

Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic



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Housing, planning and homelessness

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Executive summary

Local Partnerships were commissioned by the Local Government Association (LGA) to investigate lessons learnt from the Everyone In response to the COVID-19 crisis in dealing with rough sleeping and those at risk of it and how this can inform future policy and practice, including planning for winter.

We sought information from a range of councils in different parts of the country and experiencing different issues with respect to homelessness and rough sleeping. We looked at the responses to the COVID-19 crisis and homelessness by the UK devolved governments by talking to colleagues in Wales, Scotland and Northern Ireland, and reviewed some international comparisons.

We also engaged with various third sector organisations working in the field and with colleagues at the Ministry for Housing Communities and Local Government (MHCLG).

Now, November 2020, and as the second national lockdown for England is due to begin, our conclusions are presented below.

General

The success of Everyone In demonstrates that, given the mandate and funding, councils, working with their partners, have the means to end the vast majority of rough sleeping.

Everyone In

Where Everyone In worked well there were some features that contributed to its success. These were:

- rapid and expansive response in picking up and accommodating people sleeping rough and people living in unsafe conditions at risk of sleeping rough, including those not normally eligible for public services due to immigration status
- comprehensive needs assessment, including health, substance abuse and specific needs of women
- characteristics of hotel accommodation giving important feelings of safety and self-worth
- multi-agency services coming to the emergency accommodation and encouraging engagement
- rapid turnaround in moving on low needs cohort.

Partnership working

Multi-agency partnership working was key to success, and we frequently heard reports that working together on Everyone In had strengthened existing relationships and built new ones. Important aspects were:

Councils working closely with a broader range of partners than usual, including health, criminal justice, housing associations and the voluntary and charitable sectors. This led to a better understanding from all partners of what the others could do, and the potential to bring together and allocate different sets of resources in new ways.

- Engagement with health to get a tailored service for this cohort, including primary health care and access to mental health and drug and alcohol services.
- Enhanced trust between councils operating across two tier geographies. Counties and districts had interdependent responsibilities and worked together both vertically and horizontally to secure the best outcomes.
- Making the most of new technology to conduct remote meetings between agencies, drastically reducing the logistical barriers to co-operation.

Pointers for the future

Everyone In had brought in new ways of working, some of which respondents felt were more effective and had potential for the future. These were:

- Councils converting the majority of housing options services to telephone only. Some reported people were happier with phone interactions due to the ease of the transaction and reduced stigma. However, others found this was a significant barrier to engaging with some groups and had maintained or set up new mechanisms to facilitate face to face delivery.
- Using teleconferencing, rather than face to face meetings, facilitated collaborative working across wide geographies.
- Reflection on the relative success of pre-existing pathways for single homeless people and the approach adopted at Everyone In. A number of councils were considering how they could mirror the positive aspects of hotel accommodation and rapid move on in new service design to address the negative characteristics of night shelters and hostels, and the greater success rates in moves to settled accommodation that had been achieved.
- Everyone In highlighted the extent of hidden homelessness for single people, in what was often a surprising scale to councils. Given that the Homelessness Reduction Act 2017 has introduced responsibilities to this cohort, some councils are beginning to think longer term about their affordable housing programme and whether it should include a larger proportion of one-bed accommodation.

Outstanding Issues

People with no recourse to public funds remain a dilemma. Work to assist people in resolving immigration status and in finding employment was successful for some councils, but there usually remained a proportion for whom there was no solution, and in some areas people without settled immigration status represent a significant proportion of those at risk of sleeping rough.

Shortage of affordable housing is an inevitable blocker in finding move on accommodation. While the MHCLG funded Next Steps Accommodation Programme (NSAP) capital programme will provide additional supported housing capacity, there remains a need for more genuinely affordable one-bed accommodation in both the public and private rented sectors, given Housing Benefit and Universal Credit limits

Although many councils had significant success with the Everyone In cohort, it was clear that a one-off exercise was not adequate to maintain long term reductions in rough sleeping in most areas, and a more sustained effort would be needed. Whilst there was enthusiasm for maintaining a more proactive approach to accommodating rough sleepers and those at risk, the resources were not there in most councils to be able to achieve this, especially in the light of concerns about increasing homelessness and temporary accommodation costs linked to the economic impacts of the pandemic.

Many councils are concerned about their ability to provide adequate cold weather provision this winter in a way does not increase the risk of COVID-19 infection.

Despite the enhanced levels of co-operation between services which were widespread during Everyone In, it was nevertheless often difficult to get access to appropriate health services, and especially mental health services, to work with the accommodated cohort. This seems to be a reflection of the lack of specialist primary care services working in homelessness in many parts of the country and a continued wider lack of mental health resources relative to demand.

Introduction

Context

At the end of March 2020 the Government wrote to the leader of every council in England asking them to accommodate all people sleeping rough or at risk of sleeping rough, and to find alternative accommodation for those in shelters where they could not easily self-isolate by the end of the weekend, in order to prevent the spread of COVID-19. This was called 'Everyone In'. Based on MHCLG figures, councils moved an estimated 90 per cent of rough sleepers known at the start of the lockdown into hotels, bed and breakfasts and other temporary accommodation, and accommodated up to 15,000 individuals.

In response to this **Local Partnerships and the Local Government Association (LGA) worked quickly together to produce a briefing paper for councils and other organisations working with rough sleepers** and those at risk of it, pulling together guidance and best practice. It was focussed on the next steps to take in order to secure the right accommodation and support for those individuals accommodated because of the COVID-19 crisis.

This was published in early June. Now, November 2020, and as the second national lockdown for England has begun, the LGA have commissioned a further piece of work, focussing on lessons learnt from the response to the crisis and how this can inform future policy and practice, including planning for winter.

The current position

That Everyone In was successful and saved lives is beyond doubt. Local government demonstrated its ability to take swift and decisive action in the face of a crisis. This is reiterated by a **recent article in the Lancet**.

At the time of writing it is clear that a second wave of COVID-19 has arrived in the UK. A further national lockdown began for England on 5 November for a period of one month. Local councils are considering how to source sufficient and appropriate housing and support for the people they accommodated in March and subsequently,

as well as how to plan for winter for those rough sleeping or at risk of it, when previous arrangements may no longer be suitable, and a new flow of rough sleepers is present.

The provision of funding by central government, firstly for Everyone In, and subsequently through the NSAP, launched in July, which allocates resources to support councils and their partners in preventing those people accommodated from returning to the streets, has been very important.

This report

We sought information from a range of councils in different parts of the country and experiencing different issues with respect to homelessness and rough sleeping. We looked at the responses to the COVID-19 crisis and homelessness by the UK devolved governments by talking to colleagues in Wales, Scotland and Northern Ireland, and reviewed some international comparisons.

We also engaged with various third sector organisations working in the field and with colleagues at MHCLG. A full list of our respondents is given at Appendix 2.

The next sections of our report set out what we found, how this translates into lessons learnt and indications for the future, and our conclusions. Given the situation now is fluid, with the second wave ongoing, and a moving picture of local restrictions and funding deals in different parts of the country, our conclusions represent a snapshot of what we found in September and October this year. We believe they have useful implications to be drawn for work with rough sleepers and homeless people in the future.

