The
Kerslake Commission
on Homelessness and
Rough Sleeping

Kerslake Commission evidence submission

St Mungo's

1. Thinking about the response to rough sleeping during the pandemic, which measures, policies, practices or joint working do you think worked well and why?	**The truth of 'Everyone In'** The true spirit of Everyone In gave the opportunity to provide accommodation for all without the usual barriers around right to reside, support needs etc. The sense of emergency, our client group as a priority, and the political will behind it opened up options that had seemingly not been there before e.g. access to social and local authority housing. This led to people who had been sleeping rough for decades finally coming indoors. This was coupled with St Mungo's' ability to pivot staff and services to adapt to the pandemic. In particular the huge step change in offers available to those with no recourse to public funds should be noted, particularly for those from Roma backgrounds. The pan-London response, which recognised the importance of access to specialist immigration and welfare advice, and set clear standards and expectations around international reconnection, was also praised. There was also a development of employment support for this group. *"It was the most liberating thing. I'd worked in homelessness for 14 years. Never had I had an opportunity to be able to offer accommodation regardless of right to reside, support needs etc. It broke down every barrier."* **Getting people in one place and meeting their needs there** The opportunity to truly get everyone in came with the bonus of having many clients in one place in safe, secure, self-contained accommodation. This, coupled with access to practical things such as food provision, gave clients the headspace to engage with services who were better able to access the client group and bring provision directly to them through inreach services. *"For people who can cope, if you give them housing they cope alright. Prevents a huge amount of harm and trauma and complex needs that prevent people leaving the streets later on down the line."* *"Having people in one building in a hotel, having that captive audience and bringing drug and alcohol services to everyone there has made it so much easier"* **Joined-up working across sectors** Professionals from across sectors worked quickly and flexibly together on the response and excellent relationships were developed, particularly with health (see below), but also with commissioners, housing, social workers, the voluntary sector and other providers.

	Volunteer provision to handle things such as food freed up support workers to focus on their clients and get their cases heard by local authorities in order to influence decisions, push on priority needs decisions, get information quicker, assist with claims around housing benefit etc. *"The coordination across boroughs that seemed looser was tightened up with regular meetings around this. All services joined up. That still continues. Really good links made there."* **Relationships with health** The relationships with health that developed during the pandemic were one of the biggest gains of the pandemic. Cohorting clients by their health status shone a light on the most clinically vulnerable, with health assessments allowing a better understanding and treatment of clients and their needs. In particular the access to scripting and minimum alcohol levels, and the barriers to this that were removed, were praised. In London it was the first time pan-London GLA services and all outreach services had a dedicated phone line to a health professional that could support them to symptom screen, to assess clinical vulnerability, to advise on placement, but also to deal with health emergencies and unpick complicated health issues. *"One of the biggest gains for us was growing awareness of health needs of clients and being able to identify and target those with greatest vulnerabilities. Should help us to move on from there and help those in clinical extremely vulnerable group have good access to services and ensure they are well integrated into service provision"* *"We had a hepatitis nurse who came in and offered everyone screening and a jab. She had the time because she wasn't doing other parts of her role, and was able to offer it to 100 people."*
2. In contrast, which measures, policies, practices or joint working do you think have not worked well and why?	**Lack of trauma-informed work** There were some concerns about staff outside of the sector who came into contact with clients through Everyone In e.g. hotel staff and security guards. Their lack of understanding of our client group led to some situations that raised safeguarding and boundaries concerns e.g. referring to clients as 'inmates', men walking into rooms with women not wearing headscarves etc. *"I have been concerned about some of the safeguarding incidents involving security guards and do question how much training they had, if any, on topics such as professional boundaries and restraint."* **Women's provision** There was an acknowledgement that women's provision could have been better handled. The rush to get everyone into accommodation at the start of the pandemic led to couples being assigned to one room, or women being placed across buildings. There was later an

acknowledgment that this needed to be better managed but it was challenging to do in hindsight.

“The specific needs of women and women’s safety got a bit lost.”

Some agencies stepped back

Whilst some agencies (in particular drug and alcohol agencies) stepped forward into the breach there were others who stepped back, notably mental health, but also some floating support and Housing First services, who reduced much of their face to face contact.

“One of the things that’s been disappointing is in some areas a real stepping back in mental health services in a time we’ve identified as national crisis which will impact people with isolation, staying at home and a predicted surge. A lot of mental health services seemed to go into crisis.”

Provision for complex clients in hotels and those who did not come in

In London it was highlighted that it was difficult for complex clients in hotels to access provision. Some clients who were used to sleeping rough found the move into hotels stressful to manage, and ended up leaving in order to manage their own mental health. Supporting those who were still rough sleeping was challenging due to many street outreach teams being partially re-deployed to help support Everyone In, leading to longer waiting times. With night shelters/day centres also closed or reduced, there were few options to signpost these clients to.

Lack of infrastructure

The pandemic was challenging for all, but for staff in client facing roles they found that a lack of funding and related infrastructure led to a disconnect in the pace at which back and front office functions could work. “No visitor” policies also led to frontline staff having to take on tasks outside of their usual remit. This was apparent across the sector and has contributed to staff burnout.

3. 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.

