. COVID-Prevent - accommodating people who are asymptomatic and deemed less vulnerable to COVID-19

01 May 2020

National
Addiction Centre,
King's College
London.

Ethical approval granted to conduct a covid-secure study of the Everyone In initiative at 2 London hotels

“A rapid evaluation of the London hotels initiative for people who experience rough sleeping”

(NB: An unfunded study with most of the team working on voluntary basis)

The Study: Aim, Methods and Output

Aim

To evaluate the London hotel initiative for people who experience rough sleeping from the perspective of people accommodated in two hotels during the COVID-19 pandemic.

Methods

A rapid, longitudinal, qualitative study.

Ten (10) topic-based telephone interviews conducted with each participant at two points in time. Namely:

Stage 1 – five interviews over five days while in the hotel

Stage 2 – five interviews over five weeks after leaving the hotel

Output

*Stage 1: June – September 2020 = **Report 1** (today's presentation)*

*Stage 2: October – December 2020 = **Report 2** (not covered today)*

Findings: participant profile (residents)

35 Residents participated in study (33 completed all Stage 1 interviews [n=165]). All with recent experience of rough sleeping.

33/35 from COVID-Protect hotel (2/35 from COVID-Prevent hotel)

Age: 21-75 years old (mean 48 years old)

Ethnicity: 24/35 identified as Black, Asian or other Minority Ethnic group

Sex: 7 identified as female, 28 identified as male

Nationality: 11 born UK, 3 born EU, 21 born outside UK/EU (many involved in complex immigration issues: refuge, asylum, visas, expecting deportation, recent release from detention centre etc.)

Language: More than half spoke English as Foreign Language

Homelessness: range 4 nights – 30 years (most approx. 5 years)

Relationships: Almost all were single, separated, divorced or widowed (few in current relationship)

Education: 10/33 had further/higher education certificates (including two PhDs). 13/33 reported no formal qualifications.

Employment: wide variation of skilled/unskilled experience. Small number of long time unemployed and many unable to work due to immigration status

+

•

○

Selected Key Messages

Relating to:

- Participants
- Everyone In initiative
- COVID-19 prevention
- Physical and Mental Health
- Move on, next step accommodation

All extracted and adapted from:

Neale, J., Brobbin, E., Bowen, A., Craft, S., Drummond, C., Dwyer, G.-J., Finch, E., Henderson, J., Hermann, L., Kelleher, M., Kuester, L., McDonald, R., Parkin, S., Radcliffe, P., Roberts, E., Robson, D., Strang, J., Turner, R., and Metrebian, N. (2020). *“Experiences of being housed in a London hotel as part of the ‘Everyone In’ initiative. Part 1: Life in the Hotel.”* National Addiction Centre, King’s College London: London.

Some key messages (lessons learned)

Participants

- Findings suggest that people accommodated in the COVID-Protect hotel were likely to be male and unlikely to be British nationals.
- Overall, those in both hotels had diverse support needs (language, legal, financial, physical health, psychological, and emotional) with limited links to social, health and financial support systems.
- Many did not have long histories of homelessness and were often anxious / frightened by sleeping on the streets and in hostels.

Some key messages (lessons learned)

Everyone In Initiative

- It is possible to move people into emergency accommodation quickly (although temporary)
- Participants valued the kindness of the hotel staff, the room facilities, and the warmth, safety and privacy afforded by having their own space
- Participants tended to be grateful for all practical support (including provision of smartphones), although many still had unmet needs (relating to health and medicine)
- People were appreciative of the hotel accommodation and reluctant to be critical ...
 - except for the monotony of cold, predictable, food (which caused widespread complaints, dissatisfaction, going hungry, and verbal abuse from catering company employees)

Some key messages (lessons learned)

COVID-19 Prevention

- The hotels appeared to be successful intervention in terms of protecting residents from exposure to COVID-19 and created an environment for people to minimise social contact
- Participants reported widespread awareness of - and compliance with - COVID-19 guidelines (both in hotel, and outside hotel)

Some key messages (lessons learned)

Physical and Mental Health

- Participants reported a wide range of physical health problems which were often being treated before they moved into the hotel
- Participants also reported a wide range of mental health problems but did not seem to be well-connected to mental health services before moving into the hotel
- Despite the provision of medical treatment within the hotel, participants continued to report untreated mental and physical health problems
- The distribution of free nicotine patches, gum and vaping equipment helped to reduce some tobacco consumption

Some key messages (lessons learned)

Move on to next step accommodation

- Participants tended to have little information about when they would be leaving the hotel and where they would be moving to. This caused stress and anxiety throughout.
- The process of moving out of the hotel became difficult and traumatic for many residents.
 - For some, this involved rude awakenings early in the morning and given one hour's notice to leave (in transport arranged by the hotel).
- Difficulties and trauma may have been reduced if residents had been given more information (location and type) of their move-on accommodation ...
 - and more time to prepare and pack on the day of the move.

