Criteria for a comprehensive local response to COVID-19 and homelessness

Version: 12th May 2020

Crisis, Groundswell and Pathway have been supporting local areas with their coordinated response to COVID-19 for people experiencing homelessness; developing a number of practical resources to support this. We have used these to create a set of criteria to map local responses across the country, and enable local areas to "sense-check" their own response. The criteria are purposefully ambitious. The intention is to provide a simple, practical tool to enable you to identify both the strengths of your response, and elements to work on. This is not about monitoring or any other form of scrutiny. We would love to discuss your experience of the tool, the results from your area (if you are happy to share) and any areas we can support, so please do get in touch.

	Criteria			
Local planning	1. Homelessness taskforce/cell established with right representatives?			
	2. Meeting regularly?			
	3. Comprehensive cross-sector action plan in place with clear ownership/ accountability?			
	4. Central resource/ service mapping and planning documents accessible to all stakeholders?			
"Everybody in"	5. Everybody offered self-contained accommodation?			
	6. Hubs, night shelters and shared facility hostels closed?			
	7. Implementing "Test-Triage-Cohort-Care" plan or other clear protocol?			
	8. Essentials provided to everyone in temporary/ emergency accommodation?			
	9. Appropriate clinical support for people in temporary accommodation who are symptomatic or have long term health conditions?			
	10. Clear risk assessment in place to ensure safeguarding issues are identified and addressed?			

	Criteria			
Service delivery	11. Removed restrictions and barriers to accessing services?			
	12. Proactive contact to groups at risk of homelessness? e.g. domestic abuse, financial hardship, sofa surfing, landlords etc.			
	13. Working with statutory institutions for coordinated discharge?			
Next steps/ transitions	14. Built a shared understanding of what everyone needs and wants, involving them in the process?			
	15. Developing housing-led solutions and pathways?			
	16. Planning for continuity of care and person-centred support?			
	17. Frameworks established to respond quickly to opportunities and balance this with a sustainable, strategic and coordinated response?			
	Total			

Criteria descriptions

1. Homelessness taskforce/ cell established with right representatives?	Taskforce established quickly at the outset with representation from NHS, social care, public health, homelessness, housing, police, community safety, drug & alcohol treatment services, DWP/ welfare,community/faith/grassroots groups and ideally people with lived experience	Taskforce established, some of the right representatives or slow to start	No taskforce established
2. Meeting regularly?	Yes, at frequent intervals suited to strategic/ operational purposes e.g. daily for operational working groups, weekly or fortnightly for strategic	Meeting but infrequently/ sporadically e.g. once every 2/3 weeks	None or rarely
3. Comprehensive cross-sector action plan in place with clear ownership/ accountability?	Clear plan using cluster management or other thematic approach, time-based actions and clear ownership and accountability for actions. Plan regularly updated or provided as a 'live view'	Plan in place but not comprehensive and/ or not owned across the required sectors and representatives	No plan or out of date

4. Central resource/ service mapping and planning documents accessible to all stakeholders?	Regularly updated resource and service mapping providing a 'single source of truth' that is open and accessible for everyone that needs it, facilitating effective workforce planning and deployment	Mapping completed but quickly becoming out of date and/ or not shared with partners	Limited or no mapping exercise completed
5. Everybody offered self-contained accommodation?	Everybody (rough sleeping, or at imminent risk, and in temporary facilities that have been closed or are no longer suitable) has been offered appropriate s/c accommodation. Only people left are those currently refusing offers. Supported by no evictions to the streets from current emergency provision	Made good progress in getting 'everybody in' but still a number yet to be placed/ offered e.g. bottlenecks in referral pathways, second waves of people that were sofa surfing or lodging or evicted/ left emergency accommodation	Limited progress, still a significant number roofless or in unsuitable accommodation
6. Hubs, night shelters and shared facility hostels closed?	All closed and repurposed for triage/ screening or adapted as COVID-Protect, COVID-Care or COVID-General/ Prevent facilities	Made good progress but still a number open with people needing alternative accommodation. Sites that are open following PHE guidance for infection control including protective cohorting of residents and monitoring daily for symptoms	No plan or out of date

7. Implementing "Test-Triage-Cohort-Care" plan or other clear protocol?	Sector plan fully implemented or in process of being implemented including: triaging and screening into the three cohorts, appropriate accommodation designated for each, and appropriate multi-agency response supporting delivery	Sector plan being considered and scoped, and/ or implemented retrospectively e.g. people placed in accommodation and now being triaged for potential transfer to alternative facilities. Can include attempting to follow but unable to due to accommodation or clinical support issues	Not proactively considering or following sector plan or other clear protocol
8. Essentials provided to everyone in temporary/ emergency accommodation?	Coordination of essential provision in place for everyone in accommodation following a proper assessment, covering: food that meets minimum nutritional standards and individual dietary requirements, sanitation and hygiene supplies, access to medication where required, access to phones and/ or other communications devices including broadband (with help to use and access virtual support), access to resource to manage active addictions; access to primary healthcare and treatment; and wellbeing/ distraction support	Coordination of essential provision in place for some things or inconsistency between provision e.g. just food and devices or blanket provision of certain essentials without proper assessments	Multiple gaps in essential provision, both in terms of services and coverage across accommodation units

