



The
Kerslake Commission
on Homelessness and
Rough Sleeping

**When
We Work
Together
– learning
the lessons**

Interim report
July 2021

Contents

Foreword	3
Executive summary	5
Introduction	11
Evidence gathering	13
Positive lessons	
- Central Government leadership	15
- Funding	16
- Partnership working	18
- Health engagement	20
- Flexibilities	21
- Food and self-contained accommodation	22
- Homelessness prevention	23
Limitations	
- Meeting support needs	24
- Tailored provision	26
- Local variation in approach	27
- Delivery of funding	29
Challenges	
- Resettlement	33
- Vaccination	33
- Availability of self-contained accommodation	34
- Staff fatigue	35
- Increased flow onto the streets	36
Opportunity	38
Conclusion	39
Comprehensive Spending Review Recommendations: housing, health and other departmental budgets	40

Foreword

The Covid-19 pandemic has been the biggest peacetime emergency in my lifetime. It has impacted on every aspect of our lives and taken a heavy toll, particularly on the most vulnerable. There will be many lessons to learn about our response to the pandemic, both from the things that went well and those that didn't. This Commission is about learning from an initiative that by common consent *did* go well – the Everyone In initiative.

The health risks to the general population have been grave during the pandemic. For those who are homeless and sleeping on the streets, health risks are enormous in normal times but during the pandemic they were especially high. Everyone In had one simple but powerful aim – to address that risk by getting people sleeping rough into secure accommodation. By and large, it succeeded in that goal.

The credit for this success goes to the leadership of Dame Louise Casey and the team at the Ministry of Housing, Communities and Local Government, the response of local government, the health service and providers in the homelessness and voluntary sector; but also, and importantly, to the Government as a whole, for providing the necessary funding and support to enable it to happen.

There are many lessons to learn from the success of the Everyone In initiative but for me, the most important one is that with the right combination of government support and collaboration across, and between, the key service providers, it is possible to end homelessness and rough sleeping. Of course the circumstances of the pandemic were unique – there were unused rooms available in hotels that could be drawn on for example. But it demonstrated beyond doubt what is possible.

This interim report has been produced in time to make a contribution to the Comprehensive Spending Review. The increased funding made available was an important factor in the success of Everyone In. Calculating how much additional funding this involved has been a challenge for the team, but we estimate that an extra £82m per annum, or 32% on top of the planned increase in rough sleeping reduction spending, would be involved. For me, this would be a small price to pay to maintain and build on the advances that were made.

It was not just the amount of funding however that was important, but its flexibility. Local providers could respond in the way that they thought best met the needs of those needing support. There is a vital need to retain this flexibility and have longer term funding, not annual settlements, so that service providers can properly plan ahead.

As important, is having an effective response in preventing homelessness and rough sleeping in the first place. Again, the pandemic response provides us with lessons. Our Commission has found that affordability is a key factor, with the £20 uplift in Universal Credit and the change in Local Housing Allowance playing a crucial role in this. They should be maintained. Addressing long standing issues, such as the supply of genuinely affordable homes, and the approach of landlords to supporting residential tenants and avoiding evictions are equally important.

What will happen if we revert to the past and fail to learn the lessons of Everyone In? All the signs from our Commission are that the situation will get worse, not better; and homelessness and rough sleeping will surge. That would be an enormous lost opportunity for the Government to deliver on its rough sleeping commitment, and a personal tragedy

for those who are affected. We are at a pivotal moment. I fervently hope that the Government does the right thing and takes forward the recommendations in this interim report.

As well as lessons for central Government, there are also lessons for local and regional government, health and independent providers, including homelessness charities and housing associations. We will explore this in more depth in the final report in September. There were some exemplary responses during the pandemic but also, if we are honest, some disappointing ones. We will reflect on how we can achieve greater consistency, whilst maintaining local discretion to respond to local needs. We will also consider the issue of No Recourse to Public Funds, which was a key issue in the responses we received.

Finally, some thanks. This has been a genuinely independent Commission that has drawn on contributions from more than 90 organisations and individuals across public agencies, including health, those involved in rough sleeping; across service providers and policy makers; local and regional government; homelessness charities and housing associations. I have been truly humbled by the effort that contributors have put in to telling us their story of what worked and what didn't, particularly from people with lived experience of it. My thanks also to

the Advisory Board members whose input has been invaluable. The team at St Mungo's should take enormous credit for the work that they have done in supporting the Commission and, indeed, for coming up with the idea of the Commission in the first place.

Building Back Better has become a familiar phrase in recent months. The desire to find ways in which we can come out of the pandemic better than we went in is a powerful one. Here is a practical example of how we can do this. We must take it.

**Lord Robert Kerslake,
Chair of the Kerslake Commission**



Executive summary

The Government has made a commitment to end rough sleeping by 2024 and the combined response to the pandemic over the last year showed that this is an achievable goal. By bringing a vulnerable group into Covid-19 secure accommodation, the Everyone In initiative saved at least 226 lives, prevented 21,092 infections, and avoided 1,164 hospital and 338 Intensive Care Unit admissions. The most recent Government data has shown that 37,000 individuals were brought inside during the emergency response, with more than 26,000 already moved on into longer-term accommodation. As of November 2020, rough sleeping had been reduced by 37% in one year.

The Kerslake Commission has been convened to examine the lessons from this incredible public health emergency response to rough sleeping, and to understand how the significant progress made can be embedded in the long term. The Commission has received 104 evidence submissions from people with lived experience, Local Authorities, and the health, housing and homelessness sectors, and has commissioned two literature reviews into the emergency response. This interim report provides an authoritative overview of this expert evidence and makes recommendations targeted at the 2021 Comprehensive Spending Review, advising what should be the priorities and approaches to achieve the Government's manifesto commitment to end rough sleeping.

Positive lessons

Clear messaging and hands on support from MHCLG helped galvanise Local Authorities in the early stages of the pandemic, with Dame Louise Casey praised as the driving force behind the Everyone In initiative.

By directing that Local Authorities should help 'everyone' at risk of rough sleeping, this effectively derogated rules on priority need, local connection and No Recourse to Public Funds, improving knowledge, engagement and outcomes among groups that had previously fallen through the gaps of support. The clue to the success of Everyone In lay in its title – that it was for everyone.

Existing and additional funding allocated to rough sleeping made the directive to bring 'everyone in' feasible, and the investment in long term accommodation supported sustainable recovery. This built on what the Government had already put in place through programmes such as the Rough Sleeping Initiative (RSI). The Government has also demonstrated a continued investment in homelessness and rough sleeping through a 60% increase in revenue funding in 2021-22, compared to the 2020-21 spending review base budget.

Partnership working has been the defining characteristic of the response, with the common objective to save lives leading many to work beyond their remit and alongside those they might consider as a competitor. Stakeholders met more regularly and widely, and this coordinated approach was highly effective at identifying and responding to need. Government estimates suggest that 90% of people rough sleeping were given an offer of accommodation.

By treating rough sleeping as a public health issue, rather than just a housing issue, the response saw a substantial and increased engagement from the health sector in rough sleeping. Clinical cohorting of clients by health needs shone a light on clinical vulnerabilities and allowed for a better understanding and treatment of clients.

The overarching mission to save lives meant staff in the homelessness sector were afforded more autonomy in order to respond to need and keep people safe. The 'preservation of life' principle prompted an increase in innovation and creativity in approach, which was solution focused and facilitated the delivery of person centred support. Examples were given of key services being delivered on-site or easily reached, swift and accessible assessment processes, and easier and more flexible access to drug treatment prescriptions.

The provision of food and good quality, self-contained accommodation was key in encouraging people to come inside and facilitated the in-reach of multi-agency services, particularly health. By providing nutrition and a safe and comfortable environment, it gave clients the headspace to improve their health and housing situation.

This progress was underpinned by prevention measures, where welfare changes raised income and increased housing options, and a temporary moratorium on evictions stemmed homelessness presentations to Local Authorities.

Limitations

Many areas underestimated how much support was required to help people self-isolate and stay inside. This was exacerbated by some support agencies, including advice, substance use and mental health services, stepping back in an attempt to work remotely, making them harder to access for those who experience digital exclusion. Some people abandoned their accommodation and returned to the streets, whilst others were evicted or could not be brought inside, due to emergency accommodation not being suitable, or insufficiently resourced to support their needs.

The emergency response was less effective at meeting the needs of women and young people, where the lack of tailored provision meant these groups did not come inside or were placed at risk in mixed environments.

The degree of success that areas had in mobilising and meeting the needs of their rough sleeping populations was largely determined by pre-existing services and infrastructure. Areas without these pooled resources and connections struggled to meet the mark.

Local variation in delivery worsened when the Government reminded Local Authorities in May 2020 that there were legal restrictions on offering support to those who had no recourse to public funds. The implication was that support could only be given where there is a risk to life, but there was little clarification of how such a risk should be assessed. This led to further unevenness in support.

Short term funding was highlighted as a significant issue. Services and Local Authorities found constant bidding for different funding pots, and the multiple and lengthy monitoring requirements attached to them, were resource intensive and prevented strategic service delivery. Services struggled to retain skilled workers and relied on agency staff. In total, 13 different governmental funding pots were allocated to rough sleeping during the pandemic.

The Next Steps Accommodation Programme (NSAP) and Rough Sleeping Accommodation Programme (RSAP), which provide funding for longer term accommodation and support, were welcomed but this report found that they would be more viable funding models if there was greater flexibility over when the capital funding needed to be spent, and better alignment between the capital and revenue funds.

Challenges

Local Authorities have limited resettlement options for people with No Recourse to Public Funds (NRPF) and complex needs, and it has been challenging moving these groups on from emergency accommodation. The provision of good quality immigration advice can help reduce the number of people affected by the NRPF condition, and

employment support can also help prevent destitution, yet these services are underfunded and overstretched. For clients with complex needs, there is a lack of appropriate supported accommodation available, and there is a risk that they will return to the streets.

Winter 2021 poses an additional challenge as another wave of Covid-19 is predicted, which places the rough sleeping cohort at particular risk of infection due to existing vulnerabilities. Moreover, at this time, it is reported that people with experience of homelessness have lower rates of vaccination when compared to the general population. There will also be less good quality, self-contained, Covid-19 safe accommodation available, due to commercial hotels resuming for business as usual.

Staff working on the frontline of homelessness services are fatigued from the emergency response. Additionally, they face ongoing employment uncertainty due to short term funding. Many skilled workers will be leaving the sector unless the situation changes.

Against this context, it is predicted that there will be an increase in a new flow of people onto the streets, with the ending of the evictions moratorium and furlough, a planned cut of Universal Credit, economic uncertainty and associated growth in unemployment and household debt.

The London School of Economics (LSE) has estimated that under the current predicted UK unemployment rate, 420,000 tenant households might be in arrears by the end of 2021. Analysis by the Joseph Rowntree Foundation (JRF) has shown that if the planned cut to Universal Credit goes ahead in September 2021, 500,000 people will be swept into poverty.

Comprehensive Spending Review recommendations

To deliver its manifesto commitment of ending rough sleeping by 2024, the Government should adopt Everyone In as the shared ambition for the future and continue to treat rough sleeping as a public health priority. By common consent, Everyone In was a radical response to rough sleeping and the Comprehensive Spending Review provides an opportunity to embed it in the long term, as both a health and housing led approach. Clear leadership is needed to tackle this issue, and the funding that flows from it must be long term, joined up and flexible, so that it is applicable to different individual and local circumstances. This approach will reduce waste, improve effective outcomes and prevent flow onto the streets.

