The homelessness response to the COVID-19 pandemic – what works and what have we leant?

A rapid evidence review to support the Kerslake Commission on homelessness and rough sleeping

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Summary of the rapid evidence review

- The MCHLG call on 26 March 2020 to support all rough sleepers in suitable accommodation by the 29 March kick started what was understood to be an unprecedented series of actions across the homelessness sector and local authorities.
- The Everybody In initiative has subsequently been called a 'remarkable feat' and should be regarded as a 'considerable achievement'. A number of elements were deemed to be key to its success.
- The leadership taken and shown was praised by local authorities and councils. In particular, Baroness Casey's experience and drive was appreciated as was the guidance shown at ministerial and civil servant level. There was also praise for the effort made by local authorities and the third sector.
- Timely and clear messaging that was bold and unequivocal in its meaning inspired confidence in stakeholders to take decisive action. Clear messaging sat along significant and an unprecedented injection of funding into homelessness services, enabling to local authorities and services to act.
- The initial injection of funds raised concerns about its sustainability later in the pandemic and confusion was created when the Government later seemed to backtrack on their instructions that all people rough sleeping and in unsafe accommodation including those with NRPF should be eligible for support
- The role of wider protective measures put in place by the Government – the 'furlough' job retention and support scheme, the uplift in the standard allowance of Universal Credit and Working tax Credits by £20 per week until April 2021 alongside the eviction ban – were welcomed by local authorities and services. However, concerns were raised as to what would happen when these are repealed.
- Many local authorities found there was a much larger number of people needing help than was anticipated – many people in forms of hidden homelessness or in other precarious situations came forward. Key to meeting demand was multiagency partnership working – either developing new relationships or drawing on existing ones – and close working with the voluntary sector and providers of homelessness support services. Councils also had to work with a broader range of partners than usual, including across health and the criminal justice system.
- Increased collaboration and joint working enabled a better understanding of needs within the cohort to be housed and also that support was coordinated efficiently. The need for agility and quick responsiveness was identified as key to successful outcomes.

- Geographic divergence did emerge as those areas whom already and engrained multiagency working were able to mobilise and coordinate quicker than those areas/regions without
- New service delivery models had to be created: digital and remote ways of working coming to the fore, in some cases overnight. Perceptions from both staff and those being helped was generally positive
- The call to accommodate everyone rough sleeping or at risk of it generated a sudden demand for self-contained accommodation resulting in local authorities and partners taking swift action to commission a very wide range of new temporary accommodation, including; hotels, B&Bs, holiday lets, university accommodation, and RSL properties. While this was a significant challenge so too was adapting or decommissioning existing temporary accommodation
- Some areas of England struggled more than others for reasons associated with the strength of existing multi-agency working, as well as the accessibility of affordable self-contained accommodation at short notice. Some areas also struggled to support people to remain inside.
- Geographical differences also emerged with the differing response of fresh Government guidance on working with rough sleeping with NRPF leaving many councils unclear how to respond. Some continued to work with those subject to NRPF while others would not and sort to move on those already in emergency accommodation.
- Moreover, there were specific calls to ensure women experiencing or at risk of domestic abuse were properly supported.
- In terms of impact of Everybody In, with regards health it was clear the success it had in ensuring deaths from COVID were kept at a minimum. It is estimated that 266 deaths and 1164 hospital admissions were prevented.
- Having 'everyone in' presented new opportunities to engage and work with many new rough sleepers and those that were previously disengaged from services. This meant work could begin to address the particular vulnerabilities this cohort of people suffer with. However, access to health services, in particular mental health ones, reflected existing disparities of provision. GP registration was a particular problem. Despite this, there were positive outcomes for some of those in emergency accommodation in terms of health and well-being.
- The experience of those brought into emergency accommodation was largely positive with them welcoming the access to amenities hotels offered them and the support they received from services and staff while there. However, there were reports of problems with food provision and social isolation. There were different levels of support across England and the move to online forms of communication could also exclude some.
- While the eligibility blind nature of access to emergency accommodation was a significant boost for helping people in, there were some rough sleepers who remained outside or left accommodation. As such, the impact of Everyone In on rough sleeping levels suggests a varying picture with rough sleeping numbers much reduced in some areas, but in other places having returned to previous levels, or even exceeding them.
- Some local authorities in particular struggled with rough sleepers with NRPF once the Government asked councils to use their discretion and 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 became an acute problem for services and councils as the pandemic continued with some authorities felt they had no choice but to cease assistance and seek to move on those already in emergency accommodation.
- Access to long-term housing was the capacity challenge most widely seen as having been posed (or emphasised) by the pandemic by local authorities. This includes historic blockages in the system that have clogged up pathways whereby, for example, affordability issues in the private rented sector have prevented someone in supported housing from moving out and therefore preventing someone housed through COVID-19 emergency provision from moving into supported housing. The uplift in LHA rates helped but was compromised by the continuing presence of the Benefit Cap.

- Sourcing move-on accommodation from both the social and private rented sector was dependent on local circumstances and markets. In all cases sourcing support alongside accommodation was essential, and in many cases more difficult, because of the uncertainty of future funding.
- In contrast, there have been very different experiences in Scotland and Wales due to the existing policy frameworks that were in place before the pandemic began. In Scotland, the pandemic has injected a sense of urgency into housing led provision based on Rapid Rehousing Transition Plans and the need to work with local authorities to ensure the necessary funding to scale up Housing First across Scotland more rapidly. In Wales, the introduction of phase 2 funding has led local authorities to think more longer term about their offers for people moving through their homelessness systems, not exclusively in the context of the pandemic.
- Local authorities and service providers used the metaphors of 'cliff edges' and 'tidal waves' to describe the anticipated increase in homelessness on the horizon. They pointed to the potentially problematic combination of an end to the evictions moratorium, an end to furlough, 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.[1]
- Modelling predicts that private tenants are twice as likely to be unemployed compared to the overall average. Further modelling shows the unprecedented reduction in GDP in 2020 and the significant rise in destitution in the short to medium term will all have an impact on increasing future levels of homelessness without investment in welfare and LHA over the short term and large-scale application of Housing First and raising of total and social housing supply in the long term.

1. Introduction

COVID-19 has prompted a radical and rapid nationwide shift in responses to some of the most extreme forms of homelessness. In England, by the end of January 2021, more than 11,000 people who were rough sleeping or at risk of rough sleeping were in emergency accommodation and 26,000 people had been moved into settled accommodation or supported housing.[2] This quick response to homelessness has been documented through a range of research and evidence and enables us to look at lessons for government and public health agencies at national, regional and local levels, as well as the homelessness sector and providers.

This rapid evidence review has been commissioned as part of the Kerslake Commission on homelessness and rough sleeping which is examining the lessons learnt from the emergency response which supported people sleeping rough during the COVID-19 pandemic. More specifically the rapid evidence review will answer the following questions:

- Thinking about the response to rough sleeping during the pandemic, which measures, policies, practices or joint working do you think worked well and why?

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[1] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf; https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[2] MHCLG (2021) Coronavirus (COVID-19) emergency accommodation survey data: January 2021, https://www.gov.uk/government/publications/coronavirus-COVID-19-emergency-accommodation-survey-data-january-2021

- 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?

Research methods

Literature was identified for the review through three main sources: grey literature websites, academic databases and calls for evidence via the Commission. Evidence was only selected for inclusion if it covered the period since March 2020 and had specific reference to the homelessness and rough sleeping responses to the pandemic. Whilst the focus of the Commission is England only, the evidence review has examined literature from across the UK and internationally to draw key themes and recommendations. To note, that within the existing literature received and found reviewed there is a London bias particularly with regard materials from services. In part, this reflects the concentration of rough sleepers and services in London and attempt to capture reflective learning from the experience of responding to the pandemic. The search returned 33 relevant studies which are cited in the bibliography.

The rapid evidence review is not starting in a vacuum, before the pandemic a number of evidence reviews have been published which systematically look at what works to address and end rough sleeping and homelessness. The findings in this evidence review should be looked at in tandem with these publications which are listed below:

- Mackie,P., Johnsen, S., and Wood, J. (2017) *Ending rough sleeping: what works? An international evidence review*. Crisis: London
- Social Care Institute for Excellence (2018) *A rapid evidence assessment of what works in homelessness services,* London: Crisis.
- Keenan, C. , Miller, S., Hanratty, J., Pigott, T., Hamilton, J. and Coughlan, C. (2020) *Accommodation-based programmes for individuals experiencing or at risk of homelessness: a systematic review and network meta-analysis*. Centre for Homelessness Impact and Campbell UK & Ireland
- Hanratty, J, Miller, S., Hamilton, J. Keenan, C. and Coughlan, C. (2020) *Discharge programmes for individuals experiencing, or at risk of experiencing homelessness: a systematic review*. Centre for Homelessness Impact and Campbell UK & Ireland

All the above evidence reviews draw out key themes which should be looked at alongside the evidence which has been published over the last 12 months. These include:

- Being housing-led (including Housing First) and taking quick action to access to permanent accommodation with financial support to do this
- Interventions with support programmes tailored to the individual (person centred) report better housing stability and health outcomes
- Basic interventions (those that only satisfy very basic human needs such as a bed and food) may harm people. This includes unsuitable hostels and shelters
- Interventions which focus on transitions from institutions such as hospitals and prisons increase housing stability and reduce hospitalisation and re-offending but must include individualised care and discharge plans

2. Initial response to COVID

When the letter went out from MCHLG on 26 March 2020 calling for rough sleepers to be supported into suitable accommodated by the 29th, kick starting was has become known as the 'Everybody In' initiative, it set in motion a series of unprecedented actions across the homelessness sector and local authorities to achieve the ask.

