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## Postscript

# A TRAUMATISED SYSTEM

## A critical crossroads for the commissioning of homelessness services

Imogen Blood & Nicholas Pleace



**ENDING  
HOMELESSNESS  
TOGETHER**

**POSTSCRIPT: A TRAUMATISED SYSTEM**  
**A critical crossroads for the commissioning**  
**of homelessness services**

Imogen Blood &amp; Nicholas Pleace

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# POSTSCRIPT: A TRAUMATISED SYSTEM

## A critical crossroads for the commissioning of homelessness services

### INTRODUCTION

Last year we planned two launch events in London and Liverpool to share and discuss the findings of our ground-breaking report: 'A Traumatised System: Learning from ten years of commissioning trends in UK homelessness services'. The report looked at how ten years of austerity had impacted on services for people who experience homelessness.

Unfortunately these events were scheduled for March 2020 and due to Covid we were forced to cancel and instead share the report online. Over the next eight months we revisited the research on a number of occasions to see whether it was still pertinent and to consider if the time was right to relaunch it. Although we believed the research still made many relevant points, the homelessness sector had a range of significant challenges to address and we felt it was not the time to focus on this piece of work.

In January however, we felt that perhaps the time was right due to a number of factors, including:

- The perceived success of *Everyone In*
- The launch of the *Next Steps Accommodation Programme*
- Reports that local authorities were planning substantial cuts to adult social care budgets
- The impact Brexit could have on homeless EU nationals
- A perceived rise in rough sleeping
- Concerns that due to Covid, unemployment would rise, evictions would increase and subsequently homelessness would become an even bigger issue than it was 12 months ago

We felt that in fact, our research was even more relevant than ever. As was the need for the sector to consider and discuss lessons we have learned and how, collectively, we can apply them. In order for the research to represent what was happening across the homelessness sector it needed to directly address some of the issues mentioned above.

With this in mind we asked the original research team to write an additional chapter focusing on what had happened over the past year, reflecting on the impact of the pandemic on people and services.

As with the first report we were also keen to outline some lessons learned and to highlight what should be done to prevent future homelessness and as a result Imogen Blood Associates and Nicholas Pleace have written this addendum to their original report.

As we emerge from 12 months of pandemic, lockdown, eviction bans, furlough and into an uncertain economic future – this report considers what comes next for a homelessness commissioning system already deeply traumatised by ten years of austerity and sitting at what is a truly **critical crossroads**.

**John Glenton,**  
Executive Director  
for Care & Support  
at Riverside







This post-script is divided into **three** sections:

**Section 1:** picks up on some of the **key trends** highlighted in the original report, and identifies how these have continued, and how the system has been **further traumatised** during the pandemic.

- Already over-stretched services have had to go even further throughout the pandemic; having to police social distancing and support those who are self-isolating, withdrawing from substances or suffering with their mental health whilst simultaneously working with reduced staff numbers and having to continuously adapt their service offer to keep pace with changing guidance.
- Commissioners have been working flat out to negotiate and plan temporary move-on accommodation whilst also responding to further rounds of competitively accessed short-term funding. This has left even less time for strategic planning and re-commissioning of mainstream services; though the glimpse of what might be achievable has undoubtedly been energising for many working in the sector.

**Section 2:** reflects on some of the risks the sector faces now and moving forward.

- The initial successes of *Everyone In* are important to acknowledge, but rough sleeping has not been eradicated – there is a possibility that those who were supported by the programme might have a better chance of exiting homelessness, but that ‘new’ rough sleepers might not have access to the same responses that Next Steps is offering.
- There is also the possibility that homelessness has been somewhat dammed up as a result of temporary public health measures and that if these measures are simply switched off there could be a considerable spike in need.
- There is a challenge in moving to a more housing-led approach (such as Housing First), in that whilst this kind of service reduces the risks associated with COVID-19 and around health and wellbeing more generally, this kind of approach also requires adequate, affordable housing with security of tenure.
- If existing systems are overwhelmed by surges in post-pandemic homelessness, with limited funding focused on prevention and Housing First, local authorities may have no alternative but to open relatively cheap shared-air emergency shelters in response to increases in homelessness.

