



The
Kerslake Commission
on Homelessness and
Rough Sleeping

**A new way
of working:
ending rough
sleeping
together**

Progress report
September 2022

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Kerslake Commission on Homelessness and Rough Sleeping

The Kerslake Commission on Homelessness and Rough Sleeping was established in 2021 to examine the lessons from the emergency response which supported people sleeping rough during the Covid-19 pandemic.

It works with the Government and other partners and agencies, to achieve the recommendations set out in its reports, monitor the direction of rough sleeping more widely, and drive changes that will help to end rough sleeping within this Parliament.

Foreword

The Kerslake Commission Final Report, published in September last year, was born out of the Covid-19 crisis, or more precisely the response to that crisis for those who were rough sleeping or homeless, which has become known as 'Everyone In'. By common consent, Everyone In was a success and was responsible for both reducing hardship and saving lives.

We wanted as a Commission to identify what went well with Everyone In, alongside what could have been done better, and embed those lessons for the future. In total, we made 12 key recommendations for action. Many, but not all recommendations, were directed at central government. There were also actions that local government, health, housing providers and the voluntary and community sectors could, and should, take to ensure stronger coordination and greater consistency.

As part of the report, we committed that a year on we would report again, detailing the progress that had been made in delivering our recommendations. This is that report, and in it we have sought to give an honest account of where good progress has been made, where some progress has been made but more needs to be done, and where limited progress has been made.

There are certainly examples of good work and excellent progress achieved by many stakeholders, such as the improvements in funding certainty by the Government, the changes in health having a real positive impact and the release of the new Rough Sleeping Strategy. However, there are some significant and worrying warning signs which must also be addressed.

This update is being published as another crisis hits the country, but this time the cause is not medical, it is financial.

The cost of living crisis we are experiencing has profound consequences for the country as a whole, but for those who are currently homeless – or are at risk of becoming homeless – the impact could be catastrophic.

The new Prime Minister, Liz Truss, recently announced a freeze on energy bills, a significant intervention which will certainly help to protect many households through the coming winter. However, the current energy cap is higher than some households can afford; and rising rents and food prices are still driving more people into financial hardship.

Further urgent action is required now, with a concerted focus on the least well-off. Without this, the progress made during and following the Everyone In initiative will be lost.

Having seen the number of people sleeping rough fall, there are now clear signs that it is beginning to rise again. If the upward trend seen in London continues and is replicated across the country, the Government will fail to meet its manifesto pledge to end rough sleeping by 2024.

But it is not about targets or politics. It is about people. People who have lost – or are facing the very real prospect of losing – their homes. From the Commission members who have been kind enough to share their own lived experience, and the many others who have contributed to this report, we know how devastating this can be.

This situation has the potential to become a homelessness, as well as an economic, crisis. Once again clear and decisive leadership – just as we saw at the start of Everyone In – is required.

In our report we make recommendations to increase the benefits cap and raise Local Housing Allowances rates, and to introduce a temporary evictions ban. We acknowledge there will be a cost to government of these measures. However, we as a group of experts know that the cost of prolonged homelessness and rough sleeping to central and local government, the health service, and to the individuals affected far outweighs the increased costs of prevention. In short, it is imperative for the new government to act now.

Our report has been produced independently of Government but with the involvement of DLUHC, the department that leads on this issue. I would like to place on record my thanks to the Minister Eddie Hughes and the DLUHC homelessness team for their active engagement in the work of the Commission. There is a shared mission here to end rough sleeping.

I would also like to thank the members of the Commission for their continued and active engagement, which has made such a difference to the quality of the report that we have been able to produce.

The St Mungo's team has continued to provide terrific support and I would like to sincerely thank them for this. The Commission will continue to monitor progress and produce further reports on this.

Finally, I would like to acknowledge the enormous contribution of Steve Douglas CBE, the former Chief Executive of St Mungo's, who sadly passed away in May of this year. His sudden death deprived the housing sector of one of its most respected, knowledgeable and energetic figures.

He was a huge contributor to the work of the Commission and will be greatly missed by all of us. I know that Steve would have wanted, above all, for us to see the work of the Commission through.

**Lord Bob Kerlake,
Chair of the Kerlake Commission**



Executive summary

In its 2019 General Election manifesto, the Conservative Party committed to ending rough sleeping by 2024. One of the few silver linings of the Covid-19 pandemic was that it provided a unique environment and impetus to create progress on this, showing what can be achieved when the political will, funding and a shared singular goal are there.

The Kerslake Commission Progress Report examines what progress has been made on this goal over the last year. This includes tracking the work done by all the key stakeholders involved, from central Government to homelessness organisations, as well as examining the changing context in which we find ourselves. It provides an updated set of recommendations, informed by analysis of recent data and consultation with 36 experts and stakeholders.

In its assessment, the Commission must first point to the laudable achievement that in March 2022, the annual rough sleeping snapshot showed that the number of people sleeping rough was at the lowest level in eight years. This is thanks to the collaborative working and focused leadership shown during the pandemic.

Significant progress was made in the October 2021 Spending Review, with the three year funding commitment for homelessness and rough sleeping providing Local Authorities with the ability to plan ahead and be more strategic in their commissioning. There now needs to be far more focus on the join-up of funding within Government, with all departments embracing the principle of collective accountability. This would include, for example, departments seeking to align the length of funding streams, avoiding duplication, and taking into account the priorities of other departments.

One of the core areas which has seen a positive shift is health, with the publication of the NICE guidelines on integrated health and social care for people experiencing homelessness, and the Health and Care Act putting integrated care systems (ICSs) on a statutory footing. It is crucial that the needs of this population are embedded into ICS thinking, which is being supported by work undertaken by NHS England (NHSE). Progress on achieving this was made following the publication of DHSC's

statutory guidance on the preparation of integrated care strategies. Following a campaign led by Crisis, the guidance recommends that disparities in health and social care should be considered in integrated care strategies, recognising that inclusion health groups such as people experiencing homelessness or sleeping rough 'can face multiple disadvantage, and strategies could include a focus on what can be done for those experiencing significant, and multiple disadvantage.' However, this falls short of stipulating that strategies must include a focus on inclusion health groups; it remains to be seen how many integrated care strategies, due to be published in December, will incorporate this focus.