Subsequent reflection by local authorities, and others in the homelessness sector, upon this Government call to action was overwhelmingly positive with regard it's ambition and clarity of demand. The principle informing it – to protect people rough sleeping from the pandemic and one driven understanding this as a public health issue rather than a housing one – was widely praised.

A number of organisations sought to praise the overall response of the *Everybody In* initiative. The **National Audit Office** said it should be regarded as a 'considerable achievement'.[3] The NAO identified the response to rehouse rough sleepers in the early stages of COVID-19 as demonstrating what can be done when central government, local authorities and voluntary organisations work together to respond to an extremely urgent priority. The was all the more impressive the NAO suggested because MHCLG did not have a contingency plan in place for working with rough sleepers at the outset of the pandemic.

The **Local Government Association** (LGA) called *Everybody In* a 'remarkable feat'.[4] To achieve such a feat required great energy on the part of councils, and in many cases an unprecedented level of joint working with partners in health services, the voluntary sector and housing associations. In doing so, according to the LGA, it demonstrated that, given the mandate and funding, councils, working with their partners, have the means to end the vast majority of rough sleeping.

The **Housing Communities and Local Government Committee (HCLGC)** recognised the enormous success of the early stages of the Everyone In programme, made possible through cross-sector collaboration, substantial funding, and joint working towards a clear goal.[5]

Further analysis of the immediate response by Government found it to be 'timely and effective'.[6] Key to this was the way in which the response shifted the perception of homelessness whereby it was conceptualised as a public health issue. This helped galvanised the response across a range of stakeholders, helping to inject a sense of urgency and inclusiveness. Something the report authors suggest has not previously been witnessed in England (nor across other UK nations).

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[3] NAO (2020) Investigation into the housing of rough sleepers during the COVID-19 pandemic https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf

[4] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic
[5] https://publications.parliament.uk/pa/cm5801/cmselect/cmcomloc/1329/132902.htm
[6] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021) The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

The success of swift action to get people rough sleeping and in communal accommodation into to self-contained emergency accommodation was also replicated in Wales and Scotland. Studies which have looked beyond the response in England (Fitzpatrick et al, Boobis and Albanese) note that across all three GB nations the immediate crisis response to homelessness during the pandemic was timely and effective. In particular, the Scottish Government crisis response was characterised by a less sudden policy and practice shift because, the pre-pandemic context was more inclusive, particularly in relation to the accommodation provided to single person households, and so there was less necessity for a large-scale emergency response.[7]

2.1 Timely communication and clear messaging

Alongside praise for the boldness of the Government announcement on getting people rough sleeping off the streets, was the clear and swift nature the messaging took. Research by **Fitzpatrick et al. (2020)** found staff from both local authorities and homelessness services praised the clarity of communications from central Government early in the crisis.[8] The unprecedented nature of the call for action was welcomed; it inspired confidence amongst stakeholders to take the decisive action that was needed. Local authorities alongside voluntary sector partners appreciated the clarity of what MHCLG meant in terms of unequivocally meaning 'Everyone In': the usual barriers associated with eligibility for public funds and/or entitlements under the homelessness legislation set aside in favour of an inclusive public health-driven strategy.

Further research found that clear declarations and rapid decisions by central Government on eliminating the use of communal shelters, enhancing welfare benefits and halting evictions was also widely praised and welcomed across local authorities and services.[9]

2.2 Funding and resources

As with the initial announcement and declaration to get Everybody In, there was widespread praise of the significant and unprecedented injection of funding into homelessness services during the first lockdown in England, which was unanimously welcomed and enabled local authorities and their partners in the third sector to deliver the achievements.[10] This injection of funding was also seen in Wales and Scotland.[11]

The **LGA** found there was real support for the MHCLG Next Steps Accommodation Programme (NSAP) funding. This allowed many authorities to continue to deliver services instigated under Everyone In which would otherwise have to close, and which should provide significant additional

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[7] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021) The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[8] https://www.crisis.org.uk/media/242907/homelessness_monitor_england_2020_COVID19_crisis_response_briefing.pdf

[9] Fitzpatrick et al. (2021) Homelessness Monitor England 2021 https://www.crisis.org.uk/media/244702/crisis-england-monitor-2021.pdf

[10] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021) The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[11] Ref Crisis and caCHE COVID report

accommodation and support for single homeless people for the medium and longer term.[12] In contrast, other research (Fitzpatrick et al 2021 and NAO 2021) noted the concern regarding the imbalance between capital and revenue funding and the requirement to spend the capital budget within a highly restricted timeframe. This meant, the capital investments enabled by the programme were limited to acquisitions or renovations already in train, which led to a limited expansion in staffing and support costs that could be supported by the relatively small-scale injection of new revenue funding.

While funding was available early on in the pandemic, local authorities and voluntary sector organisations expressed concerns about the sustainability of funding emergency accommodation over the coming winter.[13] Further concern was raised after the initial emphasis and encouragement from Government was to support everyone into emergency accommodation early on in the pandemic, including those with NRPF, appeared to change. Having previously asked local authorities to house everybody, regardless of eligibility for public funds, the Government in late May reminded local authorities of its position on eligibility relating to people with NRPF, and asked local authorities to use their judgement when assessing people's needs. The HCLGC (2021) inquiry heard that this created confusion for local authorities and led to people with NRPF being denied support during the COVID-19 public health crisis.[14]

It was also noted as a concern by some local authorities that there were short-term funding pots, which limited opportunity for investment in longer-term staffing. They also involved very fast turnaround bidding windows were challenging and focused overwhelmingly on rough sleeping, potentially limiting the scope and remit of work.[15]

3. Service delivery models during the pandemic

Many local authorities offered an upbeat assessment of their own performance in response to the homelessness consequences of the COVID-19 crisis and initial lockdown period, though it was clear that the resilience of both staff and resources had been severely tested, with many local authorities surprised by the sheer scale of need that the emergency measures uncovered.[16]

Findings from the **LGA** (2021) echoed these sentiments. Many councils found that this was a much larger number of people needing help than anticipated. There were people in non-commissioned

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[12] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic

[13] Boobis, S. and Albanese, F. (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain*. London: Crisis https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/the-impact-of-covid-19-on-people-facing-homelessness-and-service-provision-across-great-britain-2020/

[14] Local Government Committee. 2021. Protecting rough sleepers and renters. https://publications.parliament.uk/pa/cm5801/cmselect/cmcomloc/1329/132903.htm#_idTextAnchor000

[15] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021) The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[16] Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2021) *The Homelessness Monitor: England 2021*. London: Crisis. https://www.crisis.org.uk/media/244702/crisis-england-monitor-2021.pdf

night shelters or other informal provision, with which councils had hitherto had little involvement, and/or a much larger than expected number of hidden homeless people leading precarious lives sleeping in the homes of friends or family, who had previously been reluctant or not thought it worthwhile to approach councils for help.[17]

This is reflected in the numbers supported between March 2020 and January 2021. As of January 2021, more than 11,000 people who were rough sleeping or at risk of rough sleeping were in emergency accommodation and 26,000 people had been moved into settled accommodation or supported housing.[18]Broad trends in cohorts of people helped during the pandemic[19] also show that during the first few months of the pandemic, the increase was driven by those already experiencing homelessness including people who were sofa surfing and living in dangerous and transient accommodation who became more visible as their living situations forced them to access help. Towards the second wave of the pandemic, there have been bigger increases from people who are experiencing homelessness for the first time, people who have been furloughed and those who are newly unemployed.

To respond to the crisis, the **NAO** (2021) noted how local authorities worked closely with the voluntary sector and providers of homelessness support services to identify vulnerable individuals and make them an offer of emergency accommodation. Multi-agency partnership working was key to success and that working together on Everyone In had strengthened existing relationships and built new ones.[20] Evidence looking at partnership working also identified that where partnerships were already in place the response to the pandemic was more effective.

The **NAO** also identified as important to the COVID response that councils worked closely with a broader range of partners than usual, including health, criminal justice, housing associations and the voluntary and charitable sectors. This led to a better understanding from all partners of what the others could do, and the potential to bring together and allocate different sets of resources in new ways. For example,

- Engagement with health to get a tailored service for this cohort, including primary health care and access to mental health and drug and alcohol services.
- Enhanced trust between councils operating across two tier geographies. Counties and districts had interdependent responsibilities and worked together both vertically and horizontally to secure the best outcomes.

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[17] Local Government Association (2020) Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic, 19 November 2020 https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic

[18] MHCLG (2021) Coronavirus (COVID-19) emergency accommodation survey data: January 2021, https://www.gov.uk/government/publications/coronavirus-COVID-19-emergency-accommodation-survey-data-january-2021

[19] Boobis, S. and Albanese, F. (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain*. London: Crisis https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/the-impact-of-covid-19-on-people-facing-homelessness-and-service-provision-across-great-britain-2020/

[20] National Audit Office (2021) *Investigation into the housing of rough sleepers during the Covid-19 pandemic*. https://www.nao.org.uk/report/the-housing-of-rough-sleepers-during-the-covid19-pandemic/

- Making the most of new technology to conduct remote meetings between agencies, drastically reducing the logistical barriers to co-operation.[21]

The **LGA** (2020) found that in the multi-agency response taken it was important that in the early stages of Everybody In to ensure that people's individual needs were understood and placed at the heart of an area's response. To this end, the engagement of a wide range of statutory and non-statutory agencies working with street homeless people, and the coordination of effort and their resources was essential. This was especially true in the initial stage of bringing people in but subsequently too when people were accommodated in emergency accommodation and moving on to interim or permanent homes.