Alongside providing adequate funding, the Government needs to adopt policies on affordable housing and welfare support that will help prevent homelessness. There will be additional costs involved, but preventing rough sleeping and homelessness, and responding to it quickly and effectively when it does occur, is a moral imperative and will bring with it substantial savings in the future.

National, regional and local partnership working

- There should be a clear, cross-government plan to end rough sleeping and prevent homelessness, which builds on the lessons of Everyone In and has comprehensive funding programmes attached to it.
- Funding programmes should move through the new Cabinet sub-committee on rough sleeping, with the aim to make cross cutting decisions and coordinated responses that support and mandate local agency, strategies and outcome focused delivery.
- Funding should be allocated to implement the learnings from the Changing Futures Programme at a national level, in order to deliver the system change that is needed to embed partnership working and support people with complex needs.

Preventing homelessness

Homelessness prevention is an aim that crosses departments, bringing with it social and financial returns outside of MHCLG's remit. Research has shown that public spending would fall by £370 million, if 40,000 people were prevented from experiencing one year of homelessness.¹

- The Government must retain the welfare changes that have kept people afloat during the pandemic, whereby Local Housing Allowance rates were raised to the 30th percentile of local rents and Universal Credit was increased to £20 a week. In addition, the Government should review the benefit cap and seek to increase it in areas with high affordability pressure, to increase housing options and prevent destitution.
- A package of financial support should be provided for people in arrears due to the pandemic, consisting of a mixture of grants and loans, in order to prevent evictions.
- MHCLG should increase grant funding for social rented housing delivered through the Affordable Homes Programme, to meet the housing and homelessness sector's recommended target of building 90,000 homes a year. In the long-term, we need a Government housing strategy that will continuously deliver the needed supply to tackle homelessness sustainably.
- MHCLG should continue to invest in homelessness prevention services by maintaining the Homelessness Prevention Grant as a 'visible lines' allocation.

Preventing and responding to rough sleeping

The human and social costs of rough sleeping are extensive, and much of it borne out in the health and criminal justice system, and within communities. Analysis of public spending has shown that the average cost for quickly resolving an episode of rough sleeping is just £1,426, but would rise to £20,128 if rough sleeping were to persist for 12 months.²

- 'Everyone In' should be continued through the Rough Sleeping Initiative (RSI), delivered through a minimum three year funding settlement and expanded by incorporating the additional expenditure used by Local Authorities to provide people sleeping rough, or at immediate risk of doing so, with accommodation and support during the Covid-19 pandemic. This additional investment helped reduce rough sleeping by 37% in and it is essential that this spend is maintained if the Government is to achieve its goal of ending rough sleeping by 2024.
- The RSI spend should have a focus on rough sleeping prevention, outreach, accommodation and support. Local authorities cannot stop engaging in alleviation whilst there is still high levels of rough sleeping and flow onto the streets, and without additional funding their efforts at prevention will be limited. This spend should also be used to pay for an increased supply of self-contained, good quality emergency accommodation, where a single room is standard. When combining the reported additional expenditure on rough sleeping during 2020-21 with the RSI settlement during this same period,³ this would bring the projected yearly spend between 2022-23 – 2024-25 to £355.5m, 32% higher than the 2021-22 RSI (£254m).

	2020-21	2021-22 (planned spend)	2022-23 –2024-25 (recom- mended annual spend)
Rough Sleeping Initiative	£112m	£254m	£335.5
Additional expenditure on rough sleeping due to Covid-19, used to provide accommodation and support	£223.5m		
Total	£335.5	£254	£335.5

- The RSI should have structures in place that facilitate joint working across national and local bodies responsible for commissioning services and support for people experiencing rough sleeping and homelessness and other agencies, including health partners where access to universal services is beneficial.
- There should be a requirement in the RSI that there is specific provision of rough sleeping emergency accommodation and services for women and young people.
- Hostels are a form of accommodation which still have relevance, but must act as a meaningful and appropriate pathway after the immediate emergency has been dealt with, and provide good quality, person centred and trauma informed support and accommodation, that is funded accordingly. The appropriate types of accommodation will be explored in more detail in the final report.
- NHS and Integrated Care Systems (ICS) Operational Guidance should stipulate that Integrated Care Systems and their Integrated Care Partnerships have a dedicated focus on tackling healthcare inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping, and deliver trauma-informed health inclusion programmes targeted at this cohort. This population should be included in the new 'Core20PLUS' population cohort approach and with a focus on the five clinical priority areas, which includes mental illness and vaccination uptake. ICS plans should be fully integrated with all relevant agencies, particularly local authorities, social care, housing, employment and drug and alcohol services.
- The Ministry of Justice should continue the Homelessness Prevention Taskforce funding for accommodation for prison leavers, but with support available for people with complex needs that comes from other departmental funding streams.
- The Government should establish a clear policy position that implementing No Recourse to Public Funds must stop short of causing destitution. The Commission will offer further recommendations on this issue in its final report, but as a starting point the Government should create a dedicated funding allocation for specialist welfare advice and employment support targeted at people with No Recourse to Public Funds, as well as good quality immigration advice targeted at non-UK nationals without established status, or whose status is to be determined. This investment will prevent and address the risk of destitution, and support the resolution of immigration statuses.

Longer term sustainable recovery

For people to sustain a life away from the streets, what is required is a range of housing and accommodation options, with wraparound support where needed. This should include a wider roll of innovative models, such as Housing First, and investment in employment support to give people the skills and opportunities to get back into work.

- The Rough Sleeping Accommodation Programme should be continued for the duration of the Rough Sleeping Initiative. The viability of this model can be improved, and take up increased, by aligning capital and revenue funding, allowing capital funding to roll over into subsequent years and drawing on continuous market engagement approaches. Strategic partnership working should be built into the programme and there should be flexibility to increase the maximum length of stay beyond two years.
- Housing First accommodation and support type models have an important role to play in supporting recovery away from the streets, particularly for people with complex needs. Bridge funding should be provided for the Housing First pilots, to allow time for evaluation, and this should inform a national roll out of the model, supported through long term funding and affordable tenancies. Wherever possible, the solution to homelessness should focus on providing permanent homes rather than temporary accommodation.
- The DWP can improve employability and work confidence among people with experience of homelessness and rough sleeping by investing in specialist employment support and skills development opportunities, with a focus on written, numerical and digital literacy. This investment should be accompanied by strategic partnerships that can broker employment placements.
- The DHSC should reverse the disinvestment in drug treatment and wider recovery services, increasing funding by up to £552 million annually over the next five years, on top of the baseline annual expenditure from the public health grant, as recommended in the Dame Carol Black Review.⁴ Each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services.⁵
- The Government should increase the supply of social and supported housing through the continuation of the Affordable Homes Programme, but ensure capital funding is linked to multi-year revenue funding for support services.
- In order to improve outcomes across different groups, the Government must invest in tailored approaches to women's and young people's move-on from the hotels and other emergency accommodation, informed by the expertise of specialist sectors.
- Funding should be targeted at improving services to provide trauma informed, person led and controlled support for people with complex needs, with integrated approaches across all agencies, to improve access, experience and outcomes, and maintain tenancies.

Introduction

It is a tragedy that anyone should find themselves homeless and sleeping on the streets, facing continual risk of harm and declining physical and mental health, and living nearly half the life span of the average person.⁶ There is a clear government commitment to end rough sleeping by 2024.

The reasons behind rough sleeping may be complex, but the past 18 months have shown that with political will, and the necessary funding for appropriate accommodation and support, the solutions are both simple and deliverable – that everyone should have the opportunity to leave the streets.

At the start of the first wave of the Covid-19 pandemic in March 2020, the Government launched the Everyone In initiative, a cross government response that sought to ensure that anyone at risk of rough sleeping was immediately provided with safe and secure accommodation. Through clear direction, flexible and collaborative working, a commitment of funding and the availability of good quality, self-contained accommodation, the Everyone In initiative was able to make an offer of accommodation to 90% of people sleeping rough, according to Government estimates; prevent an estimated 21,092 infections; and save at least 226 lives in the first wave of the pandemic.⁷ It has so far supported more than 37,000 individuals, at least 26,000 of whom have already been moved on to longer-term accommodation.⁸ As of November 2020, rough sleeping had been reduced by 37% in one year.⁹

What was achieved through the Everyone In initiative was extraordinary and it is now within the Government's grasp to end rough sleeping for good. But this will only be achieved if the Government, its agencies, and partners learn the lessons from the emergency response.

The independent Kerslake Commission, chaired by Lord Bob Kerslake, has been convened to bring together policy makers, parliamentarians, local and regional government, homelessness charities, housing associations, people with lived experience, and representatives from a variety of health agencies to learn and examine these lessons, so that the progress of the past 18 months can be embedded, improved and sustained in the long term.

Since March 2021, the Commission has been consulting with stakeholders at the heart of the emergency response, gathering evidence from the health, housing and homelessness sectors, Local Authorities and people with lived experience of homelessness and sleeping on



the streets. Stakeholders have been invited to contribute through surveys, focus groups and written submissions and have been asked by the Commission what did and did not work well, the challenges and opportunities that lie ahead, and the recommendations that should be taken forward. Crisis contributed a literature review on the learnings from the emergency response and the London School of Economics (LSE) conducted a rapid review of the issues and approaches to non-UK nationals. In total, 93 organisations and individuals contributed to the evidence gathering.

This interim report provides a detailed overview of the emergency response and makes recommendations targeted at the 2021 Comprehensive Spending Review, advising what should be the priorities and approaches towards ending rough sleeping,

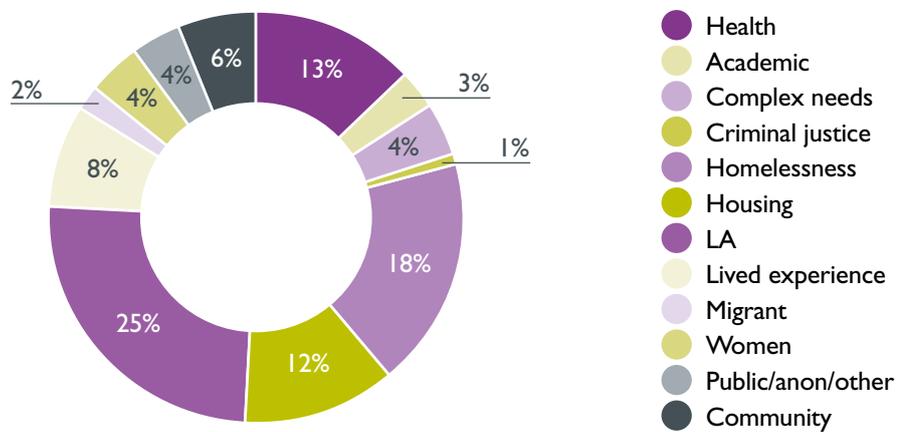
to help support The Government's manifesto commitment. The final report, due in autumn 2021, will offer a deeper analysis into the learnings and provide granular policy and practice recommendations, addressing head on the 'wicked issues' for agencies and providers that impact upon delivery and need a clear and certain resolution.