The Health and Care Act also brings with it the potential to further embed the partnership working seen during the pandemic, by introducing a new Duty to Cooperate between local authorities and the NHS. It is framed more narrowly around health and wellbeing needs; however, the Commission welcomes the announcement that the new Duty will specifically highlight the needs of people sleeping rough, and will be explicit in how partners should work together to address them. A more consistent approach would also be supported by coordinated action from the Department for Levelling Up, Housing and Communities (DLUHC) on setting templates for partnership working with health.

In this Progress report, the Commission also gives greater recognition to the important role that social care should play in ending homelessness, and makes recommendations that access to proper care needs and adult safeguarding assessments should be prioritised.

Work has also been underway on preventing homelessness upon release from prison, with the Ministry of Justice committing to allow people at risk of homelessness to be discharged from prison one or two days earlier to avoid a Friday release. Greater focus is now needed on identifying prison leavers who are at risk of homelessness. To prevent homelessness upon release from hospital, a local authority housing options directory has been developed in London to support health, care and third sector staff to refer individuals into accommodation upon release from hospital. This should be expanded to other parts of the country.

On improving transparency of data, the Commission welcomes the new set of indicators that have been developed by the Centre for Homelessness Impact and DLUHC to measure performance on ending rough sleeping, which we believe will focus collective efforts.

From the outset, the Commission has seen sector-led initiatives as playing a crucial role in improving performance, recommending in its previous report the development of tripartite peer reviews. The Local Government Association (LGA) has confirmed that it can take forward a model that expands its current successful temporary accommodation peer review model, into a model with a focus on the full homelessness pathway. Funding should be made available by the Government to deliver this work, given that it has expressed an interest in expanding peer review in homelessness settings.

Equally, Homeless Link's work to pilot a Level 3 qualification in Supporting Homeless People, as recommended by the Commission, will support the development and retention of the

homelessness workforce, but only if funding is made available to roll it out. Expanding the scope of the Department for Health and Social Care's Workforce Development Fund, so that it applies to homelessness organisations, rather than just those who provide an adult social care service, could act as a possible solution.

The Commission also welcomes the work that the National Housing Federation (NHF) has done on updating its Commitment to Refer guidance to strengthen the advice around data protection, with the aim being to make it easier for housing associations to share information with local authorities around households at risk of homelessness. The Commission expects that more housing associations should sign up to the NHF's Commitment following the publication of this guidance.

It is clear that all stakeholders have made significant efforts over the past year to make progress in tackling rough sleeping, as evidenced by the work that has taken place in a number of areas. Despite these efforts, the Kerslake Commission is deeply concerned that we are not on track to end rough sleeping within the lifetime of this Parliament.

In a worrying development, the most recent CHAIN data on rough sleeping in London between April and June 2022 shows a 16% increase in numbers of people sleeping rough, in comparison to the previous quarter. Almost half (48%) of these people were sleeping rough for the first time.

This rise can be partly attributed to the end of the Protect and Vaccinate funding, which was the primary source of funding that could be used to accommodate people with unclear or limited entitlements due to their immigration status. The end of this funding has thrown even more doubt on the accommodation offer for this group and there is increasing inconsistency in local authority approaches. Many people are returning to sleeping rough due to limited options.

Although the Commission welcomes the increased engagement on this issue from Government departments – for example, funding more immigration advisors through the Rough Sleeping Initiative; escalation in the Home Office for people who sleep rough; and a review of the Rough Sleeping Support Service – the changes made are alterations to process and do not match the scale of the ambition to end rough sleeping.

To provide meaningful change, local authorities must be given the funding and directive to use discretionary powers to support this group where all other options have been exhausted. The provision of a bed, alongside immigration advice and support, is paramount.

We are also facing a once in a generation cost of living crisis, which has seen energy and food bills increase dramatically. On every recommendation made in the Commission's previous report, the response has either stayed constant or changed positively, but welfare is the only area that has seen a step backwards. In autumn 2021, the Government removed the £20 Universal Credit uplift and froze Local Housing Allowance (LHA) rates, and in April this year cut the Discretionary Housing Payment (DHP) fund for local authorities, for which the main objective is to be used to prevent homelessness. During the pandemic, the number of people sleeping rough decreased by 43% (Autumn 2019 to Autumn 2021) in part due to an investment in welfare.

Though emergency one-off payments have been given to those least well-off and the Government has committed to increase benefits in line with inflation in April 2023, this offers minimal protection over autumn and winter months. In early September, new Prime Minister Liz Truss announced a freeze on energy costs, meaning that an average annual bill for typical use will be capped at £2,500 from October. Freezing energy bills is an ambitious and significant intervention, which the Commission welcomes. However, the current level of energy bills is already higher than many households can afford; and energy bills are only one of the drivers of the cost of living crisis: rents, fuel and food prices have also increased. In addition, freezing energy bills is a universal policy, but the cost of living crisis is not going to

be felt equally, as the least well-off will continue to struggle under the financial pressure. The Commission urgently recommends that the Government brings forward the benefits uprating, and introduces a temporary evictions moratorium, to help ensure no one is made homeless as a result of the cost of living crisis.

The UK is also seeing the consequences of the conflict in Ukraine, which has led to the creation of the Homes for Ukraine and the Ukraine Family schemes, designed to accommodate Ukrainian nationals fleeing their country. It is significant that the minimum six month placements mandatory for this scheme will end in autumn this year, and that one quarter of sponsors do not intend to provide accommodation beyond this time. Between 24 February – 29 July, 1,335 Ukrainian nationals were owed a prevention duty, with the numbers rising each month. Unless flexibilities are introduced to allow Ukrainian nationals to switch sponsors, rather than needing to present as homeless, more pressure will be placed on the already limited supply of temporary accommodation. The Government should also consider increasing the payment made to Homes for Ukraine sponsors, in light of the cost of living crisis, to enable them to continue their sponsorship.

The Commission welcomes the publishing of the Government's ambitious new rough sleeping strategy on 3 September 2022, 'Ending Rough Sleeping for Good'. The strategy is genuinely cross-departmental, commits £2 billion of funding for tackling rough sleeping over the next three years, and takes an explicit focus on prevention of rough sleeping. The strategy provides a solid foundation for tackling rough sleeping, but due to the cost of living crisis we are now in an emergency situation: the Commission and its members are deeply concerned that the external factors described will overwhelm the progress made over the last year, and lead to rough sleeping numbers increasing once again. We now need further emergency action to match the scale of the cost of living crisis, with a concerted focus on those who are most at risk of destitution, if we are going to achieve the goal of ending rough sleeping by 2024. The cost of not acting now is too great, as we stand on the precipice of a new emergency.