The need for agility and quick responsiveness was identified as key to successful outcomes. Existing commissioned contracts for outreach support had been quickly modified to direct support to the hotels or other accommodation where the people were staying. For non-commissioned services, such as night shelters and other rough sleeper support, the situation was more nuanced, but, again, support had been re-directed to the accommodation where people were staying.[22]

Geographic divergence was noted, dependent on whether particular places already had effective engagement with the wider voluntary sector and were able to mobilise and co-ordinate combined efforts and resources more quickly than those that did not. In some areas working at a regional scale has been helpful, to consolidate buying power, and, in two-tier government areas, where responsibilities for housing and support lie with different authorities, to co-ordinate across the geography.[23]

Further research, **Fitzpatrick et al.** (2021) notes that collaboration between sectors and organisations had been a defining characteristic of the crisis response, particularly at the local level. However, there were examples of persistent SILOS and failures to effectively collaborate.[24] This latter point was something echoed by **The Connection** (2020) whom worked closely with Westminster council and St Mungo's during the pandemic. Drawing on the perspectives of those clients they worked with at the time, some viewed the new collaborative ways of workings as a way forward whilst others raised concerns about its effectiveness based on negative past experiences. For some clients the use of multiple service providers had created confusion about whom they should be visiting and when. It could also mean they had further to travel which incurred more costs to them.[25] St Mungo's also heard of similar problems where people were already engaged with services in one area that they could struggle to maintain support if they were moved to accommodation in a different local authority area, and in some cases this led to people not being able to access prescriptions.[26]

3.1 New service delivery models

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[21] Ibid.

[22] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[23] Ibid.

[24] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021) The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[25] The Connection (2020) *The Connection COVID-19 Client Consultation*

[26] https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf

It was clear that the unprecedented nature of COVID pandemic and response meant the quick adoption of new and innovative ways of working and engaging with clients. The **LGA** found that the crisis led to a review of existing ways of delivering services both in terms of how digital and other channels are used and in a more fundamental review of current pathways. Many councils reported that they had moved their housing options service to be telephone-based. While some reported that this was difficult, others suggested that customers had preferred the telephone interaction because it did not involve a trip to a council office, and there was less stigma attached. Moving to this kind of approach brings the issue of digital exclusion to the fore, as homeless people without access to a telephone or public internet are not able to engage with such services.[27]

Research also highlighted the rapid move to remote working practices that local authorities and services had to adopt because of COVID and social distancing measures. For some this was an overnight shift from being in an office one day to working from home, while for others there was a more gradual shift or an intent to maintain some ongoing physical presence to allow for face-to-face contact.[28]

Further findings about the response to the pandemic found that frontline homelessness service staff played a crucial role; often going beyond their usual duties, adapting their working practices and facing personal risks. A very early change in everyday support services involved the shift to remote working wherever possible. Perceptions were generally very positive about the shift to remote/online working, believing it was more efficient, though some clients reported acute problems getting in touch with local authority services (albeit not necessarily homelessness services).[29] There is also some concern about remote services not meeting the needs of people with high or more complex support needs who found it more difficult to engage with support workers over phone or zoom.[30] Services reported a lack of access to digital technology such as laptops and smartphones, and lack of internet access highlighted as particular support needs.[31] Whilst many services bought people phones and laptops to engage there were still barriers to people accessing help in the first place.

3.2 Leadership

While Government communication and ambition were praised early on in response to the pandemic, it was also noted that leadership had been shown at various levels and across local authorities and

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[27] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[28] https://www.crisis.org.uk/media/244285/the_impact_of_COVID19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

[29] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021)
The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report
https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[30] http://meam.org.uk/wp-content/uploads/2020/06/MEAM-Covid-REG-report.pdf and Groundswell (2020) *Monitoring the impact of COVID-19 on people experiencing homelessness*.
https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf

[31] https://www.crisis.org.uk/media/244285/the_impact_of_COVID19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

services. Many stakeholders considered Baroness Casey's experience, leadership and drive to have been key to driving forward Everyone In at considerable pace in its early stages.[32] This was matched by what others considered to be strong leadership shown ministerial and civil servant level. The government response was notable for its speed, clarity of direction, an injection of funding and a desire to work in partnership. The direction handed down to local authorities at the outset was unambiguous that everyone should be accommodated and accommodation was expected to be single room wherever possible, and to allow for social distancing in all cases.[33]

Alongside acknowledgment of the decisive leadership shown by central Government during the early stage of the crisis, there was also praise for the effort made by local authorities and the third sector across England to rise to a unique implementation challenge, with the number of people accommodated safely and quickly a source of justifiable pride.[34]

3.3 Securing emergency accommodation and staffing

The significant Government instruction to bring 'Everyone In' or provide emergency accommodation for everyone rough sleeping, at risk of rough sleeping, or in unsafe accommodation throughout the pandemic presented local authorities with an enormous challenge to find and secure the accommodation needed.[35] To respond to this sudden demand for self-contained accommodation, local authorities and their partners in national government, the third sector, RSLs, and the private sector took swift action to commission a very wide range of new temporary accommodation, including; hotels, B&Bs, holiday lets, university accommodation, and RSL properties.[36] Whilst the major challenge was sourcing additional emergency accommodation, to a lesser extent some existing temporary accommodation also had to be decommissioned or adapted.

Securing this volume of additional temporary accommodation during a pandemic was not without its challenges. There were accounts of some local authorities facing particular difficulties commissioning hotel accommodation, due to issues such as insurance liability, rooms already being booked out – often by health services, and hotel owners being uncertain about whether they were able to remain open. Ultimately, the lack of temporary accommodation options meant that there were instances where not everyone was accommodated swiftly.[37]

As already noted, hotels were only one source of accommodation. Many councils made innovative use of other sites, worked with partners providing additional leased supported housing, and

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[32] https://www.nao.org.uk/report/the-housing-of-rough-sleepers-during-the-COVID19-pandemic/#

[33] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021)
The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report
https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[34] Suzanne Fitzpatrick, Beth Watts & Rhiannon Sims (2020) Homelessness Monitor England 2020: COVID-19 Crisis Response Briefing
https://www.crisis.org.uk/media/242907/homelessness_monitor_england_2020_COVID19_crisis_response_briefing.pdf

[35] https://www.crisis.org.uk/media/244285/the_impact_of_COVID19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

[36] Fitzpatrick, Suzanne ; Mackie, Peter ; Pawson, Hal; Watts, Beth ; Wood, Jenny (2021)
The COVID-19 Crisis Response to Homelessness in Great Britain: Interim Report
https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[37] Ibid.

modified their use of existing supported housing to make it COVID-19 compliant, with some also making use of portable, modular accommodation on a temporary basis.[38]

3.3 Geographic diversity

Despite the clear mandate and instructions from Government to all local authorities and areas, significant geographical variation in the type and effectiveness of the crisis response became visible.[39] Some areas struggled more than others for reasons associated with the strength of existing multi-agency working, as well as the accessibility of affordable self-contained accommodation at short notice. Parts of the country seem to have faced particular challenges in accommodating all those sleeping rough or at risk, and also in supporting individuals accommodated under 'Everyone In' to remain 'inside'.[40]

These findings were echoed by **Groundswell** whose research found that there was limited guidance from national Government which clearly addressed the need for coordination and accountability. Consequently, divergence appeared whereby some areas rapidly worked together to ensure the needs were met of the homeless population in their areas, while other areas struggled. This was particularly the case for areas which already had infrastructure in place to support the delivery of multi-agency approaches.[41]

As the pandemic progressed beyond the immediate crisis period, some councils had continued to adopt an Everyone In eligibility for accommodating people, some had returned to a pre-COVID eligibility for support, and some were operating in between. Even those councils who had taken the decision to return to pre-COVID eligibility were thinking about how their existing responsibilities under the Homelessness Reduction Act could be discharged more effectively in helping people recover from rough sleeping, including, in some cases, reviewing the use of hostel accommodation and to prioritise provision of self-contained accommodation in the future.[42]

Geographical differences emerged too as a response of subsequent 'mixed messages' from central Government, particularly with regard to the accommodation of non-United Kingdom nationals ineligible for benefits and the continuation of Everyone In. This became a matter of acute concern for Local Authorities and their third sector partners as the crisis progressed. It also resulted in growing variation in local authority practice across the country as the year progressed as some local authorities responded by taking a tougher line on or ceasing to take in new rough sleepers who were ineligible for benefits, and moving on those already present in emergency accommodation.[43]

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[38] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[39] https://www.crisis.org.uk/media/242907/homelessness_monitor_england_2020_COVID19_crisis_response_briefing.pdf
[40] Ibid.
[41] https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf
[42] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary
[43] Suzanne Fitzpatrick, Beth Watts & Rhiannon Sims (2020) Homelessness Monitor England 2020: COVID-19 Crisis Response Briefing
https://www.crisis.org.uk/media/242907/homelessness_monitor_england_2020_COVID19_crisis_response_briefing.pdf;
https://www.nao.org.uk/report/the-housing-of-rough-sleepers-during-the-COVID19-pandemic/#

