



Everyone In For Good

Homeless Link Submission to Comprehensive Spending Review 2021

September 2021

1. Introduction

- 1.1. Homeless Link is the national membership organisation charity for frontline homelessness services. Representing over 900 organisations, we work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.
- 1.2. We are pleased to provide our submission to the 2021 Comprehensive Spending Review (SR21) as we look to build on the momentum gained throughout the COVID-19 pandemic to reach this Government's goal of ending rough sleeping by the end of this parliament.
- 1.3. In line with the priorities of SR21, our proposals will deliver strong and innovative homelessness services and ensure that the 'levelling up' agenda addresses some of the most acute inequalities in socioeconomic, health and housing outcomes.
- 1.4. Homelessness services are so often the last line of defence for people in crisis and the pandemic has highlighted the crucial role they play. Indeed, the last 18 months have demonstrated the extraordinary commitment and drive across central government, local government, and the voluntary and community sector (VCS) as they worked together to support those both currently, and at risk, of rough sleeping.
- 1.5. In March 2020, the Government took decisive action - through both the Everyone In initiative and wider interventions such as the pause on evictions and the £20 a week Universal Credit uplift - that sought to both accommodate people sleeping on the streets, and limit the flow of people pushed into rough sleeping. These decisions and the funding made available to deliver on them have saved lives, and supported tens of thousands of people into secure accommodation. The actions taken have shown us without a doubt that with the right investment, commitment and support, ending rough sleeping is possible.
- 1.6. However, these emergency measures were temporary by design. With the eviction pause already lifted, Everyone In schemes coming to a close and interim welfare support set to be reversed, we are at risk of seeing a significant new wave of rough sleeping. With an estimated half a million people facing rent arrears, the true economic and social impact of the pandemic is still emerging and with it, many people find themselves increasingly at risk of homelessness.¹
- 1.7. Homeless Link members are already reporting increases in rough sleeping across their local areas (Appendix 1) and in particular, concerns are being raised about people experiencing homelessness for the first time. The uncertainty and inefficiency generated by years of short-term funding cycles, coupled with the intensity of work demanded throughout the pandemic, has left a fragile sector facing burnout and financial instability. And yet, our research shows that this remains a hopeful sector who can see that ending rough sleeping is possible.
- 1.8. Nobody wants to see this phenomenal progress and investment wasted. As we start to emerge from crisis mode, the spending review is a vital opportunity to ensure that we follow through on investments already made since March 2020. Looking ahead through the lifetime of the SR21 homelessness providers have a vital role to play in building back better from the pandemic and supporting the Government to deliver on the levelling up agenda.
- 1.9. To deliver on our shared goal of preventing and ending rough sleeping by the end of this parliament, we ask Government to:

¹ Citizens Advice. (2021) *New year, same arrears: How the pandemic is leaving private renters with unmanageable debt* Citizens Advice

Homeless Link

- Match enhanced investment in rough sleeping services during COVID-19 with a £132.5 million annual boost to the Rough Sleeping Initiative through to 2024/25, compared to 2021/22 levels. Deliver this through a simplified and long-term, guaranteed grant programme to local authorities.
- Commit £150.3 million annually for an initial three years for a national Housing First programme, led by DLUHC but with cross-departmental investment and stewardship.
- Commit to a ten-year investment plan to realise the 90,000 social rent homes that England needs per year.
- Unfreeze the Local Housing Allowance so that it continues to cover at least the 30th percentile of local rents.

2. Build a homelessness funding system to end rough sleeping

- 2.1. Government has demonstrated a continued investment in homelessness and rough sleeping through a 60% in increase in revenue funding in 2021-22, compared to the 2020-21 spending review base budget. Government has demonstrated a continued investment in homelessness and rough sleeping through a 60% in increase in revenue funding in 2021-22, compared to the 2020-21 spending review base budget.
- 2.2. Government's renewed strategy to end rough sleeping and tackle homelessness, and the spending commitments that back it, must provide a long-term, multi-year settlement to enable the development of sustainable and effective services that people in need can rely upon. This call is unanimous across the homelessness sector and is the priority concern of Homeless Link's members.² The funding must be coordinated, streamlined and cross-departmental, to improve efficiency and reduce the burden on local authorities and services.
- 2.3. In addition, in order to deliver the services needed to prevent and end rough sleeping as our economy recovers, Government must sustain its move away from the funding cuts of the past decade, matching enhanced investment in rough sleeping provision during COVID-19 and maintaining new funding to help people to move on from homelessness for good.
- 2.4. Government investment in the homelessness response during COVID-19 has been crucial and extremely valued, and has saved lives.³ Government was responsive to sector needs – offering flexible pots both to local authorities and directly to charity providers. However, reliance on short-term funds also created massive uncertainty and anxiety among staff and clients.
- 2.5. Traditionally, and in the last decade in particular, the grant funding that fuels the homelessness sector has been made up of numerous pots, many of them short-term and competitive. Our members have told us how this creates a major administrative burden for local authorities and commissioned providers. In addition, reliance on funding lasting a year or less undermines the stability and cost-effectiveness of services, as well as skills development and retention of staff.
- 2.6. There is a compelling consensus across the homelessness and local government sectors on the need to move towards long-term funding issued through streamlined multi-year settlements. In addition, ending rough sleeping will require a joined-up strategy, with accountability and aligned funding commitments shared across relevant government departments beyond Department for Levelling Up, Housing and Communities (DLUHC).
- 2.7. Government already has the framework and tools at its disposal to make this work. With some key improvements, the Rough Sleeping Initiative (RSI) and the Rough Sleeping Accommodation Programme (RSAP), supported by the Homelessness Prevention Grant, provide a solid basis to deliver a more efficient, effective and streamlined funding system to end rough sleeping.

Funding levels before Everyone In

- 2.8. Prior to the extraordinary demands and challenges of COVID-19, local authority spending on support for single homeless people was already suffering from a decade of cuts. Research commissioned by Homeless Link and St Mungo's showed that the homelessness sector already faced an annual

² See, for example: Homeless Link. (2021, forthcoming) *Working together: the homelessness sector's path beyond COVID*; NHF. (2020) *Comprehensive Spending Review 2020: National Housing Federation submission*; *The Kerslake Commission on Homelessness and Rough Sleeping* (2021) Interim report; Blood I et al. (2019) *A Traumatized System: Research into the commissioning of homelessness services in the last 10 years*. York: University of York

³ Lewer D et al. (2020) *COVID-19 among people experiencing homelessness in England: a modelling study*. The Lancet

spending shortfall of nearly £1 billion to support single homeless people. While the launch of the RSI introduced a welcome boost in 2018/19, spending was still 40% down on 2008/09.⁴ In roughly the same period, rough sleeping in England more than doubled and temporary accommodation placements increased by 91%.⁵

- 2.9. In an attempt to fill this gap, local authorities were obliged to draw from general funds. Research from the London School of Economics indicated that of the £919 million London's authorities spent on homelessness services in 2017/18, over one fifth (£201 million) was not covered by central government grants or councils' housing income.⁶
- 2.10. These figures are particularly stark when we consider that the ringfenced fund for accommodation-related homelessness services prior to 2009 was found to be cost-effective. It delivered a net financial benefit of £3.41bn per year overall, and £155.7m for homeless single adults and families alone.⁷
- 2.11. Research with local authorities has also found that quality control was one of the first casualties of cuts to local homelessness spend,^{8,9} when local authorities felt they did not have the capacity to monitor providers' performance. It is likely that this is reflected in Government's current difficulties in addressing cases of poor quality and unsafe exempt accommodation across the country.¹⁰
- 2.12. The impact of these cuts is visible at the frontline of homelessness services in even more direct ways. Homeless Link's annual reviews of the sector from 2018-2020 show that between a quarter and a third of accommodation services had to reduce staffing each year and almost one in four had cut back on support provision in 2018, reducing slightly to 16% in 2020. Our members describe how support for the people they work with is increasingly only available when clients reach crisis point. Indeed, local spend on activities aimed at enabling people to live independently dropped by three quarters in 2018/19, in contrast with a 60% increase in spending on short-term temporary accommodation since 2013/14. In 2020, there was a five percent decrease in bed spaces for homeless people in England compared to the previous year.

Building back better after COVID-19 – the financial health of the sector

- 2.13. The mandate to protect people experiencing homelessness during the COVID-19 pandemic meant a significant boost in funding from Government and in local authority spending on services, partnerships and accommodation. In 2020/21, there was a 60% increase in the revenue funding for homelessness and rough sleeping, when compared to the 2019/20 spending review. Indeed, on top of the RSI allocation of £112 million and RSAP short-term fund of £91.5 million for 2020/21, the Kerslake Commission on Rough Sleeping has estimated that an additional £223.5 million was spent by local authorities on the emergency response to rough sleeping.¹¹
- 2.14. In total, 13 different government funding pots were allocated to rough sleeping during this period, most of which were short-term.¹² This funding was needed to fill holes in expected income as a result of voids and a halt in fundraising activity, as well as to cover increased spending on reconfiguring services, agency staff, private transport, cleaning and PPE. Homeless Link research with the sector in 2021 found that, while grant funding had increased for most survey respondents over the previous

⁴ Oakley M et al. (2020) *Local authority spending on homelessness 2020 Update*. WPI Economic, St Mungo's & Homeless Link

⁵ Fitzpatrick S et al. (2021) *The Homelessness Monitor: England 2021*. Crisis

⁶ London Councils. (2019) *The Cost of Homelessness Services in London*. London Councils

⁷ DCLG. (2009) *Research into the financial benefits of the Supporting People programme*. London: DCLG

⁸ Homeless Link. (2013) *Who is Supporting People now? Experiences of local authority commissioning after Supporting People*. London: Homeless Link

⁹ Raisbeck T. (2019) *Exempt from Responsibility? Ending Social Injustice in the Exempt Accommodation Sector*. Commonweal Housing

¹⁰ Imkaan and Women's Aid. (2020) *Concerns with Exempt Accommodation for Survivors of Domestic Abuse*.

¹¹ The Kerslake Commission on Homelessness and Rough Sleeping. (2021) *Interim report*. St Mungo's

¹² Ibid

year, fundraising opportunities were more than twice as likely to decrease (43%) than to increase (19%).¹³

2.15. Our survey found that while most respondents described themselves as financially resilient coming out of the pandemic (82%), only 45% believed local authority funding was sufficient to provide needed support. This is supported by a June 2021 poll of members, which showed that, whilst 70% of responding members were coming out of the pandemic financially resilient, 52% were concerned about their financial health over the next two years (Appendix 1).