Recommendations

This list of recommendations includes some of the key recommendations made in the Commission's final report in 2021, some of which have been amended to reflect developments over the past year; it also includes new recommendations made in this report.

Government

- The Commission is calling for a temporary moratorium on evictions, as was instituted for a period of time during the pandemic, and a pause to benefit deductions, to ensure that no one is made homeless as a result of the cost of living crisis. The Commission also strongly reiterates that the Government must invest in a robust welfare system, by bringing benefits in line with inflation this year; reviewing the benefit cap and increasing it in line with the cost of living; and unfreezing and restoring Local Housing Allowance rates so that they cover the bottom 30th percentile of rents.
- The Government must establish a clear policy position that limited access to benefits for non-UK nationals should stop short of causing destitution, and provide guidance on what it means to 'exhaust all options within the law'. The Government should also encourage local authorities to use discretionary powers to support this group, with specific funding made available to do this. It must be clear to local authorities that there is not a two-tier system based on nationality for those who are rough sleeping.
- The Homes for Ukraine scheme should be amended so that Ukrainian households can switch sponsors if their initial sponsorship arrangement comes to an end, rather than having to present as homeless to their local authority. Ukrainians who arrived on the family visa scheme should also be able to access a British sponsor if they are no longer able to stay with their own family. The Government should also consider increasing the financial support provided to sponsors, in light of the cost of living crisis, which might otherwise make it more difficult for sponsors to continue their housing arrangement.
- The Government has published its new rough sleeping strategy, and the delivery of it is critical if we are to end rough sleeping. This new Government should commit to driving forward the new cross-departmental rough sleeping strategy, so that the ambitious commitments within it can be delivered.
- The Commission has previously recommended that the Government should extend the Homelessness Reduction Act's Duty to Refer to a Duty to Collaborate with relevant public agencies to both prevent and respond to homelessness. To move forward on this recommendation, the Government should carry out a consultation on establishing a duty to collaborate, identifying how it could work in practice and what could be the vehicle for implementing it.

- All Government departments should adopt a principle of collective accountability with funding, in order to support local partnership working and joined up commissioning. This would include, for example, departments not putting out funding streams without discussing them with other departments to see where there may be overlap, or ensuring that funding streams take into account the priorities of other departments. One mechanism that the Government should encourage is the Better Care Fund, which provides a cross-departmental funding stream, and ensures that there is less duplication between local authorities and health in achieving their overlapping goals for this population.
- The Ministry of Justice has committed to end Friday prison releases for those at risk of homelessness. In order to ensure that no one falls through the gaps in eligibility for support, the MoJ should make a corresponding policy commitment that everyone who might benefit should be referred to a prison leaver service, regardless of whether they are at risk of reoffending.
- It is commendable that the Government has repealed the Vagrancy Act, though the Commission would strongly recommend it should avoid introducing replacement legislation that criminalises begging, as this would result in the continued marginalisation and criminalisation of people who are homeless or at risk of homelessness.
- In its vision for scaling up Housing First provision for people with complex needs, Government must drive cross-departmental collaboration, particularly with health, and should establish a joint ministerial funding stream. DLUHC should work in partnership with the sector in its production of a fidelity model framework outlining the key principles of Housing First.
- To increase the supply of social rented housing, the Government should introduce a social housing floor to ensure that 80% of the Affordable Homes Programme is spent on social rented homes. The Government should also commit the funds from the Right to Buy scheme to a strategic acquisition programme to deliver more social rented homes.
- Given the pressures of the cost of living crisis, it is important that providers delivering the Rough Sleeping Accommodation Programme are given certainty and flexibility within the scheme, by aligning capital and revenue funding and allowing capital funding to roll over into subsequent years.
- In improving oversight of the supported housing sector, DLUHC should ensure that:
 - Local Authorities understand what best practice looks like in supported housing, and how this can be enabled through commissioning and gatekeeping.
 - Supported housing providers have a shared understanding of what good looks like in terms of accommodation, support and governance, and are able to translate into practice within their different service models.

Health and social care organisations:

- All integrated care systems (ICSs) should include in their forthcoming strategies (to be published in December 2022) a dedicated focus on tackling health inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping. To support this work, inclusion health trailblazer ICS areas should be established, which will innovate and work together to deliver services to the standard of the NICE guideline on homelessness health. These areas could receive specific funding to reform systems at a local level, share their learning and provide support to other ICSs, as well as contributing to future iterations of the Health and Care Act guidance.
- To test whether people with experience of homelessness are being given due attention by ICSs, the CQC system review framework should have a specific focus on whether integrated care systems explicitly reference homelessness and rough sleeping as part of their health inequality strategy, looking at adherence to the newly developed NICE guidelines, which provide an excellent benchmark.
- Every ICS area should develop a housing options directory to help health, care and third sector staff support individuals experiencing homelessness into appropriate accommodation.
- The Government should consult on the development of a clear accountability mechanism to raise concerns at a PCN and ICS level when services do not meet the needs of inclusion health groups, with a clear route for action and an offer of help and improvement. This mechanism should be co-produced with people with lived experience.
- The Government should emphasise the importance of carrying out timely and thorough care needs and adult safeguarding assessments for people experiencing complex needs, which recognise the different circumstances that a person rough sleeping or homeless is in. It must also be re-iterated that everyone is entitled to a Care Act assessment, regardless of whether the local authority thinks their needs will be eligible. This should be highlighted in the Duty to Cooperate guidance being developed for the Health and Care Act, as well as the refreshed rough sleeping strategy.
- In delivering the future vision for adult social care, including the delivery of the Integration White Paper and the Adult Social Care White Paper, the Government should encourage the integration of funding which is available to all the different partners, with clear directives that there should be join up.
- To address the issue of the efficacy of adult social care teams when working with people with complex needs, and to help ensure that the appropriate care is provided, local authorities and the Chief Social Worker should make the social care workforce clear on their responsibilities towards people experiencing homelessness and rough sleeping, and that it is particularly important to recognise and act on self-neglect.
- The introduction of a new Assurance Framework for Social Care should include a duty on the CQC to assess local authorities' delivery of adult social care, and a power for the Secretary of State for Health to intervene where the CQC finds that a local authority is failing to meet its duties.