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temporary accommodation, and outcomes-based commissioning. Tim has previously worked for central government, local government, housing associations and the voluntary sector, and has led on the development of a number of programmes and policies of national significance.

The current position

Introduction

This section sets the scene, discusses what happened next after Everyone In and draws some international comparisons.

Setting the scene

Tackling homelessness in England is a shared responsibility between local, national and, in some areas like London and Greater Manchester, regional government.

Councils are in principle left to their own devices in how they tackle homelessness in their area, but are subject to a number of statutory duties to accommodate the most vulnerable homeless households and to make efforts to prevent and relieve homelessness for a range of other groups. These duties were significantly extended by the Homelessness Reduction Act 2017, which came into operation from April 2018.

In practice, national government has for many decades taken a keen interest in homelessness, providing dedicated funding to councils such as Flexible Homelessness Support Grant (FHSG) and by employing teams of homelessness advisors to support councils in implementing good practice.

However, despite rough sleeping being the most visible and acute form of homelessness, there is no duty to provide accommodation or shelter for the majority of rough sleepers who do not meet the vulnerability criteria for 'priority need' in the homelessness legislation.

There is less responsibility on councils to provide accommodation or shelter to foreign nationals with no recourse to public funds (NRPF) or those from European Economic Area (EEA) countries not exercising their treaty rights, and in some cases councils have no powers to provide help.

This has led to a range of service provision for rough sleepers across the country, including hostel provision of different range and quality, varying levels of access to health and drug and alcohol services, with some rough sleepers relying on night

shelter provision, and some only able to access support from voluntary or faith based groups.

In the years between 2010 and 2017 rough sleeping, as assessed from annual snapshot counts and estimates of those rough sleeping on a single night in England, rose from 1,768 to 4,751, a rise of 169 per cent.

Partly in response to this rise, government has committed to ending rough sleeping by the end of the current parliament, produced a Rough Sleeping Strategy in 2018, and provided dedicated funding to councils to reduce rough sleeping under the Rough Sleeping Initiative (RSI) programme since 2018/19. Local RSI funded initiatives are designed by council officers in collaboration with homelessness advisers from MHCLG.

By Autumn 2019, when the last snapshot was taken, rough sleeping had reduced by 11 per cent since 2017 to 4,266 on a single night, with a continuing downward trend hoped for.

This is the context in which the COVID-19 pandemic hit in spring 2020.

Everyone In

On Monday 23 March 2020, the COVID-19 lockdown began in England, and on Thursday 26 March 2020, the Minister for Local Government and Homelessness wrote to the leader of every council in England asking them to house all people sleeping rough and to find alternative accommodation for people in hostels and night shelters by the end of the week.

This has become known as the Everyone In initiative. Based on MHCLG figures, councils almost immediately moved an estimated 90 per cent of rough sleepers into hotels, bed and breakfasts and other temporary accommodation. Altogether around 15,000 individuals were moved into hotels and other emergency accommodation across England, according to government estimates, including 5,400 in London.

This was a remarkable feat, requiring great energy on the part of councils, and in many cases an unprecedented level of joint working with partners in health services, the voluntary sector and housing associations.

As commercial hotels had largely shut down in response to the lockdown, opportunities to accommodate rough sleepers in hotel accommodation were much greater than they would otherwise have been, but nevertheless councils moved very rapidly to action. In London, the Greater London Authority (GLA) and London Councils played a very significant role. In other areas district and county councils joined forces effectively.

What happened next?

Scale and response

It became evident in many areas that the scale of homelessness and rough sleeping risk was much larger than had been generally realised, with many 'sofa surfers' and other hidden homeless groups living in unsafe conditions approaching councils for help. The data suggests that approximately 15,000 people were accommodated at Everyone In, in contrast with the latest snapshot rough sleeper count of 4,200. There were also specific issues for homeless women living in accommodation where they may be vulnerable to exploitation or abuse. In a number of council areas significant numbers of foreign nationals without access to welfare benefits emerged from faith group run night shelters and other non-commissioned provision.

As well as providing COVID-19 compliant accommodation, a major task for councils and their partners was to assess the health risks for individuals, both those who had been newly taken in and existing supported housing residents.

Those moved into hotels required both an assessment of their support needs, immigration status and mental and physical health needs, and support based on those needs to be able to manage successfully.

In many cases food was directly provided to the new residents by voluntary sector groups and others working in partnership with councils.

Hotels were only one source of accommodation. Many councils made innovative use of other sites, worked with partners providing additional leased supported housing, and modified their use of existing supported housing to make it COVID-19 compliant, with some also making use of portable, modular accommodation on a temporary basis.

Follow up to the immediate crisis

After the initial Everyone In phase, a number of councils told us that they continued to experience high demand for accommodation from single homeless people throughout the period of lockdown and subsequently, sometimes involving a greater number of people than those initially accommodated. How councils responded to this has varied. On 29 June 2020 MHCLG amended the homelessness code of guidance to include advice on when to class those who might be vulnerable to COVID-19 as in priority need.

This had the effect of moving from a position of Everyone In to assessments of 'clinical vulnerability' and whether a 'history of rough sleeping should be considered vulnerable in the context of COVID-19, taking into account their age and underlying health conditions'.

It has been up to councils whether to continue to accommodate single homeless people who would not be deemed to be in priority need since that point, with the position each has taken varying according to local conditions, but with almost all councils now being more restrictive about who they will accommodate than at the beginning of the crisis, due to resource constraints and the reduction in COVID-19 infection risk over the summer.

Plymouth Alliance

Government guidance on provision of night shelters

The Government issued guidance on the opening of night shelters for people experiencing rough sleeping on 13 October 2020.

Due to the risk of COVID-19 infection in communal spaces, the guidance makes clear that night shelters should only be used as a last resort to protect against the risk to health and life of individuals remaining on the streets when other alternative options are unavailable, for example in very cold weather.

The guidance asks councils and night shelter projects to consider whether they can provide self-contained accommodation options. Rotating night shelter models, where different venues are used on different days, should not be used.

Providers and commissioners of night shelters should work closely with their council and adhere to any special measures in place for the local area where the shelter is located. If a council deems that a shelter provision is not required in an area, voluntary and faith groups who usually provide shelter provision should not open their shelters in this area.

The guidance also offers detailed advice on risk assessment, safeguarding, infection management, referrals and triage, PPE and other areas.

Separate COVID-19 guidance is available for the management of hostel accommodation where residents each have their own room .

Impact on rough sleeping to date

At the time of writing it is hard to assess the medium to long term impact on rough sleeping, as, in most areas, rough sleeper counts have been suspended. Our discussions with councils suggest a varying picture, with rough sleeping numbers much reduced in some areas, but in other places having returned to previous levels, or even exceeding them. This is due to some people returning to the streets, some intermittent rough sleepers not being accommodated during Everyone In because they were not rough sleeping at the time, and some new rough sleepers. The impact of the new English national lockdown is yet to be seen.

In London CHAIN figures show a rise in rough sleeping between April and June 2020, compared to the previous quarter and the previous year, despite Everyone In. It is likely that this can be attributed at least partly to a suspension of London's No Second Night Out (NSNO) service during the pandemic, which has meant that the ability of services to help new rough sleepers off the streets quickly has been diminished. There are plans to reopen a modified NSNO service as soon as possible in a COVID-19 safe way.