**Section 3:** highlights the opportunities which are opening up, and what is needed in order to move on positively from here.

- The pandemic has clearly established homelessness as a public health issue and demonstrated to the public that, if a policy decision can be made to take everyone off the streets, then it was a policy decision in the past not to do so.
- As shown in the [original report](#), funding loss and insecurity has created a challenging environment for both homelessness services providers and commissioners. The sector has shown resilience in the face of the pandemic, but it is nevertheless in a weakened state and requires sustained, sufficient funding.
- Innovation needs to happen as part of a ‘whole system approach’, in order to support people with complex needs effectively, we need buy-in from health.
- Co-production, workforce development, reflective practice and culture change along with Housing First principles must be the building blocks of new approaches.

# 1. Doing more with (even) less

Our original report described the many different ways in which commissioners and providers were already having to ‘do more with less’, how they had adapted in order to so, and with what impact on the people receiving and working in services.

The pandemic has created significant challenges for already over-stretched commissioned services. Many night shelters were closed at the outset, but most hostels with separate bedrooms have remained open, even though many have shared bathrooms and kitchens. In such settings, where many residents can have underlying health conditions, mental health challenges and/or addictions, anxiety about the risks of infection can run high – amongst both residents and staff. Trying to police social distancing, and support those who are self-isolating, withdrawing from substances or struggling with their mental health during lockdown, has placed additional strain on already over-stretched staff. Staff have been contending with issues from having to operate with ‘skeleton crews’ where team members are self-isolating, being re-deployed to fill gaps in other teams, and having to rapidly modify and improvise in order to enable social distancing in their services.

“The pandemic has created significant challenges for already over-stretched commissioned services”.

Supported housing providers will have seen their operational costs spike during this period<sup>1</sup> as they contend with staff cover (perhaps needing to bring in bank or agency workers or pay overtime to existing staff where colleagues have had to self-isolate), PPE supply, and increased void losses, during periods when restrictions may have prevented new admissions. Adapting service models and keeping abreast of changing guidance has required significant input from operational managers. Many organisations have gone the extra mile, for example, providing food, mobile phones, broadband or access to a television to residents during lockdown. Meanwhile, many providers have been working with local authority commissioners to adapt their offer, perhaps to include the provision of support to temporary accommodation provided under *Everyone In*<sup>2</sup>.

The flexibility and commitment of a workforce which has become accustomed to doing ‘more with less’ has just about carried the sector through – but the cracks caused by long-term under-resourcing have also been highlighted. While COVID-19 did not infect people using homelessness services in England at the high rates seen in some other countries, the homelessness system was significantly less well-resourced and less resilient than it was a decade ago.<sup>3</sup> The system is now – more than ever before – traumatised, and its resilience to withstand ongoing or future challenges questionable.

<sup>1</sup> Pleace, N.; Baptista, I.; Benjaminsen, L.; Busch-Geertsema, V.; O’Sullivan, E. and Teller, N. (Forthcoming, 2021) European Homelessness and COVID-19 Brussels: FEANTSA; Fitzpatrick, S. et al. (2021) The COVID-19 crisis response to homelessness in Great Britain Crisis/UK Collaborative Centre for Housing Evidence [https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544\\_UoG\\_CaCHE\\_Covid\\_Homelessness\\_Report-Final.pdf](https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_Covid_Homelessness_Report-Final.pdf)

<sup>2</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>

<sup>3</sup> <https://covidandsociety.com/minimising-impact-covid-19-people-sleeping-rough-overview-uk-global-responses/>

“The flexibility and commitment of a workforce which has become accustomed to doing ‘more with less’ has just about carried the sector through”.

