

The Kerslake Commission on Homelessness and Rough Sleeping

Expert Link

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.

Our National Advisory Panel

Our National Advisory Panel (NAP) is a forum set up to provide opportunities for people with lived experience of multiple disadvantages to influence national and local policy. Members of the NAP have lived experience of disadvantage, are connected to their community and are based across with each of the English regions.

Our submission

1. Thinking about the response to rough sleeping during the pandemic, which measures, policies, practices or joint working do you think worked well and why? (300)

Expert Link's National Advisory Panel welcomed:

- The **funding** that was made available to respond to homelessness.
- Some **communications** around homelessness and the Everybody In programme, which raised the profile of homelessness.

“Now people were showing a bit more empathy to people that were homeless, and the needs of the homeless, as before, ..., it was ...just walk past them, we'll ignore the situation.... With Everybody In brought up in the news and the papers, it became acceptable, and it wasn't seen as a shame to be homeless.”

- Changes in approach from local authorities and some providers, from **general and obstructive** to offering **genuine, individualised support**.

“Whereas it was, how can we not accept this person into services, it was suddenly, how can we do everything we can to make sure that this person gets housed? How can we accommodate to the person rather than the person accommodate to us?”

“People weren't being made to engage with appointments or see workers and being told that if you didn't go, you would lose your accommodation. And I think that's why most people did go in.”

- Organisations **working together** – providing support that **met people where they were**, rather than where providers were.

“In the hotels, they have been bringing back the drug and alcohol services, the mental health services to the hotel. Yes, they're still signposting. But it's been a quicker process. And it's been

faster, it's been more consistent. And the relationships have been able to be built a lot stronger, I think, between organizations, because you're all working from one base, rather than you've got the drug and alcohol service over there back end of town. You've got the homelessness service that into town. Also that gives the homeless person sort of more autonomy and more flexibility in their own lifestyle."

2. In contrast, which measures, policies, practices or joint working do you think have not worked well and why? (300)

There was an insistence on **verification**, which placed people experiencing homelessness in danger and delayed appropriate support

"We had clients that had to sleep rough for one night before they were allowed into the hotel, so they could be verified as a rough sleeper... Only certain people were allowed to verify, even though we had been working with this client group for such a long time, we had to tell them to come out of where you were, if it was shelter, come out, bed down, make yourself noticeable. And then they may pick you up within three days. It wasn't acceptable, because you re traumatize a group of people that were vulnerable in the first place. And then you expose them to the elements. And then they had to be reassessed. It just became a paper exercise. And then they just said, I'd rather stay out, because what is the point of doing that? And not being guaranteed a bed for the night anyway."

Crowded conditions within hotels meant they were **unsafe**. Some operated strict rules on individuals which **disempowered**. The **quality** of amenities was also poor in some instances.

There was no **coherent plan** or **exit strategy**, leaving individuals **living with uncertainty about their future**. When move-on occurred, in many instances this appears rushed with little consideration **of the needs or wants of the individual**. Options that were **not suitable** were offered with pressure on individuals to accept. Where people were evicted from hotels, there was **no connection with local authority practices** to begin a homeless application.

There was a **disingenuous use of statistics** that contributed to mistrust and potentially **increased stigma**.

Some local authorities saw an opportunity to house their most problematic clients in a different local authority in the hope that they would stay there.

3. Please describe the specific challenges, and opportunities, in the next phase of the Everyone In programme and helping people to move on from hotel accommodation. (300)

We are already witnessing some of the challenges for the next phase of the programme. There is a drive to **move people on too quickly**, without consideration for **what an individual needs**. This will be damaging for individuals, who will **not, in effect, be moved on from homelessness**, but instead continue within a cycle of providers, un-suitable housing and rough sleeping.

"It's not moving on long term. It's not moving on in the terms of right, let's have the legal duty to house this person. It's moving on into the hostel accommodation and the hostel system, which is then just a cycle. People have been in five different hostels in the same area, and they literally just going from one to another. That that's not moving people on from homelessness."

Where offers are made that are unsuitable, any **trust** that may be developed by people working with individuals risks being damaged.

A further challenge will be ensuring that the **quality of offer** that is made is not substandard. A lack of housing options is often cited as a reason why inappropriate locations are deemed the only available option.

“We’re constantly looking at substandard accommodation for homeless people. And they’re not given as much choice as perhaps an ordinary healthy reverse person is because they’ve been homeless at one point in their life.”

“The location is a big factor, because you’ve still got to be close to different amenities. I think it’s got to be individualized, to the point where the individual actually has a vague say on where they’re going to be.”

“There were flats next to the hotel in [LOCATION]. And we literally had people come out and say to us, oh, no, it’s great that you’re helping the homeless, but I’d rather it wasn’t next door to me.”

4. And finally, what do you think needs to be put in place to embed the good work that developed during the pandemic, or improve upon it? (300)

Positive outcomes are associated with **treating people holistically** and offering a **suitable choice with personalised support**. Moving away from offering **limited options** which do not fit the needs of individuals will be crucial for any success in the future.

“If someone’s being forced to move into somewhere, its trauma, you know.”

This can be achieved through embedding **co-production** within processes; ensuring that people are involved fully in decisions made about their lives.

“This [the challenges] proves everything should involve the individual. It [the positives] just shows you when you do offer somebody what they’ve been involved in, because they communicate that with you, and they feel like you’ve been listening, then they will accept that offer.”

Co-production should not just be at the individual level, but also **at local authority and national government**. Ensuring that it is requirement within **funding** will hopefully act as a driver to this practice being adopted by more areas across the country.

“Start putting this co-production element into the funding... MHCLG have regular meetings in each area. And in the majority of the areas, it’s only local authorities that are invited to those meetings. So, you know, I’m looking at MHCLG as well [to involve charities and people with lived experience]

Further, **raising awareness of trauma** across the whole of the system involved in responding to homelessness is essential to ensuring that people are not re-traumatised on their interactions with support. It is recommended that **training requirements are embedded into service delivery agreements** and become **common practice** within housing options and other services under the remit of local authorities.