2.16. A common concern was that the increase in funding needed to meet the many challenges of the pandemic, risked contributing to a decrease in future funding, despite continued need. As one stakeholder said:

“[We had a] significant amount of unsolicited fundraising. We literally had people phoning us up and giving us money. ... It will be a difficult next couple of years, I think, once it all settles down. We can see that already in the funding environment. ... I think my biggest concern will probably be in two years’ time, when things settle down.” (North West, Housing Provider 2)

2.17. The RSI allocation for 2021/22 of £203 million does not mirror the increased spend on rough sleeping services that was required during the previous year, leaving a shortfall of at least £132.5 million on what best estimates indicate was needed to keep people in and tackle the continued flow of people sleeping rough.¹⁴

The challenge of current funding streams

2.18. Our survey of the sector confirmed that one of the greatest preoccupations of services and local authorities continues to be the precarious nature of short-term funding opportunities.¹⁵ While the aforementioned short-term and short-notice grants issued during COVID-19 were justified by the demands of an unprecedented crisis, fragmented funding has been a challenge for the sector for a long time. A report by the Local Government Association found that homelessness services were issued with 12 short-term funding grants between 2015-2020 and half of these were allocated through a competitive process.¹⁶

2.19. Homeless Link members’ concerns about short-term funding cycles are especially visible in relation to the RSI contracts upon which so many of their services depend. Linked to the Rough Sleeping Strategy (2018), a major advantage of the RSI is its reliability as a guaranteed national funding pot across four years. However, the benefits of this Government’s long-term commitment to ending and preventing rough sleeping have not necessarily translated through to services it funds: each area is allocated funding for one year only and is required to pass through an annual competitive process, destabilising contracts and partnerships.

2.20. A common theme in our survey responses was the challenge of trying to obtain and maintain high-quality staff when reliant upon precarious funding opportunities. Three quarters of Homeless Link members polled stated that short-term funding impacts negatively on staff retention in their organisation (Appendix 1). Interviewees described difficulties in hiring experienced staff and negative impacts on staff well-being of related to short-term contracts. Organisations commonly described the heavy toll on staff working incredibly hard over the pandemic without certainty of future employment:

¹³ Grassian, T & Boobis S. (2021) *Working together: the homelessness sector’s path beyond COVID*. Homeless Link

¹⁴ The Kerslake Commission on Homelessness and Rough Sleeping. (2021) *Interim report*. St Mungo’s

¹⁵ Grassian, T & Boobis S. (2021) *Working together: the homelessness sector’s path beyond COVID*. Homeless Link

¹⁶ LGA. (2020) *Fragmented funding - the complex local authority funding landscape*.

“I had a lot of sleepless nights at the time about, oh, how are we gonna fund these posts? And it was kind of like, well, how about we take a bit out of this pot and put it there and that would do for maybe two months and then we’d see what happens. ... We need all our staff, so how do we keep them all? You know, how do we pay the bills at the end of the month?” (North West, Housing Provider 1)

2.21. Unsurprisingly, this funding and staffing instability has a direct effect on the quality of services, too. The recent poll of Homeless Link members showed that 75% of responding members find short-term funding negatively impacts on the quality of the service they provide and a further 83% stated that it leads to inconsistent support for people experiencing homelessness (Appendix 1).

2.22. On the other hand, organisations and local authorities emphasised the value of long-term funding opportunities when they were available:

“The MHCLG grant that we got ... was fantastic and that really helped us grow our services, ... but I guess what would then help more is if that was three-year funding or five-year funding to then sustain that growth rather than just being a one-off. ... Going back to these projects like ours where we’ve grown our services using that funding and actually saying, ... we want to sustain that and sustain the positive outcomes for years to come. That’d be great.” (North East, RC)

2.23. The RSAP was an example of just such a long-term investment in the sector - offering revenue funds over a four-year period - and was widely welcomed for this reason. It complements the RSI, by offering both capital and revenue funding to councils for move-on homes and support to people who have been rough sleeping.

2.24. While this longer-term funding was widely welcomed, when RSAP launched in 2020 during the first wave of COVID-19, local homelessness systems were required to develop plans to acquire new accommodation units within five weeks and then to deliver these units (3,300 nationwide) within five months. The non-alignment of the capital funding with the long-term revenue funds meant that capital funding was not rolled over for local authorities who were unable to deliver units on-time and local systems lost funds that had already been committed.¹⁷

Future funding: align, simplify and stabilise levels before Everyone In

2.25. Partnership working has been one of the great successes and anticipated legacies of the ways of working that developed during the pandemic. Collaboration not just between local authority housing services and the voluntary, community and faith sector, but also with other relevant public bodies - including health and social care services - have transformed approaches to working in local areas. As one local authority said:

“It does feel hugely different. I think what I’ve noticed is a lot of barriers coming down where originally providers were quite happy working in their silos, whereas [what] I’m seeing is a lot more genuine partnership working between organisations...It feels like we’re a lot more focused on achieving positive outcomes and, actually, since the pandemic we’ve been part of jointly commissioning a lot of really exciting new ventures.” (South West, LA)

2.26. Partnership working helps to bring people together, creates more efficient pathways and services and drives innovation. Effective and efficient partnership working means that barriers between services are broken down and people experiencing homelessness are better enabled to reach the right support at the right time and exit/recover from homelessness.¹⁸ As one organisation stated:

¹⁷ The Kerslake Commission on Homelessness and Rough Sleeping. (2021) *Interim report*. London: St Mungo’s

¹⁸ Grassian T & Boobis S. (2021) *Homeless Provision for the Future: Best Practice from the homelessness sector during the pandemic*. Homeless Link

“When new people come on to the city’s radar, they can be directed to the organisation that has the best fit and the greatest chance of getting them to achieve their stated outcomes. Because we’re not working against each other, we’re not worried about who’s doing what. We are doing it all together for the benefit of the individual.”

- 2.27. Building effective partnerships takes time and Homeless Link members have highlighted how the current short-term and competitive funding mechanisms can put at risk the future growth and sustainability of partnership working. With concerns that good partnerships require time and resource to embed that isn’t always made possible due to funding constraints.

“The unpredictability of funding is the biggest challenge. Short timescales to do the bid. All our cold weather bids will be big partnership bids. We want to work together but this takes time. Need funding streams for more than 6 months or a year” (CEO, North West based service provider)

“Our partnerships died, you must fund it. It is hard work, and you need it to fund it on purpose.” (CEO, North East based service provider)

- 2.28. Rough sleeping response and prevention in England are currently largely funded through three key programmes: the Rough Sleeping Initiative (RSI); Rough Sleeping Accommodation Programme (RSAP) and the Homelessness Prevention Grant. Core funding streams are typically complemented by additional major investments from various government departments, usually targeting specific areas and groups. In 2020/21, these have included £23 million for people sleeping rough with drug and alcohol dependency, £70 million for accommodation and support for prison leavers and £64 million for the Changing Futures programme 2021-24.

- 2.29. This cross-departmental investment reflects the complex interconnecting needs that people facing homelessness often have across mental health, drug and alcohol and physical health services, among others. It also reflects the savings that integrated services deliver across health, welfare and criminal justice, to mention a few.

- 2.30. Interim findings from the Kerslake Commission have emphasised the opportunities presented by an enhanced RSI and RSAP to tackle rough sleeping as we approach 2024.¹⁹ With some key improvements and reconfigurations, we agree that these core funding streams provide an excellent basis to fund the homelessness system to achieve our shared goal of ending rough sleeping. In order to do so, these funding opportunities must be adjusted to offer **increased** and **multi-year funding settlements** to local authorities to increase stability, predictability and quality for services, clients and the workforce.

- 2.31. In addition, within and beyond core programmes, greater **cross-departmental coordination** is required to align strategy, improve local partnerships and minimise administrative burdens related to multiple funding pots. The new Cabinet sub-committee on rough sleeping and plans to renew the Rough Sleeping Strategy offer opportunities to deliver these improvements that must be capitalised on to deliver on our shared commitments to end rough sleeping by 2024.

- 2.32. **In order to deliver this we ask Government to:**

- Match enhanced investment in rough sleeping services during COVID-19 with a £132.5 million annual boost to the Rough Sleeping Initiative through to 2024/25, compared to 2021/22 levels.
- Develop and implement a simplified funding stream for local areas bringing together capital and revenue streams allowing for local areas to respond flexibly and innovatively to local need.

¹⁹The Kerslake Commission on Homelessness and Rough Sleeping. (2021) *Interim report*. St Mungo's

- Allocate funding for a three-year period, allowing for multi-year contracts.
- Coordinate all funding streams to under a clear, accountable, cross-departmental plan to end rough sleeping.
- Embed the development of strong, strategic partnerships within funding providing the resource to ensure development and growth of collaborative working.
- Extend the Rough Sleeping Accommodation Programme funding to 2024 at least and allow for roll-over of capital funding.
- Continue to invest in statutory prevention services by maintaining the Homelessness Prevention Grant as a 'visible lines' allocation.

3. Invest in Housing First to maintain progress and widen its reach

- 3.1. In 2017, Government made a ground-breaking £28 million investment to establish three regional Housing First Pilots in Liverpool City Region, West Midlands and Greater Manchester. The pilots, and wider 2019 manifesto commitments to further roll out Housing First, form a crucial and high-profile part of Government's plans to end rough sleeping by 2024.
- 3.2. We are calling on Government to ensure that Housing First is made available to everyone who needs it over the next three years through the delivery of a national, cross-departmental Housing First funding programme and to maintain the pilots' excellent progress by allocating the additional funding needed to secure their survival in the immediate-term.

The case for a dedicated, national programme for Housing First

- 3.3. Housing First is crucial to plans to end rough sleeping as it provides an effective solution for people facing the most complex support needs. Encompassing a housing-led approach with intensive, unconditional support and no fixed end point, it catalyses the system flex that people facing the most acute multiple disadvantage require.²⁰
- 3.4. Growing evidence from England and elsewhere shows that Housing First residents are able to stabilise and improve outcomes in a number of areas, often when nothing else has worked. It has been proven to end homelessness for 80% of people with high support needs, reduce anti-social behaviour, stabilise or reduce substance misuse and reduce use of emergency and criminal justice services.^{21 22} Significantly, the then MHCLG's second evaluation report of the Government regional pilots shows a remarkable 87% tenancy sustainment rate for the 534 people housed so far.²³
- 3.5. Along with the Centre for Social Justice (CSJ) and stakeholders across the homelessness sector, we are calling for a long-term, cross-departmental funding programme that is designed to deliver high-fidelity Housing First in more areas where it is needed across England.²⁴ The programme should build

²⁰ Homeless Link. (2021) *About Housing First*. London: Homeless Link

²¹ Pleace N & Bretherton J. (2013) *The Case for Housing First in the European Union: A Critical Evaluation of Concerns about Effectiveness*. European Journal of Homelessness

²² Bretherton J & Pleace N. (2015) *Housing First in England An Evaluation of Nine Services*. York: Centre for Housing Policy

²³ MHCLG. (2021) *Evaluation of the Housing First Pilots Second Process Evaluation Report*. London: MHCLG

²⁴ Centre for Social Justice. (2021) *Close to Home: delivering a national Housing First programme in England*. London: Centre for Social Justice

on learning from the existing regional pilots, as well as on the wealth of knowledge from the existing small-scale Housing First projects across the country. Valuable research by Crisis has outlined in detail how the programme might be delivered.²⁵

- 3.6. Research commissioned by Homeless Link and Crisis estimated that at least 16,450 Housing First places are needed by people with the most complex needs in England.²⁶ As the approach continues to attract the support of commissioners and providers, the number of Housing First projects has grown remarkably in recent years, from 32 in 2017 to 105 today. However, with the majority of them small, locally-funded projects they have a total capacity to support only 1,995 people.²⁷
- 3.7. We are calling for the national programme to fill this shortfall in places by providing funding and leadership needed to deliver Housing First locally - with client choice, control and no end-point - where it is needed. To do this, we support the proposals of the CSJ for an annual investment of £150.3 million for at least three years, with an expectation that the programme should, if needed, continue beyond then. We expect this investment to support a phased roll-out of Housing First to additional regions at first, based on an assessment of need in the homelessness and rough sleeping populations.