It is too early to assess the longer-term impact of COVID-19 on the flows of new rough sleepers onto the streets. Most councils we spoke to believed that increases in rough sleeping following Everyone In were mostly among those already known to services, and that there had not been a large increase in new rough sleepers made homeless as a direct consequence of the pandemic. In London and other places, the ability of outreach services to assist new rough sleepers may have been temporarily compromised.

However, there is clearly a risk that there will be such an increase in the future, as the impact of lost jobs and reduced earnings, coupled with the end to the Government's ban on evictions, plays out over the coming months.

There are also important questions for councils to consider on how to best focus their resources between the priorities of preventing future rough sleeping, accommodating those assessed to be at immediate risk, working with people who have been accommodated since Everyone In, and working with those currently on the streets.

International comparisons

The homelessness response in the UK to the COVID-19 outbreak was unusually rapid and comprehensive by international standards, and it seems clear that this has saved lives.

In the US, where there was no similar national initiative, there have been a number of COVID-19 outbreaks in homelessness shelters.

In Europe, measures varied by country, but, to the best of our knowledge, nowhere took steps as quickly and comprehensively as Everyone In to safeguard rough sleepers, those living in shelters and the hidden homeless.

In Scotland, Wales, and Northern Ireland, measures similar to those in England were implemented, and there are aspirations in all the UK nations to build on the success of the initial measures to reduce rough sleeping and single homelessness in the longer term.

In Wales, councils took a variety of approaches to bring people in after a request to do so from the Welsh Government accompanied by an initial promise of £10 million funding. **The Welsh Code of Guidance** has been clarified to continue the Everyone In approach until the end of the pandemic. Subsequently **the Welsh Government has increased this to a £50 million programme of funding** along similar lines to the Next Steps Accommodation Programme in England.

In Scotland the homelessness legislation differs from England and Wales, in having no “priority need restriction” on the duty for councils to accommodate single homeless people. The Scottish Government announced in May that, following the end of lockdown restrictions, the **Unsuitable Accommodation Order**, which currently prohibits accommodating families with children in hotels and B&B accommodation for more than seven days, would be extended to all homeless households. However, **the implementation of this commitment may now be delayed until the end of January 2021.**

In Northern Ireland, £7.6 million has been made available in additional funding for homelessness to cover the period until March 2021. There has been a rise of 68 per cent in the number of households placed in temporary accommodation in the first quarter of 2020/21 compared to the previous year, which almost entirely consists of single people, and with a significant shift in the amount of homelessness due to the breakdown of sharing arrangements. Longer term the aim is to build on current work by integrating health and homelessness responses more closely and moving towards a more housing led approach.

The Scottish Government has published an updated “Ending homelessness together: action plan - October 2020”. The action plan has been revised to reflect actions needed in response to the coronavirus pandemic.

Lessons learnt

Introduction

This section highlights the lessons learnt and emerging good practice that we discovered.

Multi agency response

Background

Our previous report highlighted the importance of a multi-agency response in the early stages of Everyone In to ensure that people's individual needs were understood and placed at the heart of an area's response. In addition, we found that Everyone In had brought together a wide range of statutory and non-statutory agencies working with street homeless people, and that co-ordination of effort and resources was essential.

Multi-agency governance

It was important to have a multi-agency assessment of people's needs, including health, early on. In some areas such as Bournemouth, Christchurch and Poole a 'health first' approach was taken.

It was also important that the council, health, Registered Providers (RPs), and voluntary sector commissioned and non-commissioned organisations worked together, both in the initial stages of bringing people in, and subsequently when people were accommodated in emergency accommodation and moving on to interim or permanent homes. The council is usually best placed to co-ordinate these efforts, although we found examples of such collaboration also being led by other organisations, for example in the Plymouth Alliance.

On occasions existing structures were being utilised, but in others new ones were quickly developed, such as in the case study of Bournemouth, Christchurch and Poole below. Strong governance and building on existing close working relationships across statutory and non-statutory agencies were success factors.

Bournemouth, Christchurch and Poole Council

Working with the voluntary sector

Outreach support to rough sleepers is almost exclusively commissioned services by councils from the voluntary sector. In addition, non-commissioned services such as night shelters, soup runs, food banks and day centres are mainly delivered by the voluntary sector in response to perceived need, although some are commissioned, including NSNO services. Since 2011, councils have been encouraged by government to adopt a NSNO approach, by commissioning services to support people sleeping rough for the first time and help them off the street.

Existing commissioned contracts for outreach support had been quickly modified to direct support to the hotels or other accommodation where the people were staying. Such agility was an important factor.

For non-commissioned services, such as night shelters and other rough sleeper support, the situation was more nuanced, but, again, support had been re-directed to the accommodation where people were staying. This voluntary sector support was able to deliver important add-ons, such as Homeless Action Barnet (HAB) and Together in Barnet providing mobile phones and chargers for individuals in emergency accommodation, and sourcing and delivering food packages. Up to the end of September HAB had delivered £100,000 worth of food.

Those places which already had effective engagement with the wider voluntary sector were able to mobilise and co-ordinate combined efforts and resources more quickly than those that did not. In other cases it took time to recognise the value of voluntary sector partners and the additional resource they could provide by bringing voluntary effort, charitable donations and access to additional resource from grant funding organisations.

Working at a regional scale

In some areas working at a regional scale has been helpful, to consolidate buying power, and, in two-tier government areas, where responsibilities for housing and support lie with different authorities, to co-ordinate across the geography.

In London the Greater London Authority (GLA), working with London Councils, MHCLG and a wide range of other services was able to quickly set up a network of hotel provision across the capital to assist the London boroughs, to bring in different types of assessment and support, and to work with a number of providers to move residents on to more settled accommodation.

Derbyshire

Working with Prison and Probation Services

In March 2020 Her Majesty's Prison and Probation Service (HMPPS) established Homeless Prevention Taskforces in every National Probation Service (NPS) region in England and Wales. With funding that was made available due to the COVID-19 crisis they have successfully supported groups of homeless probation service users, including prison leavers and those moving on from approved premises, bail accommodation and support services into longer term accommodation. The initial funding scheme has closed to new entrants and finished on 26 October to existing service users. However, in light of the recent Government announcements, Ministry of

Justice (MoJ) have considered the public health benefits of reinstating the emergency accommodation scheme and have now agreed to reinstate the emergency accommodation funding in targeted areas of England and Wales from 22 October 2020 until 21 January 2021.

There was a significant concern that there might be a large-scale early release of prisoners due to COVID-19, which would increase homelessness pressures on councils, but our discussions suggest that this did not happen in practice. Many councils reported that they were able to work effectively with prison and probation services, the police, and police and crime commissioners during Everyone In, and to resolve difficulties which arose during the lockdown period, such as implementing the Homelessness Reduction Act Duty to Refer.

In some cases co-operation was assisted by regional or countywide co-ordination, for example in London and Essex, among the areas we spoke to.

Homelessness Prevention Taskforces (HPTs) are still live and discussions are ongoing about how to embed them in the future structure of the probation service. Effective collaboration and partnership working with councils is a key focus of the HPTs.