9. Appropriate clinical support for people in temporary accommodation who are symptomatic or have long term health conditions?	Following optimal health-related staffing and equipment specifications for facilities (remote or in-reach). For COVID-Care (support to people who are COVID positive/ symptomatic): 24-hour nursing, volunteers and/or HCA to support, GP time as required, drug and alcohol workers, link to mental health teams. For COVID-Protect (underlying conditions): Nurse day shifts, volunteers and HCA, GP cover and on call, drug and alcohol workers For COVID-General/ Prevent: Nurse day shift and on call, GP on call, drug and alcohol workers	Some clinical support in place but does not meet ideal specifications and/ or is not in place at all relevant sites	No clinical support in place, all facilities staffed and supported by housing/ homelessness professionals only or volunteers
10. Clear risk assessment in place to ensure safeguarding issues are identified and addressed?	Information regarding risk captured through referral process and taken into account at accommodation/ allocation stage. Full assessment of needs conducted when individual booked into accommodation and individual offered information about accessing appropriate support based on needs	Requesting information regarding risk at referral but not being taken into account for allocation. Brief needs assessment carried out but individual not proactively supported to engage with services. Generic safeguarding policy in place but no lead	Information on risk not captured through referral and therefore not considered for allocation. Basic needs captured but support either limited or forced on the person. No safeguarding policy or lead in place for the facility

10. [continued]	assessment. Clear safeguarding policy in place to identify, report and manage risk tailored to the provision with an identified safeguarding lead for each facility		
11. Removed restrictions and barriers to accessing services?	Providing clear alternatives to access support if F2F options are closed/ restricted, which are appropriately resourced. Statutory services not using local connection, priority need, intentionality, eligibility status or any other criteria to limit access or level of support provided. This is clearly communicated and evidenced in practice	Communicated intentions to remove restrictions but still being used to turn people away or reduce level of service provided in practice. May have been relaxed and now reinstated. Includes reduced face to face services with limited communication of alternative ways to access support	Still applying service restrictions with no stated intention not to do so
12. Proactive contact to groups at risk of homelessness e.g. domestic abuse, financial hardship, sofa surfing, landlords etc.	Utilised existing data sets/ open cases/ partner organisations to proactively identify those at risk of homelessness due to the pandemic. Have started (or completed) proactive contacting of these households to understand needs/ risks and put appropriate support in place	Have made some attempt to identify at-risk groups (may be one or two reasons or limited data) and contact them with offers of support	No proactive attempts to identify at-risk groups or households

13. Working with statutory institutions for coordinated discharge?	Proactive contact has been made with all relevant state institutions (e.g. Hospital, prisons) and discharge protocols/ joint working arrangements have been updated and enhanced to ensure everyone is discharged to appropriate accommodation with the right support	Contact made and arrangements established with some institutions and/ or protocols updated and agreed, but issues operationally	No contact or review of arrangements
14. Built a shared understanding of what everyone needs and wants, involving them in the process?	Everyone that needs one (including those in emergency facilities) has received a consistent, holistic assessment of the nature, intensity and duration of support needs and the appropriate housing-led pathway / plan for them. Strength-based approaches adopted by skilled staff, ensuring people feel they have choice and control over whether and where they move, and trust that they will receive the support they need for as long as they need it	Consistent assessment process in progress or starting imminently, utilising person-centred and strength-based approaches OR assessment process complete using traditional deficit-based approaches and limited choice/ collaboration with individuals	Assessment process in progress/ starting imminently but inconsistent, using traditional deficit-based approaches

15. Developing housing-led solutions and pathways?	Collaborative partnership in place working towards a clear understanding of the required pathways and support models (housing first, permanent housing with floating/ resettlement support, permanent supported housing and residential care etc.). Exploring all options and tenures, coordinating procurement and making best use of existing provision. Move-on work ongoing where appropriate and sustainable	Collaborative partnerships started exploring provision and move-on work whilst they await outputs of needs assessment. Looking at a few options/ tenures but yet to explore a full range of options	Not applying housing-led principles i.e. restrictions and barriers/ people needing to prove they are "housing ready" OR limited progress understanding/ identifying appropriate pathways
16. Planning for continuity of care and person-centred support?	Everyone supported should be made an offer of long-term, secure housing with access to appropriate support. Support is in place before someone moves from emergency accommodation and the support moves with them, ensuring continuity of care (including social care, primary care, mental health, public health and housing-related). An integrated approach with health and care to facilitate this and secure access to services, with mechanisms to involve people throughout	Attempts to support everyone through the transition with a tailored and meaningful plan. Unable to follow-up and implement this for everyone due to ongoing pressures e.g. resources, services or the structures aren't in place for an integrated multi-agency response	Limited involvement of individuals in their options and ongoing support. Quick move-on is prioritised and individuals are not appropriately supported during and after

17. Frameworks established to respond quickly to opportunities and balance this with a sustainable, strategic and coordinated response?	Transition planning continues to utilise local partnerships and cross-sector approaches (e.g. a taskforce) embedded in local governance that is working toward a clear and ambitious plan, co-developed with people with lived experience of homelessness. All organisations aligned to this with clear routes to resolve issues/ barriers that emerge. Arrangements established to manage and treat this as an ongoing process with gradual phases of transition. Recognition this process should start and signal a shift to a more comprehensive housing-led system, improvements in the local resilience to homelessness and should build on/ maintain flexible responses seen to date. Assessments of need are person-centred, holistic and focus on housing, health and other support needs and give people choice and control.	Transition planning is aligned, well coordinated, gradual and follows a clear plan. Short-term priorities mean broader opportunities missed e.g. move to more flexible, integrated commissioning models; whole-system change and resilience; housing-led principles etc.	No clear plan or strategy on how to manage the transition. Limited recognition of medium-term opportunities and cross-sector alignment/ structures not in place

Useful resources

Sector plan and supporting resources

COVID-19 Homeless Sector Plan

Healthy London Resources

Groundswell

#HealthNow

Planning resources for local areas

Briefings from Groundswell research

Crisis

Open-access toolkit for local authority homelessness services

We would love to discuss your experience of the tool, the results from your area (if you are happy to share) and any areas we can support, so please do get in touch.

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