The Government and those involved in the initiative should be commended for the achievements of Everyone In. However, unless there is immediate and long term action, with certainty and agreement on funding, there is a real risk that homelessness will increase, rough sleeping will rise again and the benefits of Everyone In will have been lost. This is a pivotal moment for the Government to build back better. It should not let this opportunity pass by.

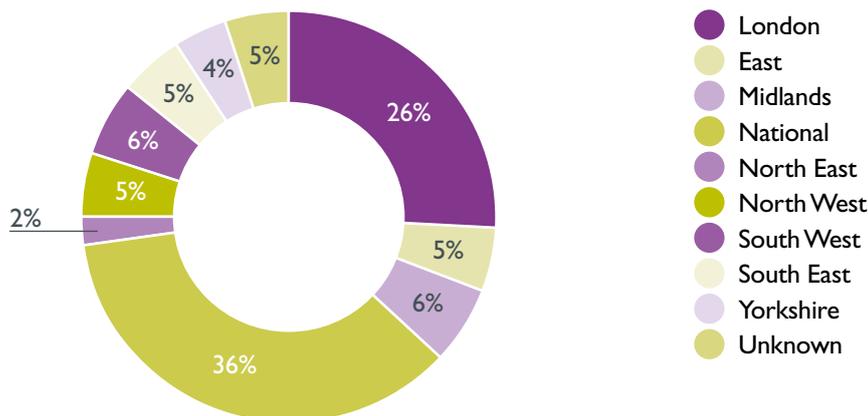
Evidence gathering

The Kerslake Commission evidence gathering has been approached through a major call for submissions and evidence. In total, 93 organisations and individuals have contributed through surveys, focus groups and bi-laterals, and 104 submissions have been received across public agencies, including health, involved in rough sleeping; across service providers and policy makers; local and regional government; homelessness charities; housing associations and people with lived experience.

Sector breakdown



Regional breakdown



Focus groups conducted for the Kerslake Commission:

- NHF and LGA event on partnership working around homelessness – lessons learnt and action for the future (four focus groups)
- NHF Homelessness Steering Group
- Homes for Cathy
- Expert Citizens
- Homeless Link Policy Forum
- St Mungo's Commissioners' Forum
- Depaul UK
- Oxfordshire County Wide Steering Group

In addition two literature reviews were commissioned. Crisis were tasked with reviewing literature against the four key questions being examined by the Commission:

- Thinking about the response to rough sleeping during the pandemic, which measures, policies, practices or joint working do you think worked well and why?
- In contrast, which measures, policies, practices or joint working do you think have not worked well and why?
- Please describe the specific challenges, and opportunities, in the next phase of the Everyone In programme and helping people to move on from hotel accommodation.
- And finally, what do you think needs to be put in place to embed the good work that developed during the pandemic, or improve upon it?

LSE were asked to conduct a rapid evidence review of the relevant research and evaluation evidence relating to approaches and support for non-UK nationals sleeping rough, or at risk of doing so, during the pandemic, in order to inform the Commission's policy and practice recommendations in the final report.

The Advisory Board to the Commission were tasked with providing expert advice, particularly with regards to the analysis and recommendations. The early findings from the evidence gathering were presented at an Advisory Board meeting in May 2021, and then the final interim recommendations were presented in July 2021. These meetings were used as opportunities to provide feedback and to develop a consensus, wherever possible.

All conclusions and recommendations are those of the Commission's chair, Lord Kerslake.

Positive lessons

Central Government leadership

On Thursday 26th March 2020, when a letter was circulated by the Ministry of Housing, Communities and Local Government announcing that everyone sleeping rough, or at risk of doing so, should be given somewhere safe to stay by the weekend,¹⁰ it prompted an unprecedented national effort known as the 'Everyone In' initiative.

The directive was given because it was acknowledged that people who sleep rough would be particularly vulnerable to Covid-19 infection, due to their inability to self-isolate. The decision to prioritise the public health of people sleeping rough during a time of national emergency was widely commended in the evidence submissions.

The clear direction, call to action and sense of urgency was described as "galvanising",¹¹ with many contributors naming Dame Louise Casey as the leader and driving force behind the initiative, who "made use of the expertise in the sector to spread messaging, share practice and demonstrate what can be achieved" (S54/Homelessness).¹²

Hands on support was offered by MHCLG advisors to help councils mobilise, which the National Audit Office had suggested was all the more impressive as there was no contingency plan in place for working with people sleeping rough at the outset of the pandemic.¹³

"As a NE region we initially met with MHCLG advisors as a region on a weekly basis to identify issues, numbers, support needed and this assisted greatly in knowing the government direction & being able to ask for assistance on pressing matters." (S66/Local Authority)

Many Local Authorities rose to the challenge and were able to implement the response quickly and effectively, crucially with support and leadership from local partners. This was enabled by the fact that the announcement applied to 'everyone', which effectively derogated rules on priority need, local connection and recourse to public funds, allowing Local Authorities and frontline services to quickly provide shelter at the point of need and without having to check eligibility. This helped improve engagement and outcomes among groups that have previously fallen through the gaps of support, particularly non priority groups and non-UK nationals affected by the No Recourse to Public Funds condition.¹⁴

"In particular it provided an opportunity to apply discretion to accommodate NRPF rough sleepers without care and support needs, the ability to engage better with those who were undocumented. This was particularly important as we were aware that statistics show that infection rates were higher for Black and Minority Ethnic (BAME) people and people living in poverty." (S73/LA)

In London particularly, it was highlighted by homelessness providers that this was a significant step change in supporting people with NRPF or unclear immigration status, as it drew attention to the complexity of these cases and prompted Local Authorities to discuss the issue more frequently and widely. This led to a better understanding of what good assessment, offers and support looks like for this group, and showed there was a need for specialist immigration and welfare advice.

West Midlands Combined Authority (WMCA)

By 1st May 2020, across the West Midlands Combined Authority region, more than 800 people at risk of, or experiencing, rough sleeping were accommodated as part of the Covid-19 response.

The response resulted in greater engagement with the support on offer, and in some cases an unprecedented willingness on the part of rough sleepers to engage with services. Of those who had come in off the streets only 10 had returned and a further 40 had refused offers of help. Of those accommodated close to 150 had NRPF.

Greater engagement with people who had NRPF continued throughout the pandemic. By April 2021, 223 people had been accommodated using Everyone In emergency accommodation, provided with Severe Weather Emergency Protocol (SWEP) accommodation, supported to negotiate accommodation with family or friends, assisted with immigration support, found not homeless or signposted to other services.

In January, Local Authorities across the WMCA still had more than 100 people with NRPF in accommodation, helped by established relationships with refugee and migrant legal and aid organisations.

Key factors enabling those in need to be accommodated included a swift response and leadership from Local Authorities, one key hotel in each Local Authority making it easier to find support staff (e.g. from closed night-shelter) as well as hotel staff to run the service. Hotels offered an attractive proposition to some who are very opposed to hostel accommodation.

Other local homelessness services continued to run, including outreach, hostels and housing pathways. Furthermore, exit strategies from emergency accommodation were planned from the outset, helped by suspending 'choice based lettings' which enabled 29 people to move directly into social housing. The regional Housing First pilot also helped. At the start of the pandemic WMCA had 189 people with a history of sleeping rough already accommodated in Housing First, the service continued to expand through 2020-21 and is now providing housing and support to 377 people who have previously slept rough.

In the West Midlands, as in other areas, reduced income from begging, less street feeding and fear of illness, have also been critical factors in ensuring people come in.

Funding

A key theme that came over strongly in the submissions was that this central directive translated into local action, due to the promise of additional funding brought in during the pandemic.

“The ‘Everyone In’ initiative showed what could be achieved when government funding was provided to enable the homelessness sector to get the vast majority of rough sleepers off the streets as quickly as possible and into safe supported accommodation.”
(S42/Local Authority)

Prior to the pandemic, Local Authorities had been allocated targeted yearly funding settlements through the Rough Sleeping Initiative (RSI), which in 2020/2021 provided £112m towards outreach, accommodation and support.¹⁵ Local Authorities also received the Flexible Homelessness Support Grant (£200m) and Homelessness Reduction Grant (£63),¹⁶ and smaller grants were available to support people sleeping rough with substance use issues (£23m)¹⁷ out-of-hospital care models (£15.9m over two financial years)¹⁸ and support for care leavers at risk of rough sleeping (£0.7m).¹⁹



At the beginning of the pandemic, an additional £3.2million was allocated to Local Authorities to support people at risk of rough sleeping into accommodation.²⁰ There was then further responsiveness to this cohort through the Protect Programme (£15m),²¹ Protect Plus (£10m)²² and the Next Steps Accommodation Programme (NSAP, £91.5m),²³ which supported ongoing efforts to provide accommodation and support, and in the case of NSAP, provided temporary move on accommodation from the hotels. In addition, there was a £12m Cold Weather Fund²⁴ and £6.4m Transformation Fund for voluntary organisations to provide accommodation and referral services, and make communal shelters Covid-19 safe.²⁵ These funding pots were cited as essential for maintaining the emergency response.²⁶ As well as providing a route to longer term accommodation and support, which is essential for sustained recovery.

MHCLG has also allocated £4.6 billion in un-ring fenced funding to local authorities since March 2020 to cover all additional spending related to Covid-19, some of which is likely to have been used to cover rough sleeping costs.

It can be estimated how much was spent on the emergency response to rough sleeping by using the Local Authorities 2020-21 forecasted additional expenditure due to Covid-19 in the “rough sleeping” service area,²⁷ though this count does not collect data from the Greater London Authority (GLA) and Greater Manchester Combined Authority (GMCA). The most recent official data shows that this

expenditure amounts to £185.9m²⁸ and when adding figures provided to the Kerslake Commission by the GLA and GMCA,²⁹ this brings the total figure to £223.5m.

This estimate does not cover additional spending on health interventions that were funded by the NHSE or spend on long term move on accommodation and support, which was provided by the Rough Sleepers Accommodation Programme (RSAP). Contributors praised the singular long term investment that has been made to rough sleeping through the RSAP, whereby £433m was allocated to provide 6,000 homes with support over the next four years.³⁰

Government also provided £48 million in emergency funding for domestic and sexual violence services in England and Wales³¹ and Ministry of Justice Homeless Prevention Taskforce funding (HTP), which provided prison leavers with accommodation who would otherwise have been released into homelessness.³²

For 2021-22, there has been a 60% increase in the revenue funding for homelessness and rough sleeping, when compared to the 2020-21 spending review base budget.³³

The submissions highlighted that this investment by central government of additional financial support provided an “important context for responses by local authorities, the NHS, third sector agencies, and other partners” (S62/Academic).

St Mungo's Next Steps Accommodation Programme (NSAP)

With the Everyone In initiative seeing thousands of people being supported away from sleeping rough into hotel accommodation, the NSAP funding allowed the sector to find long term housing solutions, ensuring the move into emergency accommodation was just the first step towards a safe and secure home, rather than a temporary measure.

St Mungo's worked closely with Bristol City Council and Homes England to develop a bid for NSAP funding that would lead to property acquisition. The funding was allocated in November 2020 and the property purchase was completed in December 2020.

The first round of NSAP funding has supported St Mungo's to buy a total of 21 units of self-contained accommodation in Bristol.

Whilst the properties were being purchased, the St Mungo's Move On Housing Services

team worked closely with Bristol City Council to develop a support model for individuals moving into the accommodation. The St Mungo's team will provide 'floating support' with staff members visiting the accommodation once a week, as well as opportunities for clients to arrange individual appointments at the local St Mungo's office. The support team will focus on preparing clients to move into the private rented sector; building skills such as budgeting and understanding tenancy responsibilities.