Do different?

Food

Consider other ways of providing meals to include more choice and be appropriate for diverse (medical, religious and cultural) diets, and to consider provision of **hot meals** on a regular basis.

Provide some opportunity for residents to cook for themselves (or have access to a fridge or microwave would be valued).

Support

- Although residents received support and referrals to services while in the hotel, they continued to have many unmet needs as they departed from the hotel.
- A more coordinated and assertive approach to providing support services would have likely been appreciated by many residents (especially amongst those who spoke EFL).

Move-on, next step accommodation

- Move on arrangements was made difficult due to many factors beyond the control of the hotel staff, but the uncertainty caused stress and anxiety amongst residents.
- Some of this stress/anxiety would have probably been avoided if staff had been able to:
 - give residents more information verbally (avoiding letters handed to speakers of EFL)
 - communicated with residents more regularly and openly about when and where they would be going next.

Safeguarding

Overall, the participant group had contact with charities and third sector services, some contact with formal health systems, but had limited access to (formal and informal) social, financial and emotional support systems.

As a group, they were *unlikely to seek out or ask for any support*. The group seem likely to require outreach (or assertive forms of assistance) to bring them into services in the future.

Once contacted, they are likely to be grateful for any help offered.

Some Knowledge Gaps

- How did the hotels in the tier system differ? (Were there any particular models that worked better than others, and if so, how and why)
- Who were housed in the different tiers and who did not receive an offer of (or refused) accommodation
- How were decisions made regarding those people who were asked to leave – and by whom? And where did they go?
- What are residents' experiences of move-on accommodation during **second** (Nov 2020) and **third** (Jan 2021) lockdowns
- What are the views and experiences of Charity Staff working in the hotels and other staff (security/caterers) during **first** lockdown?
- What are the implications/expectations for housing people experiencing rough sleeping **post** COVID-19?

Going forward?

Findings presented throughout relate mainly to Report 1 (Life in the Hotel), due to Webinar focus on 'first lockdown'

Report 2, (Life in the month after the Hotel), portrays a different picture of the residents' lives when they had moved on to next step accommodation in the community (or to other hotels/hostels).

Selected messages from Report 2 follow in next slide (Neale et al, 2021, *Experiences of being housed in a London hotel as part of the Everyone In initiative. Part 2: Life in the month after leaving the hotel.* pp23-25)

‘Follow-up interviews revealed that these same residents were often critical of their move-on accommodation. Moreover, the extreme nature of some of their complaints suggested that some were being housed in accommodation that might not be deemed ‘suitable’ according to the homelessness code of guidance for local authorities.’ p23

‘The follow-up interviews indicated that this good work was often unravelling within a month of people leaving the hotel. In particular, participants reported that their physical and mental health were deteriorating, and there were signs that, without proactive hotel support, some were losing contact with services ...’ p.23

Overall..... ‘our findings provide a glimpse into what can be achieved when people who are homeless are offered warmth, safety and care; and, also, how rapidly gains can be lost if we fail to continue to invest’ p.25

Acknowledgements

Thanks to all study participants for sharing their views and experiences during interviews.

Thanks to staff from two charities who managed the two hotels in the study and who facilitated access to residents.

Basic funding for the research (to cover mobile phones and phone calls for the research team, printing of information sheets and consent forms, and reimbursements for the study participants) was provided by the National Institute for Health Research (NIHR) Maudsley Biomedical Research Centre (BRC) at South London and Maudsley NHS Foundation Trust and King's College London.

The study team:

Alice Bowen, Eileen Brobbin, Sam Craft, Colin Drummond, Georges-Jacques Dwyer, Emily Finch, Juliet Henderson, Laura Hermann, Mike Kellehar, Landon Kuester, Rebecca McDonald, Stephen Parkin, Polly Radcliffe, Emmert Roberts, Deborah Robson, John Strang, Richard Turner, Joanne Neale* and Nicola Metrebian*

*(*Joint Principal Investigators)*

The views expressed in this presentation and associated reports are those of the presenter/authorship team and are not necessarily those of the NHS, the NIHR or the Department of Health and Social Care

Further information

Report 1 (Life in the hotel)

Report 2 (Life in the month after leaving the hotel)

Both available at:

<https://osf.io/rt7j9/>

Enquiries and information about **this presentation**:

stephen.parkin@kcl.ac.uk

Joint Principal Investigators of the study:

nicola.metrebian@kcl.ac.uk

joanne.neale@kcl.ac.uk