Local authorities:

- The Government should set templates for local authorities' partnership working with health. These should be accompanied by follow-ups on the strategies' progression, as modelled on the approach to adult social care and children's services.
- To ensure that an appropriate offer of support is always available, local authorities should make greater use of pan-regional commissioning of specialised services.
- Improving consistency and comparability of datasets will improve integrated working between local authorities and their delivery partners. Local authorities should collaborate with their partners, to maximise the potential of what data is collected and how it is then used. National guidance around specific issues, for example on collecting evidence of domestic abuse, should include guidance around how local authorities can navigate GDPR, and appropriately share data and evidence between each other and with other service providers.
- To support performance improvement at a local level, the Commission recommends that funding is made available for the LGA to expand its peer review temporary accommodation model, into a model with a focus on the full homelessness pathway.
- Local authorities should remove verification as a necessary step for accessing services, and instead incorporate it as part of the assessment process, in order to determine the appropriate offer of support and pathway. Areas which feel that they are unable to remove verification should take a more nuanced approach by broadening situations where people can be verified as rough sleeping and who is able to officially verify an individual. Local authorities should have a list of named organisations, outside of just outreach workers, who can verify individuals who they believe to be rough sleeping. DLUHC should support this approach through circulating guidance, to ensure a consistent understanding across the country.
- Local authorities, in partnership with homelessness organisations, should conduct long term, strategic planning for peaks in weather; including extreme cold or severe heat and aim to reduce reliance on communal night shelters. DLUHC should also provide a supplementary pressures fund for unanticipated and unusually severe weather.

Housing associations:

- Housing associations should sign up to the Commitment to Refer households at risk of homelessness, which is facilitated by the National Housing Federation.
- There should be scrutiny from the Regulator of Social Housing on reducing evictions and abandonments from housing associations, with a recognition that there are occasions when housing providers unavoidably need to evict where the risk cannot be mitigated, though this should not be eviction to the street.

Homelessness organisations:

- The Commission would recommend expanding the scope of the DHSC's Workforce Development Fund so that it applies to homelessness organisations rather than just those who provide an adult social care service. This would look to alleviate the problem of funding the roll out of the homelessness workforce accreditation.

Introduction

The overarching aim of the Kerslake Commission is to both support and challenge the Government on achieving its manifesto commitment to end rough sleeping by 2024.

Its **Final Report**,¹ published in September 2021, made 48 recommendations, which can best be described as a blueprint for ending rough sleeping. These included new proposals developed as a result of lessons learnt during the pandemic, as well as reiterating recommendations developed prior to the pandemic which remain vital to ending rough sleeping.

This Progress Report looks back at what has happened over the last year, tracking work done by all the key actors involved, from central Government to homelessness organisations, as well as the changing context we find ourselves in. It will look in detail at the key areas where progress will need to be made in order to end rough sleeping, with each given a RAG (red, amber, green) rating, in order to shine a light on where things have, or have not, moved forward. This report will be reflective, charting progress – or otherwise. It will also be instructive, setting out what the Commission thinks are the main threats and barriers – whether by policy design or by external context hampering our ability to achieve our ambitions – and how these may be addressed.

As highlighted in the Commission's final report, everyone has a role to play in ending rough sleeping. This progress report reiterates this, both by bringing together the plethora of work which has been carried out by partners in the last year and highlighting exemplar cases of good practice, as well as setting out the next steps that should be taken to progress more of the recommendations. Where the new landscape requires updated recommendations, or further supplementary recommendations, this report has done so. This is intended to ensure that the Commission best supports everyone's aim to end rough sleeping by 2024, and looks beyond this to prevent homelessness more broadly.

Chapter 1 sets out the current landscape, summarising key Government announcements post September 2021; setting out the achievements in the last year; and drawing attention to the main threats.

The report then looks at 25 key areas in detail, setting out the potential hurdles and considerations for each, as well as what next steps need to be taken. The areas are grouped under the lead actors for the recommendations.

Chapter 2: Central Government

Chapter 3: Funding

Chapter 4: Local authorities

Chapter 5: Housing associations and homelessness organisations

Chapter 6: Health bodies

Chapter 1: Context

This progress report will be going into further detail on pertinent policy updates for a number of the recommendations, but the purpose of this section is to provide a concise overview of key announcements.

Closely following the publication of the Kerslake Commission Final Report were the Spending Review and the Autumn Budget in October 2021.² These set government departmental budgets for the next three financial years until 2025. They contained welcome announcements on key recommendations. First and foremost, the Government committed to spend at least £630m a year tackling homelessness and rough sleeping and, crucially, this was a multi-year settlement. There was also a recommitment of investing £11.5 billion through the Affordable Homes Programme (2021-26) to build up to 180,000 new affordable homes.

The Spending Review and Autumn Budget 2021 did not address concerns surrounding upstream prevention through welfare measures, such as reintroducing the £20 uplift to Universal Credit or lifting the freeze on Local Housing Allowance (LHA) rates. These concerns were further reinforced with the Chancellor's Spring Statement in March 2022,³ which was widely held to be insufficient to support the most vulnerable in the context of the cost of living crisis.

However, in light of the growing pressures of cost of living, on 22 May 2022 the Government announced a series of measures.⁴ These included: 8 million of the lowest income households receiving a one-off cost of living payment of £650; 6 million people in receipt of disability benefits receiving an extra one-off £150 payment; and the Household Support Fund being extended by £500 million to March 2023. Although promising to see some recognition of the immediate need from the cost of living crisis, research from the New Economics Foundation shows that these measures will still leave over a third of the population, 23.2 million people, unable to afford the cost of living by £6,500 on average from October.⁵

A significant development in the last year has been the publication of the Levelling Up White Paper at the start of February 2022, which has the potential to significantly impact the Government's commitment to end rough sleeping.⁶

The White Paper confirmed that 'levelling up' should be understood as looking broadly at a variety of inequalities between regions, such as pay, jobs, healthy life expectancy and productivity. It set out 12 'missions': measurable targets to be achieved by 2030 across a range of policy areas from health to housing. Devolution is one of the central tenets, with the White Paper promising 'the biggest shift of power from Whitehall to local leaders in modern times.' The agenda also includes specific commitments which reflected recommendations in the Commission, for example to 'tackle the core drivers of health inequalities and narrow the gap in Healthy Life Expectancy (HLE)' and 'build on investment from the 10-year Drugs Strategy to work intensively with local authorities in the most affected areas' which will be examined further below.