With continued support from Homes England, St Mungo's will be able to expand this vital offer; increasing Bristol's availability of good quality, secure housing for people that cannot access accommodation in the private rental sector. With expert support from St Mungo's teams, the NSAP properties will have a huge impact on the lives of the people that live in them. It is only by offering long term stability to people, alongside the skills needed to live independently, that the cycle of homelessness can be broken.

Partnership working

The central Government directive, and funding to match, helped galvanise local agencies with the common objective of saving lives. This led to greater strategic buy in, liberating many from process driven silo structures. Fitzpatrick et al. notes in its examination of the response that collaboration between sectors and organisations had been a defining characteristic of the crisis response, particularly at the local level.³⁴

This increased sense of shared responsibility and impetus to act meant that complex needs organisations saw agencies take responsibility for clients beyond their remit, with fewer services gatekeeping in order to protect over-subscribed caseloads.

“Police and probation services becoming more involved in referring people into appropriate support, street outreach teams providing phones for individuals who were not on their caseloads, services taking more responsibility for clients in multi-agency settings, and a greater range of staff working with people who wouldn't previously have done so.”
(S39/Complex Needs)

It was also reported by statutory service providers that there was less evidence of work being impeded by competition, and broadly, there were “less power struggles and more effort just to help people” (S14/Homelessness).

The Commission heard evidence of new local and regional forums and joint working groups being set up to share best practice and provide oversight of the response, and of partners meeting more regularly and more widely, which was facilitated by digital remote working.³⁵

This coordinated approach meant that stakeholders were more effective at responding to need, and people were supported from the streets without delays through bureaucracy or process. It was reported that many who had previously refused offers of support and/or accommodation were successfully brought in and persuaded to engage with services, in some cases for the first time.

In March 2020, local authorities estimated that there was a total of 6,000 people sleeping rough in England and by mid-April, the government had estimated that 5,400 people (90% of this total) had been made an offer of emergency accommodation.³⁶

The National Audit Office has reported that by the end of November 2020, more than 33,000 people had been helped to find accommodation under Everyone In and 71% (23,273) had been supported to move into settled accommodation (such as social housing or the private rental sector) or a 'rough sleeping pathway' (including hostels and supported housing, or moving in with family or friends). Meanwhile, a further 9,866 people continued to be supported in hotels and other emergency accommodation, having also previously been taken in off the streets or after presenting to a local authority as being at risk of sleeping rough.³⁷ Government estimates have shown that by November 2020, rough sleeping has been reduced by 37% when compared to the previous annual count in 2019.³⁸ As of June

2021, the emergency response has supported more than 37,000 individuals, at least 26,000 of whom have already been moved on to longer-term accommodation.³⁹

Intensive partnership working between housing associations and local authorities also helped accommodate and rehouse people, with support where needed.⁴⁰ It was reported to the Commission how Local Authorities worked with housing associations to provide direct allocations to homeless households into social housing. The suspension of choice based lettings and move to direct lets opened up pathways for people housed in emergency accommodation, and reduced dependence on supported housing and the private rented sector.⁴¹

Examples were also given of housing associations assessing all voids for suitability of housing people with experience of rough sleeping, including providing Housing First service models.⁴² Citizen Housing worked with Coventry Council to convert a former housing with care scheme to house people who had been sleeping rough. Since the service opened on 6 April 2020, 44 people have been housed into self-contained fully furnished flats.

There is a clear appetite from housing associations to help prevent homelessness and find secure homes for people who are homeless. The national alliance Homes for Cathy exists to encourage housing associations to do more on this issue by asking its members

Evolve Housing and Support

For the homelessness charity Evolve, the pandemic has enabled a more coordinated way of working between external partners. It brought together the local housing team, outreach teams, health and, drug and alcohol service to work more closely and intensively with clients and get them into the housing pathway faster. There were fortnightly discussions about cases via video calls, so services could be allocated and take accountability for clients within a few days of their arrival into the accommodation. During the meeting, progress, concerns and

move on options could be discussed, this was particularly helpful for some clients with complex needs who had exhausted most of the housing options.

Communication between agencies was swifter and the use of video calls reduced the need to wait days or weeks for a response. The Evolve staff appreciated the opportunity to share information, working practices and strategies amongst a wider team of people who wanted a positive outcome for each client.



to sign up to nine homelessness commitments, developed with the homelessness charity Crisis, which guide and benchmark best practice within their organisations. Members also meet for workshops to share knowledge around meeting the commitments and host regional events to galvanise action at local level.⁴³

The role that housing associations and all delivery organisations can play in preventing and responding to rough sleeping and homelessness will be covered in the final report.

Health engagement

Treating rough sleeping as a public health issue, rather than just a housing issue, prompted far higher engagement with the health sector than had previously been seen, with unprecedented collaboration between health, local authority and housing colleagues, where health and housing options were identified in real time.

“The level of joint working between health, particularly Clinical Commissioning Group (CCG) commissioners, primary healthcare, outreach and local authority services has been particularly marked and has created a conversation across many areas which was simply not evident before.”
(S73/Local Authority)

“A multidisciplinary team was set up quickly to assess each individual’s support needs. A full health response with support from GP and nursing staff, mental health professionals, and drug and alcohol support was provided to meet their complex needs.”
(S67/Local Authority)

This was also recognised in part two of the Dame Carol Black’s independent report into drugs, which noted that “The ‘Everyone In’ initiative in operation during the COVID-19 pandemic has provided some positive experience of flexible collaboration between accommodation and health services, including drug treatment services.”⁴⁴

Services found that clinical cohorting of clients by their health status shone a light on the most clinically vulnerable and on-site health assessments allowed for a better understanding and treatment of clients and their needs. Examples were given of models, where upon arrival new residents would have a comprehensive needs assessment, which would include health, substance use and any specific needs. This work was supported through paid healthcare professionals, but also through GP volunteer services, such as Green Light.

Pathways has noted that the Everyone In policy presented a unique opportunity to engage a population that suffers significant vulnerabilities, inequity in access to health and social care services (including substance misuse treatment) and adverse health outcomes as a result.⁴⁵ Having this cohort of people inside accommodation allowed health services to work with them closely, and in a sustained manner, sometimes for the first time.

“Having services onsite coupled with a captive audience due to lockdown provided us with a unique opportunity to treat people for conditions such as HIV and hepatitis, assess needs more widely, register people with GPs, treat people for addiction issues and provide the best opportunities to receive the right ongoing care.”
(S42/Local Authority)

In many areas, this work has continued with a coordinated approach to vaccinations and GP registrations.

“We have worked with Public Health and a local Medical centre to provide Covid vaccinations to all known Rough Sleepers/homeless and volunteers, and now when verifying a rough sleeper, we have prioritised GP registrations as part of the initial assessment.”
(S69/Local Authority)

Research conducted by St Mungo's found that more than a third (35%) of those assessed in emergency hotel accommodation in London said their physical health had improved since moving into a hotel.⁴⁶

Flexible working

Crucially, the Covid-19 crisis brought about greater flexibilities in how support was provided, where the overarching mission to save lives meant that staff in the homelessness sector were afforded more autonomy in order to respond to need and keep people safe.

This 'preservation of life' approach prompted an increase in innovation and creativity, which was solution focused and facilitated the delivery of person centred support, by putting the health and safety needs of the person first. Examples were given of key services being delivered on-site or easily reached, swift and accessible assessment processes, and easier and more flexible access to drug treatment prescriptions. One service provider said that they were given the opportunity to repeatedly try direct approaches to those people previously regarded as hard to reach or non-engaging.

“The first time I have ever been able to say immediately and consistently - yes, we have something for you, and you haven't got to jump through a million hoops.”
(S22/Health)

“Been on the streets for 10yrs off and on, and it's the first time felt like I've been treated like a person.”
(F/Lived experience)

“Flexible access to, and swift completion of assessment processes across different areas of need (e.g. housing, Care Act assessments) has also been identified as a significant factor.”
(S51)

Professionals and people with lived experience reported that low threshold and simplified processes, facilitated by universal eligibility, multi-agency working and a strong focus on outreach, improved trust and engagement in services and meant people came inside who otherwise would not have.

These flexible and collaborative ways working, supported by increased freedoms and funding, also meant that service and policy changes that otherwise would have taken months to implement were brought about in a swift and effective manner, and where infrastructure allowed, there was quick mobilisation and redeployment of support staff.⁴⁷

The lived experience organisation Expert Citizens noted in its submission that though that “the way the system works usually doesn't accommodate for complex needs, we must be careful not to revert to a system which prescribes a sense of wilfulness around someone's inability to engage with services, due to their multiple disadvantage and trauma.”

Food and self-contained accommodation

It was made clear in the evidence submissions that a crucial factor in bringing people inside was the offer of good quality, self-contained accommodation, made available when hotels were ordered to close and other types of accommodation were taken up, such as B&Bs, holiday lets, university accommodation, and RSL properties.⁴⁸

It is clear that self-contained accommodation has saved lives during the pandemic, as international modelling has shown that countries which continued with dormitory style accommodation had a higher Covid-19 fatality rate among people experiencing homelessness, due to the inability to social distance.⁴⁹ The LGA found that 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 people, and had a significant impact on people's willingness to engage.⁵⁰

Greater Manchester Combined Authority

The GMCA was able to build upon the existing city-regional A Bed Every Night rough sleeping commitment, widening this to increase the prevention of rough sleeping further and transferring to single room provision where needed through the use of commercial hotels. The policy directive from national Government was comprehensive and all-encompassing in removing the need for people to sleep rough.

The joint working that took place during the emergency response built on previously strong partnerships between local authorities, voluntary, community, faith and social enterprise organisations, support providers, housing providers, and business. Partners pivoted to support people in emergency accommodation under new infection prevention and control measures, in particular providing remote wellbeing support, harm reduction interventions and food provision.

During the pandemic, practices were developed at local and regional levels, that were later codified or acknowledged by MHCLG or PHE, such as harm reduction prescribing of opioids and triage into hospital for Covid care, where there was additional risk.

By taking a health led approach to responding to the risk of homelessness and rough sleeping, and acknowledging the health vulnerabilities of by people experiencing homelessness with high levels of co-morbidity, accommodation and support was mobilised that protected life from Covid-19. The pandemic highlighted that we can provide a safe place to stay for everyone where policy, funding and infrastructure are mobilised differently with a health based approach to harm. The GMCA recommends that this should be the lens through which we respond to homelessness, and especially rough sleeping, as standard.

“The provision of good quality en-suite hotel accommodation with cooked meals, heating and compassion gave many the confidence to come in and subsequently engage.”

(s17/Homelessness)

Safe and secure accommodation, coupled with access to food and practical amenities, provided clients with the headspace to improve their health and housing situation.

“The offer of self-contained accommodation (or as close as possible) so people weren’t staying in shared spaces was necessary but also had a positive impact on mental and physical health and being able to engage with services.”

(S63/Homelessness)

“Food and nutrition was such a game changer, with people having access to three meals a day. When fed and watered you can make more positive choices.”