This discrepancy was highlighted by what respondents to the **HCLGC** said about the advice by the Government that local authorities could use their discretion in individual cases, which had led to a variety of responses across the country. Local authorities were unclear quite what the Government expected in terms of new rough sleepers subject to NRPF. The **HCLGC** considered that after the new advice in May that Everyone In by definition had finished, as by the Government's own admission it was no longer helping everyone.[44] However, the recent ruling in the case of Ncube v Brighton and Hove City Council ruled that councils can and should be using specific powers to provide accommodation to people with NRPF during a public health emergency.[45]

3.4 Gaps in policy guidance and funding

Groundswell noted that the movement into emergency accommodation through the 'Everyone In' process focused on moving people who were rough sleeping during the pandemic. This did not include many people experiencing homelessness who were living in unsuitable, unsafe or overcrowded accommodation, meaning a significant proportion of people continued to face challenges due to their current accommodation situation. Those that Groundswell spoke to who had to stay in their current hostel accommodation spoke of mixed experiences in terms of how they managed their well-being and raised concerns about the levels of COVID preventative measures that were in place in such accommodation.[46]

Moreover, the **Women's Homelessness Action Forum** (WHAF) early on in the pandemic felt the need to stress the need for the specific circumstances of women to be recognised and responded to in light of increasing report of violence against women during lockdown. WHAF specifically asked for women only hotels to be an option with safe guarding measures in place. Gender informed support must be available and suitable move on accommodation found. Those experiencing domestic abuse or at risk should be prioritised by social housing providers. Women with NRPF need to be included in any COVID response and funding for specialist domestic and sexual violence services to support homeless women be put in place.[47]

National Domestic Abuse Policy and Practice Group also wrote to the Government in May 2020 to express similar concerns about the need to deliver the safeguards that women survivors of violence and abuse require during Everyone In, including women-only accommodation, ongoing specialist support and additional security measures for safety.[48]

Women's Aid reported in August 2020 that in the period from 23 March to 31 May 2020 there was a 40.6% reduction in the number of refuge vacancies in England, compared to the same period in 2019. The most common reasons were a lack of suitable move–on accommodation (67% of those with reduced availability) and concerns over managing the spread of the virus in communal accommodation (61% of those with reduced availability). Yet services reported increase demand for their services during lockdown. While there was short-term crisis funding made available during the

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[44] https://committees.parliament.uk/publications/5342/documents/53217/default/

[45] https://nearlylegal.co.uk/2021/03/rncube-v-brighton-everyone-in-does-exactly-what-it-says-on-the-tin/

[46] https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf

[47] Women's Homelessness Action Forum (2020) *WHAF Key Asks to support women experiencing or at risk of homelessness during Covid-19*

[48] https://www.dahalliance.org.uk/media/10757/national-group-letter-to-dame-louise-casey-210520.pdf

pandemic and many services received it, less than half of services surveyed (19 out of 40) said they had seen an increase in overall income during this period.[49]

4. Impact of COVID responses

The Everybody In initiative was framed as a public health issue and ensuring the well-being of people who were rough sleeping or at risk of during so during the COVID pandemic. By this measure the initiative can be considered a success in that deaths of people rough sleeping during the early stage of the pandemic were minimised considerably. It was clear from across the research and reflections, that bringing people in as a public health response had enabled new and more positive engagement with people who may previously have resisted attempts to support them, or simply not known that help was available.

Moreover, although not specifically part of the Government's longer-term plan to meet its aim of ending rough sleeping by May 2024, Everyone In enabled valuable work to take place towards this objective it was claimed by the NAO. Local authorities and the voluntary sector have been able to work with those taken into emergency accommodation and have helped support them with health and other needs, to access financial support and employment opportunities, and crucially to move many into more permanent accommodation.[50]

4.1 Health
The work health and prevention model developed by **Lever** exploring COVID-19 among people experiencing homelessness in England estimated that 24 deaths actually occurred among homeless people in the first wave in England. However, it also estimated that the preventative measures imposed might have avoided over 21,000 infections, 266 deaths, 1164 hospital admissions and 338 ICU admissions among the homeless population. The modelling suggested that people experiencing homelessness were protected by interventions in the general population, infection control in hostels, and closing of dormitory-style accommodation.[51]

Having a cohort of people whom were often disengaged from - not only - health services presented local authorities and services with an opportunity to work closely, and in a sustained manner, with them for, sometimes, the first time. Upon arrival at emergency accommodation the new residents would have a comprehensive needs assessment, including health, substance abuse and any specific needs, such as for women. As **Pathways** noted, the 'Everyone In' policy and the work of frontline homeless and healthcare staff to support people in hotels had been unprecedented and 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.[52]

The in-reach of health teams into Everyone In hotels was key to meeting the needs of those accommodated. It meant closer collaboration between health and homeless teams and ensured many people in emergency accommodation were supported in many different aspects of their lives. There was the removal of barriers between services and teams, led to a more efficient response.

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[49] https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf

[50] https://www.nao.org.uk/report/the-housing-of-rough-sleepers-during-the-COVID19-pandemic/#

[51] https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext

[52] Pan-London Homeless Hotel Drug & Alcohol Support Service (HDAS) Lessons Learned. 2020. DOI10.17605/OSF.IO/7CDBX https://www.pathway.org.uk/wp-content/uploads/HDASLessonsLearned.pdf

This integration meant people's needs were approached more holistically and there was more continuity of care reducing the risk people will fall between the gaps in provision.[53]

This presented new and positive opportunities to address the health and support needs of rough sleepers. For example, in London the development of the CHRISP tool – a clinician administered survey conducted over the phone with rough sleepers – provided rapid insight into health and support needs. The results were fed back to multi-disciplinary teams in London made up of health and care professionals, to organise care and support where required, including working with clients as they are moved on from hotels and hostels to other accommodation.[54] Communities of interest and specialist organisations have also responded to the COVID-19 outbreak through the collection and dissemination of learning. These have been important in engaging places and people who had not previously delivered dedicated services to understand the needs of the client group and how services might be designed. For example, the Future NHS collaboration platform: Homelessness and Inclusion Health is a dedicated workspace with over 900 members whom can post questions and share relevant resources.[55]

Positive health outcomes as a result of Everyone In were noted by **St Mungo's,** whose research found that more than a third (35%) of those assessed in the emergency hotel accommodation in London said their physical health had improved since moving into a hotel. The triage, assess and cohort model which ensured people were grouped on the basis of their clinical vulnerabilities and medical needs, including separate accommodation for people with Covid-19 symptoms reduced the risk of infection and allowed focused medical support to be provided – the benefits of which extended beyond maintaining people's immediate welfare during the pandemic. This enabled an understanding of the full extent of an individual's support needs, rather than trying to treat related problems separately. There was also evidence of decreases in both drug use, arguably as a result of the increase in access to drug and alcohol services, and the increase in the number of people scripted. While over a third of hotel residents reported an improvement in mental health.[56]

However, despite these positive developments, the **LGA** noted how the health response across England reflected already engrained – pre-COVID – disparities of provision. Whilst it was possible for rapid health screening and cohort segmentation of those placed in hotels to take place in London and other areas where specialist health services exist, this was much harder to achieve elsewhere. Despite the enhanced levels of co-operation between services, which were widespread during Everyone In, it was nevertheless often difficult to get access to appropriate health services, and especially mental health services, to work with the accommodated cohort. This seems to be a reflection of the lack of specialist primary care services working in homelessness in many parts of the country and a continued wider lack of mental health resources relative to demand.[57]

Moreover **St Mungo's** noted, that despite mental health improvement for some hotel residents, how mental health services struggled to cope during this period because of a chronic lack of capacity combined with increased need due to the Covid-19 crisis, and the uncertainty and isolation it has caused. Research by The Royal College of Psychiatry found that two-fifths of patients waiting for

[53] https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf
[54] https://www.strategyunitwm.nhs.uk/sites/default/files/2021-02/Homelessness%20and%20the%20response%20to%20COVID-19%20Strategy%20Unit%20Final%20Report%20%20%20%281%29.pdf
[55] Ibid.
[56] https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf
[57] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

mental health treatment during the pandemic contacted emergency or crisis services, with more than one in ten patients ending up in A&E.[58]

Research by the **NHS** itself also found that GP registration and being able to make appointments remained a significant problem during the COVID-19 response. There were instances of cancelled or delayed assessments or treatments in primary care.[59] **Groundswell** also found similar issues with GP registration as demand for registration increased during the pandemic as people were moved into new areas to access emergency accommodation. Their research also described challenges hotel residents had around accessing mental health services, especially when experiencing delays in support or transition between mental health services.[60] St Mungo's found that those who remained rough sleeping throughout the pandemic were people with highly complex needs who require more intensive support than the emergency hotels could provide. Some health needs, such as substance use problems and mental ill health, can result in challenging behaviour and will have made it difficult for some to adjust to hotel accommodation.[61]

However, in London **Pathways** reported more positive outcomes for the homeless hotel drug and alcohol support services (HDAS) that was rapidly developed and put into action in the early stage of the Everybody In initiative. This was a unique project that brought the majority of London's substance misuse providers who normally compete (reflecting the nature of commissioning) together to deliver a multi-agency, multi-disciplinary service. HDAS generated 'cross-provider principles' as clinical protocols for substance withdrawal and acted as a central point of coordination via the combination of readily available recovery workers and clinicians available through a dedicated telephone and email system. HDAS was also able to provide rapid bespoke virtual training on substance misuse, within the context of the specific needs of the temporarily housed homeless population, to over 40 homeless sector staff. Despite these successes, it was noted that HDAS struggled to inform or be integrated into the process of supporting hotel residents once move-on accommodation for hotel residents was found and was deemed a missed opportunity.

