

## Kerslake Commission evidence submission

The Passage

**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?**

We believe that Everyone In was successful for two overarching reasons: - National leadership and a sense of urgency from Dame Louise Casey which translated through to local authorities and local political leadership. Dame Louise made use of the expertise in the sector to spread messaging, share practice and demonstrate what can be achieved. - A significant change towards treating rough sleeping as a public health issue, rather than just a housing issue, enabled health, housing and support providers to work without the barriers that existed pre pandemic. By leading with a national call to action, providers, health colleagues and local authorities worked in partnership to accommodate individuals with no conditionality attached to offers of accommodation which became the biggest change to operating procedures between local/regional authorities in many years and was a significant factor in the success of the implementation throughout the length of the pandemic. Policies and practice became key features of the positive outcomes achieved at the height of the pandemic; key features being:

- Local connection requirements were not a feature of the decision-making process as to whether an individual could be housed.
- Significant support needs of individuals moving indoors were addressed in each hotel site by coordinated multi-disciplinary teams of mental health professionals and drugs workers where, again local connection then bore no relevance to whether a person could access treatment.
- Pan-London action and leadership became paramount to communication and action in areas where local authorities lacked the expertise or resources to implement the initiative safely; equally, the leadership from the Greater London Authority (GLA).

**2. In contrast, which measures, policies, practices or joint working do you think have not worked well and why?**

The key issues that we would suggest an exploration of and recommendations to take forward include:

- The critical factor of 'No Recourse': the changed guidance from initial response of a literal 'Everyone In' towards one which local authorities had

discretion around immigration/benefit status became quite a significant issue. This resulted in challenges of judicial reviews, a lack of clarity on what move on was possible (particularly given travel restrictions for return to home countries) and avoidable issues around what next steps to take for all involved.

- A lack of clarity on the roles and responsibilities between the GLA, London Councils, Ministry of Housing, Communities and Local Government (MHCLG) and providers has caused deep frustration amongst all involved; due to the patchwork of provision and oversight, messages are muddled, data requirements vary and it can often be unclear what services are available.

- Data integrity, quality and sharing of information became one of the largest issues for all involved in the response. Systems were not set up to capture the data requirements and all experienced a lack of infrastructure support and knowledge around GDPR to make real time data sharing a reality.

- As many providers have said throughout the entirety of the Rough Sleeper's Initiative, short term funding may be the single biggest issue that faces us today. Charities struggle to recruit and retain staff for fixed term contracts alongside the prevalent issue that support for people with high needs requires longer term commitments to make a difference.

- The partnership approach with health colleagues was welcomed but mental health trusts seem to be continuously sitting outside of these conversations which predominantly focused on primary care. There were many acutely unwell individuals who, some for the first time, came indoors but coordinating mental health act assessments with the relevant teams became unachievable due to an ongoing lack of beds in facilities which can meet their needs

**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.**

While all involved have achieved significant outcomes with rehousing individuals from hotels, we are now left with many people with very high needs and those with uncertain immigration status in hotels. Moreover, there remains a patchwork of inconsistent approaches being taken by local authorities (e.g. some have carried on in the spirit of sustaining the reduction and others have ended their response). Moving forward, challenges include:

- A lack of specialist supported accommodation placements – whether that be Housing First/led flats or accommodation-based support.
- Some substance misuse services received an additional injection of short term funding to increase access to detox and treatment; however, this leaves out mental health services and acute bed spaces to serve those with dual diagnosis, leaving out a significant amount of people who require a dual care approach. The lack of strategy to link up services to meet the needs that are clearly evidenced is an area that must be tackled to end someone's homelessness for good.
- Finally, the moral issue related those who have uncertain immigration status leaves us with a large group who will otherwise end up back on the streets. There is an opportunity to acknowledge that re connection is not possible during a pandemic and the Home Office backlog on cases can mean it takes years to resolve a case which may result in many migrants returning to the streets which will drive numbers up by at least 30%. Therefore, we have an opportunity to take a public health approach to this group of people, to avoid a mass return to the streets and to support the government's target of ending rough sleeping for good

**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?**

The focus should be on:

- Delivering clarity for London on roles and responsibilities of the local/regional/central government departments involved in solving rough sleeping.
- Increase the supply and stability of supported accommodation for people with high needs; this may be through a capital programme with revenue attached or being bold by reintroducing a national Supporting People type approach.
- Increasing national leadership through a detailed call to action with a long term, cross departmental strategy in place to bring together the departments with dependencies identified across each area.
- Developing a national strategy to identify opportunities to make use of volunteers and faith groups in service delivery; build on the civic engagement

felt and experienced throughout the pandemic and use the resources to support resettlement or other areas.

- Funding has been targeted at the sharp end of homelessness for too long and there can and should be far more of a focus on prevention. The Homelessness Reduction Act is welcome and has increased prevention of homelessness, there is more to do around single people who are not priority need. Evidence suggests that developing a wider programme of funding and support to achieve a No Night Out approach will reduce reliance on long term, expensive temporary accommodation use alongside utilising voluntary sector organisation's links with socially minded landlords to accommodate and support people to maintain their tenancy. There is more we can do.

- Finally, developing a national CHAIN database will support far more effective working across the country and provide a more seamless approach to supporting people.