There have also been key developments in health policy which have an impact on the Commission's recommendations. For example, the publication of the NICE guidelines on integrated health and social care for people experiencing homelessness and rough sleeping was the first such guideline released for this population, who are at the sharp end of the UK's health inequalities, recognising explicitly the intertwined nature of homelessness and poor health.⁷ The guideline set out a benchmark for good practice for health systems and although not a statutory requirement, it now means that people experiencing homelessness and rough sleeping, as well as those supporting them, have something tangible to point to as to how their care should work.

Alongside these, the Health and Social Care bill gained Royal Assent on 28 April 2022,⁸ putting the long-awaited integrated care systems and their Integrated Care Boards and Integrated Care Partnerships on a statutory footing. Further, the statutory guidance published in July on the preparation of integrated care strategies recommends that 'disparities in health and social care' should be considered in integrated care strategies, emphasising that inclusion health groups such as people experiencing homelessness or sleeping rough 'can face multiple disadvantage, and strategies could include a focus on what can be done for those experiencing significant, and multiple disadvantage.'⁹ Other significant changes since September 2021 include the 10-year Drugs Strategy, which announced additional funds to

community treatment and recovery, as well as housing and employment needs.¹⁰

A welcome change in the last year has been the Government tabling an amendment to the Police, Crime, Sentencing and Courts Bill, providing a full repeal of the Vagrancy Act.¹¹ Similarly, the introduction of the Renters Reform white paper, 'A Fairer Private Rented Sector', is a positive step forward, detailing plans to end Section 21 evictions and the need to improve the quality of private rented accommodation.¹² The Commission also welcomes the Government's commitment to a package of measures aimed at tackling unscrupulous landlords in the exempt accommodation sector, including minimum standards for the support provided to residents.

Underpinning changes in policy, there have been the following funding pots announced over the past year:

	Amount announced
Spending Review and Autumn Budget homelessness funding	<p>£1.9 billion 2022-2025 (approx. £630m per year in 2022-23 and 2023-24 before rising to £639m in 2024-25).</p> <p>At a minimum, this will cover: Rough Sleeping Initiative (RSI) funding, the completion of the 6,000 Rough Sleeping Accommodation Programme (RSAP) homes and the Homelessness Prevention Grant, drug and alcohol treatment for people sleeping rough, delivery of transitional accommodation for prison leavers and treatment for substance misuse.</p>
Drugs Strategy	<p>£533 million over the next three years to community treatment and recovery, £115 million to support people with housing and employment needs (part of this is the £53 million Drugs Strategy Housing Support Funding) and £120 million to support people leaving prison and serving community sentences.</p>
Protect and Vaccinate	<p>£28 million to: deliver mobile vaccinations for people sleeping on the streets; support outreach work in shelters to educate people about Covid-19; and support councils to provide safe and secure accommodation. £25m for accommodation and £3.2m for vaccine support.</p>
Homelessness Prevention Grant	<p>£315.8 million will be made available to local authorities in 2022 to 2023 through the Homelessness Prevention Grant, to support them to deliver services to prevent and tackle homelessness. This is an additional £5.8m on the 2021-22 allocation to support people who have experienced domestic abuse.</p>

Amount announced	
Government's Household Support Fund and targeted cost of living payments	<p>An additional £500 million for councils to provide discretionary one-off payments for people to buy food, gas, electricity and other essentials.</p> <p>Targeted Cost of Living payments including:</p> <ul style="list-style-type: none"> • £400 grant for electricity bills for all domestic electricity customers, paid in October • £150 rebate on council tax bills for around 80% of households in England • People receiving Universal Credit, Tax Credits, Pension Credit and legacy benefits will be given a one-off Cost of Living payment of £650 this year, in two instalments • Additional one-off payments of £300 to pensioner households which receive the Winter Fuel Payment, and £150 to individuals receiving disability benefits.
Local Authority Domestic Abuse Duty funding	£125 million to support survivors of domestic abuse. The funding will be allocated as an un-ring-fenced grant to councils.



Numbers sleeping rough

On 24 February 2022, one of the key official measures for ending rough sleeping – the Government's annual rough sleeping statistics – were released. These showed the number of people sleeping rough on a single night in Autumn 2021 was down 9% from 2020 – from 2,688 people to 2,440 people – its lowest level in eight years.¹³ This shows the real success of the many government interventions undertaken due to the Covid-19 pandemic, notably the Everyone In initiative, and highlights what can be achieved with genuine collaboration between local and national government, and between the public health and the homelessness sector. These figures were welcomed by the sector:

Providers fed into the Commission that those who have been sustainably supported out of rough sleeping during the pandemic are generally people with less complex needs, for whom mainstream services are more appropriate and accessible. The increased focus during the pandemic was hugely beneficial for this group who were able to access support far more than previously, and for whom the hotel provision provided a lifeline to access further support. Another group where providers state that they have had more success in ending their rough sleeping is people with a local connection to the area where they are sleeping rough, as any increases in provision – such as quicker triaging of people in need, and more emergency accommodation – have been mostly reserved for this group.

However, it is important to note that whilst the number of people sleeping rough is reducing, the rate at which it is doing so is slowing. In 2020, it was a 37% reduction, in comparison to 9% in 2021. In 2020, 1,578 fewer people were sleeping rough than the year before. This year, there are only 250 fewer people than last year. Although the figures do show the impact of the response during the pandemic, they also demonstrate the scale of the challenge still to be met to end rough sleeping by 2024. In addition, these figures were published seven months prior to publication, and this period has seen significant changes in the end of Protect and Vaccinate funding and the

steadily worsening cost of living crisis. Many contributors to the Commission are therefore concerned that not only is the rate of decline slowing but that there will be an uptick, with more people sleeping rough.

The latest annual Combined Homelessness and Information Network (CHAIN) – which presents information about people seen rough sleeping by outreach teams in London – shows a concerning new upwards trend.¹⁴ Data released on 29 July showed that between April and June 2022, 2,998 people were seen sleeping rough on the streets of London. This is an increase of 16% on the previous quarter; and 23% on the same period in 2021. Even more worrying is the fact that almost half (48%) of these people were sleeping rough for the first time. Of the 1,422 new rough sleepers, 46 people were considered to have transitioned to living on the streets, an increase of 70% on the previous three months and 92% on the same period in the previous year. Reinforcing the possibility of an upwards trend, the Government's statutory homelessness figures were released on the 28 July and showed that in January-March 2022 there were 37,260 households at risk of homelessness, a 15% increase on the same period in 2021.¹⁵ This indicates that we are not currently on track to end rough sleeping within the lifetime of this Parliament.