Councils wishing to discuss this further should contact their local NPS Head of Local Delivery Unit or the regional HPT mailbox. The mailboxes for the Homelessness Prevention Taskforces in England and Wales are as follows:

Midlands Probation Taskforce

Midlands.ProbationTaskforce@justice.gov.uk

Wales Probation Taskforce

Wales.ProbationTaskforce@justice.gov.uk

London Probation Taskforce

London.ProbationTaskforce@justice.gov.uk

East-KSS Probation Taskforce

(East of England/Kent, Surrey and Sussex)

East-KSS.probatiantaskforce@justice.gov.uk

SWSC Probation Taskforce

(South West/South Central)

SWSC.probatiantaskforce@justice.gov.uk

NWGM Probation Taskforce

(North West/Greater Manchester)

NWGM.probationtaskforce@justice.gov.uk

NEYH Probation Taskforce

NEYH.probationtaskforce@justice.gov.uk

(North East/Yorkshire and the Humber)

Night shelters and winter planning

Night shelters had to close during Everyone In, because they were not suitable for social distancing. Typically they may be communal sleeping in a church hall or similar, and because, in some cases, they are staffed and resourced by volunteers they can have a very low cost. There is currently concern about how the combined effects of a second COVID-19 wave, winter, and the continued closure of accommodation normally procured by councils for severe weather emergency planning will impact on the rough sleeping population. Although numbers in some areas may be fewer because of Everyone In, we spoke to various councils where current rough sleeping numbers were approaching and, in some cases, exceeding those seen before.

We spoke to Housing Justice, who operate as an umbrella organisation for faith-group run night shelters. They have been working with MHCLG and Public Health England to develop the recently published guidance for night shelters to enable them to open in the winter as part of winter planning, where single room accommodation is not available. They confirm that better dialogue and partnership with councils is developing as a result of the COVID-19 pandemic, and that best practice for night shelters includes working with councils, as this can provide more opportunities for their guests.

Cornwall Council

New ways of engagement

Background

The crisis has led to a review of existing ways of delivering services, both in terms of how digital and other channels are used and in a more fundamental review of current pathways. We also heard from all respondents that bringing people in as a public health response had enabled new and more positive engagement with people who may previously have resisted attempts to support them, or simply not known that help was available.

Positive engagement with individuals

We heard again and again that the fact of having a self-contained room in a hotel, or even a caravan or portable cabin, with adequate washing facilities and food, provided a new sense of dignity and self-worth for many rough sleepers. While this did not apply to all individuals, it did to an extent that our council respondents were surprised. This has enabled many former rough sleepers to make a positive change and to engage with agencies to seek permanent housing. While some people in hotels with complex needs had left the accommodation, these were small numbers, and the overwhelming message was a positive one. There was, however, evidence that the effectiveness of the accommodation in achieving these objectives depended on providing an appropriate level of support. In some cases, new ways to access methadone scripts or alcohol were needed in order to sustain people in accommodation isolated from their usual sources of supply.

The Riverside Group Ltd

Mayday Trust and Westminster City Council (1)

Changes to existing pathways of support

We heard from many council respondents that the COVID-19 crisis had led them to review existing pathways of care for rough sleepers. These would typically include some 'staircasing', where a person is offered emergency accommodation, then hostel type accommodation, perhaps for up to a period of two years, and then finally a self-contained home. They learnt from engaging with rough sleepers that hostel accommodation was often considered negative, and particularly in comparison to hotel accommodation, which had given them an insight into 'normal life' by having access to a comfortable room, washing and laundry facilities and regular meals.

Mayday Trust and Westminster City Council (2)

The councils we spoke to, having first been mandated to engage with this cohort of people, who would mostly not fall within the remit of 'priority need' in the homelessness legislation, had largely stepped up to respond and had been pleased to be given both the mandate and promise of funding to be able to do so. While the

Homelessness Reduction Act 2017 introduced prevention and relief duties, which apply to all those who are homeless and threatened with homelessness (provided they are eligible for support from public funds), this did not necessarily result in provision of accommodation, and was sometimes not widely known about amongst rough sleepers and other single homeless people. In addition, some people had had previous negative experiences of engaging with public agencies.

There has been a range of responses following the immediate crisis period. Some councils had continued to adopt an Everyone In eligibility for accommodating people, some had returned to a pre-Covid eligibility for support, and some were operating in between. Even those councils who had taken the decision to return to pre-Covid eligibility were thinking about how their existing responsibilities under the Homelessness Reduction Act could be discharged more effectively in helping people recover from rough sleeping, including, in some cases, reviewing the use of hostel accommodation and to prioritise provision of self-contained accommodation in the future.

Westminster City Council rapid hub model

Changes in the way councils are delivering homelessness services

Many councils reported that they had moved their housing options service to be telephone-based. While some reported that this was difficult, others suggested that customers had preferred the telephone interaction because it did not involve a trip to a council office, and there was less stigma attached. Staff also reported that they found the engagement with customers better and the required documents for evidence could be checked on-line. It has led councils to reconsider how they design their 'front door' to the homelessness service.

Moving to this kind of approach brings the issue of digital exclusion to the fore, as homeless people without access to a telephone or public internet will not be able to engage with such services. Some of the councils we spoke to had either retained, or opened new, face to face services specifically to cope with people not able or willing to engage with services remotely.

New ways of delivering homelessness services

Background

The COVID-19 crisis and the Everyone In response has had a profound short-term effect on homelessness services. But there are also big questions about how future service delivery might be impacted in the medium and longer term.

The evidence from councils we talked to point to a number of common experiences, but also some quite different views about how services should best be run from now on.

Learning from Everyone In

An important learning from COVID-19 is that given clear direction and a promise of funding, councils can move very quickly and do extraordinary things. To reduce street homelessness by 90 per cent in one week is something which many would have thought impossible, but which was accomplished.

The power of targeted joint working between central government, local government, health services, prison services, housing associations and the voluntary sector has also been richly demonstrated.

To what extent this focus can be maintained in the future is currently an open question. The people we spoke to felt that there were a number of key benefits from Everyone In which they would like to take forward into the future. These included:

- Joined up working and regular meetings between housing authorities and other agencies to help tackle rough sleeping, including health services, the voluntary sector, the police, drug and alcohol services, and prison and probation services.
- Use of Teams as a way of being able to meet more frequently without needing to travel long distances.
- A comprehensive focus on the needs of individual rough sleepers in the round, not just their accommodation needs.
- The ability to provide good quality single room accommodation to people who might previously only have been offered a night shelter.
- The ability to support rough sleepers and those on the edge of rough sleeping who are NRPF or EEA nationals without access to public services.
- The ability of district councils and county councils to work more closely together on a day to day basis, rather than face the barriers to effective co-operation which sometimes occur.
- The focus and priority given by all agencies to helping rough sleepers off the streets and to make changes in their lives.
- The ability to make changes to services rapidly to meet changing needs, including temporary redeployment of staff and bringing staff from different agencies together to meet needs.

