

HCLG Committee Inquiry: Impact of COVID-19 (Coronavirus) on homelessness and the private rented sector

Expert Link submission – April 2020

Introduction

1. Expert Link is a peer led organisation championing the voice of people with lived experience of multiple disadvantages, including homelessness, mental health issues, substance misuse, offending and domestic violence and abuse.
2. We have a national network of people with lived experience of multiple disadvantages, using their wisdom to influence local and national policy. Our network is diverse, brought together by a programme of strengths-based training which supports people with lived experience to be involved in service development and to demonstrate to service providers and commissioners the power of involving them.
3. As an organisation we advocate for a world where people with lived experience of multiple disadvantages are treated as equal partners in decisions made about our lives. As many critical decisions are being made and continue to be made relating to our health and that of the wider public, we welcome the opportunity to provide evidence to the HCLG Committee Inquiry on the impact of COVID-19 on homelessness to ensure balanced decisions are made.
4. The requirements for social distancing measures has focused many minds on how important it is to public health that individuals previously rough sleeping are appropriately housed. Our submission aims to support appropriate scrutiny of the important work underway now and in the future by MHCLG, as well as that of other statutory and non-statutory agencies, to ensure that people experiencing multiple disadvantages are safe. In particular, we have focused our evidence around:
 - Effective practice resulting in successful outcomes
 - Ineffective support and recommendations for change
 - Current issues (including self-isolation and social distancing, access to mental health and substance misuses support, and access to food and basic goods)
 - Challenges around offers for entrenched rough sleepers and recommendations for change
 - Priorities for post lockdown action to ensure public health requirements are met
5. Notwithstanding the very difficult situation, we believe a major positive can arise if the Government harnesses the resources¹ and impetus already invested² in helping rough sleepers off the street. This provides a solid foundation and unprecedented opportunity for the Government to meet its target to end rough sleeping by the end of the Parliamentary term.

¹ A proportion of £1.6 billion has been promised to councils to support rough sleepers off the street and from communal shelters - <https://www.gov.uk/government/publications/dame-louise-casey-writes-to-local-authority-homelessness-managers-and-rough-sleeping-coordinators/dame-louise-casey-writes-to-local-authority-homelessness-managers-and-rough-sleeping-coordinators>

² This in turn can lead to huge savings² across different Government departments at a time where public resources will undoubtedly be stretched. Crisis figures from 2018 estimate that for every £1 spent moving people directly out of homelessness, an estimated £2.80 is generated in cashable savings and well-being benefits - <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/cost-of-homelessness/assessing-the-costs-and-benefits-of-crisis-plan-to-end-homelessness-2018/>

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6. The submission has been developed by our National Advisory Panel, made up of people with lived experience of disadvantages from across England, all of whom are closely linked to the communities we're serving. Membership spans across Bedford, Blackpool, Croydon, Durham, Exeter, Fareham, Hertfordshire, Leeds, London, Sheffield and Stoke. **We would welcome elaborating further on any of the information provided. Members of our National Advisory Panel would also be available to provide oral evidence to the Committee where required.**

How effective has the support provided by MHCLG and other Government departments in addressing the impact of COVID-19 on those in the private rented sector, rough sleepers, and the homeless?

Effective practice

7. Given the number of people rough sleeping increased by 141% between 2010 and the end of 2019 (despite a decrease of 9% between 2018 and 2019), the work undertaken by the MHCLG, and other statutory and voluntary agencies, to offer accommodation to an estimated 5,400 rough sleepers in just under a month should be highly commended. In particular, we have been encouraged to hear specific examples of individuals who have received appropriate support and been housed in drastically shorter timescales than previously experienced (e.g. Blackpool, Hertfordshire, Leeds and Westminster).
8. Some of the accommodation options made available should also be commended for providing appropriate support for people with previously negative experiences with the local authority. For example, some private Hotels, where they have not required people to sign agreements or imposed rules around when people can access or leave, have worked very well for those who had previously not taken up Homelessness Hostel accommodation. This approach recognises that many people rough sleeping will have experienced childhood trauma,³ and have historically supported themselves by avoiding providers who adopt deficit based approaches.⁴

