

The Kerlake Commission on Homelessness and Rough Sleeping

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

- 1) 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.
- 2) 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.
- 3) 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.

- 4) 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.
- 5) 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.
- 6) 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.

- 7) 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.

- 8) '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.
- 9) 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 2020/2021 with the RSI settlement during this same period, this would bring the projected yearly spend between 2022/2023 – 2024/2025 to £335.5m, 32% higher than the 2021/22 RSI (£254m).

	2020/2021	2021/2022 (planned spend)	2022/2023-2024/2025 (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	£335.5m	£254m	£335.5m

- 10) 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.
- 11) There should be requirement in the RSI that there is specific provision of rough sleeping emergency accommodation and services for women and young people.
- 12) 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.
- 13) NHS England and Improvement 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.

- 14) 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.
- 15) 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.

- 16) 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.
- 17) 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.
- 18) 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.
- 19) 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. Each £1 spent on treatment will save £4 from reduced demands on health, prison, law enforcement and emergency services.
- 20) 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.
- 21) 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.
- 22) 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.