Essex

Issues for debate

Other changes are more controversial, with different respondents expressing different views. Examples include:

- whether it should be a priority to accommodate homeless people not in priority need and who are not actually sleeping rough
- the extent to which it is appropriate to accommodate former rough sleepers in the private rented sector (PRS). We heard opinions that it is much better to rapidly rehouse the majority of rough sleepers in the PRS with resettlement support than to keep them in hotels or hostels. However, we also heard opinions that it is really important to address underlying needs first, before making offers of accommodation, and that where this is not done move-on can fail
- the role of Housing First. Whilst almost everyone felt there was a place for Housing First, a number of respondents felt that it was not a panacea and that a variety of service offers are important, including good quality supported housing
- the effectiveness of phone in services versus face to face service delivery. We heard evidence that telephone services can be effective, efficient and less stigmatising than face to face services. However, we also heard that for some groups telephone services are not accessible, and that a face to face service offer is needed, especially if this is delivered by a number of agencies in partnership, rather than by council officers working alone.

Some councils are changing or intending to change their practices. A number of councils we spoke to, such as Cornwall and Hillingdon, have maintained a policy of continuing to accommodate anyone deemed to be at risk of rough sleeping, even if not in priority need. However, there are concerns that this is opening up councils to a level of demand, and a consequent increase in temporary accommodation costs, which most are unable to meet in the longer term.

There is also the question of whether a wider focus on people who might sleep rough has the potential to reduce the focus on more vulnerable people who actually are sleeping rough.

The arguments in favour of using more accommodation with some of the characteristics of the COVID-19 hotel accommodation, including autonomy, access to multiple services to conduct a proper needs assessment, followed by rapid rehousing into settled Private Rented Sector (PRS), general needs social housing with floating support, or housing first accommodation are relatively clear.

Councils have found that this approach has worked well for people for whom a more traditional night shelter followed by a period of perhaps months or years in a hostel, has been much less successful. Liverpool City Council, for example, have decided not

to return to the use of the night shelter type provision they had previously relied upon, and Haringey are determined to review their provision for single homelessness and deliver services in a different way in the future. Westminster want to move to a rapid rehousing model for rough sleepers, with increasing use of the PRS, and consider this will be more cost effective in the medium term.

However, there were also examples we were told about, showing that PRS placements can go wrong if the proper support is not put in place. There is also some evidence that housing first placements are proving more expensive than anticipated in some areas, because the length of time for which support needs to be continued is longer than was first thought. It can also be difficult to access accommodation for housing first on the scale needed.

So, whilst there is a widely recognised need to change approach, and a near universal desire among councils to avoid the use of night shelter accommodation whilst there is a COVID-19 risk, it is certainly not a clear cut decision in many areas to undertake a wholesale move away from supported housing or hostel accommodation.

Next steps accommodation programme (NSAP Funding)

There was real support for the **MHCLG NSAP funding**, which is allowing many authorities to continue to deliver services instigated under Everyone In which would otherwise have to close, and which should provide significant additional accommodation and support for single homeless people for the medium and longer term.

However, we also heard that the capital part of the NSAP funding had certain conditions attached that limited its use, and that more flexibility would have been appreciated.

A number of councils had worries about severe weather provision for the coming winter, as the sort of communal spaces that are normally used will not be able to be used in the same way.

Birmingham City Council

Cold weather provision

It was clear that some councils are better prepared than others to provide sufficient severe weather emergency provision (SWEP) within hostels, hotels and B&Bs. Some expected to be reliant on reconfigured communal spaces, such as day centres with cubicles erected and less people accommodated than would previously have been possible.

How prepared councils felt was largely dependent on how well funded they were, including any NSAP funding they had been able to obtain for SWEP. Some councils fear that there will be a choice between leaving some people out in cold weather, which could be a risk to their life, and bringing them into SWEP provision with a risk of COVID-19 infection.

Although £12 million SWEP funding has been announced for the coming winter, this may not be adequate, an issue which is implicitly acknowledged by the new government guidance detailed above on reopening winter night shelters, despite the risk of COVID-19 transmission that this entails. These issues are complicated by uncertainty about the level of risk from a second or third wave of COVID-19 infection when cold weather appears, and whether there will be a repeat of Everyone In.

Councils we spoke to were extremely reluctant to rely on communal spaces for cold weather provision whilst the risk of COVID-19 infection is present, but in some cases were concerned that they may have no alternative.

Future provision in the light of the Everyone In response

At the time of writing England has just entered a second national lockdown, which has been set for one month. There has been no repeat to date of the Everyone In response, but the Government has announced an additional £15 million 'Protect Programme' to be targeted at councils with high numbers of rough sleepers to provide accommodation prioritising those who are clinically vulnerable.

All councils will have to update their rough sleeping plans by the end of the year, providing an overview of their support for those sleeping rough. They will also be asked by government to carry out a rapid assessment of need for everyone they accommodate and to consider time limited interventions for those rough sleeping now or new to rough sleeping.

The Protect Programme funding is not as comprehensive as Everyone In and it is not clear whether there are circumstances where Everyone In would be repeated. Most councils' working assumptions during our research were that there are not, although there are current calls from a number of organisations for this as a result of the new lockdown

Most councils we spoke to were also concerned about a new surge of homelessness when the Government's eviction ban is lifted, and some areas have already seen increases in homelessness presentations and, in some cases, increases in rough sleeping.

National government is in the driving seat in the direction they give and the future funding they provide, but it is also for councils and their local partners to make best efforts not to lose the gains in effective joint working and rapid response which have been a hallmark of Everyone In, and the lessons learned about what works locally.

It is clear that accommodating everyone sleeping rough at one point in time, if not sustained, is unlikely to reduce rough sleeping significantly in the longer term because of the new flows onto the streets which occur on an ongoing basis, and the cycling of those with the highest support needs on and off the streets.

A sustained effort is needed, but Everyone In shows what can be done.

Health

Background

One of the effects of the COVID-19 outbreak was to highlight more starkly than before the extent of health inequalities amongst the population of people experiencing rough sleeping and other forms of single homelessness.

Research from 2019 had already shown that at least one third of the deaths of rough sleepers are from treatable conditions, with serious problems in accessing local GP registration, cancer screening and access to treatment for a range of conditions, leading to poor health outcomes. **A recent study of one London hostel, where the average age was 56, showed an average frailty comparable to people aged 89 in the general population.**

Because of the difficulties of registering with GPs rough sleepers make a disproportionate use of accident and emergency facilities, **with a consequent cost burden to the NHS**. In areas where there are specialist GP services, such as London, Brighton & Hove and Bradford, access to health care for homeless people is generally much better than in other areas, where most GPs are not well set up to meet the needs of people experiencing homelessness.

Health response to COVID-19

To some extent the health response to Everyone In reflected this disparity of provision. Whilst it was possible for rapid health screening and cohort segmentation of those placed in hotels to take place in London and other areas where specialist health services exist, this was much harder to achieve elsewhere. Councils and their partners were greatly assisted by the NHS guidance on **'COVID-19 Clinical homeless sector plan: triage – assess – cohort – care'** produced in early April, which sets out measures to protect those at increased risk of severe illness, reduce transmission risk for residents and staff, and prevent mortality. In London, a pan

London Drug and Alcohol Service (HDAS) was commissioned to work with people in hotels, new protocols were developed on drug and alcohol treatment, and a Covid Care hotel for those with symptoms was set up in East London, with a number of Covid Protect hotels for those assessed as vulnerable established by the GLA and some of the boroughs.