NRPF and possible flow back to the streets

A major concern across the board is around clients with no recourse to public funds and imminent deadlines for resolving issues. Many clients have made such progress during Everyone In and to see them potentially go back out to the streets is a real concern. For some of these people they may even be going to the streets for the first time, having had to leave previous unstable accommodation e.g. sofa surfing, due to the pandemic, creating a new cohort of rough sleepers who weren’t there before. Everyone In has shone a light on NRPF clients, particularly as they were disproportionately made homeless due to job loss in the pandemic, quantified their numbers, highlighted some of the issues (e.g. lack of specialist legal/ welfare advice,

employment support, and resources, and lack of clarity around benefits access for those with pre-settled status) and influenced some of the thinking to expand funding. However, whilst the number of people in the country illegally is less than previously thought, there is still not adequate data across the country around this and therefore it is difficult to properly influence an amnesty extension for individuals. Local authorities seem to be on the backfoot around this, particularly when it comes to getting adequate legal advice for those affected.

"We have no options for NRPF people. It's an awful situation for staff after having success with clients with high needs and managing to get them stabilised to point where they can progress immigration cases. We're on a tight deadline for European settled status now".

Move on

Whilst people may be ready to move on, the lack of affordable accommodation and the Local Housing Allowance rate makes this difficult. The benefits cap exacerbates this concern, particularly for clients being moved into PRS (of which there is a scarcity of good quality) who may quickly fall into rent arrears, leading to potential future homelessness. Once clients have moved on staff may not be around to support with these issues. Some difficulty is reported in managing client expectations in the transition from emergency hotel provision to move on options. This may be exacerbated by the fact that in some cases the move on options for clients may be 'worse' than where they are now e.g. moving from self-contained accommodation into a shared house with shared facilities, leading to reluctance to move on.

"We should be giving people great accommodation and not iffy and questionable. But sometimes their move on is iffy and questionable because they've got a lovely room they don't pay for and they're potentially moving into a hostel that's dingy and has a service charge or shared accommodation where you don't have your own bathroom."

Funding

Short term funding remains an issue for some homelessness services, due to the instability it creates and barriers to retaining good staff who are so crucial for creating outcomes for clients. It was also acknowledged that NHS funding for rough sleepers is not well managed or integrated with existing rough sleeping services.

"Commissioning Housing First and Navigators on one year funding is total nonsense. It doesn't retain good staff in sector, which is key for outcomes for complex people."

Forward plans for services

Emergency provision is ending at different times in different areas, leading to concerns around the lack of an 'exit strategy' from Everyone In. There are a lack of buildings from which to run services

	(as hotels etc. return to BAU) and the appetite for risk has reduced. This lack of exit strategy in turn creates anxiety for clients and there is frustration around clients being denied options when there are voids available in emergency provision which is beginning to wind down.
4. 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?	**Understanding health needs as a key part of homelessness provision** Understanding and addressing health needs must be a key part of future homelessness provision. Joint commissioning with health services must be explored and the opportunity of a health assessment for all clients, in order to identify needs and demonstrate demand, should be considered as an integrated part of service models. *"Wouldn't it be wonderful if we could have built into contracts joint commissioning across health and local authorities so that every client who goes into our services would have an assessment as a standard part of what we do. Very powerful in ensuring that health needs are identified and met."* **A multi-agency health approach** With health assessments allowing needs to be identified, they must then be addressed, and crucially prevented, through a multi-agency approach. This includes retaining the involvement of Adult Social Care, getting clients signed up with GPs, linking them in with the NHS screening systems e.g. breast, cervix etc., physical health drop ins, vaccinations (in particular for non-UK nationals who may not have had standard UK vaccines), mental health, drug/alcohol etc. *"People getting services brought to their door is impactful for people otherwise rough sleeping and vaccinators having to run round town looking for them. We like multi-agency hubs."* **Planned pandemic response** There was no blueprint in place for what should happen during a pandemic. This contributed to the stepping backwards and forwards of various agencies. Alongside this, more effective prevention in the first place would have meant fewer people needed Everyone In. *"If there were an agreed regional pandemic response across multi providers we could have held other providers to account."* **The spirit of Everyone In** With Everyone In demonstrating the power of getting people into accommodation as a stable base for addressing needs, barriers which prevent this from happening should be dropped. Flexible working, the sense of homelessness as an emergency, and true co-working between sectors should be the norm, as should ensuring that there

are regular opportunities for people to come in and have thorough assessments under the ‘in for good’ principle.

“Local connection shouldn’t matter. We need to get rid of structured restrictions. Being able to get people into accommodation for stabilisation and then sort them out has such an impact”.

The point of SWEP

The pandemic has illustrated the outcomes that can be achieved when clients are safely indoors with access to food and services. This should lead to thinking about the potential of SWEP beyond just getting clients indoors temporarily to address immediate risk to life, and should be used as a chance to meaningfully engage with clients.

“The thinking about what is the point of SWEP outside of getting people in so they don’t die. Important for helping to reframe SWEP in future with local authorities.”

The repurposing of shared spaces

There is a sense that shared spaces will largely become a thing of the past, and will not be looked back on favourably. There are some issues to deal with here e.g. how we place those with arson risks, for whom shared spaces allow for better supervision, and the supply of self-contained accommodation. However, there is already pressure from local authorities to return to shared provision, and we need to be pragmatic about this.

“Shared sleeping spaces are not psychologically informed. Hard to help people feel safe. I hope that we are moving forward to self-contained and higher quality type of offer.”

Digital inclusion

Digital inclusion will be vital for clients going forward, particularly in sectors which moved largely to remote provision during the pandemic e.g. mental health. If they continue this provision it will be hard for vulnerable people to access it. Outreach teams found that some of their work e.g. verification/support could be done remotely, particularly for those with lower needs. Embedding this would enable outreach teams to focus on those who are harder to engage.

“With digital inclusion, the pace at which it will now develop for all services will be huge. The way people engage with health has changed with digital access. It’s a good thing and we need to make sure our clients benefit.”