Key issues

Over the last few weeks many people have been provided accommodation in Bed and Breakfasts, Hostels (using single rooms having closed hubs and dorms), Hotels, Shared Housing and the Private Rented Sector.

There have been positive examples of people being moved into accommodation far quicker than previously. Crucially some hotels, where they have not required people to sign agreements or imposed rules around when people can access or leave, have worked really well for some individuals. This approach recognises that many people will have experienced trauma, and have historically supported themselves by avoiding providers who adopt deficit based approaches.

"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. They're struggling to accept the offer of the hostels because they know it's going to be restrictive. It's going to be rules and regulations and them having to expend 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 hostel. There's no thought plan about how do we care for this person once they're with us."

Where we are seeing a lack of take-up is where the accommodation offer does not meet the needs of the individual. These reasons (many of which are fundamentally the same as those 'pre-Covid') include:

- Feeling safer on the street than in the accommodation offer that is being provided, where people may be in close proximity to people in high risk groups.

- Concern that support within accommodation does not recognise substance misuse/mental health issues/childhood trauma.

"All of a sudden, someone's support needs do not go away because of the current climate."

"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."

- Lack of clarity on what is being offered, for example what are the rules on drugs/alcohol, what is procedure around accessing methadone, etc.

- Individuals being fearful of being confined in a fixed location without access to networks and support with substance misuse and mental health difficulties.

- A lack of flexibility being offered to people who have previously been barred from a service/services and are being deemed by the council as having no further offer.

"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."

- Accommodation being offered far away from scripting service, and so requiring long journeys to access these. This is particularly problematic where pharmacies are not taking on new people.

- A lack of trust that the offer provided will match that which is being offered.

- People not wanting to accept particular rules and limits, or be accommodated with strangers

"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."

"The ones that are staying out are the entrenched homeless clients. They don't want that sort of help. What they want is a script, and somewhere where they can have a conversation and a cup of tea. They are self-sufficient. We assume that people that are homeless aren't self-sufficient. They are survivors. They will survive. If we just give them the basics of what they are asking us for. And we don't do that, we just assume they're going to need shelter. We assume that they need to be washing and things like that. They know what they want. They'll ask you for it."

There have been examples of people being evicted from hotels for offences such as smoking, drug use and selling items (e.g. televisions). Some are being evicted due to *suspicions* that they may be causing offences. This is of particular concern given the lack of a further offer for these individuals.

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.

Recommendations

In response to the key issues raised, we are recommending to national Government the following:

1. Work is 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.

2. To increase take-up, offers must meet the individual requirements people have, some of which may relate to experiences of trauma.

3. Learning should be taken from accommodation projects which have given people a positive experience akin to those in the successful hotels. The Lodge, in London, could be an example worth exploring.

4. Offers that are made should form part of a long term offer and not be seen as a short-term emergency measure. This can increase buy-in to the offer and increase people confidence that support is for the benefit of the individual, rather than a public health measure.

5. Flexibility should be required so that those previously evicted from services still have an offer of accommodation.

6. Work should be done to decrease the time it takes for rough sleepers to access scripts. This will include entitling rough sleepers to 'Rapid prescribing,' increasing the number of prescribing doctors and nurses, and bringing drug and alcohol services into accommodation providers (e.g. hotels). Examples of this already exist which should be shared across the country.

"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 hotels, set up our satellites in the 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."

About 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. We advocate for a world where people with lived experience of multiple disadvantages are treated as equal partners in decisions made about their lives.