Why a dedicated, long-term national programme is needed

- 3.8. A dedicated multi-year Housing First programme is required because traditional homelessness funding and commissioning often undermines the unique principles that make Housing First work. Short-term funding pots with traditional expectations in terms of staffing, caseload, outcomes and throughput fail to take into account the open-ended and unconditional support offer of Housing First, the importance of choice and control, and the patience and intensity of support that people who have experienced extreme complex trauma require.
- 3.9. The Principles of Housing First is an evidenced-based guide for what makes Housing First work for people with the most complex needs.²⁸ For example, the offer of housing must be non-conditional so that it can provide a stable base for recovery to begin;^{29 30 31} caseloads must be small to allow for intensive support; clients must receive a permanent offer of support that they can trust in. While there is evidence that in some cases the intensity of support can reduce over time and some clients may move on from Housing First entirely, the open-ended support principle - and other key principles - are recognised as crucial to the overall impact of Housing First.^{32 33}

²⁵ Crisis. (2021) *Home for All: The case for scaling up Housing First in England*. London: Crisis

²⁶ Blood I et al. (2018) *Implementing Housing First across England, Scotland and Wales*. London: Crisis

²⁷ Homeless Link. (2020) *The picture of Housing First in England 2020*. London: Homeless Link

²⁸ Homeless Link. (2021) *The Principles of Housing First*. London: Homeless Link.

²⁹ Mackie P et al. (2017) *Ending rough sleeping: what works? An international evidence review*. Harriot-Watt University

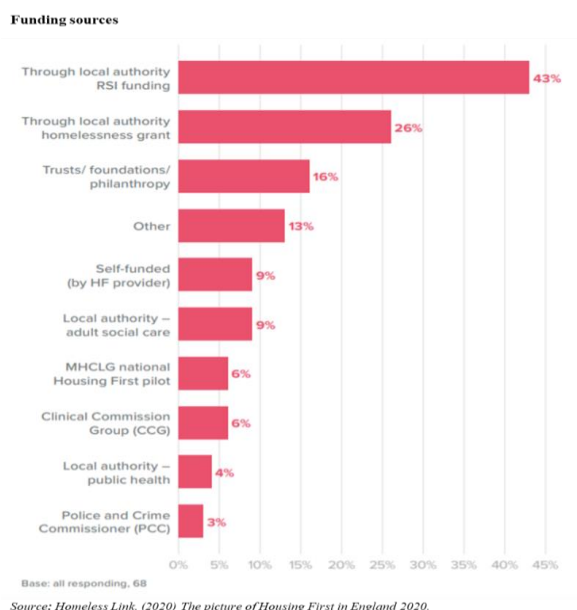
³⁰ Groundswell (2017) *An End to Street Homelessness? A Peer-led Research Project for the Hammersmith & Fulham Commission on Rough Sleeping*. Hammersmith & Fulham Council

³¹ Pleace N. (2018) *Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence*. York: Centre for Housing Policy

³² Bretherton J & Pleace N. (2015) *Housing First in England An Evaluation of Nine Services*.

York: Centre for Housing Policy

³³ Centre for Social Justice. (2021) *Close to Home: delivering a national Housing First programme in England*. London: Centre for Social Justice



- 3.10. Homeless Link analysis shows that the most common funding stream for Housing First is the Rough Sleeping Initiative (RSI), which provides funds to 43% of the 105 Housing First services in England.³⁴ Of those, more than half were relying on funds for one year or less and three years as a maximum. The next most common types of funding are local authority homelessness grants and grant-making charities.
- 3.11. These funding sources tend to be short term and therefore unpredictable, so it is unsurprising that funding is the second most cited challenge by Housing First services after finding suitable accommodation.³⁵
- 3.12. Increasing numbers of Housing First providers have raised how inappropriate targets around throughput, constraints and expectations linked to these funding sources frequently undermine fidelity to the principles of Housing First. In some cases, this has led to demonstratively successful services being decommissioned.
- 3.13. In addition, short-term contracts make it more difficult to engage landlords, to retain the specialist workforce Housing First needs and, crucially, to build the trust of clients.
- 3.14. The RSI and RSAP are the primary programmes through which Government have endeavoured to fund Housing First beyond the pilots in recent years. However, intelligence from our members demonstrates some of the difficulties this has created, when funding structures do not facilitate fidelity to the unique principles of Housing First. Continuing the current approach risks undermining the model, diluting its original purpose and diverting it to client groups for whom different approaches would be better suited. The following service vignettes provide some examples of where we believe this has occurred.

RSI-funded Housing First: Noah Enterprise, Luton
 Since April 2018, Noah Enterprise has received successive one year funding from Luton Borough Council through RSI for their Housing First service.

³⁴ Homeless Link. (2020) *The picture of Housing First in England 2020*. London: Homeless Link

³⁵ Ibid

The lack of security in this funding has been and continues to be a serious cause for concern for the organisation with the lead up to the end of each financial year involving emergency planning. In order to protect staff from this uncertainty, Noah Enterprises has made the decision to allocate £30k from their reserves to allow for three months of delivery after 31st March 2022 to try and protect jobs and the caseload, should funding not be renewed. If this were to happen, Noah Enterprises know that residents of Housing First would see a drastic change to their offer of support with workers having much higher caseloads and consequent lower intensity client support and likely reliance on day centre services to make up the shortfall. Besides the impact on residents, Noah Enterprise feels that relationships with their social landlords would be damaged and feel almost certain that evictions would occur (at present, there have been no evictions from the service).

Housing First project funded through the Next Steps Accommodation Programme

A new service, describing itself as Housing First has been established with the support of NSAP funding in 2021. Homeless Link are concerned that while the project has taken valuable elements of Housing First, such as low caseloads and a strengths-based approach, it is unlikely to deliver the value of Housing First, for the following reasons:

- The properties are pre-selected so there is no choice and control for the prospective tenant.
- There is a limit as to how long the tenant can remain in the tenancy with an expectation of move-on.
- The support is attached to the allocated tenancies and there is no plan for what happens if the tenancy breaks down.
- Support is conditional and features a written requirement for the tenant to engage with the support team in order to retain their tenancy.

A cross-departmental programme: collaboration and investment from health and justice

- 3.15. Housing First relies on the engagement of health and social care and, importantly, delivers measurable benefits and savings across sectors. This means a cross-departmental programme - with particular emphasis on the involvement of the Department of Health and Social Care (DHSC) and the Ministry of Justice (MOJ) - is required. The CSJ estimates that every £1 spent by Government on such a programme would save £1.56 across health, criminal justice and the homelessness system.³⁶
- 3.16. The insecure funding landscape for Housing First - in England - is perhaps compounded by the fact that it is generally viewed and commissioned as a homelessness intervention, rather than the health and social care intervention it is seen as elsewhere. Just as the role of the health, social care and criminal justice systems in delivering Housing First is crucial, the benefits and savings delivered by Housing First to the NHS, public health budgets and prisons and probation are clear.
- 3.17. There is growing international and English evidence that Housing First improves criminal justice outcomes, and, in some cases, significantly reduces criminal activity.³⁷ For example, the proportion of 59 service users arrested in the year before joining Housing First compared when they became Housing First tenants, dropped from 53% to 36%; begging reduced from 71% to 51%; anti-social

³⁶ Centre for Social Justice. (2021) *Close to Home: delivering a national Housing First programme in England*. London: Centre for Social Justice

³⁷ Bretherton, J. and Pleace, N. (2015) *Housing First in England An Evaluation of Nine Services*. York: University of York; Quilgars, D. and Pleace, N. (2017) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years Report of the University of York Evaluation*. York: University of York; Pleace, N. and Quilgars, D. (2017) *The Inspiring Change Manchester Housing First Pilot: Interim Report*. York: University of York; Jones, K., Gibbons, A. and Brown, P. (2019) *Assessing the impact of Housing First in Brighton and Westminster*. University of Salford and St Mungo's.

behaviour from 78% to 53%.³⁸ The CSJ estimates a saving to the criminal justice system of -£1,658 to criminal justice per person in Housing First per year.³⁹

- 3.18. As noted, a broad evidence base indicates improved mental and physical health for Housing First tenants, including stabilisation and reduction in drug and alcohol dependency and better engagement with routine health services.⁴⁰ While the greatest savings inevitably accrue to homelessness services at £8,650 per person per year, the CSJ estimates savings of £4,350 per person per year to the NHS; £250 to drug and alcohol per person per year and £165 to mental health per person per year.⁴¹
- 3.19. High fidelity Housing First cannot operate optimally without engaged commitment from each of these systems. Nor will those systems gain from the savings Housing First delivers. Unfortunately, very few Housing First projects currently receive funding via adult social care (9%) or public health (6%) budgets and barriers to accessing health services are often cited as a key challenge for Housing First services.⁴²

Hightown Housing Association Housing First – Drug and Alcohol worker

Hightown Housing Association have been delivering Housing First since October 2019, joint funded through Dacorum Borough Council and St Albans City Council RSI.

In the first year of delivery, Hightown found that 90% of the people being supported had drug and alcohol issues, but only 15% were engaged with the addictions service, Change Grow Live (CGL). In July 2020, Hightown began a partnership with CGL to embed a Housing First Recovery worker into the service and since this time, engagement with the addictions service has increased to 69%.

This peripatetic and flexible drug treatment support has had a significant impact for residents. One person is heroin-free and on a stable Physeptone prescription, which has reduced risks and allowed engagement with mental health services. Another resident has benefitted from the relationships-based approach from the Housing First Recovery worker and has now significantly reduced their cannabis and alcohol use, which has in turn reduced their chaotic behaviour and contact with the police.

- 3.20. Improving outcomes - including housing outcomes - for people with multiple disadvantage who are frequent users of their services is an explicit strategic priority of the DHSC.^{43 44} The national programme of Housing First should receive investment and leadership from DHSC and the Ministry of Justice, along with the DLUHC, in order to deliver more integrated provision at the local level and maximise the potential for Housing First to deliver person-centred care for those with the most complex needs. DHSC investment should secure additional health professional roles in Housing First services, as in Hightown's project, in addition to supporting joint commissioning and accountability at the local and national level to support improved integration with NHS services and better outcomes for residents.

Securing the progress made by the Housing First regional pilots

"We still have a commitment to ending homelessness and we can't do that without Housing First".

- Amanda Bloxsome, Housing First Best Practice and Partnerships Lead, Liverpool City Region Combined Authority

³⁸ Bretherton, J. and Pleace, N. (2015) *Housing First in England An Evaluation of Nine Services*. York: University of York

³⁹ Centre for Social Justice. (2021) *Close to Home: delivering a national Housing First programme in England*. London: Centre for Social Justice

⁴⁰ Bretherton, J. and Pleace, N. (2015) *Housing First in England An Evaluation of Nine Services*. York: University of York; Mackie, 2017; Baxter, A. J., Tweed, E. J., Katikireddi, S. V., & Thomson, H. (2019). *Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials*. *J Epidemiol Community Health*, 73(5), 379–387

⁴¹ Centre for Social Justice. (2021) *Close to Home: delivering a national Housing First programme in England*. London: Centre for Social Justice

⁴² Homeless Link. (2020) *The picture of Housing First in England 2020*. London: Homeless Link.

