Witness Name:
Statement No.:
Exhibits:
Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF GROUNDSWELL NETWORK SUPPORT UK

I, Michael Chandler, will say as follows: -

1. Groundswell Network UK was founded in 1996 as a grassroots organisation focused on empowering people experiencing homelessness. It was established with the belief that people affected by homelessness should be at the heart of designing and delivering solutions to the challenges they face.

   Groundswell's core mission is to enable people who have experienced homelessness to create solutions and drive change in their own lives and in wider society.

   Groundswell's work focuses around four key strategic goals:

   Healthier Lives: Addressing health disparities among people experiencing homelessness through our Homeless Health Peer Advocacy service, practical support, and information dissemination. This goal focuses on ensuring equitable access to healthcare and promoting overall well-being.

   Stronger Voices: Empowering individuals with lived experience of homelessness to actively participate in creating solutions – through participatory programmes placing their voice at the heart of policy development, and through increased campaigning. By amplifying these voices, Groundswell aims to influence policies and services to be more responsive and effective.

   Better Futures: Providing opportunities and support for individuals with experience of homelessness to progress in their lives, through progression support and volunteering and employment opportunities throughout and beyond Groundswell.

Greater Together: Emphasizing collaboration and partnership, this goal underscores the importance of working collectively to achieve greater impact. Groundswell is committed to building relationships founded on compassion and transparency to create positive change.

Groundswell works directly with and for people experiencing or at risk of homelessness. 70% of our team have lived experience of some form of homelessness.

2. Key activities Groundswell was involved in with regards to testing tracing and isolating were:

- We had team members working with Find and Treat who were going into hostels and asylum hotels to do mass testing
- We developed specific communications and resources around testing and isolating. These included leaflets and posters on how to do a test (this was funded by NHS England)
- We were involved in a number of London based meetings and strategic groups that pushed for homelessness organisations to get free supplies of test kits for staff and clients
- We provided insight, case studies to the Population Health Directorate at DHSC, particularly around the barriers to test and trace being experienced by some of our clients. These were from and following meetings with our national #HealthNow network of peers, which UK Government officials and representatives from local councils and Public Health occasionally attended. These highlighted issues such as digital barriers to testing, language and equipment barriers, pre-existing health conditions, and concerns such as managing outbreaks in hostel environments.
- During this time, we also engaged with Local Authorities and with Gill Leng in her role as Health and Homelessness Advisor at PHE/MHCLG. Our then CEO and senior colleagues attended and represented Groundswell at cross-sector and NHS England meetings.
- Groundswell also submitted a response to the call for evidence for the parliamentary inquiry on the Impact of COVID-19 (Coronavirus) on homelessness and the private rented sector – see below.

- Our report "Monitoring the Impact of COVID-19" (**MC1/01 -** INQ000587722) explored how the pandemic has affected individuals experiencing homelessness, specifically between March and September 2020, and included some learnings on the effectiveness of test, trace, and isolate (TTI) policies.

Key recommendations included addressing the digital divide in accessing healthcare, improving inclusion health through partnerships and accountability, and improving the accessibility of information.

Key findings specifically around TTI include:

- **Barriers to Testing**: Many homeless individuals faced difficulties accessing COVID-19 testing due to a lack of information, testing sites, and concerns about stigma.
- **Challenges in Contact Tracing**: The transient nature of homelessness made it challenging to trace contacts effectively, leading to gaps in the tracing process.
- **Isolation Difficulties**: Self-isolation was often impractical for those without stable housing, highlighting the need for appropriate accommodation to enable effective isolation.

We also found some other significant issues. Early on there were concerns about people collecting prescriptions, particularly those on supervised opiate replacement therapy. There were also concerns around the following:

- Plans being developed and rolled out without the involvement of people with lived experience or frontline services.
- The impact on smokers - a number of pilots were trialled for providing electronic cigarettes
- Testing locations only being accessible by car.
- Accommodation was only calculated by known numbers of people rough sleeping - as we now know the demand was much greater than this.
- Concern around not just providing accommodation - people needed support, including access to healthcare & a move on plan for after the emergency accommodation ended.

The Groundswell response to the *call for evidence for the parliamentary inquiry on the Impact of COVID-19 (Coronavirus) on homelessness and the private rented sector* highlighted some critical issues and recommendations regarding test, trace, and isolate policies and practice towards people experiencing homelessness:

- **Testing Accessibility** - Patchy Testing Coverage: While we saw an ongoing response in London, other parts of the UK lacked consistent access to COVID-19 testing for people experiencing homelessness.
- **Impact on Cohorting**: The absence of testing made it difficult to implement effective cohorting, increasing the risk of outbreaks in shared accommodations.

Isolation & Shielding Challenges

- Isolation impracticalities: Many people in emergency or temporary accommodation could not safely self-isolate due to shared facilities and overcrowding.
- Shielding gaps: Not all areas had a clear understanding of how many people needed to shield, where they were located, or how to ensure self-isolation in line with Public Health England guidance.
- Evictions: People were being evicted from emergency hotel accommodations without clear processes or appeals, putting them back on the street during the pandemic.

Issues with Cohorting Guidance - The NHS and PHE had issued cohorting guidance (grouping by symptoms/vulnerability), but this was introduced after many temporary shelters were already in place; not consistently implemented, particularly outside of London; and often lacking in clinical support or pathways, further reducing effectiveness.

4. In addition to the above,

- Groundswell worked with Crisis and Pathway on developing a self-assessment tool early in the pandemic: **MC1/02 -** INQ000587729.
- We produced some resources around Covid, such as this (though published after June 2022): **MC1/03 -** INQ000587728
- We produced a number of newsletters to our #HealthNow and other networks, wrote or fed into articles for other charities and publications, and produced blogs – an example blog from 2021 focused more on vaccine rollout: **MC1/04 -** INQ000587727

5. Our Monitoring the Impact of Covid-19 report and our response to the parliamentary inquiry on the Impact of COVID-19 (Coronavirus) on homelessness highlights some things we think could have done differently, recommending tailored strategies to address these issues, such as providing clear information, accessible testing, and suitable isolation facilities to better support homeless populations during public health crises. In a bit more detail:

- ***Improve Access to Testing*** - Ensure widespread, equitable testing for people experiencing homelessness across all regions, and integrate testing into entry procedures for emergency accommodations to improve cohorting and reduce spread.
- ***Strengthen Isolation Options*** **-** Provide isolation-appropriate accommodation with healthcare support for symptomatic and shielding individuals; and Maintaining/ standardising protections against eviction during isolation or recovery periods.
- ***Data and Planning*** **-** Use data on those in emergency accommodation to plan ongoing support; and ensure transition plans post-lockdown include consideration for new cases and support for self-isolation.
- ***Cross-Sector Coordination*** **-** A national and local mandate for Homeless Health Taskforces to lead on health planning, including TTI strategies; with these Taskforces including housing, public health, homelessness services, and people with lived experience to design effective policies.

In addition, in late 2021, we published a summary of what was working regarding Testing and Vaccines specifically: **MC1/05 -** INQ000587726

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 6th June 2025