4.2 Lived experience of COVID measures

Groundswell reacted quickly at the start of the pandemic to monitor and access the impact of the COVID response on homeless people themselves. The most common theme identified by people when discussing the impact of the pandemic on their lives was the detrimental affect it had on their mental wellbeing and their increased feelings of social isolation, especially during periods of increased social distancing and through times of lockdown. Both people experiencing homelessness and front-line workers identified an increase in mental health issues and worsening of existing conditions. The move to digital forms of communication for booking appointments and service access could also further exclusion and isolation for some residents.[62]

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[58] https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf

[59] https://www.strategyunitwm.nhs.uk/sites/default/files/2021-02/Homelessness%20and%20the%20response%20to%20COVID-19%20Strategy%20Unit%20Final%20Report%20%20%20%281%29.pdf

[60] https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf

[61] https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf

[62] https://groundswell.org.uk/wp-content/uploads/2020/12/Monitoring_Impact_COVID_Groundswell-FINAL-REPORT.pdf

Concerns with the accommodation was also found by those placed in hotels. In some there was a lack of basic food provisions. Challenges persisted when people receive food which they do not have the equipment and appliances to cook with, meaning often people are left to go without or eat food or poor nutritional value. In some hotels there limited medical support and challenges accessing prescriptions and alcohol for people who were alcohol dependent. These issues were often resolved over time as the hotels became more established and support providers deployed staff to them.

However, there was a clear variation in the level of support available at different hotels and in different areas of the country. It was clear that for some people, the move into such accommodation had a positive impact on their lives and they were able to access much needed healthcare and support people who had historically not engaged with services began to and the importance of maintaining this post-pandemic.[63]

The Connection in London noted similar issues around the negative impact on mental health and increased loneliness and isolation as the pandemic took hold. The closing of days centres, libraries and job centres served to further this impact on mental and physical health.[64]

A small cohort study of 35 people moved into one London hotel gives further insight into the impact of Everyone In on those housed through it. Most participants were very positive about the accommodation, contrary to their initial anxieties and concerns, and rated it more highly than other places they had recently lived (albeit there were complaints about the quality of the food). They particularly appreciated the kindness of the staff and having access to the room facilities, warmth, safety, and privacy alongside support they received from onsite services. Some noted how this had helped them to take stock and begin to sort out their lives out but some expressed anxiety about having to move on at some future date.[65]

These findings were echoed by the evaluation of the service **Riverside** provided for 45 residents in a Manchester hotel. Residents liked their accommodation and support they received. In particular, Key areas of support included registering with GPs, claiming appropriate benefits, sorting out basic health issues and securing referrals to external agencies. Satisfaction with hotel and support staff was high and none wanted to return to the streets; instead wanted to use the time inside to ensure a more positive future for themselves.[66]

Further reflections on hotel accommodation in the City of London and what encouraged take up and contributed to successful sustainment identified a number of factors. Namely, the immediacy of response by Government helped generate a sense people had a right to self-contained spaces. Alongside this was the minimal conditionality applied to such spaces – the public health issue trumped other stipulations and was to an extent 'eligibility blind'. This health first approach gave a clear focus for getting people off the streets to self-isolate and socially distance while supporting them. Clients valued the person-centred support and friendly team they worked with, some of whom has lived experience of homelessness themselves. 'In-reach' support and partnership working

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[63] Ibid.

[64] The Connection (2020) *The Connection COVID-19 Client Consultation*

[65] https://kclpure.kcl.ac.uk/portal/files/136655170/Neale_et_al_Homeless_Hotel_Study_part_1_October_2020.pdf

[66] https://www.riverside.org.uk/wp-content/uploads/2020/06/Riverside_MCREmergency_Accommodation_FINAL.pdf

were central to this with health, mental health, substance misuse and other homelessness services offering a holistic approach.[67]

Experiences of people sleeping rough

There was reflection from services that for some rough sleepers the absence of street economics during lockdown would create new opportunities for services to work with them and encourage them to come in, especially in London.[68] Findings from attempts to understand and assess the early impact of Everybody In show that were was some merit to this belief. In terms of specific early impacts for a rough sleeper cohort, 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 rough sleepers. This had enabled many former rough sleepers to make a positive change and to engage with agencies to seek permanent housing. While some people in hotels with complex needs had left the accommodation, these were small numbers, and the overwhelming message was a positive one.[69]

While the **NAO** identified that over 33,000 people had been helped to find accommodation under Everybody In by the end of November 2020, there remained some people rough sleeping. Local authorities and charities reported that they have seen increased numbers of people sleeping rough since June. Those who were still sleeping rough after the first weeks of the Everyone In campaign fall into three main groups, those who:

a. had refused an offer to be taken into hotels;
b. accepted an offer, but subsequently abandoned or were evicted from the hotels they had been placed in; and
c. new rough sleepers who have not been offered accommodation.[70]

These groups find affinity with the barriers to securing or accepting accommodation identified by the City of London. Namely, some rough sleepers were not offered a hotel space quickly enough; some people continued to sleep rough because they felt being outside offer better protection from COVID while some were estranged from the 'system' (i.e., housing and benefits) and did not want to become part of it.[71]

LGA reflections on the impact on rough sleeping up until late November 2020 – drawn from discussion with local authorities – suggested a varying picture, with rough sleeping numbers much reduced in some areas, but in other places having returned to previous levels, or even exceeding them. This is due to some people returning to the streets, some intermittent rough sleepers not being accommodated during Everyone In because they were not rough sleeping at the time, and some new rough sleepers. Most councils believed that increases in rough sleeping following Everyone In were mostly among those already known to services, and that there had not been a

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[67] City of London / Groundswell + Rice (2021) unpublished reflections.

[68] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_Covid_Homelessness_Report-Final.pdf

[69] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#safeguarding-people-who-are-sleeping-rough

[70] https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf

[71] City of London / Groundswell + Rice (2021) unpublished reflections.

large increase in new rough sleepers made homeless as a direct consequence of the pandemic.[72] Figures published by CHAIN[73] and H-CLIC[74] show continued new flow of people experiencing homelessness during the pandemic.

In light of this, a note of caution was sounded by **Riverside**, especially in light of the ongoing nature of challenges presented by the pandemic, that while the success of Everyone In are important to acknowledge, rough sleeping remains. There is a chance that the new cohort of people on the streets may miss access to, and support of, the initial programme and, furthermore, not have the same the relatively well-resourced, housing-led responses and support that characterised the Next Steps Accommodation programme.[75] St Mungo's also found that for those who remained, started or returned to rough sleeping during the pandemic, the closure of normal services such as day centres and communal night shelters, as well as the reduction in drop-in health clinics, has been hugely difficult.[76]

Prison leavers
Around a quarter (27%) of the 40,000 people discharged from prison during the pandemic were released into homelessness or unknown circumstances.[77] There was a significant concern at the start of COVID that there might be a large-scale early release of prisoners, which would increase homelessness pressures on councils. A quarter of councils in England are concerned the number of prison leavers approaching for assistance will go up in the next 12 months.[78]

Despite these numbers, the **LGA** in their review of learning from COVID found that many councils reported that they were able to work effectively with prison and probation services, the police, and police and crime commissioners during Everyone In, and were able resolve difficulties which arose during the lockdown period, such as implementing the Homelessness Reduction Act Duty to Refer.[79]

Young people
The impact of the pandemic on young people has been considerable. Unemployment has risen significantly across all age groups due to the restrictions imposed on many sectors of the economy. Young people have been hit particularly hard by the pressures placed on retail and hospitality industries: 582,000 young people aged 16-24 were unemployed in November 2020-January 2021, an increase of 76,000 (or 15%) from the same period the year before. Between February 2020 and February 2021 there was a 117% increase in the benefit claimant count among 16–24-year-olds across the UK.[80]

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[72] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[73] https://data.london.gov.uk/dataset/chain-reports

[74] https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

[75] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf

[76] https://www.mungos.org/app/uploads/2021/01/St-Mungos-Housing-and-Health-Report.pdf

[77] MoJ, Written Answers (UIN61689, UIN76656, UIN81740). Out of 23,942 releases between 23 March and 31 July 2020 (latest available data), 6,520 were released homeless or to 'unknown circumstances'.