⁴³ HMPPS. (2020) *A response to: An inspection of accommodation and support for adult offenders in the community and on release from prison*. London: HMPPS.

⁴⁴ NHS England. (2019) *The NHS Long Term Plan*. London: NHS England

- 3.21. Evidence from the pilots suggests they are replicating the success of Housing First seen elsewhere. The then MHCLG's second evaluation report of the pilots shows a remarkable 87% tenancy sustainment rate for the 534 people housed so far, outperforming the international evidence.⁴⁵ The pilots also report impressive non-housing outcomes, including maintaining substitute prescribing and reducing illicit drug-use, improved health and engagement with GP care and re-establishing connections with children. Wider system benefits noted include improved joint-working and embedding person-centred approaches across local housing and health services.
- 3.22. However, all that the government pilots have achieved is being placed at risk by an approaching funding cliff-edge, with Greater Manchester and Liverpool City pilots coming to an end in March and August 2022, respectively and the West Midlands following in 2023.
- 3.23. These services are still working intensively with hundreds of residents who continue to need Housing First support, including 148 people have been in their tenancies for a year or less and 295 people who were recruited, but have yet to be placed in housing. Commissioners have reported that the anxiety and uncertainty created by the approaching end points is having an impact on residents and has led to loss of staff already.
- 3.24. The first Interim Process Evaluation Report (2020) of the pilots highlighted the need for action from Government to secure the sustainability of the pilots. A three-year extension will provide the stability the cohort requires and enable a smooth transition around Government's planned decision on its long-term strategy for Housing First flowing from the pilots' impact evaluation in 2023.
- 3.25. **In order to sustain the progress achieved by the regional pilots and to roll out Housing First to where it is needed, we ask Government to:**
- Provide £150.3 million annually for an initial three years for a national Housing First programme, led by DLUHC but with cross-departmental investment and stewardship.
 - Through investment in one-bed homes for social rent, ensure the programme is accompanied by a supply of truly affordable housing to meet the scale of need for Housing First.
 - While we await a longer-term decision on funding, we ask that Government commit to extend funding for all three of the pilots by three years, at a level that enables continued support and accommodation for the existing cohort of clients, at least.

4. Supporting the needs of specific populations

- 4.1. People experiencing homelessness are not homogenous, and the services available must be able to reflect both the range of support needs and the diversity of the wider population. Those with multiple and complex needs require a different approach to support than those with few additional needs. Widespread gender-based provision is needed to ensure women experiencing homelessness are supported in the most effective means possible. Young people need dedicated provision to help make sure services are able to reach them and support them to effectively move quickly out of homelessness. Non-UK nationals with immigration-based restrictions require a unique approach to support entirely. No strategy to end rough sleeping will be successful without addressing the full range of need and support required for all those experiencing homelessness.

⁴⁵ MHCLG. (2021) *Evaluation of the Housing First Pilots Second Process Evaluation Report*. London: MHCLG

Homeless Link

- 4.2. In order to address the specific support needs of people experiencing homelessness there is a real need to understand and appreciate the specific trauma faced by many of those within the population. Trauma that may predate homelessness, such as adverse childhood experiences including experience of the care system, domestic abuse, and the impact of sustained mental ill health, alongside the trauma of homelessness itself.
- 4.3. An inability to appreciate and understand the impact that trauma has on an individual's ability to engage effectively in support, or on the way they interact with their environment, can prevent services from helping to move people from the streets to safe and secure accommodation.
- 4.4. Trauma informed care (TIC) is an approach that creates an environment where someone who has faced trauma feels safe and that they can establish trust with those supporting them. TIC provides for a more compassionate and ultimately more effective means by which providers deliver their services.
- 4.5. The value of TIC is already established across the NHS with the NHS Long Term Plan committing to developing TIC in relation to a community offer for people with severe mental health problems, but also a service for vulnerable young people in contact with the youth justice system. Additionally, an expectation of TIC approaches in mental health services accessed by people sleeping rough is included in the NHS mental health implementation plan. The homelessness sector has also long-valued the need for TIC approaches, and this is reflected in uptake of Homeless Link's training and guidance on the topic for the last number of years.⁴⁶ Scottish Government has gone further still, establishing a National Trauma Training Programme (NTTP) in 2016 that support trauma informed and trauma responsive workforce and services across Scotland, providing £2million funding until 2023 to deliver the rollout of training and associated toolkits.⁴⁷
- 4.6. **In order to deliver this, we ask Government to:**
- Invest in the delivery and rollout of a national trauma training programme in England mandated for local authorities and providers of commissioned services

Women and homelessness

- 4.7. Women's routes into and experience of homelessness are different to that of men. According to the annual street count, 14% of people sleeping rough in England on a single night in autumn 2020 were women (377 people).⁴⁸ Just a fifth (21%) of those using St Mungo's housing related support services are women. But rather than this speaking to a lower rate of homelessness amongst women, it speaks to unidentified need.
- 4.8. Women are often hidden whilst homeless or rough sleeping: finding secluded sleep sites or using tents, staying with friends or family, sleeping on buses, or with strangers who expect sex in return for shelter, or wearing baggy clothes to hide their sex.⁴⁹

"Homeless women will engage in many things to avoid street sleeping, this can include engaging in sex for rent, getting back with abusive ex partners or for sex workers, staying with clients. However, as you can imagine, we are not going to ring up Housing Options at the council and disclose any of this. Often, the people we opt to stay with turn abusive, rape us or outright exploit us. When the time comes to try and leave, we will be told we are

⁴⁶ Homeless Link trauma-informed training offer: www.homeless.org.uk/trauma-informed

⁴⁷ NHS Education for Scotland trauma-informed training offer: www.transformingpsychologicaltrauma.scot/

⁴⁸ Ministry for Housing, Communities and Local Government. (2020) *Rough sleeping snapshot in England: Autumn 2020*. London MHCLG

⁴⁹ Bretherton J & Pleace N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. University of York, Centre for Housing Policy

intentionally homeless. This is because we likely told the housing team that we are staying with a friend or family member, so it looks as though we are making ourselves homeless. By doing this, you won't get housed because they argue it's your choice." Woman with experience of homelessness⁵⁰

- 4.9. Hiding from harm means that women are hidden from help, missing from homelessness services and rendered statistically invisible. Further still, not all women accommodated in refuges will be counted as homeless despite experiencing homelessness. This undercounting means the true extent of women's homelessness is underestimated. Local authorities need to be provided with the means to redress this.
- 4.10. Many people's homelessness is rooted in trauma, underpinned by common early experiences of neglect, poverty, family breakdown and disrupted education, compounded by their experiences as adults.⁵¹ However, the experiences and needs of women differ from men's.
- 4.11. The trauma experienced by women experiencing homelessness is often rooted in sex-based sexual and domestic abuse, which can happen before, during, and after their experience of homelessness. Indeed, research suggests that the "...experience of domestic violence and abuse is near-universal among women who become homeless."⁵² This connection between violence, abuse and women's homelessness is reinforced by international evidence.⁵³

Need for female-only provision

- 4.12. Women traumatized by abuse will often experience an understandable fear of trusting others, their trust having been profoundly and repeatedly betrayed by those who abused them. Distrust of men in particular is common. Many women who have experienced male⁵⁴ violence will actively avoid traditional mixed sex homelessness provision from fear of (or lived experience of) exposure to further violence and exploitation.⁵⁵
- 4.13. Despite this, women-specific and sex-informed homelessness services are absent across many areas of England and Wales. In 2019, only a tenth of accommodation services in England provide female-only accommodation - a one per cent drop from the previous year.⁵⁶ Almost two thirds (61%) of all local authorities in England, and most of Wales, were reported to have no homelessness services specifically for women.⁵⁷ Evidence also suggests that the broader range of services working with people experiencing multiple disadvantage - for example, housing, mental health, drug and alcohol services or employment services - are not always well-versed on the impact of male violence and abuse.⁵⁸ This can significantly affect women's attitudes towards, and experiences of, support services and health services, aggravating their problems further and trapping them in a cycle of homelessness and chronically compromised health, amenable to intervention.
- 4.14. In addition to increased likelihood of adverse childhood experiences (ACE) amongst people with lived experience of homelessness, women often face an additional burden of sex-based sexual and

⁵⁰ <https://street-hooker.com/2021/07/18/why-homeless-women-are-being-failed-by-services/>

⁵¹ Fulfilling Lives (2020) NPC and Fulfilling Lives Lambeth Southwark and Lewisham

⁵² Bretherton J & Pleace N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. University of York, Centre for Housing Policy

⁵³ Ibid

⁵⁴ Hester M (2013) Who does what to whom? Gender and domestic violence perpetrators in English police records *European Journal of Criminology*

⁵⁵ Bretherton J and Pleace N (2018) *Women and Rough Sleeping; A Critical Review of Current Research and Methodology* University of York, Centre for Housing Policy

⁵⁶ Homeless Link. (2020) *Support for People Experiencing Single Homelessness in England; annual review 2019*.

⁵⁷ Young L & Horvat T (2018) *Promising Practice from the Frontline: exploring gendered approaches to supporting women experiencing homelessness and multiple disadvantage*. Homeless Link

⁵⁸ Sharpen J (2018) *Jumping through hoops: How are coordinated responses to multiple disadvantage meeting the needs of women?* AVA, MEAM, Agenda and St Mungo's

domestic abuse. About one in every 20 women in England has experienced extensive physical and sexual violence and abuse, compared to one in every 100 men.⁵⁹

- 4.15. The overwhelming majority (84%) of those who suffer extensive physical and sexual abuse as both children and adults are women.⁶⁰ The prevalence of abuse is even higher amongst women who have experienced homelessness.⁶¹ This experience of multiple trauma is linked to profoundly compromised physical and/or mental health outcomes, substance dependency and a higher risk of further violence and abuse. This is compounded by social disadvantage.⁶²

Delivering a homelessness system that works for women

- 4.16. We very much welcome Government's widening of the criteria that determine who is in priority need for housing to include people who have been made homeless as a result of domestic abuse.⁶³ For too long those fleeing domestic abuse have had to not only show they are homeless as a result of being subject to domestic abuse, but also, separately, show that they were rendered 'vulnerable' as a consequence of that domestic abuse. We are pleased that Government has recognised that, by definition, people fleeing domestic abuse are vulnerable. This means that now, at the highly stressful and dangerous time⁶⁴ of leaving an abusive partner, survivors of domestic abuse will now be guaranteed secure housing under the main housing duty of the Housing Act 1996 (HA96).
- 4.17. A further recognition of the need for respite takes the form of Government's Respite Room pilots, providing safe accommodation with - critically - specialist support in single gender spaces, for women at risk of rough sleeping who are experiencing domestic abuse and multiple disadvantage.
- 4.18. However, the funding for specialist support for those who have survived domestic abuse is inadequate. Following the removal of the Supporting People ring-fence in 2009 and its absorption into shrinking local authority budgets in 2011, funding for specialist support for domestic abuse survivors has reduced significantly. Indeed, at time of their report in 2019, Women's Aid found that nearly one in ten refuge providers now operate with no local authority funding at all.⁶⁵ Despite repeated tranches of emergency government funding between 2014-2020,⁶⁶ specialist services continue to operate on short-term and insecure resources.
- 4.19. In order for local authorities to be able to support all those entitled to main duty support under HA96, they need to have sufficient resource to provide adequate appropriate accommodation options including refuge beds, as well as the specialist support need to effectively engage with those experiencing the high trauma that comes from being made homeless through fleeing domestic abuse. There is a real need for sufficient and secure funding that will mean these changes make a real and lasting difference to the life chances of all those fleeing violence and abuse.
- 4.20. If Government is committed to ending women's homelessness, it will need to commit to designated funding for local authorities to commission female-only support and accommodation, including expanded provision of Respite Rooms. This must include adequate funding for local authorities to fulfil

⁵⁹ Scott and McManus (2016) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*

⁶⁰ McNeish D & Scott S. (2014) *Women and girls at risk: Evidence across the life course*. Lankelly Chase

⁶¹ Bretherton J & Pleace N. (2018) *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. University of York, Centre for Housing Policy

⁶² McNeish D & Scott S. (2014) *Women and girls at risk: Evidence across the life course*. Lankelly Chase

⁶³ Section 189 of Housing Act 1996, as extended by statutory instrument

⁶⁴ Long J et al. (2020) UK Femicides 2009-2018. Femicide Census

⁶⁵ Women's Aid. (2019) *The Domestic Abuse Report 2019: the Annual Audit*. Women's Aid

⁶⁶ Davidge S. (2019) *Funding Specialist Support for Domestic Abuse Survivors*. Women's Aid

their duty to provide accommodation-based and non-accommodation-based domestic abuse support for all victims or their children, as required by the Housing Act 1996 (as amended).