(F/Homelessness)

In addition, the high rates of accommodation achieved during Everyone In facilitated in-reach of multi-agency services, particularly health. While some people in hotels did leave the accommodation, these were small numbers, and it was reported that the overwhelming message was a positive one.⁵¹

“1st wave I was homeless and was put into hotel for six weeks, it was great – a roof over my head meals, made me feel like people cared – scared what will happen next – they made sure there was something available for me and basic needs were catered for.”

(S84/Lived Experience)

Research conducted by Housing Justice has shown that guests, volunteers, coordinators and partners of night shelters, including local authorities, strongly believed that 24-hour access, self-contained or single room accommodation was more desirable than the communal, night-time-only model. This was because it provided privacy and stability for guests, made it easier for them to access support and employment, and was also more accessible for women. Positive outcomes for guests were seen across many of the different accommodation models included: improved health and well-being; improved access to support, and stronger, more trusting relationships with services; and increased desire to stay off the streets and move into more permanent accommodation. The research noted though that there were instances of isolation reported and a reluctance to move to less desirable accommodation.⁵²

Homelessness prevention

Homelessness prevention was a key part of the pandemic response and the package of measures brought in by the Government have been shown to mitigate the negative impact of Covid-19 on employment, incomes and housing options.⁵³

The evictions moratorium was welcomed in the submissions for stemming the tide of homelessness, with research from LSE showing that the proportion of family households presenting as homeless dropped from 61% in the third quarter of 2019 to 51% in the same quarter of 2020.⁵⁴ However, this did lead to blockages in the system when trying to move people on from emergency accommodation.

The £20 increase in Universal Credit was also cited as significant in helping prevent destitution, with the amount prior to the increase being universally viewed as insufficient in covering basic costs.⁵⁵

The increase of Local Housing Allowance rates to the 30th percentile helped to increase the availability of housing options. However, these reforms had less reach in areas of high affordability pressure, as the benefit cap was not increased in lines with these changes.⁵⁶

Housing associations reported that there had been greater focus on checking in with tenants during the pandemic, to prevent the build-up of arrears, with one association finding that this approach led to a reduction in arrears during the pandemic. Examples were also given of local authorities being “very proactive in having personal conversations with people, trying to deliver housing plans in a way that is meaningful to the individual to prevent future homelessness.” (F/Housing).

Limitations

Meeting support needs

The driving force behind 'Everyone In' was to protect a highly vulnerable group from the risk of Covid-19 infection. This 'preservation of life' approach meant that during the first wave of the pandemic, available figures show that 266 deaths were prevented and 1,164 hospital and 338 Intensive Care Unit (ICU) admissions were avoided.⁵⁷

However, where the response faltered was how effectively it met the needs of people once they were inside accommodation.⁵⁸

Though outreach was prioritised in the pandemic, there was a lack of capacity to provide in-person trauma informed support services to help people to manage this period of social isolation. Submissions highlighted that some agencies failed to realise how great the support need was for some and emphasised that accommodation alone is not a solution to rough sleeping.

“Clients placed in the hotels were overseen by hotel staff rather than experienced/trained support workers. Although they did their best to support clients, some of our most chaotic clients who were deemed quite vulnerable were not placed on any kind of welfare checks. The staff also had limited training in certain key areas that relate to some of the most chaotic and entrenched client groups such as drugs and alcohol, safeguarding and exploitation and basic background story regarding a client’s history.”

(S6/Housing)

“Make sure everyone has at least a support worker – even if you’ve not got somewhere to live at least you’ve got someone to talk to.”

(S84/Lived Experience)

Though external support services did continue, many were moved online and were inaccessible for clients who experience digital exclusion or did not have access to technology,⁵⁹ with a burden placed on outreach workers to deliver this support. The mental health sector, in particular, was named as stepping back from the brink and research has shown that clients faced challenges in accessing these services.⁶⁰

“The number of key agencies, services, public sector, local government and addiction services which refused to see people face to face left a particularly vulnerable proportion of the population feeling, scared, abandoned, displaced and confused.” (S7/Community)

This isolation and loneliness ultimately meant that after a period of time inside, potentially in an unfamiliar local area, with homelessness providers and people reporting that some people returned to the street for support and companionship.⁶¹

Contributors felt that providing education and employment support whilst people were inside accommodation was not sufficiently prioritised, and this was highlighted as a missed opportunity for supporting sustainable recovery away from the streets.

The consequences of a lack of in-reach support also resulted in a number of anti-social and violent incidents, which was exacerbated where there were high volume placements of chaotic individuals, and was reported to be driven by boredom and the struggle to manage relationships with other clients in emergency accommodation. Unfortunately this meant that some people had to be asked to leave for the safety of other guests, volunteers and staff. During focus groups with people with lived experience of the hotels, “safety of the individual and mixes of risk level” were raised as some of the most common criticisms of the response.

“Whilst the response achieved success in its immediate objective to get people off the streets it did not directly address the need for increased capacity in all of the specialist teams that the newly housed rough sleepers required support from.”
(S74/Housing)

“Challenges were mostly regarding individuals who could not or did not want to abide by even the minimalist rules necessary for everyone’s safety.”
(S18/Housing)

“Important when we are describing wraparound support that this is also about connectivity, countering loneliness and crucially education.”
(F/Homelessness)

An evaluation conducted by the housing association Riverside found that where wraparound support was provided, satisfaction with hotel and support staff was high and none wanted to return to the streets.⁶²

“I think that the team worked really well together, and they had good relationships with each other and the customers. They put a lot into making an effort with the clients. I built some really good relationships and I felt well supported by the staff and the main thing was that they kept me safe. I was checked on three times a day and there was constant interaction with staff especially through Covid which was a really lonely time for me at one point.”
(S82/Lived Experience)



With services overstretched and struggling to manage higher support needs, this meant that some of the most “chaotic” individuals were reportedly excluded from support, with services having to gate keep in order to minimise the numbers of people with complex needs on site.

Whilst some people were unable to access provision, others were unable to accept the offer of accommodation due to mental health crisis or severe substance misuse issues, or because of fear surrounding their immigration status. With outreach diverted to hotels and day centres closed, this then impeded how effectively this group could be supported during the pandemic.⁶³

Tailored provision

Though initially ‘everyone’ was able to access emergency accommodation and support that does not mean it was an attractive offer to all groups; in fact the generic approach of the response meant that it was geared to meet the needs of people who were most familiar to services, adult men.

Women in particular were highlighted as a group that did not have their needs met in the emergency response.^{64 65} The women’s sector reported that the absence of a plan or strategy for supporting women who sleep rough meant there was a lack of women-only accommodation options, resulting in them being placed in large-scale accommodation where there was a risk of abuse or violence from perpetrators already known to them or from strangers. This meant in some cases women with experience of abuse and violence chose not to take up the offer of accommodation, but their needs were too complex for refuges to manage.

“Rough sleeping women ... fell through [the] gap in emergency service provision; unable to access women’s specialist support, but also not having their needs met in ‘mainstream’ mixed gender hotel provision.”
(S56/Women)

The sector has emphasised the importance of women-only provisions in the next stage of the response, warning that “a generic approach to move-on will risk placing women and survivors in mixed-sex accommodation without the security and specialist support they need to sustain their recovery from homelessness and abuse, and leave them at risk of returning to the streets or their abusers.” (S4)

Equally, submissions from youth homelessness charities warned that a lack of youth specific provision meant that some young people did not access emergency accommodation due to concerns over safety, or did enter and were exposed to unsafe situations.

“Homelessness has many faces and people were accommodated together in the same hotels who should not have been. We are aware of at least one child (15) who was offered drugs by another hotel resident.”
(S74/Housing)

This was particularly highlighted by a charity that supports LGBTQ+ young people, which advised:

“Our service users also have multiple risk factors that can create additional barriers to accessing support if emergency accommodation is not LGBTQ+ friendly/inclusive or is perceived as not LGBTQ+ friendly/inclusive. For instance, a trans young person rough sleeping will often be concerned about the potential threats to their safety if they accessed emergency accommodation. We have supported young people who did not access emergency accommodation provided under Everyone In because of this reason.”
(S48/Homelessness)

A focus group conducted with young people in a Depaul specialist emergency accommodation service, commissioned during the pandemic to respond to this gap in provision, has advised the Commission that:

“You need specialist services like this one. It’s better when young people are separate. Young people, especially women, will feel more comfortable with other young people. Young people also learn things off older people and are keen to fit in.”

(F/Lived Experience)

Contributors also highlighted that non-UK nationals were put into hotels with very little support. The migrant sector has advised the Commission that:

“Specialist BAME and migrant voluntary sector organisations who understand the needs of different communities need to be involved and funded to engage as equal partners in local areas.”

(S39/Migrant)

The Kerslake Commission will explore the longer term solutions for this range of provision in its final report.

Local variation in approach

Throughout the evidence submissions, the Kerslake Commission has heard examples of Local Authorities, services and housing associations innovating to meet the demands of the pandemic and responding to the particular challenges and circumstances in their communities.

There were always going to be local differences. However, what became clear was that the lack of any plan or strategy meant that the degree of success in responding to need was, to a large extent, determined by pre-existing services and joint working arrangements.⁶⁶

Different joint working relationships between Local Authorities meant that some were better prepared than others to respond to the fast changing environment, and were able to consolidate buying power, pool expertise and coordinate housing and support offers across geography.⁶⁷

“Pan London action and leadership became paramount to communication and action in areas where local authorities lacked the expertise or resources to implement the initiative safely.”

(S54/Homelessness)

Mobilisation of the response was also dependent on the accessibility of additional emergency accommodation and whether there was already effective engagement with the wider voluntary sector.⁶⁸

“Outreach services came together quickly to provide a comprehensive response and were fundamental at delivering key in-reach into hotels and supporting people. The move on process was delivered very effectively in Luton and coordinated by the rough sleeper coordinator meaning nobody was abandoned in a hotel but everyone had a resettlement plan so the churn rate could remain high.”

(S7/Homelessness)

The Commission heard that the extent of health engagement was facilitated by existing health inclusion services, which facilitated rapid health screening and clinical cohort segmentation of those placed in hotels. Where these services were absent, this led to variation in how effectively the health response was rolled out.⁶⁹ Examples were given of health professionals being absent, slow to arrive, or unprepared in how to respond to the needs of people who sleep rough. In some instances this led to inappropriate expectations being placed on frontline staff to make clinical decisions and provide healthcare.

It was also reported in the submissions that there were different degrees of access from the very beginning of the response, with some Local Authorities taking in everyone at risk of rough sleeping, others only taking in verified rough sleepers, and in some instances, local authorities not expanding their offer. The LGA has reported that while rough sleeping has reduced in some areas, in others it has increased.⁷⁰



This disparity worsened as the pandemic continued and apart from the rallying call to action in March 2020, there were no further communications explicitly calling for everyone to be brought inside.⁷¹ Moreover, as access to funding became more bureaucratic and piecemeal through the Protect programmes, this fuelled further local variation in response.

“Everyone In was, and remains, inconsistently applied across areas and groups. The direction to bring everyone in has not been explicit since March 2020 and by the end of summer, it was clear that many areas considered Everyone In to have ended.”
(S57/Homelessness)

Some Local Authorities carried on with ‘Everyone In’, but others closed hotels and only accommodated people who were clinically vulnerable and therefore had ‘priority need’.