A new assessment tool (CHRISP) was also developed to capture the health and care needs of those accommodated in London, which has provided invaluable information on the population previously unknown. Information on CHRISP as well as a wealth of COVID-19 related health and homelessness advice is available from **the Healthy London Partnership**.

Whilst this level of engagement was not repeated across the country, a number of councils we spoke to reported an increased willingness of health services to work with homelessness services during the crisis, and to work together to resolve issues around individual rough sleepers.

This kind of support, coupled with provision of accommodation, food and other services undoubtedly improved health and wellbeing amongst many of those accommodated under Everyone In.

Blackpool Council

Future good practice

The experience of Everyone In showed both the lack of access to health and care services amongst many homeless people and the gains that can be made when services are taken up.

The links that have been developed in many areas between health and homelessness services should be maintained and built upon wherever possible. In particular, it would be beneficial if more primary care services could reach out directly to those who are homeless or in hostels and supported housing, instead of requiring people to travel to health services, along the lines of the Enhanced Health in Care Homes model now operating in adult social care.

There is also an argument for better assessment of health and care needs among the homeless population and concentration of those with similar conditions in the same location in order to facilitate health care access, rather than, for example, having people with severe drink related health conditions dispersed across a range of provision.

NRPF provision

The situation for health care access for those not eligible to receive public funds is complex. There could be a significant health risk if, for example, homeless people not able to access housing or free NHS treatment due to their immigration status, are concentrated in night shelter style accommodation during the coming winter for lack of any alternative provision.

Safeguarding people who are sleeping rough

People who sleep rough may have tenuous links with the locality where they sleep rough and, if they have been moving around for some time or are non-UK nationals, may not be able to evidence that they are ordinarily resident in any particular council area. This does not detract from councils' responsibilities under the Care Act to make safeguarding enquiries irrespective of ordinary residence. It is important that the risks of living on the streets are not compounded by agencies failing to provide a timely and appropriate service response in the locality where a person is sleeping rough and is at risk of harm or abuse.

Many people who sleep rough may have extremely limited statutory rights to safe accommodation as a result of their immigration status. Councils have a responsibility to offer an assessment for services under the Care Act, and it is unlawful to refuse to assist a person who for reasons of immigration status may not be eligible for local authority services without undertaking a human rights assessment.

People who live on the street may have become homeless as a consequence of abuse and they may also face abuse in their lives on the street. Amongst the population of people who sleep rough there are significantly higher prevalence rates of organic and functional mental illness, substance use, acquired brain injury, autistic spectrum conditions and learning difficulties, and some communicable diseases. Any of these conditions can contribute to behaviours which result in self-neglect. Agencies must also be alert to the possibility that individuals living on the streets may be fleeing human trafficking and modern slavery.

The legal and regulatory framework in this area is complex and council practitioners should always seek detailed advice within their council when seeking to determine an individual's rights under **the Care Act**.

Women's rough sleeping

Background

Although women are less likely to sleep rough than men, according to data from outreach services and annual street counts, women's homelessness can also take different forms, which are equally likely to lead to a risk of COVID-19 infection.

A 2018 evidence review by the University of York found that 'experience of domestic violence and abuse is near-universal among women who become homeless'. In response to ongoing risks to their safety, survivors will often take steps to hide themselves while sleeping rough, or rely on unsafe hidden homeless arrangements with family, friends or partners, including perpetrators of abuse.

Good Practice

The **National Domestic Abuse Policy and Practice Group**, which includes representation from leading domestic abuse, LGBT, homelessness and housing agencies, wrote to the government in May 2020 highlighting some of the issues for homeless women in the light of COVID-19.

These include the need to deliver the safeguards that women survivors of violence and abuse require during Everyone In, including women-only accommodation, ongoing specialist support and additional security measures for safety.

To date there has been no clear national strategy on how this should be achieved, with different approaches taken by different councils across the country. **Good practice**, as suggested by the group, includes:

- involving specialist Violence Against Women and Girls (VAWG) agencies in planning move-on accommodation and support for women, which takes into account that many are survivors of domestic abuse
- not evicting any domestic abuse survivor from emergency accommodation without an offer of accommodation and support
- providing specialist accommodation and support for women facing multiple disadvantage, including Housing First where appropriate
- developing safe accommodation and support options for homeless couples currently isolating together in emergency accommodation, at increased risk from domestic abuse
- where survivors in couples choose to leave a relationship, local authorities should work with specialist domestic abuse agencies to accommodate perpetrators as well as survivors, to prevent the perpetrator returning to rough sleeping or to the survivor's accommodation
- ensuring that people who are subject to NRPF conditions - or are otherwise not entitled to welfare benefits and homelessness assistance in the UK - do not return to the streets or to their abusers.

Leeds City Council

Resources for councils and other services

Useful practical guidance for homelessness services on good practice in working with homeless women during COVID-19 has been produced by **Stand Together** and a range of COVID-19 related resources are available from the **Domestic Abuse Housing Alliance**.

Issues

Introduction

This section discusses some of the issues we found affecting councils' ability to deliver positive outcomes. This includes hidden homelessness, people with no recourse to public funds, move-on accommodation and support, and resources.

Hidden homelessness

Background

As well as people actually sleeping on the streets Everyone In explicitly instructed councils to 'focus on people who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate, such as shelters and assessment centres'.

Many councils found that this was a much larger number than anticipated. There were people in non-commissioned night shelters or other informal provision, with which councils had hitherto had little involvement, and/or a much larger than expected number of hidden homeless people leading precarious lives sleeping in the homes of friends or family, who had previously been reluctant or not thought it worthwhile to approach councils for help.

London Borough of Hillingdon and Heathrow Airport

Nature of hidden homelessness

Reasons for people not approaching councils previously could have been because they were ineligible for assistance on grounds of immigration status or were without a sufficient local connection. In other cases, people owed a relief duty by the council under the Homelessness Reduction Act, but not a duty to accommodate, began approaching councils because of the breakdown of their current arrangements in the face of COVID-19.

Birmingham City Council told us that when the Housing Options Service closed to in-person enquiries as a result of COVID-19 and the main homelessness day centre closed, they opened up an emergency housing options service for single people, initially in their emergency access hostel, and then moving to the day centre. Over the six months from 23 March, they had 1,000 presentations from single people over 25. This is compared to around 40 rough sleepers at the point where the pandemic hit and 70 people who moved into a commercial hotel during the first phase of Everyone In.

This demonstrates that, as in other areas, the number of actual rough sleepers at any point in time is a small number compared to the number of single people who are homeless or at risk of rough sleeping.

Similarly, if we look at London, where the most detailed figures are available, in 2019/20 CHAIN records 10,726 rough sleepers seen bedded down over the year, over nine times as many as the 1,136 in the snapshot count of Autumn 2019. This suggests that, at any time, many more people are at risk of rough sleeping, and will go on to sleep rough, than the number of people actually on the streets at a given date.

Everyone In has made some councils seriously reconsider their approach to non-priority single homelessness for the future, and others have expressed regret at being unable to continue to afford to provide accommodation for the wider cohort which Everyone In allowed them to support and which, for a time, reduced rough sleeping numbers so dramatically.