4.21. In order to deliver this, we ask Government to:

- Fund local authorities to provide sufficient female-specific and gender-informed homelessness services
- Invest in the delivery and rollout of a national trauma training programme in England mandated for local authorities and providers of commissioned services (see 4.6)

Youth homelessness

4.22. The past year has thrown the vulnerabilities in many young people's lives - and in the services they rely on - into sharp relief. Youth homelessness and rough sleeping spiked during the pandemic, as young people lived through the fall-out of widespread job losses, the breakdown of informal living arrangements and family breakdown. The Centrepoint helpline reported a huge surge in demand in April 2020, with calls up 61% from 2019, and demand continued to rise as the year went on.⁶⁷

4.23. Worryingly, reports indicate that Everyone In did not serve young people as well as it might have. Services reported that many local authorities frequently struggled to respond effectively to young people newly arriving on the streets, failing to recognise their homelessness and/or to provide age-appropriate emergency accommodation.⁶⁸

4.24. Indeed, evidence suggests that young people were driven to the most acute forms of homelessness during the pandemic. Centrepoint reported that the proportion of young people sleeping rough when they called in 2020-21 slightly increased.⁶⁹ CHAIN data for the 2020/21 showed that a historically high one in ten people sleeping rough in London were young people (n=1093).⁷⁰ While numbers have been generally decreasing since their peak in April-June 2020, they have been doing so at a slower rate than for other age groups.

Long-term accommodation and move-on

4.25. Now and in the longer-term, distinct responses are needed to address the major repercussions of COVID-19 on young people experiencing, or at risk of, homelessness. Over a number of years, Homeless Link's Young and Homeless research has highlighted how a shortage of suitable emergency and longer-term supported accommodation, and support, has been a crucial barrier to young people getting the help they need. Our 2021 survey of youth providers found that lack of access to affordable housing was by far the most widely reported barrier preventing young people from moving on from homelessness services when they are ready. Lack of social housing (85%, 45); lack of accommodation available at the Local Housing Allowance rate (77%, 41) and inability to afford upfront costs like rent and deposit (74%, 39) were the top three barriers that kept young people stuck.⁷¹

A welfare safety net that enables young people to live and to thrive

4.26. While unemployment has risen across all age groups during the pandemic, young people have felt the worst of the economic fall-out of COVID-19. Already three times more likely to be insecurely employed, one third of 18-24 year-olds lost jobs or been furloughed during the pandemic, compared to one-in-six

⁶⁷ Centrepoint. (2021) *A year like no other: Youth homelessness during the COVID pandemic*.

⁶⁸ Homeless Link. (2020) *Preventing youth homelessness after COVID-19: lessons and opportunities from the crisis*.

⁶⁹ Centrepoint. (2021) *A year like no other: Youth homelessness during the COVID pandemic*.

⁷⁰ GLA. (2021). *Rough sleeping in London (CHAIN reports)*. London: GLA.

⁷¹ Homeless Link. (2021, forthcoming). *Young and Homeless*.

adults aged 25 and over.⁷² 582,000 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.⁷³

- 4.27. Unsurprisingly, this has led to a sharp rise in the number of young people claiming benefits. Between February 2020 and 2021, the youth claimant count in England more than doubled.⁷⁴
- 4.28. Research from Homeless Link with 45 young people with experience of homelessness identified the inadequacy of welfare support, specifically Universal Credit, as a key challenge for young people trying to move on from homelessness and pursue their goals. Young people felt that the system was not responsive to their circumstances and their Universal Credit allowance – paid at a lower rate than for those aged 25 and over - meant they were often unable to afford basic needs. They also felt blocked from training or work because the impact it would have on their benefits would mean they could no longer afford to live in supported accommodation.⁷⁵
- 4.29. **In order to deliver this, we ask Government to:**
- Invest in truly affordable supply of long-term accommodation, with support, which enables young people to live, work, earn and learn, as well as youth-only emergency accommodation.
 - Raise the Universal Credit standard allowance for all under-25s living independently to match the amount over-25s receive, while maintaining the COVID-19 uplift.
 - Remove barriers to employment for young people in supported accommodation, by raising the amount within Housing Benefit or extending work allowances to vulnerable young people through Universal Credit.

5. Support the homelessness sector to tackle non-UK national homelessness

- 5.1. The ongoing impact of the COVID-19 pandemic has demonstrated more clearly than ever how immigration status-based restrictions on eligibility for welfare and other public funds act as a major barrier to effective homelessness responses. These policies, as well as confusion around the positive solutions that can be offered, have created an unsustainable financial burden on local authorities. And, without an offer of support, many people in these circumstances are forced into destitution and driven into exploitative working and living situations, putting them at risk of modern-day slavery.
- 5.2. Everyone In created a unique opportunity to extend an accommodation offer to this group and, with targeted immigration advice and employment support, many local authorities reported promising progress in helping people to regularise their immigration status, start work and move on from homelessness for good.⁷⁶ Homeless Link is actively working with our members and local authorities to improve the local offer to non-UK nationals, and to mainstream the specialist support that they need.
- 5.3. However, local systems are struggling and the disjuncture between Government priorities around rough sleeping and immigration control are undermining their tireless efforts. We need sustainable

⁷² Gustafsson, M. (2020). *Young workers in the coronavirus crisis: Findings from the Resolution Foundation's coronavirus survey*. London: Resolution Foundation.

⁷³ Office of National Statistics. (2021). *Unemployment statistics*.

⁷⁴ Centrepoin. (2021) *A year like no other: Youth homelessness during the COVID pandemic*.

⁷⁵ Homeless Link. (2020) *We Have A Voice, Follow Our Lead: Young and Homeless 2020*.

⁷⁶ Grassian T & Boobis S (2021) *Working together: the homelessness sector's path beyond COVID*. London: Homeless Link

solutions and clarity of direction, to support homelessness services and local authorities to achieve positive outcomes for non-UK nationals and all of our diverse communities, in turn.

- 5.4. The urgency of the need for Government action has been highlighted across the homelessness and local government sectors, as well as across political party divides.⁷⁷ Indeed, the need for reform to resolve the inconsistencies in no recourse to public funds (NRPF) policy and commitments to end rough sleeping was highlighted by HCLG Select Committee.⁷⁸
- 5.5. We call on Government to tackle this conflict by committing to fund increased capacity in the independent immigration advice sector and reforming immigration-based restrictions on homelessness assistance to give local authorities the tools they need to end rough sleeping.

Support homelessness services to tackle non-UK national rough sleeping, sustainably

Non-UK national homelessness

People currently living in England without a social safety net because of their immigration status are at much greater risk of homelessness. Most of those affected can be divided into the following groups:

1. People with leave to remain who have a no recourse to public funds (NRPF) condition attached.
2. People who have outstanding applications for leave to remain
3. EEA nationals with pre-settled status who are not working.
4. People with no current regularised status, often because of prohibitive application fees, barriers to accessing advice, and the complexity of the immigration system.

Rough sleeping figures

Data on rough sleeping populations also gives us some indication of the nationalities of people sleeping rough. Of course, while this can be a helpful illustration, it is not a reliable indicator of immigration status. The 2020 national rough sleeping count found that almost a quarter of people found sleeping rough on a single night in Autumn were non-UK nationals.⁷⁹ 472 people (18% of the total) were EU nationals and 128 people (5% of the total) were from outside the EU and the UK. This is down both in term of numbers and proportions from preceding years, when almost a third of people counted were non-UK nationals (1,201 in 2018 and 1,088 in 2019).

The scale of the issue is particularly acute in London. The latest CHAIN figures show that approximately half of people found sleeping rough in London are non-UK nationals and this is consistent across quarters (to June 2021) and the previous year.⁸⁰

- 5.6. During Everyone In and beyond, local authorities utilised their full range of powers to accommodate people with eligibility restrictions, including NRPF.^{81 82}
- 5.7. Uncertain about their ability to legally continue to accommodate and the affordability of doing so, many local authorities began denying support to people with NRPF in summer 2020. Others continue to

⁷⁷ Local Government Lawyer (2020) *Councils call for suspension of No Recourse to Public Funds condition*. NHF. (2020) *We are joining calls for a suspension of No Recourse to Public Funds (NRPF) conditions*.

⁷⁸ <https://committees.parliament.uk/work/271/impact-of-covid19-coronavirus-on-homelessness-and-the-private-rented-sector/publications/>

⁷⁹ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020/rough-sleeping-snapshot-in-england-autumn-2020>

⁸⁰ <https://data.london.gov.uk/dataset/chain-reports>

⁸¹ From here onward, we use the term 'NRPF' to refer to all groups described in Box 1.