[78] https://www.crisis.org.uk/media/244702/crisis-england-monitor-2021.pdf

[79] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[80] Centrepoint *A year like no other: Youth homelessness during the COVID pandemic*

Rough sleeping data for London further showed the impact of the pandemic on young people. In the period April to June 2020 there was an 82 per cent increase in young people sleeping rough compared to the same period the previous year. In April – June 2020 447 young people aged 18-25 years old where seen rough sleeping compared to 246 the year before.[81]

Centrepoint witnessed a 33 per cent rise from the previous year in call volume to their helpline during the year 2020/21. Emotional toil of the pandemic contributed to family breakdown and remained the leading cause of youth homelessness during the COVID pandemic. Centrepoint praised the Everybody In initiative but it appeared that the initial support provided for young people during the first lockdown appeared to wane, meaning that in some areas young people were facing significant problems accessing emergency accommodation. Without being able to attend a local authority Housing Options in person, meant young people have faced significant barriers to making formal homelessness applications. A lack of information or clear guidance about how to make an application or whether services were being carried out in person or online were common. Those with limited funds or access to ICT struggled in particular.[82]

People with No Recourse to Public Funds
The **HCLGC Committee** heard that after the initial Government encouragement for local authorities to assist those who had No Recourse to Public Funds (NRPF), the late May announcement that served to remind local authorities of its position on eligibility relating to people with NRPF caused much confusion. Local authorities were asked to use their judgement when assessing people's needs and led to some people with NRPF being denied support during the COVID-19 public health crisis.[83]

The Government introduced confusion by first undertaking a "universal approach" on a humanitarian basis, before pushing back on NRPF it was suggested. The **LGA** states that this left councils in a difficult position, as 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.[84] As such, the accommodation of non-United Kingdom nationals ineligible for benefits and the continuation of Everyone In, became a matter of acute concern for Local Authorities and their third sector partners as the crisis progressed, notwithstanding a change in the Homelessness Code of Guidance advising local authorities to respond sympathetically to those made vulnerable as a result of the pandemic.[85]

Some councils pledged that they would not evict NRPF residents onto the streets, whilst in others there was an active debate on what to do. The situation was very difficult, and some authorities felt they had no choice but to cease assistance and seek to move on those already in emergency

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[81] https://data.london.gov.uk/dataset/chain-reports
[82] Ibid.
[83] https://committees.parliament.uk/publications/5342/documents/53217/default/
[84] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary
[85] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2021/

accommodation.[86] This perceived ambiguity in the central Government position resulted in growing variation in local authority practice across England as the crisis evolved.[87]

Domestic abuse
Domestic abuse was highlighted as a significant area of concern early on in the pandemic with domestic abuse services flagging rises in pressures on their services. In June 2020, Refuge reported an 80 per cent increase in calls to the National Domestic Abuse Helpline. As one of the leading causes of homelessness a rise in domestic abuse led to anticipation of a rise in associated homelessness.[88] A survey of services and local authorities showed a mixed picture, with 58 per cent of services witnessing an increase in people fleeing or experiencing domestic abuse requiring support yet only some local authorities reported an initial increase while other has seen none. But as lockdown progressed more local authorities saw an increase in people fleeing domestic abuse accessing support. It became clear that the pressures of lockdown contributed to increasing instances of domestic abuse.[89]

Riverside noted the pandemic had made the longstanding question about the quality of strategic responses to domestic abuse, linked to resources, coordination and what can be variable integration of the homelessness and domestic abuse systems all the more urgent.[90]

Renters
One of the most obvious concerns arising from the COVID-19 crisis was the fear that there would be mass evictions as people found themselves unable to pay their rent. **JRF** estimated that since March 2020 a third of all private renters had a fall in their household's overall net income, causing a significant impact on the ability of renters to meet their outgoings.[91] Protective measures put in place during the pandemic for evictions have been viewed widely as preventing large numbers of people renting in both the private and social rented sectors from experiencing homelessness. As we move out of the pandemic there is real concern that there will be huge increases in people coming forward for homelessness assistance if further interventions are not made.

Riverside made similar warnings that if the eviction ban were to be suddenly 'switched off', without some contingency planning and support in place, corresponding spikes in homelessness are likely.[92]

People sofa surfing
On any given night in England 110,000 people are sofa-surfing.[93] As the pandemic progressed, it was noted that both the numbers being accommodated were significantly higher than expected and that

[86] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary; https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf
[87] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf
[88] https://www.crisis.org.uk/media/244285/the_impact_of_COVID19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf
[89] Ibid.
[90] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf
[91] Joseph Rowntree Foundation, Briefing: struggling renters need a lifeline this winter, November 2020
[92] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf
[93] https://www.crisis.org.uk/media/244702/crisis-england-monitor-2021.pdf

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a steady flow of new people continued to arrive onto the streets throughout the pandemic.[94] In many areas the scale of homelessness and rough sleeping risk was much larger than had been generally realised. In part, the reason for this was that many 'sofa surfers' and other hidden homeless groups living in unsafe conditions were approaching councils for help.[95] Research showed that 60 per cent of services surveyed said that they had seen an increase in demand from sofa surfers.[96]

People sofa surfing were particularly vulnerable to the changes caused by lockdown as family and friends became more conscious of the space within their homes, or the pressures of confined living ended temporary arrangements, but the scale of numbers of people requiring support showed how many people are living in such precarious situations and are so close to being pushed into rough sleeping.[97]

People with complex needs
The lack of existing suitable accommodation and support services created particular challenges in accommodating people with complex support needs[98]. In some cases, people with significant substance misuse, mental health and behavioural support needs were placed into B&B/hotel accommodation with limited support. Consequently, there were cases of antisocial and criminal behaviour in these accommodation settings and ultimately people's health and well-being were put at risk. There were also challenges associated with hotel staff struggling to cope with complex needs for which they had no training. There have also been an increase in people approaching local authorities for homelessness assistance with certain support needs. Compared to the same period the previous year H-CLIC data shows households owed a duty were more likely to have a history of mental health problems, history of repeat homelessness or rough sleeping, drug or alcohol dependency, be at risk of/have experienced domestic abuse or have an offending history.[99]

The process of trying to find appropriate move-on accommodation was said to have highlighted the shortfall and lack of ongoing certainty in revenue funding for support according to **Riverside**. Housing providers and those moving on from emergency accommodation, especially those with complex needs, felt the need to be confident that individuals would receive the support they need to maintain the tenancy for as long as they needed it.[100]

4.3 Staff workload, service capacity and skills

Local authorities reported a higher volume of people presenting as being in need of emergency accommodation in the early stages of Everyone In than had been recorded in their most recent rough sleeping snapshots. This put obvious strain on staff and limited resources. Furthermore, staff not only had to respond to increased demand for support but that they had to adopt, quickly, new ways of working. As such, frontline homelessness service staff played a crucial role in the pandemic

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[94] https://blogsmedia.lse.ac.uk/blogs.dir/119/files/2021/05/homelessness-reportfinal-1.pdf
[95] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#womens-rough-sleeping
[96] https://www.crisis.org.uk/media/244285/the_impact_of_COVID19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf
[97] Ibid.
[98] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_Covid_Homelessness_Report-Final.pdf
[99] Authors own analysis
[100] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf

response; often going beyond their usual duties, adapting their working practices and facing personal risks. Frontline staff faced the fear of working in environments where they might contract the virus and there was potential for heightened vicarious trauma, whereby support staff continued to hear about and witness people's life ordeals but previous mechanisms for supporting staff to reflect upon these experiences were disrupted.[101]

Across much of England it was recognised by local authorities that there was a lack of existing suitable accommodation and support services accommodating people with complex support needs which created particular challenges for local authorities.[102] For example, people with significant substance misuse, mental health and behavioural support needs were placed into B&B/hotel accommodation with limited support. Consequently, there were cases of antisocial and criminal behaviour in these accommodation settings and ultimately people's health and well-being were put at risk. There were also challenges associated with hotel staff struggling to cope with complex needs for which they had no training. Meeting people's basic needs, such as access to decent food, was also a major logistical challenge for local authorities but it was found they responded effectively and at speed. In some accommodation settings, such as hotels, this meant paying the hotel to deliver three meals a day, whilst in other contexts, such as across B&Bs and some independent accommodation, volunteers were mobilised to deliver food parcels and basic cooking facilities.[103]

In London, local authorities had reported that recruiting staff of the right calibre into the housing and homelessness sector was a problem pre-COVID. As a result, as the pandemic took hold, many were short staffed and/or relied heavily on agency staff. Those staff already working faced a shift in working patterns and the move to remote working, often having to assess the need for temporary accommodation, prevention work, source temporary accommodation and move on opportunities and supporting families and individuals through these processes. Furthermore, they needed to accommodate rough sleepers at short notice and relocate people already living in non-COVID secure shared facilities. Staff were often redeployed and work flexibly. Given these new demands there was considerable concern across local authorities about burnout amongst staff who had worked long hours under difficult conditions over many months and whether they would be able to sustain this over the next stage.[104]

4.4 Role of wider protective measures and prevention – eviction ban and welfare changes

Alongside the Everybody Initiative sat a number of other welfare-oriented initiatives. These were largely welcomed by local authorities and services, despite often reinforcing the argument that pre-COVID levels of benefits were insufficient to meet people's needs.[105]

The rise in the LHA rate in particular was welcomed enabling more accommodation to come into reach and managing homelessness risks, although several organisations called for the Government to go further. The National Residential Landlords Association, who represent around 80,000 private landlords, said many tenants were still concerned they would be unable to pay their rent despite the benefit safety net, and called for the LHA rate to be raised further to the 50th percentile. Generation

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Rent made the same recommendation, as well as calling for the household benefit cap to be lifted, citing Shelter research that found tenants in London may face shortfalls of over £1000 due to the cap.[106]

Measures such as the 'furlough' job retention and support scheme, the uplift in the standard allowance of Universal Credit and Working tax Credits by £20 per week until April 2021, were cited as beneficial in mitigating the impacts of COVID-19 on employment, incomes and housing options. Other COVID-related measures that most English local authorities considered important in preventing or minimising homelessness in their area included the temporary suspension of benefit sanctions (cited by 74%), the pausing of (most) debt-related benefit deductions (67%), and the provision of additional Local Welfare Assistance funding (66%).[107]

Despite these, the financial strain of the pandemic was clearly felt by those at the lower end of the labour market in low paid and insecure work alongside some of those in receipt of welfare payments. At the start of the pandemic the Trussell Trust saw an 89% rise in emergency food parcels being distributed and nearly 100,000 households received support from a food bank for the first time between April and June 2020. Trussell Trust research expected further significant increases in food bank use as the pandemic progressed later into 2020.[108]

While there were potential new drivers of homelessness, wider recent homelessness policy changes in England were noted to have been beneficial in laying the foundations for a more effective response to COVID. In particular the HRA and RSI were cited as enabling the response more efficiently than would have been the case in the more hands-off 'localist' era under the Coalition Government. [109]

5. Move On and settled accommodation

On 28 May 2020 the Government wrote to local authorities, asking them to produce a next steps plan for moving each of the rough sleepers they had accommodated under Everyone In into long-term accommodation. It informed local authorities that, where appropriate, they could begin moving people out of hotels straight away.