Threats

There are significant risks in the current landscape which threaten progress towards ending rough sleeping by 2024, and risk overwhelming the progress made during the pandemic.

Cost of living

The rising cost of living is currently a significant concern for homelessness organisations, as well as wider society. There are real fears that this crisis will undermine efforts on the prevention of homelessness, and could cause an increased flow of people onto the streets.

In February, the energy regulator Ofgem announced that it would raise its cap on the most widely used energy tariffs by 54%, due to record global gas prices. Rising energy bills are also being exacerbated by the impact of Western and Russian sanctions on oil and gas. Current predictions are that the price cap would rise by a further 82% in October of this year, putting the cap at around £3,582 per year until it would increase again in January.

In June 2022 the Office for National Statistics released data showing that inflation had hit a 40 year high of 9.4%; the 54% increase in the energy price cap accounted for almost three quarters of the increase in inflation.¹⁶ Meanwhile, the Bank of England's May 2022 forecast showed that disposable incomes would shrink by 1 and 3/4% in 2022 – apart from 2011, this represents the largest annual reduction in spending power since records began in 1964.¹⁷ The 2022 homelessness monitor published by Crisis and Heriot-Watt University in February predicted that the number of people experiencing homelessness could increase by a third by 2024, due to a 'tidal wave' of need.¹⁸

In response, the Government launched a package of measures in May 2022. This includes a £400 grant for electricity bills for all domestic electricity customers, paid in October; and a £150 rebate on council tax bills for around 80% of households in England. People receiving Universal Credit, Tax Credits, Pension Credit and legacy benefits will be given a one-off Cost of Living payment of £650 this year, in two payments: one in July and another in the autumn. There will also be separate one-off payments of £300 to pensioner households which receive the Winter Fuel Payment, and £150 to individuals receiving disability benefits.¹⁹ At the 2022 Spring Statement, the Chancellor also announced raising the National Insurance threshold from £9,880 to £12,570 in July, a 5p cut to Fuel Duty rates, and a £500 million increase to the Household Support Fund.²⁰

Although welcome, by common consensus these measures were held to be insufficient to tackle the crisis for those in lower income households. The most notable measure introduced here for preventing a flow of

people onto the streets was a one-off payment of £650 to households in receipt of welfare benefits. This is a significant welcome step for providing support for millions who are struggling with rising cost of living. However, it only applies to those who have been in receipt of the benefit on any day between 26/4/22 and 25/5/22, meaning it will not apply to people who move on to benefits after this; and it is only temporary relief, which is unlikely to cover the further energy price rises predicted in October and throughout 2023.

In addition, the Household Support Fund is a discretionary payment and so may cause difficulties of local variation in response, and uncertainty for individuals in what they will actually receive. As shown in analysis by the Resolution Foundation, increasing the threshold for the amount people earn before they pay National Insurance to £12,570 has the largest impact on middle income households.²¹ Cutting fuel duty by 5p per litre to curb the rise in fuel prices also has very little impact on the most vulnerable people at risk of sleeping rough, who are less likely to use or own a car. Further, although the Government have stated that benefits will be increased to match inflation in April 2023, this will not help in the context of this current crisis. Uprating benefits in line with inflation before the end of this year would have the largest impact on the households most at risk.

On top of the cost of living crisis, it was announced in March that the Government has cut its Discretionary Housing Payment (DHP) fund for local authorities by £40m, with Local Authorities in England and Wales now having £100m available to them – a 29% decrease from 2021-22.²² The main objective of the fund is to prevent homelessness, as it provides financial support to help with rent or housing costs. Analysis of new Department for Work and Pensions figures released in April by the IPPR has also shown that benefits sanctions have returned to pre-pandemic levels.²³

The effects of this crisis will not be felt equally. According to the Resolution Foundation, the poorest quarter of households are set to see their real incomes drop by 6% in 2022-23, resulting in a further 1.3 million people

falling into absolute poverty. This will mean many falling into homelessness and potentially sleeping rough. Research from the Joseph Rowntree Foundation shows that when the Chancellor announced his cost of living support package in May 2022, around 7 million low-income households were already going without one essential (such as a warm home, enough food, or appropriate clothing).²⁴ Many of these households will be unable to weather the storm of continually rising energy bills, rent, and food prices.

Research published in August 2022 by the charity Changing Lives, which works with people experiencing deprivation and social exclusion, showed that over 80% of the charity's services have seen an increase in the number of people who are no longer able to make ends meet. The charity found that experiences of food poverty and hunger are becoming commonplace, and a growing number of people are at risk of eviction. It also found that some of the people it supports to move on from homelessness services are now being faced with the prospect of living with a deficit of almost £200 per month in private rented accommodation.²⁵

It is clear that politicians are also concerned about the scale of the crisis: on the 27 July the Work and Pensions select committee published a report following its inquiry into the cost of living.²⁶ It noted that the cost of living crisis is impacting heavily on those who are already the most vulnerable; benefits deductions are pushing some people into destitution; and that it is evident that the benefit cap is set too low to effectively cover households' now spiralling cost of living. The report raised that the need for the Household Support Fund shows that benefits are already at subsistence levels for most people, leaving no room for individuals to cope with short-term financial shocks; and highlighted that the increase in the Local Housing Allowance rate during the pandemic has already been eroded by rising housing costs. It made a number of recommendations, primarily focusing on the need for the Government to increase benefit levels, the benefit cap, and Local Housing Allowance rates.

The cost of living crisis will have ramifications for upstream homelessness prevention, and could have a particularly significant impact on people with experience of homelessness who have moved into private rented sector accommodation, potentially leading to a return to the streets. There is also concern about the impact that it may have on the viability of service providers and the Voluntary and Community Sector: as costs increase there could be a reduction in the availability and quality of accommodation provision to help move people off the street when they have fallen through the gaps in the social safety net.

On 8 September 2022, the new Prime Minister Liz Truss announced that the Government would fund a freeze on energy prices, which would mean an average annual bill for typical use will be capped at £2,500 from October.²⁷ Freezing energy bills is an ambitious and significant intervention, which the Kerslake Commission welcomes. However, the current level of energy bills is already higher than many households can afford; and energy bills are only one of the drivers of the cost of living crisis: rents, fuel and food prices have also increased. In addition, freezing energy bills is a universal policy, but the cost of living crisis is not going to be felt equally, as the least well off will continue to struggle under the financial pressure.