⁸² Boobis S & Albanese F (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain*. Crisis; Whitehead C (2021) *Homelessness and rough sleeping in the time of COVID-19*. LSE

provide accommodation and support under the duty held in *Ncube v Brighton and Hove* without any assurances from Government of funding to enable this to continue.^{83 84} While the national suspension of the EU derogation in June 2020 was welcomed as a short-term fix for EU nationals, many local authorities reported that 12 weeks was simply not long enough to support individuals to get into work and into sustainable accommodation.⁸⁵

Unprecedented progress with a neglected group

- 5.8. Despite this confusion, our members report that significant proportions of those housed in hotel accommodation had NRPF, ranging from 25% to 70% in some areas.⁸⁶ Indeed, the National Audit Office estimated that people with NRPF accounted for about half (about 2,000 people) of the total number of people accommodated under Everyone In in emergency accommodation in London in September 2020.⁸⁷
- 5.9. Research by Homeless Link found that this ability to lift restrictions during Everyone In was key to its success and homelessness organisations welcomed being able to support this group of people for the first time, in many cases.⁸⁸ It offered an unprecedented opportunity to work with individuals from a stable base of accommodation, develop links with immigration advisors and build trust with people who had never had access to advice and support. In particular, Homeless Link members reported success with helping many EU nationals to enter into employment, repatriate or regularise their immigration status via applications to the EU Settlement Scheme (EUSS).⁸⁹ In turn this meant many were able to move on from homelessness.
- 5.10. Everyone In was also especially important given that people with NRPF faced some of the worst consequences of the pandemic and were particularly at risk of losing employment, being evicted from their housing and being unable to afford to self-isolate or shield. Citizens Advice reported a 91% year-on-year increase in NRPF issues in the first nine months of the pandemic.⁹⁰ Additionally, a survey of 310 non-UK nationals in the winter of 2020-21 found that 44% of surveyed hospitality and cleaning workers lost their jobs, all of whom were subject to NRPF.⁹¹ Research from The Children's Society has also highlighted the particular risks to the health and wellbeing of children and families subject to the NRPF condition, both during COVID-19 and prior.⁹²
- 5.11. Our research with people working in the homelessness sector found that while the lifting of eligibility restrictions was one of the most positive measures, the removal of these measures was also one of the greatest areas of concern moving forward, particularly given the variety in local authority approaches over the course of Everyone In.⁹³

Support local authorities to deliver a basic safety net from homelessness

⁸³ Homeless Link intelligence; Whitehead C. (2021) *Homelessness and rough sleeping in the time of COVID-19*. LSE;

The Kerslake Commission on Homelessness and Rough Sleeping. 2021. *When We Work Together – learning the lessons*. Interim Report. https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2021/07/KRSC_Interim_Report_0721.pdf; Boobis, S. and Albanese, F. (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain*. London: Crisis

⁸⁴ University of Portsmouth. (2021) submission to Kerslake Commission; Local Government Committee (2021) *Protecting rough sleepers and renters* https://publications.parliament.uk/pa/cm5801/cmselect/cmcomloc/1329/132903.htm#_idTextAnchor000

⁸⁵ Boobis S & Albanese F (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain*. Crisis

⁸⁶ Homeless Link (2020) *Member Survey*. Data available on request.

⁸⁷ NAO. (2021) *Investigation into the Housing of Rough Sleepers during the COVID-19 Pandemic*. NAO

⁸⁸ Grassian T & Boobis S (2021) *Homeless Provision for the Future: Best Practice from the homelessness sector during the pandemic*. Homeless Link;

⁸⁹ Grassian T & Boobis S (2021) *Working together: the homelessness sector's path beyond COVID*. London: Homeless Link

⁹⁰ Citizens Advice. (2020) *No Recourse to Public Funds: data and developments*.

⁹¹ Gardner Z. (2021) *Migrants with No Recourse to Public Funds' Experiences During the COVID-19 Pandemic*. JCWI

⁹² Pinter I et al. (2020) *A Lifeline for All Children and Families with No Recourse to Public Funds*. London: The Children's Society.

⁹³ Grassian T & Boobis S (2021) *Working together: the homelessness sector's path beyond COVID*. London: Homeless Link

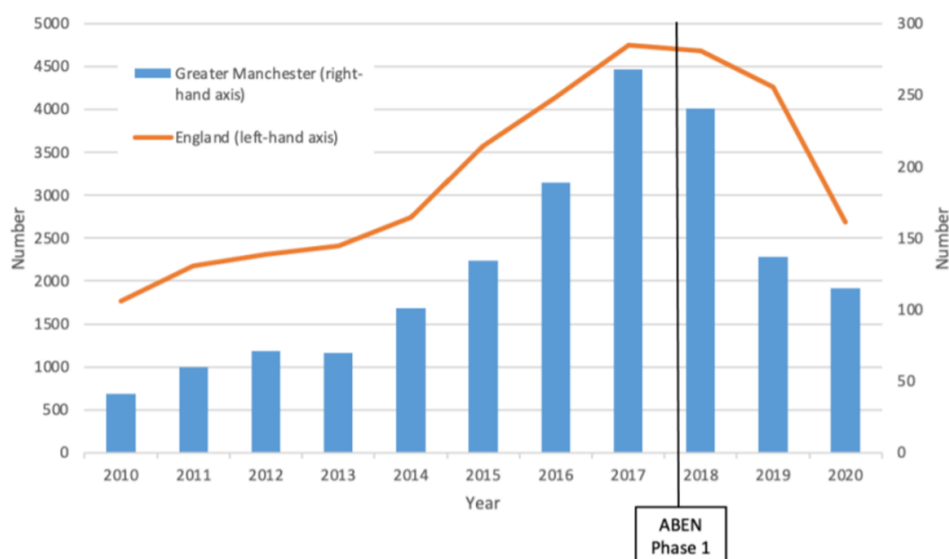
- 5.12. With Everyone In, individuals who would have otherwise remained hidden, in vulnerable and exploitative situations have received the support they are entitled to as survivors of modern day slavery, the healthcare they are entitled to, the support they desired to return to their country of origin or the quality advice they needed to regularise their immigration status. All of this was made possible by the provision of basic emergency accommodation, alongside appropriate advice and support.
- 5.13. Estimates from the LSE put the cost to London boroughs and the GLA of providing COVID-19 accommodation and move-on support to people sleeping rough with NRPF at £33.1 million, out of a total £98.8 million spent overall in 2021/21.⁹⁴ This reflects an unsustainable burden on local authority budgets, as well as a much more accurate picture of homelessness need than we have ever had.
- 5.14. There is convincing and emerging evidence from Everyone In and pre-existing initiatives such as A Bed Every Night (ABEN) in Greater Manchester, that investment in a minimum standard of NRPF-neutral emergency accommodation that is embedded with local support services, is an effective means of reducing rough sleeping and generating savings for local budgets.

The case for NRPF-neutral emergency accommodation - A Bed Every Night

Greater Manchester’s A Bed Every Night (ABEN) service was introduced in November 2018 and provides low barrier access to emergency accommodation, combined with support, and help to access move-on accommodation. The programme is NRPF-neutral, with a number of beds always dedicated to NRPF clients.

An independent evaluation ABEN in 2021 found that it was effective in preventing and reducing rough sleeping. Rough sleeping numbers in Greater Manchester (GM) are down 57% since 2017, with most of the reduction pre-pandemic and attributable to the ABEN service (see chart).⁹⁵ Unsurprisingly, ABEN was particularly effective at reducing rough sleeping among people with NRPF, among other groups, and provided commissioners with valued new insight into the true scale and nature of the rough sleeping challenge in GM.

Trends in local authority rough sleeper estimates in Greater Manchester & England



Source: Watts, B. and McMordie, L. et al. 2021. Greater Manchester’s A Bed Every Night programme: An independent evaluation

⁹⁴ Whitehead C. (2021) *Homelessness and rough sleeping in the time of COVID-19*. London: LSE

⁹⁵ Watts B. et al. (2021) *Greater Manchester’s A Bed Every Night programme: An independent evaluation*. Edinburgh: Heriot Watt University.

A cost benefit analysis of ABEN's first phase (November 2018-March 2019) suggested **potential savings to the health and social care system (of £1.59 for every £1 spent), GM Combined Authority (£1.35 for every £1 spent), and local authorities (£1.02 for every £1 spent)**.⁹⁶ Best estimates are that 7% of the 1,423 people accommodated in this period had NRPF. These cross-sector benefits are particularly important given that ABEN is jointly funded across health and social care, the Police and Crime Commissioner along with GMCA and the Mayor's Charity, among others.

Greater Manchester's ability to raise funds via the Mayor's Charity to support ABEN's NRPF beds has been crucial to its feasibility and success. In this regard, it is an example of charitable funds generating savings for the public purse and stepping in to fill an urgent gap in statutory provision. Unfortunately, such an arrangement is likely to be difficult to replicate in many other areas without support from national government.

- 5.15. However, this cannot be achieved on the scale required without a clear Government commitment, accompanied by funding and necessary reforms. If no action is taken now to address the needs of non-UK nationals with restricted entitlements, much of the remarkable work jointly done under Everyone In, and investment made, will be undermined. We saw an impressive drop in the national rough sleeping count in 2020 as a result of Everyone In, but the consequence of inaction now may result in thousands of people returning to sleeping rough on the streets of England in the coming months.
- 5.16. **We ask Government to support homelessness services to tackle non-UK national rough sleeping by:**
- Immediately issuing clear guidance to local authorities that they should use their legal powers under the Local Government Act 1972 and NHS Act 2006 to accommodate people otherwise ineligible for support during the ongoing pandemic and ensure that they are funded to do so.
 - Extending eligibility for benefits to all EEA nationals with pre-settled status.
 - No longer applying NRPF conditions to individuals granted leave to remain on family or private life grounds when the person has a dependent child, or is unable to work due to an illness, disability or caring responsibilities.
 - Reviewing all immigration-based restrictions on public funds to ensure that local authorities have powers to provide emergency accommodation in order to prevent destitution.

Improve access to immigration advice

- 5.17. Independent immigration advice is a crucial part of every local multi-agency homelessness response. Unfortunately, a lack of capacity and funding for specialist advice and the absence of guidance for homelessness commissioners on embedding it in their offer, means that many people are left stuck in homelessness or emergency accommodation without the support that could help them to regularise their status and move on.
- 5.18. Immigration advice services are underfunded and overstretched, and this is compounded by the passing of the EUSS deadline, which is likely to lead to an increase in EU nationals with restricted entitlements, and therefore at serious risk of homelessness.⁹⁷ Indeed, research in London estimates

⁹⁶ Bromley R & Briggs C. (2019) *Greater Manchester Joint Commissioning Board Report: Investment in Homeless Healthcare and 'A Bed Every Night'*. Greater Manchester Health and Social Care Partnership

⁹⁷ NRPF Network. (2021) *Supporting European Economic Area (EEA) nationals with care needs* ADASS; Public Interest Law Centre. (2021) *Still Here: Defending the rights of homeless EU citizens after Brexit and Covid-19*.

the total capacity for casework in London at no more than 4,000-4,500 pieces per year, compared with demand in the hundreds of thousands.⁹⁸ It highlights the particular need for longer-term casework capacity, rather than one-off advice sessions.

- 5.19. Investing in quality immigration advice is an effective homelessness intervention. It can produce savings for local and national government by enabling people to enter employment and reducing dependence on local funds. Service data and costings from a Lewisham Law Centre partnership with Lewisham Council to deliver independent immigration advice identified significant savings to the local authority as people given specialist advice moved onto public funds following a successful application. Following investment of approximately £60,000 to contract a solicitor and a paralegal, work done with 68 referrals from the Lewisham NRPf team between May 2019 and February 2020 resulted in potential savings to the council of £32,060.19 per month or £384,722.28 per year.⁹⁹
- 5.20. There is also some evidence of savings for other public services. An evaluation of Southwark Law Centre's Homeless Patients Legal Advocacy Service with Guy's and St Thomas' Homeless Team suggests a significant reduction in inpatient admissions and bed days in a small sample of patients, comparing six months prior to support through the project and six months after.¹⁰⁰
- 5.21. **In order to improve access to immigration advice for non-UK nationals experiencing, or at risk of, homelessness, we ask Government to:**
- Ensure that homelessness funding provides for the long-term provision of quality independent immigration advice targeted at non-UK nationals without established status, or whose status is to be determined. This should aim to specifically address needs for increased capacity to handle EUSS applications and long-term and complex immigration casework.
 - Reinstate legal aid for immigration matters.