Reduced commissioner capacity has, in many local authorities, been drawn into the crisis facilitation of *Everyone In*. Commissioners have been working flat-out to negotiate and plan temporary and move-on accommodation, whilst responding to further rounds of competitively-accessed ‘bitty, short term’ funding and re-profiling projects funded by previous rounds of RSI funding. This has left even less time than usual for strategic planning and re-commissioning of mainstream services; though the urgency of the situation and the glimpse of what might be achievable has undoubtedly been energising for many working in the sector.

The need to secure sustainable move-on options for significant cohorts of individuals accommodated through *Everyone In* has prompted a mass rapid re-housing initiative in some authorities. The increase in the Local Housing Allowance, combined with the shift in some local housing markets (for instance the drop-off in demand for AirBnB rentals) has undoubtedly created opportunities for this, and many housing associations have been proactive in offering properties, especially during periods when normal

lettings processes have been suspended. The Next Steps Accommodation Programme<sup>4</sup> has provided an injection of capital to support move-on housing, but initial attempts to re-house people from hotels have produced mixed results and the basic challenges around deep, chronic shortages of affordable housing in many areas have been underlined by the pandemic.<sup>5</sup>

This activity has also highlighted once again the shortfall and lack of ongoing certainty in revenue funding for support. Housing providers and those moving on from emergency accommodation need to be confident that individuals will receive the support they need to maintain the tenancy for as long as they need it.<sup>6</sup> Without this, we know from long-standing evidence that social landlords will be reluctant to deliver on their pledges of general needs properties<sup>7</sup>, and people that are offered a tenancy risk being set up to fail.

“This activity has also highlighted once again the shortfall and lack of ongoing certainty in revenue funding for support.”

<sup>4</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>

<sup>5</sup> Neale, J. et al. (2021) Experiences Of Being Housed In A London Hotel As Part Of The ‘Everyone In’ initiative Part 2: Life In The Month After Leaving The Hotel London: KCL <https://osf.io/x73am/>

<sup>6</sup> National Housing Federation (2020) Our response to the HCLG Committee Inquiry into the impact of coronavirus on the homelessness and private rented sector, <https://www.housing.org.uk/news-and-blogs/news/our-response-to-the-hclg-committee-inquiry-into-the-impact-of-coronavirus-on-the-homelessness-and-private-rented-sector/>

<sup>7</sup> Bretherton, J. and Pleace, N. (2011) Reasonable Preference in Scottish Social Housing Edinburgh: Scottish Government; Pleace, N.; Quilgars, D.; Jones, A. and Rugg J. (2007) Tackling homelessness – Housing associations and local authorities working in partnership London: The Housing Corporation.



## 2. Commissioning in the wake of the pandemic – new risks and challenges

The *Everyone In* initiative is estimated to have stopped 34% of those parts of the homeless population who were living rough and in shared air accommodation, from becoming infected with COVID-19.<sup>8</sup>

However, a lot of questions are being asked about the next steps, specifically how quickly and how effectively the reported gains in health and wellbeing among people placed in hotels can be capitalised upon and their homelessness permanently ended.<sup>9</sup> The initial successes of *Everyone In* are important to acknowledge, but rough sleeping has not been, even temporarily, eradicated.

As *Everyone In* is wound down, one possibility raised by the homelessness sector is that those who were supported by the programme might well have a better chance of exiting homelessness, supported by the *Next Steps Accommodation Programme*. However, ‘new’ rough sleepers or those people missed by the initial programme might not have access to the same, relatively well-resourced, housing-led and Housing First responses that Next Steps is offering.

“The initial successes of *Everyone In* are important to acknowledge, but rough sleeping has not been, even temporarily, eradicated”.

The strengths and limits of *Everyone In* and Next Steps may not, however, be the determining factor in the kinds of challenges that the homelessness sector, local authorities (both in respect of their homelessness duties and as social landlords) and housing associations may be about to face. We do not know what will happen, but the possibility that significant – perhaps very significant – homelessness is being temporarily dammed up by a raft of emergency measures needs to be considered.