During the pandemic, the Government put in place a temporary ban on evictions in order to protect people from being made homeless at a time of great economic uncertainty, job losses, and increasing rent arrears. This moratorium ended on 1 June 2021. Government figures released in May show that 5,890 landlords in England started no-fault eviction court proceedings against their tenants between January and March 2022, an increase of 41% compared to the same quarter of 2020.²⁸ The cost of living crisis is likely to push even more people into financial hardship and rent arrears, putting more people at risk of eviction and homelessness. The Kerslake Commission is therefore calling for the Government to introduce a new temporary moratorium on evictions, to ensure that no one is made homeless as a result of the spiralling cost of living. The Commission expects that councils and housing associations should voluntarily take this forward, regardless of whether an eviction moratorium is introduced.

Case study: a St Mungo's client struggling with the increasing cost of living

I receive £308.00 a month Universal Credit. A typical food shop that used to be £20.00 is now £35.00. I buy all my toiletries from discount stores. I can't save any money towards move on costs or unexpected emergencies. Three days after getting paid I will have spent all my money paying my rent arrears, food, essentials. I have a savings account but never been able to save more than £10.00 and often dip into these tiny savings because I have no choice.

Living like this is making me more depressed and anxious all the time. Today I feel angry, really angry telling you what it's like to live miserably on such a low income. It's not fair I am trying everything I can to turn my life around but things that are beyond my control has an impact on my hopes, my dreams, my aspirations. I walk everywhere to save money on bus fares and keep track of how many steps I do. One day I had several appointments and by the end of the day had walked 46,000 steps when the average recommended steps are 10,000 a day. My legs were so sore and stiff by the end but I had no choice as I could not afford the bus fares.

I hardly see my friends as I can't afford to go out. I don't eat many massive meals, and for a while just survived on jacket potato and cheese. I worry about how I will ever afford to manage my own home when it's time for me to leave supported accommodation. My future looks financially bleak as I am not well enough to work, just getting through the day is really hard and I don't want the added pressures of wondering what can I eat, can I afford it. I don't want to fall further into rent arrears because for many months I was not coping very well. I'm currently on a rent payment plan but was very close to landlord start proceedings to serve me with notice. I am about to start therapy soon but feel whatever small positive steps I take forward, I will always feel anxious and go backwards away from my goals as I have no control over the cost of living prices. Life feels hopeless and something drastically needs to change. I don't want my mental health to get worse or end up ill in hospital because life is getting so stressful.

Ukraine conflict

In addition to the rising cost of living, the last year has seen devastating humanitarian crises in the takeover of Afghanistan by the Taliban in August 2021, and the Russian invasion of Ukraine in February 2022. Both have resulted in an untold number of lives lost and shattered.

There are at least 16,500 people who have fled to the UK from Afghanistan since August 2021.²⁹ Seven months of war in Ukraine have also created a refugee crisis in Europe at a scale not seen since the Second World War. At least 6.4 million people have fled Ukraine since the war began in February 2022, according to the United Nations.³⁰

Both crises have meant a surge of vulnerable, traumatised individuals arriving in the UK who are at increased risk of exploitation, destitution and homelessness. There are also concerns about the implications which the crises could

have on existing pressures within the system. Local authorities are best placed to support newly arrived refugees as they understand the local requirements, but this requires additional resourcing. In both the Afghan refugee response and the Ukrainian refugee response, further funding has been granted, but local authorities are concerned that it does not cover all the circumstances in which the refugees arrived – for example, it can currently only be used for Ukrainian refugees on the 'Homes for Ukraine' scheme as opposed to the family scheme.

Government data shows that more than 1,000 Ukrainian refugees have presented to local authorities as homeless between February and 1 July 2022.³¹ This puts further pressure on local authority capacity and budgets, as well as presenting a challenge in finding appropriate accommodation given the ongoing lack of housing in the UK, and particularly the limited supply of temporary accommodation. This situation is likely to worsen throughout 2022,

as 25% of British households hosting Ukrainian refugees do not want to continue hosting beyond the initial six month period, according to a recent survey of sponsors.³²

The Government should consider increasing the financial support provided to sponsors, in light of the cost of living crisis, which might otherwise make it more difficult for sponsors to continue their hosting arrangement. The former Minister for Refugees, Lord Harrington, recently called for the Treasury to double the payments made to Homes for Ukraine sponsors hosting Ukrainian refugees.³³ The Commission further recommends that the Homes for Ukraine scheme should be amended so that Ukrainian households can switch sponsors if their initial sponsorship arrangement comes to an end, rather than having to present as homeless to their local authority. Ukrainians who arrived on the family visa scheme should also be able to access a British sponsor if they are no longer able to stay with their own family. This should be accompanied by additional funding for councils to support individuals who are on the Ukraine Family visa scheme, as currently funding is only available on the Homes for Ukraine scheme.

The Ukraine conflict also requires additional response from both local and national health providers, to provide support for a group that is likely to be traumatised and have mental health needs. However, in conversations with public health leads in local authorities and NHS health providers, they have highlighted that funding is already stretched.

A further potential implication of the crisis is increased competition for move on accommodation, which was already highlighted as a challenge in the Everyone In response. There are still 12,000 Afghan refugees in hotels as there is not enough housing for them.³⁴ More widely, concerns have been raised that both the Afghanistan and Ukraine situations have drawn attention to the lack of capacity in local authorities, meaning focus is relocated from crisis to crisis and local authorities struggle to maintain competing priorities. The hope is that this does not further undermine efforts to end rough sleeping.

End of Protect and Vaccinate funding

As referenced above, the Protect and Vaccinate funding was a £28 million pot, with £25 million of this going towards supporting councils

to provide safe and secure accommodation. The Protect and Vaccinate funding was the primary source of money for helping people with unclear and limited entitlements with accommodation, as it gave funding to councils to provide safe and secure accommodation while someone's level of vaccination is increased. This funding came to an end in April 2022.