“It’s really good to see so many people at the same time thriving, and really making the most of this opportunity. One from services, and two, most importantly, from the service users. It’s been great to see them adapt to what has been a difficult time for anybody.” Member of National Advisory Panel (Leeds)

“Hotels work because they’re not restricted there. They are having a choice in their comings and goings. They’re content there. There’s no room checks. They’re not having to sign an agreement saying that I mustn’t smoke here or I must do this or I have to go to a key worker session. They don’t want to leave the hotels because they like it there.” Member of National Advisory Panel (Croydon)

9. It should also be recognised that other agencies have played a key role in supporting people to remain within accommodation. We have evidence of positive approaches by Drug and Alcohol services utilising the opportunity to reach people within private Hotels and support them with harm reduction approaches to substance misuse issues.

“The drug team, outreach, have been amazing. They’ve been going in with needle exchange stuff, naloxone, safety boxes for methadone...” Member of National Advisory Panel (Blackpool)

10. There are also positive examples where communities have worked to provide food to people. Some soup kitchens have adjusted their delivery models and were taking three meals a day to people in Bed and Breakfasts, Homelessness Hostels and drug and alcohol residential services (e.g. Blackpool). There were good networks in other area with private Hotels also providing meals to people accommodated there (e.g. Stoke).
11. Further, much of our evidence points to a generally positive approach by the police. In some areas (e.g. Blackpool) there were no examples of police specifically targeting rough sleepers with fines.

³ It is estimated that 85% of people who have experienced multiple disadvantages have experienced childhood trauma – see ‘Hard Edges: Mapping Severe and Multiple Disadvantage in England’

<https://lankellychase.org.uk/resources/publications/hard-edges/>

⁴ These are approaches which view individuals through perceived deficits that can be fixed, rather than looking at harnessing the strengths that we all have.

There were positive examples of police approaching food hand-out sites (e.g. Westminster) and providing information on accommodation options but not fining people or forcing them into units, and adopting empathetic approaches to rising tensions within some accommodation settings (e.g. Durham).

Ineffective provision and concerns

12. However, some accommodation options offered have not been suitable for individual's needs. Homelessness Hostels, for example, have historically not worked for some people experiencing multiple disadvantages, and for many despite the current conditions and the introduction of social distancing measures, they do not remain an appropriate option.

“They’re struggling to accept the offer of the (Homelessness) Hostels because they know it’s going to be restrictive. It’s going to be rules and regulations and them having to explain their whole life story over again with no real support to address the issues that come out. You ask people to devote their deepest darkest secrets, and you just write it down in a (Homelessness) Hostel. There’s no thought plan about how do we care for this person once they’re with us.” **Member of National Advisory Panel (Croydon)**

13. Some B&B and private Hotel provision has also not met the needs of those experiencing multiple disadvantages (e.g. Leeds). There have been examples of people having their rooms spot checked and then being evicted for offences such as smoking and drug use; there have also been instances of people being evicted due to suspicions that they may be causing offences. Other accommodation offers, for example those following Housing First principles, may have been more appropriate and less likely to fail individuals.
14. Within some areas (e.g. Westminster) there were initially no suitable offers for the entrenched rough sleepers that we are aware of. Although all had been made offers, these have been rejected for a variety of reasons, a key example being the location of accommodation requiring rough sleepers to break ties which are essential to their physical and mental survival (such as prescribing services and support networks). A second common reason was a lack of trust between people rough sleeping and frontline workers, due in part to previous experiences where offers of accommodation have been made which did not materialise or meet individuals requirements. Finally, there has been a lack of clarity about the conditions of current accommodation offers, for example rules around drugs/alcohol use, procedures around accessing methadone, etc.
15. Some areas (e.g. Blackpool) have seen a dramatic influx of people being offered accommodation from other parts of the country, potentially due to the high number of Bed and Breakfasts. This is a particular concern for moving people on from this accommodation at an appropriate time. Any approach which concentrates those with multiple support needs in limited geographical locations risks putting unsustainable pressure on those areas.
16. We were also aware of a lack of flexibility being offered by some providers to people who have been barred from a service/services despite having no further offer (and therefore returning to the street). It is welcome that in the specific instance we were aware of action was taken.