Rough sleeping is a fraction of total homelessness, while *Everyone In* has indicated that actual numbers are higher than the official counts in England. As at November 2020, 9,866 people were in emergency accommodation and 23,273 people had been moved into settled accommodation or supported housing<sup>10</sup>, but this contrasts with 93,490 statutorily homeless households, containing 120,570 dependent children as at September 2020<sup>11</sup>, plus another 33,898 beds in homelessness services, which were – pre-pandemic – typically full on any given night, and have remained so.<sup>12</sup>

<sup>8</sup> <https://www.medrxiv.org/content/10.1101/2020.05.04.20079301v1.full.pdf>

<sup>9</sup> Harrison, J. (2020) Manchester Emergency Accommodation Evaluation: Interim Report Riverside: [https://www.riverside.org.uk/wp-content/uploads/2020/06/Riverside\\_MCREmergency\\_Accommodation\\_FINAL.pdf](https://www.riverside.org.uk/wp-content/uploads/2020/06/Riverside_MCREmergency_Accommodation_FINAL.pdf); St Mungo's (2021) Housing and health: Working together to respond to rough sleeping during Covid-19. London: St Mungo's <https://www.mungos.org/publication/housing-and-health-working-together-to-respond-to-rough-sleeping-during-covid-19/>

<sup>10</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>

<sup>11</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/957573/Statutory\\_homelessness\\_release\\_Jul-Sep\\_2020\\_REVISED.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957573/Statutory_homelessness_release_Jul-Sep_2020_REVISED.pdf)

<sup>12</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/Single%20Homelessness%20Support%20in%20England%20-%20Annual%20Review%202019.pdf>

A system that is already under strain may face a very considerable spike in need, indeed a potentially overwhelming influx of newly homeless people depending on what happens economically and the nature of the policy responses from the Government. Again, we do not know how much homelessness is being dammed up because of the eviction ban<sup>13</sup>, temporary increases in benefits<sup>14</sup>, mass use of the furlough scheme<sup>15</sup> and “mortgage holidays” (lender forbearance)<sup>16</sup>. The existing systems were, as [our research last year](#) found, already facing major challenges, sometimes reaching a point where doing ‘more with less’ had become a struggle.

If policies like the eviction ban are simply ‘switched off’ on a given date, without some contingency planning and support in place, corresponding spikes in homelessness are likely. It is uncertain what will happen and how much homelessness might result if this and other policies are simply stopped, but, returning to the example of the eviction ban, the Joseph Rowntree Foundation has estimated that 2.5 million households are worried about paying rent, with 700,000 already in arrears and 350,000 at risk of eviction (as at November 2020).<sup>17</sup>

**9,866** people in emergency accommodation

**93,490** statutorily homeless households

**120,570** dependent children

**33,898** beds in homelessness services

(Sept 2020)

“...we do not know how much homelessness is being dammed up because of the eviction ban, temporary increases in benefits, mass use of the furlough scheme and ‘mortgage holidays’...”

<sup>13</sup>At the time of writing most evictions of tenants and homeowners remain on hold until after 31 March 2021 except in limited circumstances. It is important to note that the eviction ban has been rolled forward several times as the likely duration and intensity of the pandemic has changed. While referred to as an eviction ‘ban’, people with at least 6 months’ rent arrears or who have exhibited anti-social behaviour can still be evicted, see: [https://england.shelter.org.uk/housing\\_advice/coronavirus\\_for\\_current\\_information](https://england.shelter.org.uk/housing_advice/coronavirus_for_current_information).

<sup>14</sup>There has been a £20 a week extra in Universal Credit and Working Tax Credit during the pandemic, which is currently (March 2021) scheduled to continue for a further 6 months from April 2021.

<sup>15</sup>The furlough scheme subsidises the salaries of employees who are unable to work because of the pandemic restrictions, it is designed to enable businesses to retain their staff – without paying full salary costs – while they are unable to operate, so that they can restart when pandemic restrictions end, see: <https://www.gov.uk/guidance/check-which-employees-you-can-put-on-furlough-to-use-the-coronavirus-job-retention-scheme> for current information.