6. Preventing and ending homelessness

- 6.1. The importance of supporting those experiencing rough sleeping to move from the streets into appropriate, supported accommodation is paramount, but so too is the need to address the structural barriers that push people towards homelessness and rough sleeping in the first place. A lack of appropriate, affordable housing is one of the biggest causes of homelessness, and one that can trap people in homelessness preventing move-on from temporary accommodation.

Social housing

- 6.2. A warm, safe and stable home is the platform from which people can thrive and fulfil their potential. And those living in such an environment are far less likely to experience the physical and mental health issues that are so strongly correlated with having no permanent home. That's why Government's commitment to make the highest single funding commitment to affordable housing in a decade is welcome. The planned provision of affordable home ownership is also a positive for those who can and want to step on to the property ladder. But for many, this will not be a viable option. For many of those in high affordability pressure areas, 'affordable' housing is simply unattainable.
- 6.3. As of March 2021 there were 95,450 households in temporary accommodation, a 98% increase since March 2011 and many of whom are unable to move on to a permanent home due to lack of affordable

⁹⁸ Wilding J et al. (2021) *A Huge Gulf: Demand and Supply for Immigration Legal Advice in London*. London: Justice Together.

⁹⁹ The calculation is based on council estimates of the average cost of an NRPf household at £21,000 per year.

¹⁰⁰ GSTT and SLC (2021) *Homeless Patients Legal Advocacy Service Year One Evaluation Report*. London: Southwark Law Centre

housing.¹⁰¹ Councils spent almost £1.2 billion providing temporary accommodation for homeless households between April 2019 and March 2020. This has increased by 9% in the last year and 55% in the last five years.¹⁰² With numbers in temporary accommodation continuing to grow without the investment in affordable housing this cost will only continue to grow.

- 6.4. Over the long-term the most cost-effective means by which to provide sufficient affordable housing to meet the scale of demand across the homelessness population is through the provision of the necessary level of social homes. Research undertaken by Heriot-Watt University on behalf of Crisis and the National Housing Federation that in order to meet the backlog of need that 90,000 social homes would need to be built a year over a 15-year period to match the level of need.¹⁰³
- 6.5. The Housing, Communities and Local Government Committee were of the view that, “a social housebuilding programme should be top of the Government’s agenda to rebuild the country from the impact of COVID-19.”¹⁰⁴ Last year the Housing, Communities and Local Government (HCLG) Select Committee agreed that 90,000 new social homes a year are needed in England.¹⁰⁵ Across all of England (including London) the average grant required per social rent home £183,000.¹⁰⁶ This means achieving the 90,000 goal would require an investment of c. £16.5 billion.
- 6.6. **In order to deliver this, we ask Government to:**
- Commit to a ten-year investment plan to realise the 90,000 social rent homes that England needs.
 - In the immediate term, Crisis, alongside the APPG for Ending Homelessness, calls for Government to bring forward its £12 billion Affordable Homes Programme, providing an increased focus on social rent housing.
 - Through investment in one-bed homes for social rent, ensure the programme is accompanied by a supply of truly affordable housing to meet the scale of need for Housing First. (see 3.25)

Private rented sector

- 6.7. In 2019/20, ahead of the interventions put in place during the pandemic to pause and limit evictions, 57,750 households were owed either a prevention or relief duty due to the end of an Assured Shorthold Tenancy (AST) in the Private Rented Sector (PRS). Amongst those owed a prevention duty it was the leading cause of risk of homelessness.¹⁰⁷ In 2020/21 following the introduction of the evictions pause in March 2020, the numbers of those presenting at their local authority at risk of homelessness due to the end of an AST plummeted, dropping by 43% compared to 2019/20. The numbers of households owed a prevention duty were the lowest since the introduction of the Homelessness Reduction Act 2017 (HRA17).¹⁰⁸
- 6.8. The instability of the PRS and the impact of current ASTs have on risk of homelessness cannot be overstated and we welcome the Government commitment to rental reform as announced in the May 2021 Queen’s Speech. However improved and more secure tenancy rights will not address the issues of affordability across the PRS. In 2019/20 rent arrears was the cause for 24% of those at risk of

¹⁰¹ <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-january-to-march-2021>

¹⁰² <https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2019-to-2020-individual-local-authority-data-outturn>

¹⁰³ Bramley, G. (2018) Housing supply requirements across Great Britain: for low-income households and homeless people. London: Crisis and National Housing Federation

¹⁰⁴ Local Government Committee (July 2020) Building more social Housing: Third Report of Session 2019–21

¹⁰⁵ Bramley G (2018) Housing supply requirements across Great Britain: for low-income households and homeless people Crisis and NHF

¹⁰⁶ NHF (2019) Capital grant required to meet social housing need in England 2021 – 2031. PUB

¹⁰⁷ MHCLG (2020) Statutory homelessness in England: financial year 2019-20

¹⁰⁸ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

homelessness due to the end of an AST.REF And despite the pause on evictions (designed to prevent those whose income had fallen due to the pandemic being made homeless due to rent arrears) 5,370 households presented at risk of homelessness between April 2020 and March 2021.¹⁰⁹ Research by the London School of Economics (LSE) found that an estimated 400,000 households were at risk of rent arrears as a result of the pandemic.¹¹⁰ With evictions having resumed in May 2021 there are concerns across Homeless Link's membership that the growth of rent arrears will lead to a potential huge wave of individuals being pushed into homelessness.

- 6.9. Without sufficient social housing, the PRS is the primary source of housing for those moving on from homelessness services. To ensure that those both at risk of eviction from the PRS, and those currently housed in temporary accommodation are able to move to secure and stable homes it is vital that housing benefit sufficiently covers the cost of an appropriate level of PRS. In March 2020, Government raised the Local Housing Allowance (LHA) to the 30th percentile ensuring that the lowest 30% of PRS was affordable to those in receipt of the housing benefit or housing benefit element of Universal Credit. This move was welcomed by Homeless Link and our members, acknowledging the vital role that the PRS plays in the homelessness system.
- 6.10. However, as of April 2021 the LHA rates have been frozen at the 20/21 levels. This means over time less and less of the PRS will be affordable to those in receipt of benefits. With rising rent arrears and increasing numbers of people in households in temporary accommodation, a lack of affordability within the PRS risks both pushing people into homelessness and then trapping them in the insecure accommodation at high cost to local government.
- 6.11. **In order to deliver this, we ask Government to:**
- Unfreeze the Local Housing Allowance rate so that it continues to cover at least the 30th percentile of local rents
 - Commit to providing sufficient DHP funding via LAs in order to write-off more than two months' rent arrears that tenants may have accrued between March 2019 and September 2021, as a result of covid-related job loss.

Welfare

- 6.12. The debt, insecurity, threat of homelessness and mental distress that come with not having enough money to live on and pay rent, blights and burdens jobseekers. Emerging from a pandemic into an insecure economic market only compounds that insecurity and mental distress. Indeed, rates of reported depression have near doubled since the start of the pandemic.¹¹¹ And the debilitating effect of unemployment isn't just short-term: the long-term scarring effect of youth unemployment and/or repeated instances of unemployment is well known.¹¹²
- 6.13. Government must recognise that subsistence living, debt in general, rent arrears in particular and the threat of homelessness, severely compromises a person's ability to seek, find, secure and keep work. Government can and should exercise its power to mitigate the threat of homelessness, not least because every person kept off the streets and supported into work equates to a housing authority saving, a health services saving, an income-tax and NI gain. Preventing homelessness and providing a secure safety net saves money further down the line.

¹⁰⁹ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

¹¹⁰ Whitehead et al. (2021) *Homelessness and rough sleeping in the time of COVID*. LSE

¹¹¹ ONS (2020) *Coronavirus and depression in adults, Great Britain June 2020*.

¹¹² McQuaid R. (2017) *Youth unemployment produces multiple scarring effects*. LSE

- 6.14. The inadequacy of welfare benefit levels and the strictures of the debt-inducing benefit cap have been acknowledged by Government: once, very clearly, in the form of the pandemic £20/week boost to Universal Credit (UC) and the increase in the LHA rate, and then again in the form of the continuing provision of funding for Discretionary Housing Payments (DHP), payments made to households who simply cannot live on the welfare support they receive.
- 6.15. As indicated in the table below, in the last year, Government have made available £50 million to shore up the inadequacies of LHA-limited housing benefit and to effectively compensate for the effect of the benefit cap.

Use of DHP April 2020 – March 2021

Welfare support for which DHP was awarded	Amount allocated
Benefit cap	£28,026,173
LHA	£22,713,618

source: DWP (July 2021) Use of Discretionary Housing Payments: financial year 2020 to 2021

- 6.16. The belief underpinning the introduction of the benefit cap was that it is unfair that those reliant on welfare support to survive should have a greater income than those who are working, regardless of circumstance.¹¹³ But in the midst of a pandemic and in its aftermath, what constitutes ‘fair’ must shift.
- 6.17. During the pandemic, millions of people have lost their jobs and have had to claim UC to survive. Indeed, five million households were claiming UC by May 2021.¹¹⁴ Those claimants will have benefited from Government’s £20 a week increase to UC. But by October, this essential lifeline will have been cut. Our members have told us that those who have gained from the UC uplift, used the extra money to buy more fresh food and meat. As well as enhancing their diets, the people that our members work with have also used the extra money to pay off fuel bill arrears or contribute towards the bills of those homes they stay in temporarily.¹¹⁵
- 6.18. **In order to deliver this, we ask Government to:**
- Remove the benefit cap in areas of high affordability pressure areas immediately and commit to adjusting the benefit cap levels such that they align with the Minimum Income Standard (MIS).
 - Maintain the £20 per week uplift to UC, extend it to legacy benefits and link annual benefit uprating to CPHI. This should be backed up by a commitment to set welfare support rates in the light of regular, independent surveys of the actual costs of living.
 - Raise the Universal Credit standard allowance for all under-25s living independently to match the amount over-25s receive, while maintaining the COVID-19 uplift. (see 4.29)
 - Remove barriers to employment for young people in supported accommodation, by raising the amount within Housing Benefit or extending work allowances to vulnerable young people through Universal Credit. (see 4.29)

7. Recognising the role of health

¹¹³ DWP (2013) *National introduction of benefit cap begins: the benefit cap starts being introduced across the country.*

¹¹⁴ Winchester N. (2021) *Universal Credit: an end to the uplift.* UK Parliament

¹¹⁵ Homeless Link (2021) *Homelessness and welfare benefits.*

- 7.1. The last 18 months has demonstrated more than ever the need for integration between health and homelessness. The extraordinary measures taken by Government throughout the pandemic were driven both by the public health concerns of the street homeless population, and by the increased health vulnerabilities of those experiencing homelessness compared to the general public. Alongside this the homelessness sector has been instrumental in supporting health with the vaccine rollout amongst the homeless population.
- 7.2. Homelessness has a devastating impact on mental and physical health. In 2019, 778 people died while sleeping rough or in emergency accommodation, a 7.2% rise on the previous year.¹¹⁶ The ONS data showed that the average age of death for those sleeping rough or in emergency accommodation was only 45.9 for men. For women it was 43.4 years old.¹¹⁷ In very many cases, death is as a consequence of untreated or inadequately treated conditions amenable to healthcare.¹¹⁸
- 7.3. Those without a home are substantially more likely than even the most deprived housed people to report having chronic diseases such as asthma, chronic COPD, heart problems and strokes.¹¹⁹ Chronic homelessness is an associated marker for tri-morbidity, complex health needs and premature death. (Tri-morbidity is the combination of physical ill-health with mental ill-health and drug or alcohol misuse.)¹²⁰
- 7.4. Compromised health is not just a feature of experiencing homelessness, it can be a cause. Over 130,000 UK households experience problem debt.^{121 122} The destructive interplay of high rents, low incomes and debt can result in the development or exasperation of depression and/or anxiety.¹²³ Some experiencing such circumstances will seek solace in drugs and/or alcohol. Additionally, the income shock that often accompanies the onset of physical health issues or disability¹²⁴ can lead to rent or mortgage arrears and ultimately homelessness.
- 7.5. Yet whilst the NHS Long Term Plan identifies the role of the NHS in attaining wider social goals of improved employment, easing health-related pressure of the justice system and influencing the shape of local communities, there is no explicit reference to the compounding relationship between health and homelessness. This despite, as the Health Secretary says, the disease of social disparity prevalent in the UK.¹²⁵ Having no housing is perhaps the starkest illustration of the extreme end of that social disparity.
- 7.6. Historically the homelessness sector has struggled to engage with health in a sustained and meaningful way. However, throughout the pandemic one of the biggest successes observed was the increased partnership working and growing understanding of the need for collaboration between health and homelessness services. This momentum must not be lost. Building on this to ensure the continued development and growth of these partnerships is vital to the Government's goal of preventing and ending rough sleeping.