“It’s very difficult in the current climate to protect and safeguard [people who have been barred from services]. At the moment they are the most vulnerable in my eyes because they’re not accessing services and potentially services they want to access they can’t... The last few weeks have been the most frustrating few weeks for me as a worker. I’ve never had to tell so many people that there is no offer of accommodation. And that is due, for me, to lack of flexibility from the local authority.” **Member of National Advisory Panel (Leeds)**

...

*“There are now a lot more options for people, and a lot of issues around the time it was taking between referral and offer seem to have been addressed.” **Member of National Advisory Panel (Leeds)***

17. Despite positive evidence around the police generally, we did have examples of negative practices. There has been an enforcement approach by police to some people begging in the city centre (Leeds), without an accompanying offer of accommodation. This potentially drives people further away from support and puts individuals at greater risk to their health. There does not seem to be uniform clarity as to whether rough sleeping should be viewed as a health and welfare issue or one of public disorder.
18. There have also been missed opportunities in some areas for supporting people with mental health and substance misuse issues, for example representatives from Mental Health services not being involved in key decisions around rough sleeping, and the ability to provide rapid prescribing not being taken.

*“Sometimes other services leave us [Housing, Outreach] to deal with homelessness and rough sleeping, and Social Care and Mental Health services do need to come round the table and understand that this is their responsibility as well.” **Member of National Advisory Panel (Leeds)***

*“At the moment there’s national guidelines that say that if you’re pregnant, if you’re injecting into high risk places in your body, your neck or your groin, you can be seen for rapid prescribing, which is anything from three to five days. But it doesn’t include people who are street homeless who are probably have more issues than average person. So they are having to get a doctor, to get a history, which takes a few days. After the doctor you need to get an appointment which can take extra days. Then you have to turn up for all that and give urine samples throughout that process. Most drug services are closing their front doors so we need to think about do we as drug services and nationally, go to the (private) Hotels, set up our satellites in the (private) Hotels and do the rapid prescribing from where they’re based so they can be picked up quickly and get a doctor to be on site to do it quickly. So rather than it taking a week or two weeks we can really condense it down and get people the support that they’re asking for at the time they need it.” **Member of National Advisory Panel (Croydon)***

19. **Recommendations:**

- **Learning should be taken from accommodation projects which have given people a positive experience akin to those in the successful private Hotels. The Lodge, in London, could be an example worth exploring.**
- **Work should be done to provide those not taking up offers with clear information on what the offer entails, particularly as it relates to support with wider needs beyond housing. Discussions must take place with those individuals to find what they would need from an accommodation offer to get them off the street. The Government’s response to the virus has been to tell people to stay at “Home” yet this offers nothing to those who do not have somewhere to call home.**
- **Clearer guidance should be issued to police on appropriate measures to take where people who do not have access to accommodation are not adhering to general social distancing recommendations, given evidence that current exemptions are not fully understood across the country. It needs to be clear that homelessness and rough sleeping are wellbeing, not public disorder, issues.**
- **Work should be done to decrease the time it takes for rough sleepers to access medication prescriptions This will include entitling rough sleepers to ‘Rapid prescribing,’ increasing the number of prescribing doctors and nurses, and bringing drug and alcohol**

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services into accommodation providers (e.g. private Hotels). Examples of this already exist which should be shared across the country.

What problems remain a current and immediate concern for these groups?