<sup>16</sup>Lender forbearance/mortgage holidays refer to an agreement between someone who owes money on a house and a bank to stop payments. This avoids repossession of homes because of unemployment or other difficulties resulting in a loss of income. Under most arrangements, the mortgage amount does not change and interest is added, so that mortgage payments are only delayed, see: <https://commonslibrary.parliament.uk/research-briefings/sn04769/>

<sup>17</sup><https://www.jrf.org.uk/press/25-million-households-worried-about-paying-rent-over-winter-700000-already-arrears-and-350000>

The most recent homelessness statistics for England available at the time of writing (July to September 2020) showed that 22.2% of households owed a homelessness prevention duty by local authorities, gave eviction from a private rented sector tenancy as the cause. This had fallen by 6.3% from the previous three months, from 28.5%, which was interpreted by the Government as a result of the eviction ban. Among households owed a ‘relief’ duty by local authorities (homelessness had already occurred and temporary accommodation needed to be provided), the number had dropped from 10% in the previous three months to 5.9% from July to September. If the eviction ban ended suddenly, the numbers might not only return to previous levels, but might also increase significantly. Eviction does not automatically result in homelessness, but it is one of the most common causes of people seeking assistance from local authorities in England because they are homeless or threatened with homelessness.<sup>18</sup>

Preventative systems could face large additional demands in a context where there have been widespread reports of under-resourcing<sup>19</sup>. There are worries that already limited resources for supported housing and other homelessness services in a sector that has lost approximately £1bn in funding since 2008/9<sup>20</sup>, will need to be diverted to meeting statutory duties around homelessness prevention.

Alongside this, there is the problem of ‘shared-air’ services. The UK may have so far avoided the high infection rates seen among people affected by homelessness in several other European and OECD countries that appear to be associated with higher use of emergency shelters with shared sleeping and living areas.<sup>21</sup> This seems to be because of the relatively higher use of supported housing in which people have their own rooms, or sometimes small studio apartments and bedsits, combined with what may be relatively higher use of housing-led and Housing First services.

This means that the UK is not facing challenges around having to suddenly, radically, adapt almost all its homelessness services. A systematic American assessment of a (still) largely shelter-based system estimated that approximately 200,000 single adults were in shared-air shelters on a typical night at the last count. Reducing emergency shelter density by 50% – to allow some social distancing – which meant just maintaining current capacity would immediately require an additional 100,000 beds.<sup>22</sup>

<sup>18</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/957573/Statutory\\_homelessness\\_release\\_Jul-Sep\\_2020\\_REVISED.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957573/Statutory_homelessness_release_Jul-Sep_2020_REVISED.pdf)

<sup>19</sup><https://www.local.gov.uk/re-thinking-homelessness-prevention>

<sup>20</sup>[https://www.mungos.org/press\\_release/funding-gap-homelessness-services/](https://www.mungos.org/press_release/funding-gap-homelessness-services/)

<sup>21</sup><https://covidandsociety.com/minimising-impact-covid-19-people-sleeping-rough-overview-uk-global-responses/>

<sup>22</sup><https://escholarship.org/uc/item/9g0992bm>

If the UK had been in a position where its homelessness services were predominantly older, shared-air models, i.e. with shared sleeping areas like a lot of American services, it would have been much less well equipped to contain and manage the pandemic. Taking the example of England, most of the 33,898 'beds'<sup>23</sup> reported in supported housing for people affected by homelessness are, in fact, individual bedrooms and (less commonly) small self-contained studio apartments/bedsits. There was therefore not a need to 'cut the density' of many English homelessness services, because people had their own rooms, rather than shared sleeping spaces. If the situation had been the same as America, most of the 33,898 beds in England would have been in 'shared air' services, which would have meant creating 17,000 beds to just retain *existing* capacity with social distancing, in addition to what was required for *Everyone In*.