A key moment that signaled central government stepping back from the initial response was when Housing Minister Christopher Pincher wrote a letter in May 2020, to Local Authorities reminding them of legal restrictions on offering support to those ineligible for benefits, effectively ending the

principle that ‘everyone’ should be given an offer of accommodation.⁷² The implication of the letter was that support could only be given where there is a risk to life, but there was little clarification of how such a risk should be assessed.⁷³

Many Local Authorities have continued to offer accommodation to people with No Recourse to Public Funds by operating under an ‘in for good’ principle, but it is unclear at this point whether it will be local or central government that will cover this cost.

“While central government gave the impression that councils would be fully reimbursed for their costs related to housing rough sleepers during Everyone In it is not clear that this will be the case, particularly for the temporary accommodation costs of former rough sleepers who are ineligible for public funds. At current levels of occupancy, our temporary accommodation commitment for rough sleepers with no recourse to public funds will exceed £1 million this financial year.”
(S45/Local Authority)

Other local authorities have stopped providing emergency accommodation to people with NRPF, and have moved on those already in emergency accommodation.⁷⁴

“In some areas where emergency hotels run by us were full, clients with NRTPF were not able to access “usual” TA/ Emergency accommodation. This was more an issue later in the summer when the messaging around everyone in was less clear/consistently applied.”
(S45/Local Authority)

This approach has prompted a legal challenge, with the *Ncube v Brighton and Hove City Council*⁷⁵ ruling that councils can and should be using specific powers to provide accommodation to people with NRPF during a public health emergency.⁷⁶ Brighton and Hove City Council has disputed this, stating that “there is no statutory provision empowering it to accommodate C” as “[h]is unlawful status disqualifies him from local authority support” and that any policy of accommodating homeless persons “irrespective of immigration eligibility” would be unlawful.⁷⁷

Early findings from a research study into migrant homelessness has found that many councils have had to make decisions over whether to continue accommodating people with NRPF or uncertain immigration status on the basis of available funding and their interpretation of the legislation, which has led to further unevenness in the provision of support for homeless migrants.⁷⁸

Delivery of funding

Emergency Response

Throughout the pandemic, there has been a great deal of anxiety among clients over when offers of support will end, which has, in part, been due to the short term, piecemeal nature of funding.

“Many people accommodated through Everyone In expressed significant concerns about what would happen next and often did not know how long they would be able to stay in the accommodation.”
(S32/Lived Experience)

For Local Authorities, the extremely short funding allowances, in some instances as little as three months, hampered their ability to commission effectively and strategically plan or revise existing initiatives. For frontline providers, it was described that delivery of funding in this way is highly work intensive and destabilising, with services facing a rapid turnover towards the contact end and struggling to retain skilled workers.⁷⁹

“The short-term funding from MHCLG, where a very quick turn around on submitting a bid is needed, impacts on the ability to plan services strategically. It is very difficult to develop a response to rough sleeping that provides a sustainable and long-term intervention, including projected increased rough sleeping beyond pre-Covid levels.”
(S77/Local Authority)

“The consistent feeding of new resources helped – Everyone In, then Next Steps Accommodation Programme, then Protect Programme, Winter Fund, Protect Plus; on one hand would be easier to have resources at start of year and make more coherent plans.”
(W/Local Authority)

The quick pace at which new short term initiatives were being introduced has meant that there has been insufficient time for recruitment and mobilisation, with some providers then relying on expensive agency staff.⁸⁰

“The short-term nature of much of the funding made service delivery more challenging. While this could have been to some degree unavoidable, central government may have been able to provide longer term funding arrangements with more lead in time. Short lead in times give us weeks, or sometimes days, to get accommodation services up and running. Contracts for a few months, e.g. three or six, mean we often cannot recruit and have to use expensive agency staff. As contracts to run services came to an end, we are unsure if they will continue, making planning very challenging.”

(S27/Homelessness)

It was highlighted that this constant bidding for different funding pots, and the multiple and lengthy monitoring requirements attached to them, were resource intensive and were a barrier to joined up and strategic service delivery. In total, 13 different Governmental funding pots were allocated to rough sleeping during the pandemic. One Local Authority warned that there is an “inability for Local Authorities to have autonomy over larger funds and commission according to need locally.”

“Whilst the NSAP/RSAP funding was obviously welcome, there was a plethora of other smaller associated funding programmes (Protect, Protect Plus, Out of Hospital Care Programme, Drug & Alcohol Funding, RSI4) with little apparent co-ordination between them, which left local authorities and their strategic partners struggling to make coherent bids. The resources needed to make detailed applications and subsequently meet monitoring requirements were and continue to be enormous and a distraction from actually delivering the services.”

(S42/Local Authority)

“The funding opportunities presented by DHSC, MHCLG, MoJ, PHE etc. have all overlapped, giving little scope to identify gaps or the opportunity to assess the effectiveness of a newly operational service before planning more projects and schemes.”

(S68/Local Authority)

London Borough of Camden

Camden has an extensive adult supported accommodation pathway and over the past 18 months has been developing closer links with the CCG. At the start of the pandemic, the CCG had already been running a small multi-disciplinary outreach team (MDT) from a hospital site, funded through the rough sleeper Cold Weather Fund to support timely discharges from acute beds and to prevent hospital admission of homeless people. In response to the pandemic, Camden procured a hotel and set up a Covid Protect site by redeploying existing staff from one of their hostels, moving the MDT on site and expanding the number of partners involved.

The team operated in the hotel for six months until September 2020 when the Cold Weather Fund ran out. During this time it achieved remarkable outcomes, some with people who had never engaged previously with services. As well as carrying out various health and mental health assessments, the MDT supported people who raised health concerns that they had been worrying about for a long time. Serious conditions were diagnosed which otherwise would have gone undetected, people who needed to attend A&E were fast tracked, lessening the risk of avoidance for reasons such as withdrawal. Deteriorating psychotic presentations for which people had not received assessment, medication or therapeutic support were monitored and emergency hospital admissions arranged or medication support provided.

During this time, the residents also had access to BBV testing, Hep C treatment and sexual health screening. It was clear early on that on site access to health services was beneficial to the wellbeing of homeless people, supported increased engagement and people reported feeling cared for.

Practitioners have been arguing for many years that a better resourced and more co-ordinated response from healthcare

services, delivered on site, is needed to meet the increasing health needs of homeless people in Adult Pathway services, and the MDT at the hotel provided a practical demonstration of the benefits. It led to a commitment to create a MDT for the Adult Pathway. Camden applied for funding from NSAP to continue the successful health and housing partnership, however the application was turned down because it did not fit the criteria for funding.

Feeling strongly about the benefits, Camden and the CCG continued to work together to find a solution, but in the meantime, the MDT team had to go back to their substantive posts. Eventually Camden and the CCG successfully pooled £250,000 to fund a smaller team for 15 months whilst exploring more sustainable funding avenues. On the advice of the MHCLG, the MDT was included in Camden's RSI 4, bid which will supplement the partnership funding and allow for more staff. At the time of writing (June 2021) Camden is negotiating a contract with a local hospital (whose staff worked in the hotel) for a team to be embedded in the pathway, due to begin in September 2021.

This is an example of a successful project, bringing housing and health together; having to be disbanded during the pandemic response due to the timing of funding programmes and their prominent focus on housing/units. It was possible however to overcome challenges when flexibility was applied by the MHCLG and the GLA, who recognised the value of the service and based the eligibility for funding on the service's outcomes.

The process for securing funding for the MDT has been an additional draw on already stretched resources. It may be necessary to re-galvanise the energy and momentum, given people have returned to their posts but it is worth noting that before the pandemic a service like this did not exist.

The pandemic response highlighted the importance of partnership working between health and housing. Flexibility around eligibility criteria and long-term funding, dedicated to

nurturing joint practices, can further strengthen this and be a valuable part of the solution to rough sleeping and homelessness.

Move on

The Next Steps Accommodation Programme (NSAP) and the Rough Sleeping Accommodation Programme (RSAP), were introduced to facilitate move on from emergency accommodation for people with higher support needs. These allocations were highly welcomed in the submissions. However, the impact of this additional funding was impeded by how it was delivered.

A short lead-in time was given to bid for the NSAP and RSAP funding – only five weeks from July to August 2020 – with housing associations reporting that Local Authorities had difficulty preparing such complex bids in this time. This meant that there was regional disparity in how many Local Authorities received funding,⁸¹ with Local Authorities in poorly served areas being too overstretched to make bids, even when housing associations had properties available. Other housing associations reported that Local Authorities felt that this was not a priority, so did not engage.

It was then felt that the period between bids being invited and allocations being announced on 30th September 2020 was far too long in the context of a fast-changing pandemic environment. The NAO reported that assessing local authorities' bids for long-term accommodation funding proved to be more complex than the Department anticipated, which delayed the funding announcement.⁸²

“The RSAP funding round had a tight turnaround but then there was a long delay in getting decisions. The delays in receiving RSAP decisions and then contracts and communications further to awards decisions has significantly delayed project timetables, such that services will be opening at least 6 months behind the initial planned schedule.”

(S3/Housing7)

There have been very tight timescales to mobilise the programmes, with the completion date of the first round due in March 2020, which meant capital investments enabled by the programme were limited to acquisitions or renovations already in train.⁸³ Many housing associations have struggled to meet this deadline, but restrictions on the programme initially meant that the capital funding was unable to roll into the next year. An example was given of a housing association that returned unspent capital funding that could have been used to create 12 additional units.

Though there has been a longer lead-in time for phase two of the NSAP and RSAP, there is however still the same completion deadline of March of the same financial year. Short timelines can have a significant impact on the people a programme is intended to help, as it can prevent people from having the necessary time and space to fully assess their options and prepare for move on.⁸⁴

The Salvation Army

During the pandemic, the Salvation Army was commissioned by one large city council to help move over 100 people on from emergency accommodation into alternative housing options. Though this effort has produced successful outcomes for many, the lack of available housing in the city and the short turnaround time for the first phase of the NSAP (November 2020 – March 2021) have proved problematic.

To compensate for the lack of available social and private rented properties, people were offered accommodation in a redeveloped

office block. Delays to the accommodation's refurbishment meant that people were unable to visit the property until late in the process. This prevented people from having the necessary time and space to fully assess their options, leading to considerable doubts among prospective tenants as to the office block's suitability. The fact that it was a refurbished office block, rather than a more typical form of accommodation, also added to people's concerns. As a result, take up was significantly reduced with many people remaining in emergency accommodation until another option could be found.

Research conducted by Neale et al. found that many of their research had a negative experience of the moving out process, with some describing it as traumatic and distressing as they were not given time to prepare or pack, and little sense of participants being involved in any move on planning.⁸⁵

People's long term recovery is then further compromised by the requirement that they have to move on from RSAP accommodation after only two years, with one local authority warning that this "risks pushing them back into homelessness and undoing the good work that will have been done with them in the meantime" (S42).

Due to challenges of delivering the NSAP and RSAP, it has been reported there has been limited take up of these programmes by housing associations. The RSAP model is considered by some housing associations as having too much risk associated with it, due to the disparity in length of time of revenue funding and the time housing providers have to make the asset available.

Although RSAP revenue funding lasts longer than typical cycles, it is still only for four years, whereas housing providers have to keep the asset as supported housing for people sleeping rough for 30 years. This may mean that housing associations end up having to self-fund the support, sacrificing other services to maintain it or struggle to maintain staffing levels, as well as leading to challenges in planning and staffing.

**"The short-term nature of the revenue funding has meant a lot of registered providers have not taken part, because it's too risky for them."
(F/Housing)**

The barriers to delivering these funding programmes have meant that councils have struggled to procure move on accommodation, despite the funds being available.