Self-isolation and social distancing

20. Although in the short-term most people in accommodation projects are able to self-isolate, there are increasing concerns that this cannot be sustained for much longer.
21. The strategy for moving-on from this situation appears unclear. Whilst the increases in coronavirus are expected to decline, this does not mean the dangers of people living on the streets will be dissipated. The concurrent public health risk to self and others does not end with a loosening of lockdown.
22. Social distancing within accommodation is recognised as a key challenge for some experiencing multiple disadvantages. This may be due to historic low self-esteem and self-worth for some individuals. Others are experiencing challenges staying in accommodation due to requirements to service addictions (though some areas e.g. Blackpool are taking support to people). Also, many people were initially not getting messages from the Government about social distancing/self-isolation requirements and were confused as to what was required.

Support with mental health and substance misuse issues

23. Most people who have been accommodated in private Hotels and Bed and Breakfasts require support with mental health difficulties, substance misuse issues and tenancy support. Some private Hotels, however, have not been equipped to provide this support to people, without which individuals well-being may potentially deteriorate.

“All of a sudden, someone’s support needs do not go away because of the current climate.” Member of National Advisory Panel (Leeds)

24. Ensuring people have access to prescription medication is a key concern for many. The increased uptake of prescriptions, and the pressures on pharmacists, is a challenge in some areas (e.g. Croydon) with GPs cited as particular “bottle-neck”. In other areas (e.g. Blackpool), prescription services have been working well and there are increased opportunities for individuals to engage with detox programmes.

Food scarcity and lack of basic goods

25. In some areas people are struggling to access food, with food drops being cancelled. Further, food vouchers were no longer being provided to some people (e.g. Westminster), with frontline workers being required to provide these from their own savings. Access to food vouchers was cited as a key reason why people who had been previously been rough sleeping for long periods stayed in accommodation, and so the lack of this provision is detrimental to keeping these people engaged with support. For some that have been accommodated, there have also been issues in accessing basic goods (e.g. furniture), given the pressures felt by charities that historically have met this gap (e.g. Bedford).

“It’s a concern that the people who have taken 20 years to get in are now wanting to come back out because they haven’t got any money for food.” Member of National Advisory Panel (Westminster)

Appropriate offers for people remaining on the streets

26. The most immediate concern remains supporting those individuals who are still on the streets, having not been offered appropriate accommodation. A high number of people experiencing multiple disadvantages feel safer on the street (e.g. Westminster) than in the accommodation offer that is being provided by local authorities – Homelessness Hostels, for example have historically required

people to be in close proximity to people in high risk groups (although work has been done to reduce reliance on this in the current period) and are seen as unsafe to many. Some people are fearful of being confined in a fixed location without access to networks and support with substance misuse and mental health difficulties. For many people experiencing multiple disadvantage – 85% of whom have experienced childhood trauma – new offers of accommodation may be no different to the potentially re-traumatising offers previously rejected.

“They can have the best of all accommodation, they can have the best of everything they think they want, but they’re not getting what they need. So you’re just taking them and putting them in a nice prison. That’s torture, that’s mental torture ... from being outside, to be stuck in a small room with no extra help.” **Member of National Advisory Panel (North London)**

“When you’re out there you’re survival instinct just wants to survive, it don’t want to do what other people are telling you to do. To be took out of your comfort zone is a big part in recovery, and it can be done too soon to people who are really vulnerable.” **Member of National Advisory Panel (North London)**

27. Recommendations:

- **To increase take-up, offers must meet the individual requirements people have. These will need to address issues such as access to networks and support, and should not place conditions on people relating to drug and alcohol use. Support should be trauma informed given that many people will have experienced adverse childhood experiences.**
- **Offers that are made to people should form part of a long term plan and not be seen as a short-term emergency measure. This will increase buy-in to the offer and increase people’s confidence that support is for the benefit of the individual, rather than a public health measure for the benefit of wider society.**
- **In an era in which the ability to socially distance or isolate are seen as personal and public responsibilities decisions need to be made as to the appropriateness of homelessness accommodation which is shared and/or overcrowded (such as statutory Temporary Accommodation). For example, much of the winter provision in recent years has been focused on basic shelter accommodation consisting of mattresses on church floors, and this will now be unviable.**

What might be the immediate post-lockdown impacts for these groups, and what action is needed to help with these?