Nevertheless, additional resources are needed to adapt service models that, while people have their own rooms, can contain many pinch points (e.g. corridors, staircases) and shared areas, while serious questions exist around anything that is literally 'shared air', as was the case for some No Second Night Out emergency shelters. Housing First and housing-led responses reduce the risks around COVID-19 and around infection and health and wellbeing more generally, as other diseases, such as tuberculosis, are also more prevalent among some groups of people affected by homelessness.

"The challenge around moving to a more housing-led and Housing First approach centres on the shortfalls in affordable, adequate housing..."

The challenge around moving to a more housing-led and Housing First approach centres on the shortfalls in affordable, adequate housing that initial attempts at rehousing within the *Next Steps Accommodation Programme* have already encountered.<sup>24</sup> Affordable, adequate housing with real security of tenure – which effectively means social housing – is required for these interventions to work well. In some areas, where demand for housing is lower and there is social housing available, services like Housing First can work well, but as soon as there is pressure on affordable housing supply, getting enough housing on a sufficiently reliable basis can be a real challenge. The other consideration here is around the relative efficiency of services, as there is evidence that Housing First may cost less, in relation to people with high and complex needs, than some forms of supported housing in which they can become 'stuck'. However, this potential for cost saving, doing more with less, cannot be realised if suitable housing is not there.<sup>25</sup>

<sup>23</sup><https://www.homeless.org.uk/sites/default/files/site-attachments/Single%20Homelessness%20Support%20in%20England%20-%20Annual%20Review%202019.pdf>

<sup>24</sup>Neale, J. et al. (2021) Experiences Of Being Housed In A London Hotel As Part Of The 'Everyone In' initiative Part 2: Life In The Month After Leaving The Hotel London: KCL <https://osf.io/x73am/>

<sup>25</sup>Pleace, N. and Bretherton, J. (2019) The cost effectiveness of Housing First in England London: Homeless Link [https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England\\_March%202019\\_0.pdf](https://hfe.homeless.org.uk/sites/default/files/attachments/The%20cost%20effectiveness%20of%20Housing%20First%20in%20England_March%202019_0.pdf)



The new risks from COVID-19 – increased pressures, combined with what may be less money – may result in a ‘hollowed out’ homelessness system. This could mean:

- Limited available funding being put into prevention and Government approved Housing Services for people with very high needs, with little money left for other homelessness services.
- Local authority commissioned supported housing being cut and/or replaced by exempt accommodation, which can have lower standards.<sup>26</sup>
- An inability for systems to cope with spikes in homelessness that may occur when emergency pandemic measures like the eviction ban come to an end.
- If existing systems are overwhelmed by surges in post-pandemic homelessness, with most of the limited funding focused on prevention and Housing First, local authorities may have no alternative but to open relatively cheap shared-air emergency shelters in response to increases in homelessness.