North Somerset Council

North Somerset Council has experienced significant challenges finding housing providers to help increase the supply of move on accommodation, even with funding available to offer intensive support and financial packages. Supported accommodation is at capacity and the council have struggled to procure more despite funds being available for bids.

Council staff have linked this to a reluctance among some landlords to work with 'risky' tenants, made worse by the introduction of longer notice periods and court closures during the pandemic. Furthermore, the council has warned that limited, short term funding streams make it very difficult to get staff recruited, deliver outcomes and form a longer term vision.

Challenges

Resettlement

Resettlement is now one of the greatest challenges in the next phase of the response to rough sleeping, with one Local Authority commenting that they “are now left with many people with very high needs and those with uncertain immigration status in hotels.” (S42/ Local Authority).

The Government position and Ncube ruling has created uncertainty as to when and how Local Authorities can end placements for people who do not have access to benefits due to the immigration status, and for Local Authorities that have continued to adopt the ‘in for good’ principle, there has been a stalemate over move on. The provision of good quality immigration advice can help reduce the number of people affected by the No Recourse to Public Funds condition, and employment support can also help prevent destitution. However, it was highlighted that these services are underfunded and overstretched, and will become even more so now that the 30th June deadline for EU residents to claim settled status has passed,⁸⁶⁸⁷ which will lead to an increase in people being subject to the NRPF condition, and therefore at serious risk of homelessness.⁸⁸⁸⁹

For people with higher support needs who do have recourse to public funds, there is a lack of specialist supported accommodation placements, and where stock has been added through the NSAP and RSAP, these additions are so far limited given the significant shortage of suitable housing with support.

Concerns were raised in submissions that due to the lack of affordable accommodation with wraparound support attached, they are either unable to move clients on from hotels, or are moving them into temporary accommodation or inappropriate tenancies in the private rented sector, which tend to be of worse quality and

have higher costs attached.⁹⁰⁹¹ Examples were given of unsuitable move on accommodations resulting in abandonments or evictions.

“There were experiences of lack of move-on support for those who had recently left prison or who were discharged from hospital (including Mental Health settings) and delays to move on from temporary accommodation.”
(S32/Lived Experience)

“Increased use of private rented beds in some areas, has led in some cases to individuals being housed in independent accommodation for which they have not always been ready.”
(S78/Health)

Without good quality, affordable accommodation options, with wraparound support where needed, there is a risk that people who were brought inside by the Everyone In initiative will return to the streets.

Vaccination

A higher rate of pre-existing conditions means that people with experience of rough sleeping are more vulnerable to severe illness than the general population.⁹²

It was therefore highly positive that people experiencing homelessness were included as one of the priority groups in the vaccine rollout. However, frontline services reported to the Kerslake Commission that there are lower rates of vaccination amongst people who are homeless, when compared to the general population.

Marginalised populations, such as those who are homeless, traditionally face obstacles and inequalities in healthcare and this situation

has been exacerbated by the Covid-19 pandemic.⁹³ This group frequently have difficulties in successfully engaging with the appointment based processes which has been characteristic of mainstream health services and the delivery of the vaccine roll out.⁹⁴

Vaccine confidence amongst this population is also low. Homelessness providers have told the Kerslake Commission that reasons given for not wanting the vaccine include: fear of side effects; needle phobia; only wanting one of the vaccines which is not on offer; distrust of government and/or healthcare; not wanting to share personal data; or not thinking they are at risk.

At its core, however, is the fact that many people with experience of homelessness have had negative experiences with the health system and this can affect trust. Others struggle to engage, due to feelings of worthlessness that lead them not to even approach or access healthcare services in the first place. This is particularly true for people sleeping rough.⁹⁵

People experiencing homelessness can also struggle with prioritising personal health and wellbeing and this is often characteristic of those with poor mental health or substance misuse issues.

It was recommended in the submissions that concerted effort must be made by health and homelessness services, working in partnership, in order to increase vaccine uptake and prevent transmission.

“Work needs to be done to ensure people have equitable access to primary care, testing and isolation support and vaccinations. The increased commissioning of homeless health services would help to bridge this gap... Vaccinations being made available through outreach models worked well and best if there is pre-engagement and peer support.”
(S32/Lived experience)

Availability of self-contained accommodation

The re-opening of the majority of commercial hotels in May 2021 has placed increased pressure on finding appropriate move on accommodation for the remaining clients to prevent a ‘cliff edge’ of support, but it also poses a question of what the accommodation offer will be going forward, particularly during the winter months. It was made clear in the submissions that a key success factor in the response was the increased availability of good quality, self-contained accommodation, which provided a more attractive offer to people sleeping rough.

It was highlighted to the Kerslake Commission that communal sleeping spaces can have a role to play during short period emergency assessments, to allow staff to observe behaviour and assess needs. In instances outside of this, however, dormitory style accommodation was criticised for not being psychologically informed, and research has found that some Local

Liverpool City Region Combined Authority in conjunction with The Whitechapel Centre

The Whitechapel Centre is commissioned by Liverpool City Region Combined Authority to provide an assertive street outreach service in the city region. The team includes a nurse and a community psychiatric nurse (CPN) which has been vital in providing health and mental health support to people sleeping rough, and those in temporary or hostel accommodation. In one area, the outreach team nurse, working in partnership with a local GP and the public health team,

facilitated the vaccine roll out to people experiencing homelessness by visiting hostels, day centres and B&Bs. This was extremely successful, resulting in 70%+ take-up rate of the vaccine.

The street outreach team being commissioned in this way to be a needs-led flexible service has worked well for the team, local authorities and the individuals it supports.



Authorities intend to make a decisive shift away from this type of accommodation. However, others feel that financial and legal constraints make the use of this accommodation unavoidable, particularly during winter.⁹⁶

Winter 2021 poses a particular challenge as it is predicted that it will be accompanied by another wave of Covid-19,⁹⁷ which places the rough sleeping cohort at particular risk of infection due to existing vulnerabilities and, at this time, lower rates of vaccination uptake when compared to the general population.

Public Health England declared such accommodation unsafe for the duration of the Covid-19 crisis, but there was an agreement that shelters could be reopened in winter 2020/21 if transformed to offer self-contained sleeping arrangements. MHCLG guidance, current at the time of publication, has made clear that “local circumstances may mean that there are occasions where a local area decides to put in place communal models to prevent people sleeping rough, particularly in extreme weather.” However, it states that those who show COVID-19 symptoms, have been in contact with someone who has tested positive for Covid-19 or has had a positive test themselves in the last 10 days, should not enter night shelters and instead “providers should work with their local authority to support individuals to access self-contained accommodation to self-isolate as appropriate.”⁹⁸

Research conducted by Housing Justice has found that there is no clear dominant model for night shelters in the future, with some shelters planning to return to the previous, others keeping them self-contained, and some retaining elements of the new model.⁹⁹

With hotels re-opening, the homelessness sector is losing good quality, self-contained accommodation, and unless this stock is replaced, providers and local authorities will have to make judgements on whether the inadequacies and risks of communal shelters outweigh the threat of having insufficient emergency accommodation, particularly during cold weather.¹⁰⁰

Staff fatigue

It is widely recognised that frontline staff are burnt out from the pandemic, and the homelessness sector is no exception.

Though many different factors supported the success of Everyone In, one of the most important was the hard work and commitment of frontline staff in the homelessness sector, who went above and beyond their usual duties in a fast changing environment. Staff were facing increased work load as more people were coming into emergency accommodation, and were having

to adapt quickly to new ways of working, as well as facing the fear of potentially contracting the virus.¹⁰¹

There was then the additional pressure of short term funding, which meant staff were experiencing employment insecurity during a time of heightened stress and anxiety.

“Overall we found this period difficult due to the fast-changing situation, uncertainty and heavy workload, reflecting the experience of the pandemic felt by all frontline services.”
(S19/Homelessness)

“The short term nature of funding creates fatigue and inability to plan in a strategic manner. Services face rapid turnover of staff towards contract end, creating challenges to service delivery.”
(S73/Local Authority)

Within the housing and homelessness sector there has also been a long standing issue over the available infrastructure to replenish and grow trained staff, and there has been not the capacity for people to be trained up sufficiently before working on the frontline. This means that there has been an overreliance on agency staff in the sector and disruption in services as trained staff are relocated to services where there is less capacity.¹⁰² One homelessness provider commented to the Kerslake Commission that “people have been propping up the system.”

It should not be assumed that the level of energy and dynamism seen in the emergency response will be continued into the next stage of the pandemic, and given the demands it has placed on frontline staff, there is a risk that many will leave unless more security and support is put in place.

Increase in flow

Against this context, there is a clear expectation among Local Authorities and the voluntary sector that there will be more people coming onto the streets unless upstream and downstream preventative action is taken by central government, and built into a long term strategy.

Though the package of financial support brought in by the Government during the pandemic did help to stem the tide of homelessness, it did not succeed in preventing a rise in cases, particularly among single, young men.¹⁰³ Towards the second wave of the pandemic, there have been bigger increases in people who are experiencing homelessness for the first time, including people who have been furloughed and those who are newly unemployed.¹⁰⁴

Research has suggested that there may be a perfect storm coming, with the end of the evictions moratorium, an end to furlough, a planned cut of Universal Credit, and a recession and associated growth in unemployment and household debt, all of which are likely to result in evictions and repossessions and generate a new surge of homelessness presentations and, in some cases, increases in rough sleeping.¹⁰⁵

The LSE has estimated that, working with a predicted UK unemployment rate in late 2021 of 6.5% and the assumption that private tenants are twice as likely to be unemployed compared to the overall average, this could equate to a rate of 13% unemployment among tenants in the private rented sector at the end of 2021. This suggests that 420,000 tenant households might be in arrears on the predicted unemployment estimate, rising to over half a million on the worst unemployment scenario of 8%.¹⁰⁶

Analysis by the Joseph Rowntree Foundation (JRF) has shown that if the planned cut to Universal Credit goes ahead in September, 6.2 million families will feel a £1,040 a year fall in their incomes overnight and 500,000 people – including 200,000 children – will be at risk of being swept into poverty.¹⁰⁷

It is concerning that the most recent CHAIN data has shown that the overall number of people who were recorded as sleeping rough in London at least once rose by 3%, up from 10,726 in 2019-20 to 11,018 in 2020-21, which is more than two-and-a-half times the number seen in 2010-11. Of the total number, 7,531 people were recorded as sleeping rough for the first time, up 7% on the previous year.¹⁰⁸ Not only will a rise in rough sleeping be devastating for the life chances of individuals, it will also have repercussions for wider community safety, the impact of which will be explored in more detail in the Commission's final report.

The next months and years will be critical for those who are on a knife edge, and it is unclear if Local Authorities will have the financial capacity to respond to a projected rise in flow.

“All the figures coming back are bad, people in rent arrears, evictions pending, businesses closing, domestic violence off the scale, teenagers having severe mental health issues, family breakdowns and these create a perfect storm. There will be many more people hitting the street.”
(S8/Homelessness)

“There has been a significant increase in the number of safeguards being raised for people throughout the period. The wider social care system does not have the capacity and resources to respond effectively to the demand. This will have further repercussions in the future as people slip through the net of social care and access homelessness services when they reach crisis point.”
(S77/Local Authority)

Opportunity

The Government can intervene to stem flow of homelessness by making wider policy decisions on housing and welfare, to protect those who are on the edge of destitution and ensure they do not end up homeless and on the streets. As well as providing an effective safety net, it is imperative that the Government builds more genuinely affordable housing as part of its prevention strategy.