MHCLG statistics release for England showed that in September 2020, 18,911 people had been moved either into settled accommodation or a rough sleeping pathway. This was nearly two-thirds (64%) of the reported number of people housed through the 'Everyone In' scheme in England. However, there remained significant numbers remaining in hotels or other emergency accommodation, and with continued flow of people requiring support the importance of effective move-on pathways is paramount.

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[106] https://committees.parliament.uk/publications/5342/documents/53217/default/;
https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2021/
[107] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf
[108] https://www.trusselltrust.org/wp-content/uploads/sites/2/2020/09/the-impact-of-covid-19-on-food-banks-report.pdf
[109] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

One of the challenges highlighted by local authorities was the historic blockages in the system that have clogged up pathways whereby, for example, affordability issues in the private rented sector have prevented someone in supported housing from moving out and therefore preventing someone housed through COVID-19 emergency provision from moving into supported housing.[110] While the Next Steps Accommodation Programme provided an injection of capital to support move-on housing, the basic challenges around the deep, chronic shortages of affordable housing in many areas remained.[111]

There was an overall welcoming of the increase in LHA rates to cover the bottom 30 per cent of rents across the homelessness sector, which helped open up more of the PRS market for homelessness prevention and move on. However, many raised concerns that the continual presence of the Benefit Cap actually served to compromise the benefit this LHA uplift had. This was especially the case for larger families and households and those living in more expensive housing market areas of the country, whom would be pushed up against the benefit cap.[112]

The **LSE** heard that moving people from the hotels into suitable accommodation added not only to authorities' usual workload of providing accommodation for those continuing to present through normal channels as well as people looking to move on from temporary accommodation, but also increased demand for suitable affordable accommodation, already in short supply. There too existed a perception that the speed of its introduction had led to a focus on making sure everyone was accommodated and as few as possible slipped through the net at the expense of simultaneously planning how they might move people on at the end of the initiative.[113]

MHCLG brought forward planned funding to accelerate securing 3,300 homes for rough sleepers by 31 March 2021. In May, the Department announced that it would make a further £161 million available for local authorities to deliver 3,300 new housing units for rough sleepers by the end of the 2020-21 financial year. Assessing local authorities' bids for long-term accommodation funding proved to be more complex than the Department anticipated, which delayed the funding announcement.[114]

The announcement presented an immediate challenge for many local authorities as to where and how they were going to source and secure enough appropriate accommodation. In fact, research showed that access to long-term housing was the capacity challenge most widely seen as having been posed (or emphasised) by the pandemic by local authorities: 61 per cent of local authority considered that their authority was poorly or otherwise inadequately equipped to deal with the crisis in this respect.[115] Furthermore, the **HCLGC** heard similar concerns that the ongoing shortage of

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[110] Boobis, S. & Albanese, F. (2020) The Impact of COVID-19 on People Facing Homelessness and Service Provision Across Great Britain. London: Crisis.
https://www.crisis.org.uk/media/244285/the_impact_of_covid19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf
[111] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf
[112]

https://www.crisis.org.uk/media/244285/the_impact_of_covid19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf; https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_Covid_Homelessness_Report-Final.pdf
[113] https://blogsmedia.lse.ac.uk/blogs.dir/119/files/2021/05/homelessness-reportfinal-1.pdf
[114] https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf
[115] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2021/

social housing and affordable rents in the private rented sector were causing difficulties finding settled accommodation for rough sleepers housed during Everyone In.[116]

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

Further reflection by **Riverside** on the work of local authority commissioners and providers, whom were already accustomed to trying to do 'more with less', found them to be working 'flat-out' to negotiate and plan temporary move-on accommodation whilst also responding to further rounds of competitively accessed short-term funding. It is argued that this has left less time for strategic planning and re-commissioning of mainstream services.[117]

In some areas of the country, where supply of social housing was higher, allocation of social housing was an appropriate route for move-on accommodation. However, in other areas, the wait for a suitable socially rented property could be two years or more, so this was unlikely to be a fruitful route for move-on. Some councils found a reluctance on the part of RPs to accept former rough sleepers in general needs accommodation because of perceived problems of anti-social behaviour and tenancy sustainment.

Supported housing remained an important pathway, although there was not adequate supply for all, nor was it considered suitable for everyone. Housing First models were considered helpful for some people, but definitely not a panacea, and restrictive because of the revenue costs attached. The Government did announce an additional £15 million 'Protect Programme' to be targeted at councils with high numbers of rough sleepers to provide accommodation prioritising those who are clinically vulnerable.

In many areas the private rented sector was the most available source of suitable studio or one-bed accommodation. Success in maintaining tenancies relied on councils putting good support in place to ensure rental payments were made and any perceived anti-social behaviour addressed. Most councils reported limited, and less than expected, anti-social behaviour in emergency accommodation, giving greater confidence that placement in PRS accommodation could be successful.

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

This spoke to the need for a considered appreciation of the needs of the client group. Many councils moved away from a one suitable offer only policy, with accommodation stopped if the offer was not accepted, to a more expansive approach, accepting that multiple offers might be required. Some spoke about a change of mindset being appropriate for dealing with this client group as opposed to other homeless applicants.[118]

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[116] https://committees.parliament.uk/publications/5342/documents/53217/default/
[117] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf
[118] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

In contrast, there have been very different experiences in Scotland and Wales due to the existing policy frameworks that were in place before the pandemic began[119]. In Scotland, the pandemic has injected a sense of urgency into housing led provision based on Rapid Rehousing Transition Plans and the need to work with local authorities to ensure the necessary funding to scale up Housing First across Scotland more rapidly. In Wales, the introduction of phase 2 funding has led local authorities to think more longer term about their offers for people moving through their homelessness systems, not just exclusively in the context of the pandemic. This is also linked to the governance structures in place and the continuation of strategic planning. In Scotland and Wales post-crisis plans were produced. In Scotland this was more advanced and resulted from the reconvening of HARSAG and in Wales this built upon the work of the Homelessness Action Group – in both nations the focus is on rapid rehousing and a phasing out of night shelter type accommodation.[120]

As identified in this section, in England, the process of Everyone In and identifying support needs as part of this has been used to examine who would benefit from different housing solutions. However, there was still a reliance on supported accommodation and longer-term hostels to move people out of hotels and other emergency accommodation with a question mark over the extent to which recent funding announcements can meet the ongoing need for permanent long-term tenancies.

Furthermore, **Riverside** noted that there is a danger if there is a post-pandemic surge in homelessness that local authorities will have little choice but to open more emergency shelters despite the desire and funding commitments there have been to prevention and housing-led responses to the crisis and homelessness in general.[121]

5.1 Supporting clients into accommodation

Local authorities found it was easier for UK nationals to be moved on because they were able to claim Local Housing Allowance to assist with the costs of moving into the private rental sector, and local authorities were able to help further by paying their deposit and first month's rent. Those ineligible for benefits were unable to claim this support and because local authorities were reluctant to evict them back onto the streets, many of this group stayed in hotels for a prolonged period.[122]

In terms of those with lived experience of move on accommodation, Neale et al. found that their research participants (N. = 35) moved on to a wide range of temporary housing. Many 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. Whilst some felt they had been supported, others did not and a few complained that staff in move-on accommodation were unhelpful or rude and

[119] Boobis, S. & Albanese, F. (2020) The Impact of COVID-19 on People Facing Homelessness and Service Provision Across Great Britain. London: Crisis. https://www.crisis.org.uk/media/244285/the_impact_of_covid19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

[120] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_Covid_Homelessness_Report-Final.pdf

[121] https://www.riverside.org.uk/wp-content/uploads/2021/04/A_Traumatised_System_2021_Final-1.pdf

[122] https://www.nao.org.uk/wp-content/uploads/2021/01/Investigation-into-the-housing-of-rough-sleepers-during-the-COVID-19-pandemic.pdf

communication was poor. Overall, there was little sense of participants being involved in any move on planning.[123]

Participants often described their move-on accommodation as being of a lower standard than the hotel where we had first interviewed them. In this regard, they complained that they were now living in places that were dirty, noisy, lacking in basic amenities, too small, unsafe, lacking in privacy, and windowless. They also routinely expressed concern and anxiety about what would happen to them next. Poor and inedible food continued to be a problem for those who had moved to other hotels. Participants who were happier tended to be those who had moved into accommodation that was self-contained, not shared and had cooking facilities. Within a month, one participant had returned to sleeping in a tent and one had permanent accommodation.[124]