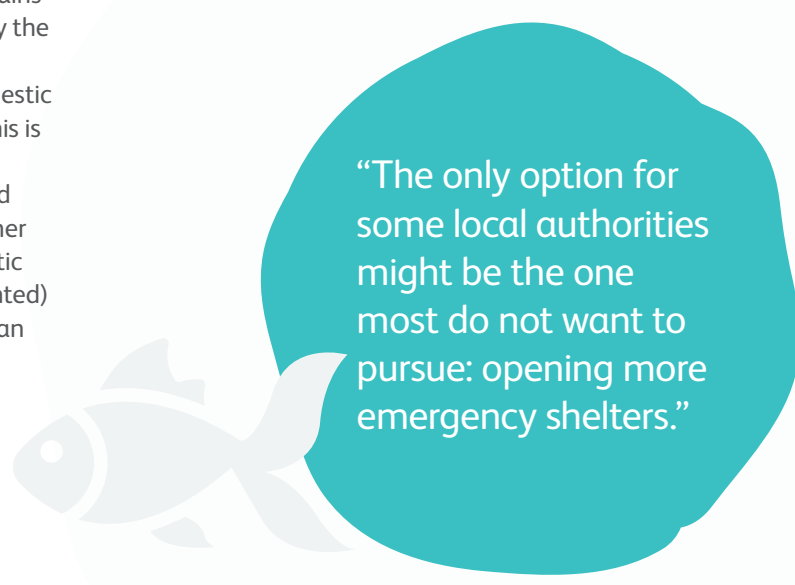
<sup>26</sup>See earlier in this report



The only option for some local authorities might be the one most do not want to pursue: opening more emergency shelters. This, to coin the phrase we used in [Chapter 6 of the original report](#), would lead to yet another cycle of 'goldfish memory'. Moreover, it would leave the UK sector and those dependent on it for accommodation, extremely vulnerable to any future outbreaks.

The pandemic has also highlighted the gender dynamics of homelessness, specifically the associations between domestic abuse and the causation of women's homelessness and what is referred to as 'family homelessness' in policy and practice, but refers largely to lone women parents with dependent children. Domestic abuse is a major driver of women's and family homelessness, which collectively, has formed the bulk of statutory homelessness in England for decades and remains very significant under the duties established by the Homelessness Reduction Act. Women's homelessness, frequently associated with domestic abuse, is partially concealed. One reason for this is that much of it is classified as 'family homelessness' and another is that women (and women with children) entering refuges and other support services for people at risk from domestic abuse are administratively classified (and counted) as using 'domestic violence' services, rather than being recorded as 'homeless'.

New systems for detecting domestic abuse, notably the DAHA (Domestic Abuse Housing Alliance) Accreditation for housing providers have shown that the scale of the problem and the potential risks of associated homelessness may have been underestimated.<sup>27</sup> Increases in domestic abuse are being reported across the UK<sup>28</sup> and globally<sup>29</sup>, apparently linked to lockdown policies and perhaps to economic strife and other factors. There is a longstanding question around the quality of our strategic responses to domestic abuse, linked to resources, coordination and what can be variable integration of the homelessness and domestic abuse systems. The pandemic has made these already urgent questions all the more urgent, as homelessness associated with domestic abuse may be about to become more widespread.



"The only option for some local authorities might be the one most do not want to pursue: opening more emergency shelters."

<sup>27</sup><https://www.dahalliance.org.uk>

<sup>28</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020>

<sup>29</sup><https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

### 3. At a crossroads



In many local authority areas, *Everyone In* has had the benefit of galvanising the sector.

It has given a sense of urgency and purpose to partnership working, including with non-commissioned community and voluntary organisations, who have often been best-placed to persuade the hardest to engage to come indoors. The pandemic has clearly established homelessness as a public health issue (though sometimes the rhetoric has focused more on people affected by homelessness as a source of contagion than a group which is particularly vulnerable to it). It has demonstrated to the public that, if a policy decision can be made to take everyone off the streets (or at least the vast majority of those sleeping rough at a particular point in time), then it was a policy decision in the past (and likely will be again in the future) not to do so.

An unplanned 'switching off' of pandemic measures that have reduced flows into homelessness could have drastic consequences for commissioning and homelessness systems that have been weakened by sustained experience of rapidly falling and increasingly unpredictable funding. Leaving future responses to homelessness to citizens, philanthropists, faith groups and private landlords may work in areas where strong local partnerships are in place, but the risks of gaps and poor quality, unregulated provision are also likely to be high.

"The pandemic has clearly established homelessness as a public health issue"

“...funding loss and funding insecurity has created a challenging environment for both homelessness service providers and commissioners”.

Comparing what has happened here in the UK during the pandemic with what has happened in some other countries is a stark reminder of what we stand to lose. The pandemic took hold among people experiencing homelessness in some other countries in a way it has not done here. That was partly due to *Everyone In*, but also to our still quite extensive homelessness system, with fixed-site services generally offering self-contained rooms, mainstreamed harm-reduction and housing-led/ Housing First services.