Where people do fall into rough sleeping, the pandemic has shown how collaborative and flexible working, particularly with the health sector, is able to effectively meet their needs. In order for this approach to continue, it is essential for the Government to recognise that it did not emerge due to any systematic changes, but rather was a product of a public health emergency.¹⁰⁹ As we move through the pandemic, and some degree of normal life returns, partnerships established during the emergency response must be embedded into future funding settlements and models.

“Some remarkably responsive addictions and mental health support was provided in London, although some of it has gradually fallen away now.”
(S22/Health)

There is an opportunity to continue the principle of Everyone In, where the system has the capacity to make a quality emergency accommodation offer to anyone at immediate risk of rough sleeping, but also provides rapid rehousing into secure and affordable long term accommodation, catering to a range of needs.

“Everybody In worked and there should be funding made available to continue this - to house all rough sleepers/make an offer of temporary accommodation to anyone who sees themselves roofless.”
(S66/Local Authority)

Local Authorities and the voluntary sector have been able to work with those taken into emergency accommodation and have helped support them to improve their health, access financial support and employment opportunities, and crucially move many into more permanent accommodation.¹¹⁰ For some people, this is the first time they've engaged with services.

“I feel once the lockdown started to ease a lot of people who had been accommodated were left in the same predicament they were in prior to lockdown. This felt to me like a real opportunity to engage and re home these individuals that was lost.”
(S83/Lived Experience)

The Government's aim should be to facilitate their long term, sustainable recovery, by helping maintain their engagement with health services, provide long term tenancies with support attached, and tailored employment support, to give people the confidence and skills to get back into work.

Conclusion

The emergency response to homeless people sleeping on the streets has shown what can be achieved when everyone works together with a common objective. The leadership demonstrated by central government to prioritise the public health needs of people sleeping rough prompted unprecedented partnership and coordination between local agencies, who were able to bring a vulnerable cohort inside in record time. It showed that when lives were at stake, the threshold for access to services was predicated on the principle of inclusion, rather than rationing or a narrow prescription of eligibility, and people who were judged to be ‘hard to reach’ were able to engage. Once people were inside, they were able to access support to address their health and housing needs. Many positive ways of working emerged as a consequence of the pandemic and if they are to continue, they must be embedded as the emergency transitions.

As we move into the next stage, we can take forward the lesson that in order to encourage people to leave the streets for good, there needs to be sufficient stock of good quality, emergency and longer term accommodation, with tailored provision for women and young people, and affordable move on options.

For many people, accommodation alone is not the solution and there must be long term investment in wraparound support that can help people sustain tenancies and improve health outcomes, as well as upstream and downstream preventive measures that stop them falling into homelessness and destitution in the first place.

To deliver this vision, the Commission has put forward recommendations based on the evidence submissions that are targeted at the government’s Comprehensive Spending Review.

The Commission’s final report, due in autumn 2021, will be making recommendations on policy and practice, and will have implications for national, regional and local government, health and other government agencies, and the housing and homelessness sectors. It will be exploring, among other things, how to address the stalemate on No Recourse to Public Funds, how to nurture tailored, localised responses whilst building in a minimum offer, and how to retain health and multi-agency engagement, partnership working and flexibilities outside of a public health emergency. It will seek to provide a blueprint for how the ethos, aims and working practices of Everyone In can be kept at the heart of our approach to tackling street homelessness.

Only through long term, systematic change can we embed the progress of the emergency response, and ensure that there is a long term strategy to deliver on the aim and government commitment to end rough sleeping.

Comprehensive Spending Review Recommendations

To deliver its manifesto commitment of ending rough sleeping by 2024, the Government should adopt Everyone In as the shared ambition for the future and continue to treat rough sleeping as a public health priority. By common consent, Everyone In was a radical response to rough sleeping and the Comprehensive Spending Review provides an opportunity to embed it in the long term, as both a health and housing led approach. Clear leadership is needed to tackle this issue, and the funding that flows from it must be long term, joined up and flexible, so that it is applicable to different individual and local circumstances. This approach will reduce waste, improve effective outcomes and prevent flow onto the streets.

Alongside providing adequate funding, the Government needs to adopt policies on affordable housing and welfare support that will help prevent homelessness. There will be additional costs involved, but preventing rough sleeping and homelessness, and responding to it quickly and effectively when it does occur, is a moral imperative and will bring with it substantial savings in the future.

National, regional and local partnership working

- There should be a clear, cross-government plan to end rough sleeping and prevent homelessness, which builds on the lessons of Everyone In and has comprehensive funding programmes attached to it.
- Funding programmes should move through the new Cabinet sub-committee on rough sleeping, with the aim to make cross cutting decisions and coordinated responses that support and mandate local agency, strategies and outcome focused delivery.
- Funding should be allocated to implement the learnings from the Changing Futures Programme at a national level, in order to deliver the system change that is needed to embed partnership working and support people with complex needs.

Preventing homelessness

Homelessness prevention is an aim that crosses departments, bringing with it social and financial returns outside of MHCLG's remit. Research has shown that public spending would fall by £370 million, if 40,000 people were prevented from experiencing one year of homelessness.¹¹¹

- The Government must retain the welfare changes that have kept people afloat during the pandemic, whereby Local Housing Allowance rates were raised to the 30th percentile of local rents and Universal Credit was increased to £20 a week. In addition, the Government should review the benefit cap and seek to increase it in areas with high affordability pressure, to increase housing options and prevent destitution.

- A package of financial support should be provided for people in arrears due to the pandemic, consisting of a mixture of grants and loans, in order to prevent evictions.
- MHCLG should increase grant funding for social rented housing delivered through the Affordable Homes Programme, to meet the housing and homelessness sector's recommended target of building 90,000 homes a year. In the long-term, we need a Government housing strategy that will continuously deliver the needed supply to tackle homelessness sustainably.
- MHCLG should continue to invest in homelessness prevention services by maintaining the Homelessness Prevention Grant as a 'visible lines' allocation.
- The RSI spend should have a focus on rough sleeping prevention, outreach, accommodation and support. Local authorities cannot stop engaging in alleviation whilst there is still high levels of rough sleeping and flow onto the streets, and without additional funding their efforts at prevention will be limited. This spend should also be used to pay for an increased supply of self-contained, good quality emergency accommodation, where a single room is standard. When combining the reported additional expenditure on rough sleeping during 2020-21 with the RSI settlement during this same period,¹¹³ this would bring the projected yearly spend between 2022-23 – 2024-25 to £335.5m, 32% higher than the 2021-22 RSI (£254m).

Preventing and responding to rough sleeping

The human and social costs of rough sleeping are extensive, and much of it borne out in the health and criminal justice system, and within communities. Analysis of public spending has shown that the average cost for quickly resolving an episode of rough sleeping is just £1,426, but would rise to £20,128 if rough sleeping were to persist for 12 months.¹¹²

- 'Everyone In' should be continued through the Rough Sleeping Initiative (RSI), delivered through a minimum three year funding settlement and expanded by incorporating the additional expenditure used by Local Authorities to provide people sleeping rough, or at immediate risk of doing so, with accommodation and support during the Covid-19 pandemic. This additional investment helped reduce rough sleeping by 37% in and it is essential that this spend is maintained if the Government is to achieve its goal of ending rough sleeping by 2024.

	2020-21	2021-22 (planned spend)	2022-23 – 2024-25 (recommended annual spend)
Rough Sleeping Initiative	£112m	£254m	£335.5
Additional expenditure on rough sleeping due to Covid-19, used to provide accommodation and support	£223.5m		
Total	£335.5	£254	£335.5

- The RSI should have structures in place that facilitate joint working across national and local bodies responsible for commissioning services and support for people experiencing rough sleeping and homelessness and other agencies, including health partners where access to universal services is beneficial.
- There should be requirement in the RSI that there is specific provision of rough sleeping emergency accommodation and services for women and young people.

- Hostels are a form of accommodation which still have relevance, but must act as a meaningful and appropriate pathway after the immediate emergency has been dealt with, and provide good quality, person centred and trauma informed support and accommodation, that is funded accordingly. The appropriate types of accommodation will be explored in more detail in the final report.
- NHS and Integrated Care Systems (ICS) Operational Guidance should stipulate that Integrated Care Systems and their Integrated Care Partnerships have a dedicated focus on tackling healthcare inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping, and deliver trauma-informed health inclusion programmes targeted at this cohort. This population should be included in the new 'Core20PLUS' population cohort approach and with a focus on the five clinical priority areas, which includes mental illness and vaccination uptake. ICS plans should be fully integrated with all relevant agencies, particularly local authorities, social care, housing, employment and drug and alcohol services.
- The Ministry of Justice should continue the Homelessness Prevention Taskforce funding for accommodation for prison leavers, but with support available for people with complex needs that comes from other departmental funding streams.
- The Government should establish a clear policy position that implementing No Recourse to Public Funds must stop short of causing destitution. The Commission will offer further recommendations on this issue in its final report, but as a starting point the Government should create a dedicated funding allocation for specialist welfare advice and employment support targeted at people with No Recourse to Public Funds, as well as good quality immigration advice targeted at non-UK nationals without established status, or whose status is to be determined. This investment will prevent and address the risk of destitution, and support the resolution of immigration statuses.

Longer term sustainable recovery

For people to sustain a life away from the streets, what is required is a range of housing and accommodation options, with wraparound support where needed. This should include a wider roll of innovative models, such as Housing First, and investment in employment support to give people the skills and opportunities to get back into work.

- The Rough Sleeping Accommodation Programme should be continued for the duration of the Rough Sleeping Initiative. The viability of this model can be improved, and take up increased, by aligning capital and revenue funding, allowing capital funding to roll over into subsequent years and drawing on continuous market engagement approaches. Strategic partnership working should be built into the programme and there should be flexibility to increase the maximum length of stay beyond two years.
- Housing First accommodation and support type models have an important role to play in supporting recovery away from the streets, particularly for people with complex needs. Bridge funding should be provided for the Housing First pilots, to allow time for evaluation, and this should inform a national roll out of the model, supported through long term funding and affordable tenancies. Wherever possible, the solution to homelessness should focus on providing permanent homes rather than temporary accommodation.
- The DWP can improve employability and work confidence among people with experience of homelessness and rough sleeping by investing in specialist employment support and skills development opportunities, with a focus on written, numerical and digital literacy. This investment should be accompanied by strategic partnerships that can broker employment placements.

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- The DHSC should reverse the disinvestment in drug treatment and wider recovery services, increasing funding by up to £552 million annually over the next five years, on top of the baseline annual expenditure from the public health grant, as recommended in the Dame Carol Black Review.¹¹⁴ Each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services.¹¹⁵
 - The Government should increase the supply of social and supported housing through the continuation of the Affordable Homes Programme, but ensure capital funding is linked to multi-year revenue funding for support services.
 - In order to improve outcomes across different groups, the Government must invest in tailored approaches to women's and young people's move-on from the hotels and other emergency accommodation, informed by the expertise of specialist sectors.
 - Funding should be targeted at improving services to provide trauma informed, person led and controlled support for people with complex needs, with integrated approaches across all agencies, to improve access, experience and outcomes, and maintain tenancies.

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