No Recourse to Public Funds and European Economic Area nationals

Background

No recourse to public funds (NRPF) is an immigration condition that prohibits access to:

- most non-contributory benefits
- homelessness assistance under Part VII of the Housing Act 1996
- a council allocation of social housing under Part VI of the Housing Act 1996.

A person will have no recourse to public funds when they are a national of a non-European Economic Area (EEA) country and have:

- leave to remain with the NRPF condition
- leave to remain subject to a maintenance undertaking e.g. adult dependent relative
- no current immigration permission eg a visa overstayer EEA national.

EEA nationals and their family members are not subject to the NRPF condition but may be unable to claim benefits and housing assistance if they have not obtained settled status (indefinite leave to remain) under the EU Settlement Scheme and are not in work.

Supporting homeless people unable to claim benefits

Historically, it has been extremely difficult for councils to provide support directly to single homeless people with NRPF status or EEA nationals without settled status and who are not in work. It is worth noting, however, that, under Section 180 of the Housing Act 1996, help may be provided by a council in the form of grants, loans, personnel, furniture, goods or staff to any not for profit organisation 'concerned with homelessness or matters relating to homelessness'. There is no stipulation preventing such organisations helping those with NRPF status or EEA nationals, and in practice most of the help that is provided for these groups has been provided by the voluntary sector. As highlighted in Section 3.6 above, having NRPF status does not detract from councils' responsibilities under the Care Act to make safeguarding enquiries irrespective of ordinary residence.

These factors are an important contributing reason to such a high proportion of rough sleepers being foreign nationals. At the 2019 national rough sleeping snapshot across the country 28 per cent of those rough sleeping were foreign nationals.

Everyone In emergency response

During Everyone In, councils were encouraged and enabled to accommodate people with NRPF status, because of the risk to life presented by the COVID-19 outbreak. We understand that around 50 per cent of the 5,400 people taken into emergency accommodation in London during Everyone In were NRPF or EEA nationals not eligible for support under normal circumstances. Many other councils have accommodated people falling into these groups in varying proportions.

Coventry City Council

It has been accepted by Government that councils have accommodated people with NRPF status at Everyone In. However, the Government has also reiterated that the law on NRPF has not changed. The Minister for Local Government and Homelessness' letter to councils on 28 May stated:

'I do recognise that these are challenging times and that you may have accommodated people who would normally and otherwise be ineligible for support, making judgements based on risk to life.

I wanted to take this opportunity to restate the government's position on eligibility relating to immigration status, including for those with No Recourse to Public Funds (NRPF).

The law regarding that status remains in place. Local authorities must use their judgment in assessing what support they may lawfully give to each person on an individual basis, considering that person's specific circumstances and support needs.

You will already be used to making such judgements on accommodating individuals who might otherwise be ineligible, during extreme weather for example, where there is a risk to life.'

This has left councils in a difficult position, as the implication of the letter is that support can only be given where there is a risk to life, but there has been little clarification of how such a risk should be assessed.

Liverpool City Council

Suspension of derogation and time limited support

For certain categories of EEA nationals, the position has been temporarily eased by the government's decision to temporarily suspend the UK's derogation from article 24(2) of the EU Free Movement Directive, to enable councils to accommodate and support a specific group of rough sleeping EEA nationals for a single period of up to 12 weeks, as set out in the minister's letter to councils of 24 June.

This allows accommodation and support to be provided for such nationals if they are seeking to gain employment in the UK or to return to their country of origin until 31 December 2020. However, it does not provide access to welfare benefits, such as Universal Credit or Housing Benefit, and the position after 31 December remains unclear.

The **NRPF network has produced a helpful fact sheet** for councils supporting people with no recourse to public funds during the COVID-19 pandemic, giving more details of the routes open to local authorities and the circumstances in which they can be applied.

Unresolved Issues

Our experience of talking to councils about this issue shows that, in areas where there are a significant number of foreign national rough sleepers unable to claim benefits or housing assistance, this is one of the biggest issues facing them.

A number of councils have been actively working with the **NRPF** and EEA nationals they have accommodated in order to assess their immigration status, assist people to find work where they can, assist with resolving immigration status where possible, and in some cases assist the person to return to their home country on a voluntary basis.

This has had significant success, despite COVID-19 related difficulties in gaining employment and progressing immigration cases. Councils in London, Birmingham, Liverpool and elsewhere all have people whom they are accommodating at their own expense, where it is unclear whether or when access to public funds will be possible.

Some councils have pledged that they will not evict these residents onto the streets, whilst in others there is currently an active debate on what to do. The situation is very difficult, and some authorities feel they have no choice but to cease their assistance. Even where councils have accepted an obligation to help those already accommodated for as long as they can, this does not usually apply to those newly arriving on the streets.

New immigration rules laid before parliament and due to come into force on 1 January 2021, have been drafted so as to allow deportation of foreign nationals who are sleeping rough. The Home Office has stated that such powers will be used sparingly.

Move-on accommodation and support

Background

We found a wide variety of approaches to sourcing move-on accommodation, dependent on local circumstances and markets. In all cases sourcing support alongside accommodation was essential, and in many cases more difficult, because of the uncertainty of future funding. However, it was essential to understand in detail each individual's needs and wishes to ensure successful move-on placements.

Social housing

In some areas of the country, where supply of social housing is higher, allocation of social housing was an appropriate route for move-on accommodation. This had entailed changes in allocation policy and suspension of Choice Based Letting.

In Liverpool agreement was reached with the RPs working in the city that all suitable void and new properties would be allocated to move-on accommodation for Everyone In until December. In Bournemouth, Christchurch and Poole 80 per cent of social rented allocations are being offered to homeless people.

However, in other areas, the wait for a suitable socially rented property could be two years or more, so this was unlikely to be a fruitful route for move-on. Those people brought in at Everyone In who were in priority need, and thus eligible for assistance under councils' statutory homelessness duties, were more likely to be offered social housing than those who were not.

Some councils spoke of a reluctance on the part of RPs to accept former rough sleepers in general needs accommodation because of perceived problems of anti-social behaviour and tenancy sustainment. We spoke to the Riverside Group Ltd, who are working with Greater Manchester on their Housing First pilot where the housing providers are all RPs and do not place conditions on housing offers. The '**Homes for Cathy**' campaign is also helping to highlight the important contribution RPs can make to providing settled accommodation for this group.

Supported housing and Housing First

Supported housing was still an important pathway, although there was not adequate supply for all, nor was it considered suitable for everyone. Some councils were looking at redesigning pathways, as discussed above, and how supported housing would be used was part of this discussion. Housing First models were considered helpful for some people, but definitely not a panacea, and restrictive because of the revenue costs attached.

Several councils had bid to the Next Steps Accommodation Programme for supported and Housing First projects, both to the interim revenue fund and longer-term capital and revenue funds. Some councils, such as Hillingdon, Plymouth and Birmingham, were working closely with providers of non-commissioned supported housing with access to enhanced housing benefit payments for intensive housing management, and others were looking to do more in this area. However, there was an acknowledgement that the high rents charged can act as a work disincentive, because housing benefit deductions from earned income can be higher, and that move-on pathways are important where this type of accommodation is used.

Haringey Council has offered sheltered housing to anyone over 50, which they report has been very successful in some cases and helped people to come inside, although it is not the choice of everyone.