As [the original report](#) has shown, funding loss and funding insecurity has created a challenging environment for both homelessness service providers and commissioners. Many services have closed or been remodelled. The homelessness sector showed resilience in the face of the pandemic, but it is nevertheless in a weakened state and requires sustained, sufficient funding.

We need now more than ever to face the future with a strategic approach, which focuses on finding sustainable ways out of homelessness for people, whilst preventing routes into it wherever possible. To do this, we need a range of housing and support options, including access to sustainable long-term housing with support if needed, as well as the offer of short-term supported accommodation. This strategic planning needs to happen in a place-based way, making creative use of the assets that are available locally – buildings, expertise, partnerships, charitable funding, housing stock, community support, and relevant NHS and local authority initiatives, from local area coordination to Improving Access to Psychological Therapies.

Local authorities need greater certainty that sufficient resources provided within a stable budget will be available, so that they are in a position to plan an integrated strategy working to a three to five year horizon, rather than constantly having to deal with cut after cut and maintain services through short-term bitty funding.

We need a system which can more effectively fund support delivered separately from housing – support provided to individuals who need it, regardless of whether they are staying in a hostel, sofa-surfing or in their own permanent tenancy. In [the main report](#), we highlighted how, in authorities where floating support has been cut back, there is a risk of more people entering the homelessness system and fewer being able to exit it. Timely access to person-centred and flexible floating support is therefore key to the effective functioning of the homelessness system.

“We need now more than ever to face the future with a strategic approach, which focuses on finding sustainable ways out of homelessness for people, whilst preventing routes into it wherever possible...”

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Covid has emphasised the importance of space and privacy standards in congregate supported housing settings, and there is an opportunity here to drive up the quality of accommodation throughout the sector; but again, providers need the assurance of ongoing revenue funding to make such capital investment stack up. Some might perhaps remodel hostel buildings to provide future-proof clusters of self-contained flats, suitable for a wide range of uses. However, in high demand areas, and where funding for support is precarious, there is a risk that these will end up being sold or let at ‘affordable’ rent.

During this year, MHCLG and DWP have published their National Statement of Expectations for Supported Housing<sup>30</sup>, and are in the process of exploring approaches to improve scrutiny and oversight of non-commissioned ‘exempt’ accommodation through the Supported Housing Pilots<sup>31</sup>. The National Statement places a welcome emphasis on place-based strategic planning, undertaken through dialogue between local authorities, providers, people with lived experience and partner agencies. However, there is – as yet – neither requirement nor additional resource for local authorities to work in this way. As we have seen throughout this report, some authorities will rise – and have already risen – to the challenge; others will take a different road.

Our original research highlighted what is needed to encourage and sustain innovation in the sector in the face of constraints and challenges. Key messages from that research – which seem even more important at this critical crossroad – included:

- Homelessness is a complex, multi-faceted problem, requiring a multi-agency response. To be successful and sustainable, innovation needs to happen as part of a ‘whole system’ approach. We have been reminded again during Covid, that it is not possible to tackle move-on from supported housing – or from emergency accommodation provided under *Everyone In* – without looking at mainstream housing allocations and, ultimately, planning policies. In order to support people with complex needs effectively, we need buy-in from health, including mental health, and public health.
- Financial and organisational commitment to the ongoing provision of homelessness services is essential if commissioners and providers are to have the headspace to innovate and the predictability to plan. This requires central and local government commitment, across departments and agencies. If another period of austerity leads to disinvestment in these services, the negative impacts will be felt across the system.
- Finally, a reminder that, whilst buildings, systems, strategies and investment are necessary to support innovation, they are not in themselves, sufficient to de-traumatise the system. Co-production, workforce development, reflective practice and culture change along Housing First principles must be the building blocks of new approaches designed to do more with less.

<sup>30</sup>MHCLG/ DWP (2020) Supported Housing: national statement of expectations, Published 20 October 2020: <https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations>

<sup>31</sup>See <https://www.gov.uk/government/news/new-funding-and-guidance-to-improve-housing-support-for-vulnerable-people>



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