5.2 Reponses and gaps relating to those at risk of experiencing homelessness and repeat homelessness (i.e. rent arrears, recently unemployed, furlough scheme)

Local authorities and service providers used the metaphors of 'cliff edges' and 'tidal waves' to describe the anticipated increase in homelessness on the horizon. They pointed to the potentially problematic combination of an end to the evictions moratorium, an end to furlough, 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.[125]

The Government had put in place support for renters during the pandemic by banning evictions except in specific cases (such as anti-social behaviour). However, when this ban is eventually lifted in May, many renters who have been unable to pay their rent during the pandemic will be at risk of becoming homeless. Furthermore, the most recent regulations changed the definition of "substantial rent arrears"—the threshold for permitting repossession—from equivalent to at least nine months' rent to six months', and removed the requirement to disregard arrears accrued since 23 March 2020.[126] In July 2020 Generation Rent, suggested that some 45,000 tenants might come forward in need of temporary accommodation, assuming arrears were running at around 13%. This is roughly 3 times the number accommodated in 2019 as a result of losing a private tenancy.[127]

Looking forward, the **LSE -** working with a predicted UK unemployment rate in late 2021 of 6.5% - assume (a strong assumption) that private tenants are twice as likely to be unemployed compared to the overall average and that this could equate to a rate of 13% unemployment among tenants at the end of 2021. Making an even stronger assumption that rent arrears will move in a similar way suggests that 420,000 tenant households might be in arrears on the central unemployment estimate, rising to over half a million on the worst unemployment scenario of 8 per cent.[128]

[123] https://www.pathway.org.uk/wp-content/uploads/Neale-et-al-Homeless-Hotel-Study-part-2-Jan-070121.pdf

[124] https://www.pathway.org.uk/wp-content/uploads/Neale-et-al-Homeless-Hotel-Study-part-2-Jan-070121.pdf

[125] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf; https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[126] https://committees.parliament.uk/publications/5342/documents/53217/default/

[127] https://blogsmedia.lse.ac.uk/blogs.dir/119/files/2021/05/homelessness-reportfinal-1.pdf

[128] Ibid.

Concerns about increased homelessness presentations were echoed across London councils, where there was a collective feeling that people and organisations had by and large pulled together and had achieved significant results. Whilst many challenges remain, there was also an awareness of futures ones later in 2021 as the volume of rent arrears becomes apparent, evictions resume, the furlough scheme comes to an end and unemployment rises.[129]

Crisis and Heriot-Watt's modelling on projected levels of homelessness shows that the unprecedented reduction in GDP in 2020, the significant rise in destitution in the short to medium term and the investment in emergency and temporary accommodation to address rough sleeping all have an impact on future levels of homelessness.[130] Looking at the five year horizon to 2026, the most impactful policies to bring homelessness down would be the investment in welfare measures to address destitution, and raising Local Housing Allowance (LHA) to meet market rents. In the medium to long term longer term (2031 and 2041), the largest projected impact on reducing core homelessness would result from consistent, large scale application of Housing First, implementing rehousing quotas for people experiencing core homelessness to access social housing (i.e., rapid rehousing), raising LHA to meet market rents, and raising of total and social housing supply.[131]

In terms of repeat homelessness, a quarter of English local authorities anticipated a surge in re-approaches from people assisted under the Everyone In initiative and there are numerous potential barriers that may undermine the ability of local authorities to prevent returns to rough sleeping. There was widespread uncertainty surrounding the future outcomes for households with NRPF and other migrants without access to benefits. The crisis response, including legislation and funding, enabled local authorities to temporarily accommodate these households, and some key informants emphasised that the provision of effective legal advice had reduced the numbers affected by an NRPF status.[132]

5.3 New ways of working

Local authorities did report changes that had helped them respond to the challenge of finding and securing move-on accommodation. One of the most impactful changes that local authorities highlighted was temporary changes to housing allocation policies. This meant the suspension of choice-based lettings and a move to direct lets, and in many local authorities a priority given to homeless households. The ability to be make direct lets into social housing rather than being solely dependent on either supported accommodation or private rented sector lets opened up pathways for people housed in emergency accommodation allowing for more flow through the system, and in some cases ensure that they did not have an increase in occupancy within temporary accommodation.[133]

For some local authorities there was also an opportunity to reflect on and change existing pathways of care for rough sleepers. These would typically include some 'staircasing', where a person is

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[129] https://blogsmedia.lse.ac.uk/blogs.dir/119/files/2021/05/homelessness-reportfinal-1.pdf

[130] https://www.crisis.org.uk/media/244702/crisis-england-monitor-2021.pdf

[131] Ibid

[132] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[133] https://www.crisis.org.uk/media/244285/the_impact_of_COVID19_on_people_facing_homelessness_and_service_provision_across_gb_2020.pdf

offered emergency accommodation, then hostel type accommodation, perhaps for up to a period of two years, and then finally a self-contained home. Councils have found that the accommodation first approach under the Everybody In initiative had worked well for people for whom a more traditional night shelter followed by a period of perhaps months or years in a hostel, has been much less successful.[134]

Research found that some councils intend to make a decisive shift away from communal forms of sleeping provision for homeless people post-pandemic, though others feel that financial and legal constraints make the use of night shelters unavoidable.[135] Just over half of local authorities (52%) in England reported at least some dormitory-style homelessness accommodation in their area pre-pandemic. Such accommodation was usually provided/managed by faith groups, or by national or local charities, and was often opened only in winter or severe weather. 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. Subsequent MHCLG guidance made clear that, even if reconfigured in this way, night shelters should only be used as a last resort (for example, in very cold weather), where more appropriate accommodation cannot be sourced.[136]

Housing Justice's research[137] into the use of night shelters during the winter of 2020/21 found that there were 840 bed spaces available between 31 Oct 2020 and 31 March 2021 which was a 68 per cent decrease from the 2,519 spaces available the previous winter. The research found that the contribution of the shelter network had been critical to ensuring that people who would otherwise be sleeping outside are safe from Covid-19 and the dangers of sleeping outside during the winter months.

New models of accommodation were provided and there was a move away from communal spaces to providing individual rooms or self-contained accommodation. Developing and providing this new sort of accommodation was quite an undertaking for shelter providers involving securing funding, securing and adapting new buildings, recruiting staff and developing new staff and volunteer roles, developing and implementing new processes and policies (including for infection control), and developing new relationships with accommodation providers, the local authority and partner agencies.[138]

Guests, volunteers, coordinators and partners 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. It provided privacy and stability for guests, and made it easier for them to access support and employment. It was also more accessible for women. Positive outcomes for guests were seen across many of the different accommodation models included: improved health

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[134] https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-COVID-19-pandemic#executive-summary

[135] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2021/

[136] https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf

[137] Housing Justice Winter Night Shelter Network (2021) *A New Season for Night Shelters Research Report.* June 2021. Housing Justice.

[138] Housing Justice Winter Night Shelter Network (2021) *A New Season for Night Shelters Research Report.* June 2021. Housing Justice.

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. However, there were instances of isolation reported and a reluctance to move to less desirable accommodation.[139]

The research found there was there was no single, clear dominant model for night shelters in the future emerging from the research. Plans for the future fell into the following broad categories:

—returning to the previous night shelter model when possible

—retaining elements of the new model

– fixed-location, 24-hour access, self-contained accommodation

—considering not running the night shelter

—expanding the role of the shelter – in particular into floating support.

6. Gaps in the evidence

Through conducting the rapid evidence review the following gaps in evidence in relation the homelessness response to the pandemic have been identified:

1. Young people: While it is noted that young people have been affected by the pandemic and the numbers of **young people** rough sleeping, particularly in London, has been recorded, there is little research or insight into the specific challenges and experiences this cohort have encountered during the early and on-going stages of the pandemic, particularly concerning the economic context and employment.

2. **Women:** There were calls for recognising the particular issues facing homeless **women** or those at risk of homelessness, in particular domestic abuse, from those advocating on their behalf early on in the pandemic. Yet there is little evidence or research to understand what happened as the pandemic unfolded for women themselves but also the services supporting them aside from acknowledging the funding constraints there were.

3. Support needs of people supported during the pandemic: Data was regularly recorded and reported on the numbers of people supported by local authority but there is no comprehensive data set on the support needs of people helped during this period. The data points to people being helped who were unknown to services and this information could help local and national policy makers and commissioners to understand current and newly arising need and help plan responses to homelessness that meet this need over the short and medium term.

4. Long term outcomes and experiences of emergency accommodation: Research into the experiences of those people in emergency accommodation is based on only a small cohort of people in London and Manchester. Similarly, there is very little by way of understanding about people's experiences of those in **move-on accommodation** and what has happened to them since – specifically longer term health and wellbeing outcomes and housing sustainment.

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[139] Ibid.

4. **Funding and service response:** The evidence review noted some insight into the amount, pace and appropriateness of the funding but this was not comprehensive and it was very difficult to draw conclusions at a national and local level about level of funding, the extent to which it met need and how this affected provision of services. For example, research pointed to divergence in local authority practices in relation to NRPF, was this based on funding, scale of the problem, internal policies or culture?

5. The experiences of staff operating on the front-line of services: What was it like for staff operating on the front-line of services, working hotels and councils as they had to respond so quickly? Much has been said about the way in which there was a move to new ways of working across councils and services characterised by joint working, collaboration and partnerships to provide quick and integrated responses, but what was the experience like for those working in response to the pandemic and what learning is there to take for developing services when normality returns?

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