Private rented sector

In many areas the private rented sector is the most available source of suitable studio or one-bed accommodation. In recent months, when other demand had declined such as Airbnb and demand from students, landlords welcomed this supply. Success in maintaining tenancies relied on councils putting good support in place to ensure rental payments were made and any perceived anti-social behaviour addressed. Most

councils reported limited, and less than expected, anti-social behaviour in emergency accommodation, giving greater confidence that placement in PRS accommodation could be successful.

While in many parts of London rent levels and the overall benefit cap make it difficult to source affordable studio and one-bed accommodation, despite the increase in Local Housing Allowance, in other parts of the country sourcing an affordable supply of one-bed accommodation in the PRS was possible.

Some councils spoke of being wary of PRS offers, as it may be 'too much too soon' for former rough sleepers, but when offered to people with low or medium support needs with the right package of tenancy support, we saw evidence of success.

Shared housing

In areas where the benefit cap makes self-contained housing unaffordable then shared supported housing may be a suitable option, as the one-bed Housing Benefit/Universal Credit rate is applicable for over 35s. In fact, a number of councils reported that some rough sleepers expressed a preference for shared housing.

In Hillingdon, an area with large numbers of rough sleepers present at Heathrow Airport, many of whom have low to medium support needs, they are working successfully with Trinity, a homelessness charity, who manage shared accommodation with support. They have bid to the Next Steps Accommodation Programme for capital and revenue funding to extend this model.

Members of the Plymouth Alliance had also taken on new leased shared supported housing to meet demand, as an alternative to using hotels, and with varying levels of support to meet the needs of different client groups.

New provision

In some areas new provision is likely to be one of the only affordable solutions, where social housing is in scarce supply and PRS accommodation too costly. Haringey Council are in the process of developing a 40-unit modular project on its own land for this cohort, and are remodelling two care homes for medium term provision. They are keen to build up their own supply and have bid to NSAP for capital and revenue support.

Move-on processes/h3>

In consideration of the needs of the client group, many councils had moved away from a one suitable offer only policy, with accommodation stopped if the offer was not accepted, to a more expansive approach, accepting that multiple offers might be

required. Some spoke about a change of mindset being appropriate for dealing with this client group as opposed to other homeless applicants.

Minimal support to include help setting up rent and benefit payments was essential. We heard of cases where this was not provided with consequential breakdown of tenancies. Others were able to provide floating support through varying existing contracts, and to ensure that the help available in emergency accommodation from health, substance misuse and the voluntary sector could continue once people had moved to a permanent home.

Both suitability and affordability assessments should be carried out prior to placing in the PRS, as would be the case when making an offer to a statutory homeless applicant. In London the benefit cap restricts access to considerable amounts of PRS accommodation that might otherwise be suitable and affordable given the recent rise in Local Housing Allowance this April.

Greater London Authority

Capital Letters

Resources

Councils' ability to tackle rough sleeping during the COVID-19 pandemic and subsequently is dependent on the resources they have available. Appendix 1 outlines the main funding available to English councils.

Those councils in receipt of Rough Sleeper Initiative funding and Flexible Homelessness Support Grant, areas with high levels of rough sleeping and statutory homelessness, were able to react more innovatively and flexibly. All councils expressed a desire for longer term homelessness funding in the future, to avoid multiple short-term bidding processes, which are resource hungry and can be particularly onerous for smaller councils.

Conclusions

Introduction

This section discusses our conclusions.

General

The success of Everyone In demonstrates that, given the mandate and funding, councils, working with their partners, have the means to end the vast majority of rough sleeping.

Everyone In

Where Everyone In worked well there were some features that contributed to its success. These were:

- Rapid and expansive response in picking up and accommodating people sleeping rough and people living in unsafe conditions at risk of sleeping rough, including those not normally eligible for public services due to immigration status.
- Comprehensive needs assessment, including health, substance abuse and specific needs of women.
- Characteristics of hotel accommodation giving important feelings of safety and self-worth.
- Multi-agency services coming to the emergency accommodation and encouraging engagement.
- Rapid turnaround in moving on low needs cohort.

Partnership working

Multi-agency partnership working was key to success, and we frequently heard reports that working together on Everyone In had strengthened existing relationships and built new ones. Important aspects were:

- Councils working closely with a broader range of partners than usual, including health, criminal justice, housing associations and the voluntary and charitable sectors. This led to a better understanding from all partners of what the others could do and the potential to bring together and allocate different sets of resources in new ways.
-
- Engagement with health to get a tailored service for this cohort, including primary health care and access to mental health and drug and alcohol services.
- Enhanced trust between councils operating across two tier geographies. Counties and districts had interdependent responsibilities and worked together both vertically and horizontally to secure the best outcomes.
- Making the most of new technology to conduct remote meetings between agencies, drastically reducing the logistical barriers to co-operation.

Pointers for the future

Everyone In had brought in new ways of working, some of which respondents felt were more effective and had potential for the future. These were:

- Councils converting the majority of housing options services to telephone only. Some reported people were happier with phone interactions due to the ease of the transaction and reduced stigma. However, others found this was a significant barrier to engaging with some groups and had maintained or set up new mechanisms to facilitate face to face delivery.

- Using teleconferencing, rather than face to face meetings, facilitated collaborative working across wide geographies.
- Reflection on the relative success of pre-existing pathways for single homeless people and the approach adopted at Everyone In. A number of councils were considering how they could mirror the positive aspects of hotel accommodation and rapid move-on in new service design to address the negative characteristics of night shelters and hostels, and the greater success rates in moves to settled accommodation that had been achieved.
- Everyone In highlighted the extent of hidden homelessness for single people, in what was often a surprising scale to councils. Given that the Homelessness Reduction Act has introduced responsibilities to this cohort, some councils are beginning to think longer term about their affordable housing programme and whether it should include a larger proportion of one-bed accommodation

Outstanding issues

- People with no recourse to public funds remain a dilemma. Work to assist people in resolving immigration status and in finding employment was successful for some councils, but there usually remained a proportion for whom there was no solution, and in some areas people without settled immigration status represent a significant proportion of those at risk of sleeping rough.
- Shortage of affordable housing is an inevitable blocker in finding move on accommodation. While the NSAP capital programme will provide additional supported housing capacity, there remains a need for more genuinely affordable one-bed accommodation in both the public and private rented sectors, given Housing Benefit and Universal Credit limits.
- Although many councils had significant success with the Everyone In cohort, it was clear that a one-off exercise was not adequate to maintain long term reductions in rough sleeping in most areas, and a more sustained effort would be needed. Whilst there was enthusiasm for maintaining a more proactive approach to accommodating rough sleepers and those at risk, the resources were not there in most councils to be able to achieve this, especially in the light of concerns about increasing homelessness and temporary accommodation costs linked to the economic impacts of the pandemic.
- Many councils are concerned about their ability to provide adequate cold weather provision this winter in a way which does not increase the risk of COVID-19 infection.
- Despite the enhanced levels of co-operation between services, which were widespread during Everyone In, it was nevertheless often difficult to get access to appropriate health services, and especially mental health services, to work with the accommodated cohort. This seems to be a reflection of the lack of specialist

primary care services working in homelessness in many parts of the country and a continued wider lack of mental health resources relative to demand.

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