Primary care access

¹¹⁶ ONS (2020) *Deaths of homeless people in England and Wales*.

¹¹⁷ Ibid

¹¹⁸ Aldridge R W et al. (2019) *Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England* Wellcome

¹¹⁹ Lewer D et al. (2019) *Health-related quality of life and prevalence of six chronic diseases in homeless and housed people: a cross-sectional study in London and Birmingham, England*

¹²⁰ O'Connell JJ et al. (2010) *The Boston Healthcare for the Homeless Program: A public health framework*. Am J Public Health

¹²¹ <https://www.jrf.org.uk/data/household-problem-debt>

¹²² Households below average income: for financial years ending 1995 to 2020

¹²³ Fitch C et al. (2011) *The relationship between personal debt and mental health: a systematic review* Mental Health Review Journal

¹²⁴ Garcia-Gomez P. (2013) *Long Term and Spillover Effects of Health Shocks on Employment and Income* Journal of Human Resources

¹²⁵ Secretary of State for Health and Social Care Sajid Javid (2021) *The hidden costs of COVID-19: the social backlog* speech given at The Grange Community Centre in Blackpool

- 7.7. One of the longest standing and critical disconnects between those experiencing homelessness and the healthcare they need is lack of GP access. People sleeping on the streets or in precarious housing situations will, in far too many instances, not have been able to register with a GP.^{126 127} Often, when in healthcare need, but without a GP, people who have nowhere safe and stable to stay will try and address their healthcare needs themselves and only access professional healthcare at crisis point via A & E.¹²⁸
- 7.8. The vast majority (92%) of hospital episodes where the patient is recorded as having no fixed address (NFA), are recorded as emergency admissions.¹²⁹ The proportion of NFA emergency readmissions was 92%.¹³⁰ The average length of stay for admitted patients experiencing homelessness was 14-days. The average for those not experiencing homelessness is 6 days.¹³¹ This is hugely wasteful, both in terms of cost to the NHS, but also in terms of the harm to the health that those who are precariously housed, or not housed at all, experience before accessing A & E.

Homeless Link member Pathway, delivers homeless healthcare provision that features in-hospital GPs, dedicated nurses and care navigators, working with others to address the housing, financial and social issues of patients. Following the introduction of this model in a number of locations across England, A&E attendances by supported individuals fell by over a third (38%) with an almost four fifths (78%) reduction in bed days. It's estimated that the intervention costs £154,228 pa (plus training costs of £11,120).¹³² Data indicate that, for patients receiving this intervention, the proportion of people who return to the streets is reduced and quality of life scores (EQ-5D-5L) are significantly improved.¹³³ The increased quality of life cost per **QALY** is £26,000.¹³⁴ (The NICE cost effectiveness threshold is £20,000 to £30,000 per QALY.)¹³⁵

Mental health

- 7.9. The compounding relationship between being precariously housed, or not housed at all, and mental health issues is well documented.^{136 137} Mental health issues are the most commonly reported support need experienced by people accessing accommodation providers (42%) as well as day centres (50%), reflecting earlier studies showing that mental health problems are particularly prevalent among people experiencing homelessness.¹³⁸
- 7.10. A study of people experiencing homelessness in Nottingham showed that pre-existing but managed mental health issues were further exacerbated by life events like homelessness.¹³⁹ The debilitating effect of chronic mental health issues not only compromises the lives of those who experience them. To not effectively address these issues also impacts negatively on health and local authority budgets.

¹²⁶ Doctors of the World. (2017) *Registration Refused: A study on access to GP registration in England Update*

¹²⁷ Elwell-Sutton T. (2017) *Factors associated with access to care and healthcare utilization in the homeless population of England*. Journal of Public Health

¹²⁸ Garrett J et al. (2020) *Reducing Health Inequalities for People Living with Frailty A resource for commissioners, service providers and health, care and support staff* Friends, Families and Travellers

¹²⁹ McCormick B & White J. (2016) *Hospital care and costs for homeless people* Clinical Medicine

¹³⁰ Ibid

¹³¹ Field H et al. (2019) *Secondary care usage and characteristics of hospital inpatients referred to a UK homeless health team: a retrospective service evaluation* BMC Health Services Research

¹³² Hewitt N et al. (2016) *Randomised controlled trial of GP-led in-hospital management of homeless people ('Pathway')* Clinical Medicine

¹³³ Ibid

¹³⁴ Ibid

¹³⁵ National Institute for Health and Clinical Excellence (2013) *Updated guide to the methods of technology appraisal*

¹³⁶ Singh A et al. (2019) *Housing Disadvantage and Poor Mental Health: A Systematic Review*. American Journal of Preventive Medicine

¹³⁷ Pevalin D J et al. (2017) *The impact of persistent poor housing conditions on mental health: A longitudinal population-based study* Preventive Medicine

¹³⁸ Homeless Link. (2019) *Support for People Experiencing Single Homelessness in England*.

¹³⁹ Reeve K et al. (2018) *The mental health needs of Nottingham's homeless population: an exploratory research study*. Sheffield Hallam University

However, specialist provision means those experiencing homelessness can access the support they need to manage and improve their mental health. Specialist homelessness mental health provision delivers a c.20% saving on the costs where a person has no planned treatment^{140 141 142} And, standard case management - assessment, treatment planning, signposting and referring, advocacy and monitoring - in collaboration with relevant services, improves housing outcomes, thereby providing savings to local authority budgets.^{143 144}

- 7.11. In their service review, Pathway identified key elements to effective mental health provision for people experiencing homelessness:
- psychologically informed provision to facilitate informed interventions, led by the experiences of the service user
 - mental and physical health nursing capabilities
 - occupational therapists to identify and develop practical skills that support and enable structured living
 - housing and social care advice
 - drug and alcohol support
 - talking therapies
 - access to primary care¹⁴⁵
- 7.12. Specialist homelessness mental health provision delivers a c.20% saving on the costs where a person has no planned treatment^{146 147 148}
- 7.13. **In order to deliver this, we ask Government to:**
- Invest in the delivery and rollout of a national trauma training programme in England mandated for local authorities and providers of commissioned services (see 4.6)
 - Following the Pathway model, invest £154,228 per year to A&E departments in the areas with the highest levels of homelessness to provide GP-led in-hospital primary care provision to divert patients from emergency care to primary care.
 - Invest in a pilot programme providing £16,250 per person per year in specialist homeless mental health services for each verified rough sleeper in the areas with the highest levels of homelessness.

¹⁴⁰ Pathway. (2018) *Homeless and Inclusion Health standards for commissioners and service providers*

¹⁴¹ Maguire N et al. (2020) *Service Model Review of UK Mental Health and Rough Sleeping Services*. Pathway

¹⁴² Ibid

¹⁴³ Canavan R et al. (2012) *Service provision and barriers to care for homeless people with mental health problems across 14 European capital cities* BMC Health Services Research

¹⁴⁴ Burn T & Hwang S W. (2014) *Health interventions for people who are homeless*. The Lancet

¹⁴⁵ Maguire N et al. (2020) *Service Model Review of UK Mental Health and Rough Sleeping Services*. Pathway

¹⁴⁶ Pathway. (2018) *Homeless and Inclusion Health standards for commissioners and service providers*

¹⁴⁷ Maguire N et al. (2020) *Service Model Review of UK Mental Health and Rough Sleeping Services*. Pathway

¹⁴⁸ Ibid

Appendix 1

In July 2021 Homeless Link conducted a poll of 137 members in relation to short-term funding. The below are the findings of this poll.

Questions on financial resilience and long term funding:

Our organisation is coming out of the pandemic financially resilient (N=136)

Strongly agree	36	26%
Agree	60	44%
Neither agree or disagree	20	15%
Disagree	17	13%
Strongly disagree	3	2%
All agree	96	71%
All disagree	20	15%

I am concerned about my organisations income over the next 12 months (N=137)

Strongly agree	13	9%
Agree	34	25%
Neither agree or disagree	25	18%
Disagree	46	34%
Strongly disagree	19	14%
All agree	47	34%
All disagree	65	47%

I am concerned about my organisations income over the next 2 years (N=137)

Strongly agree	14	10%
Agree	57	42%
Neither agree or disagree	27	20%
Disagree	29	21%
Strongly disagree	10	7%
All agree	71	52%
All disagree	39	28%

I am concerned about my organisations income over the next 5 years (N=136)

Strongly agree	24	18%
Agree	58	43%
Neither agree or disagree	21	15%
Disagree	27	20%

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Strongly disagree	6	4%
All agree	82	60%
All disagree	33	24%

Impact of short term funding

Proportion of staff on fixed term contracts of 12 months or less:

- 7% of respondents have 50% or more staff on fixed term contracts of 12 months or less
- 19% of respondents have 25% or more staff on fixed term contracts of 12 months or less
- 54% of respondents have some staff on fixed term contracts of 12 months or less

Short-term funding has a negative impact on staff wellbeing (N=128)

Strongly agree	55	43%
Agree	49	38%
Neither agree or disagree	14	11%
Disagree	9	7%
Strongly disagree	6	1%
All agree	97	81%
All disagree	9	8%

Short-term funding has a negative impact on the quality of the services we are able to provide (N=126)

Strongly agree	58	46%
Agree	36	29%
Neither agree or disagree	18	14%
Disagree	11	9%
Strongly disagree	3	2%
All agree	94	75%
All disagree	14	11%

Short-term funding impacts on long-term staff retention (N=128)

Strongly agree	63	49%
Agree	33	26%
Neither agree or disagree	21	16%
Disagree	10	8%
Strongly disagree	1	1%
All agree	96	75%
All disagree	11	9%

Short-term funding leads to inconsistent support for people experiencing homelessness

Strongly agree	61	48%
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Homeless Link

Agree	45	35%
Neither agree or disagree	10	8%
Disagree	10	8%
Strongly disagree	1	1%
All agree	106	83%
All disagree	11	9%



What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Let's end homelessness together

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Twitter: @Homelesslink

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