Impacts on health for self and others

28. If a lockdown is eased while COVID-19 remains prevalent within the community, people without access to accommodation will potentially experience fatal consequences, particularly given the high prevalence of underlying health conditions amongst people who have experienced multiple disadvantages.

Appropriate accommodation offers

29. It is clear that work must be done now to understand fully what options will work for people who have been recently accommodated in Bed and Breakfasts and Hotels. If individuals are partners in these decisions, then the likelihood that move-on options will be sustainable is dramatically increased. Some areas are already undertaking some local work to gather this information and plan for the future.

“The voice of the person who is entering a service does not get to the people who are making the decisions... Is anyone actually having conversations right now, asking what that accommodation looks like, what that support looks like?” **Member of National Advisory Panel (Blackpool)**

30. A full range of housing options will need to be explored to ensure individuals can stay safe. This will be a challenge given the unaffordability of much of the PRS, inaccessibility of the benefit system to many, the non-adherence to social distancing of many Homelessness Hostels and winter night shelter spaces, and the large number of people who have re-located out of borough through this current emphasis on rapidly housing people.

Requirements around support

31. Many will not remain in accommodation unless the right, tailored support is also provided, which will recognise individuals need (including where appropriate recognition of experiences of trauma). This will be strengths based and directed by the individual to ensure it is appropriate.

“Are they getting the right support? Are their thoughts and feelings being listened too?... If people don't get listened to now, they're going to be mis-placed again, and then we'll all be in the same boat.” **Member of National Advisory Panel (Blackpool)**

32. This support could be provided in line with the non-conditionality aspects of the Housing First models. The model adopted by the Lodge in London, which provides Bed and Breakfast type accommodation without restrictions relating to engagement with key workers or alcohol use, should be fully explored given its success for particular individuals.

“We need to be working to where the client needs to be, not to where the worker needs to be.” **Member of National Advisory Panel (Westminster)**

“The guy's we get in, when you do get them in, you have to teach them how to live again. They don't know how to live. You have to go to the shops with them. You have to go to the Jobcentre with them. Until a time, maybe 2 or 3 years later, when they say “Actually, I don't need you to come with me today.” **Member of National Advisory Panel (Westminster)**

33. It will be critical that work is done to maintain the positive relationships that have been developed between people experiencing rough sleeping and those providing support, so that the opportunity is not lost to engage sustainably where appropriate.

“If we’ve got people taken off the street, we really need to be building up that relationship with people, looking at what those move-on options are... You forever hear about the distrust of services, the distrust of support. If we’re not careful, we’re going to get another generation of this... especially now we do have a window of opportunity to engage.” **Member of National Advisory Panel (Leeds)**

34. Recommendations:

- **Changes to the Local Housing Allowance should be made to remove the disconnect between the price of renting and the amount available through the benefit system. The Shared Accommodation Rate will explicitly need to be redressed given current requirements around self-isolation.**
- **The supply of affordable accommodation will need to be increased, including Local Authorities making use of empty buildings.**
- **Long term offers of support should be made that are tailored to individuals requirements. This will require investment in relevant services which are able to adopt an ‘outreach’ model of delivery.**
- **Multiple Government departments should adopt mechanisms for co-responsibility for ending rough sleeping, including the Department of Health and the Department for Work and Pensions. People with lived experience of multiple disadvantages should be involved in strategic decisions around transitioning through the post-Lockdown period.**

We would welcome elaborating further on any of the information provided. Members of our National Advisory Panel would also be available to provide oral evidence to the Committee where required.

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