The Kerslake Commission interim report found that during March and April 2020 in the pandemic, the clear central Government directive was that the offer of support and accommodation applied to 'everyone'. However, the report also made clear that local authority disparity worsened as the pandemic continued, with Local Authorities being reminded in May 2020 that there were legal restrictions on offering support to those who had no recourse to public funds. Moreover, as access to funding became more bureaucratic and piecemeal through the Protect programmes, this fuelled further local variation in response.

With the ending of the Protect and Vaccinate funding, that inconsistency is increasing. Some local authorities have brought together various pots to continue accommodating those with unclear or limited entitlements due to their immigration status. Others have had to close down hotels in their area and evict this group, many of whom have ended up returning to rough sleeping due to limited options. The Commission made a suite of recommendations on preventing destitution among non-UK nationals and these are explored in more detail in section 6 of Chapter 2.

The end of Protect and Vaccinate funding is also concerning given the potential for further outbreaks, as the funding is used to help increase vaccine uptake amongst this population – for example, by delivering mobile vaccinations and supporting outreach work in shelters to educate people about the dangers of the virus. However, the Government has to an extent continued to recognise the high levels of vulnerability to Covid-19 faced by people experiencing homelessness and rough sleeping by continuing to offer free Covid-19 tests in homelessness settings.

The following section will review some of the key recommendations in detail, looking at the progress achieved; current difficulties; and suggested next steps.

Chapter 2: Central Government

I. A new Rough Sleeping Strategy: preventative and cross-departmental

Recommendation: A longer term rough sleeping strategy is needed if the Government is to achieve and sustain its goal to end rough sleeping by 2024. Building on the success of Everyone In and the lessons learnt, the new Inter-Ministerial Group on rough sleeping, led by the Department for Levelling Up, Housing and Communities (DLUHC), should set out the overarching vision of the Government, publishing a cross-Government national strategy with clear expectations and strategic engagement with key agencies, and an explicit focus on prevention. The strategy should be accompanied by a published annual review of performance, no later than three months after the annual count. This annual performance review should be carried out by DLUHC, working with regional and local government, and be used to analyse national trends and identify gaps in provision and strategy. A key responsibility for the Inter-Ministerial Group in its terms of reference must be to push for cross government investment to enable delivery of the strategy.

RAG rating: Green ●

On 3 September 2022, the Government published its new rough sleeping strategy, 'Ending Rough Sleeping for Good'.³⁵ The Commission welcomes the strategy, which is genuinely cross-departmental, opening with a joint ministerial foreword co-signed by the Secretaries of State for Levelling Up; Health and Social Care; Justice; Work and Pensions;

Education; Defence; the Home Secretary; and the Minister for Veterans' Affairs. It sets out the Government's expectations of these key departments, and the role it expects local government to play in the shared ambition to end rough sleeping.

The strategy has an explicit focus on prevention, stating that 'no one in our society should have to suffer the injustice of living a life on the streets', and aims to prevent people from reaching the streets in the first place. The strategy commits to delivering:

- Better prevention
- Swift and effective intervention
- Extra help to aid recovery
- A more transparent and joined up system


The strategy sets out for the first time a definition for 'successfully ending rough sleeping'. The definitions states that rough sleeping should be prevented wherever possible, but when it does occur it should be rare, brief, and non-recurring. Alongside this, the strategy commits to introduce a new national data-led framework to measure progress towards ending rough sleeping. This will enable local areas to understand what is needed to end rough sleeping in their area, to track the progress they have made and to be held accountable locally. DLUHC plans to publish quarterly data on rough sleeping in order to support this work. This will be further supported by the strategy's announcement on improving the evidence base and understanding of what works to end rough sleeping, through a £2.2 million systems-wide research programme which will explore this, and a £12 million Test and Learn Programme 'which will trial and evaluate interventions in local areas to develop and share the best examples of what works.'

The strategy contains developments on a number of key areas examined within this progress report, such as health and transitions out of hospital or prison. Further details from the strategy are explored within the relevant sections of the report.

The delivery of this strategy is now critical for ending rough sleeping, and the new Government should commit to driving it forward so that the ambitious commitments within it can be delivered.

2. Duty to collaborate legislation

Recommendation: To support a whole systems approach to street homelessness, the Government should extend the Homelessness Reduction Act's Duty to Refer³⁶ to a Duty to Collaborate with relevant public agencies to both prevent and respond to homelessness. This should include the Department of Health and Care (DHSC) and health services, Department of Work and Pensions and its agencies, the Home Office, the Ministry of Justice and its agencies and other government agencies with an involvement in homelessness and rough sleeping services. An example of this collaboration would be the sharing of data within Caldicott Principles.

RAG rating: Amber 

Integrated working at all levels is fundamental to ending rough sleeping and homelessness. People's problems are complex and interwoven, yet all too often services are designed and funded as though people fit into one box. This means that people fall through the gaps or are pushed down single-track pathways which do not look to support recovery longer term. For the truly holistic person-centred approach that is needed, which looks to helping an individual not addressing a single problem, there must be a whole systems approach, which reflects that homelessness is not simply about housing but about the multiple facets of the system that create the support structure around the individual.

Partnership working, as highlighted in the Kerslake Commission interim report, was the defining characteristic of the Everyone In response, particularly at the local level. This was largely driven by the central Government directive, the funding to match, and the shared overarching objective of saving lives. This cannot be let go.

The recommendation to move from a Duty to Refer to a Duty to Collaborate has had strong commitment from across the homelessness and health sector; and the Local Government Association (LGA) continue to publicly support it. Although there is a good degree of positive work being done between the Local Government Association and local authorities to promote partnership working, it is based on will within each local authority and public body, and is therefore subject to a significant amount of local variation.

Some areas – such as the Greater Manchester Combined Authority – have particularly good collaborative working practices. However, in this case, this is strongly supported by devolved control over health planning and the ability to pool budgets. The increased focus on devolution in the Levelling Up agenda may support the work of the Duty to Collaborate.

There is work underway on the Duty to Cooperate guidance, due for publication in autumn. The Duty to Cooperate is part of the Health and Care Act 2022, with the duties applying 'between NHS bodies and between NHS bodies and local authorities.' The purpose of the guidance is 'to give organisations greater clarity about what these duties mean in practice for particular services or in particular situations.'³⁷ The Duty to Cooperate is framed more narrowly around health and wellbeing needs rather than drawn more widely around housing and homelessness needs. However, in its new rough sleeping strategy DLUHC announced that guidance for the Duty to Cooperate would specifically highlight the needs of people sleeping rough, and would be explicit in how partners should work together to address them.

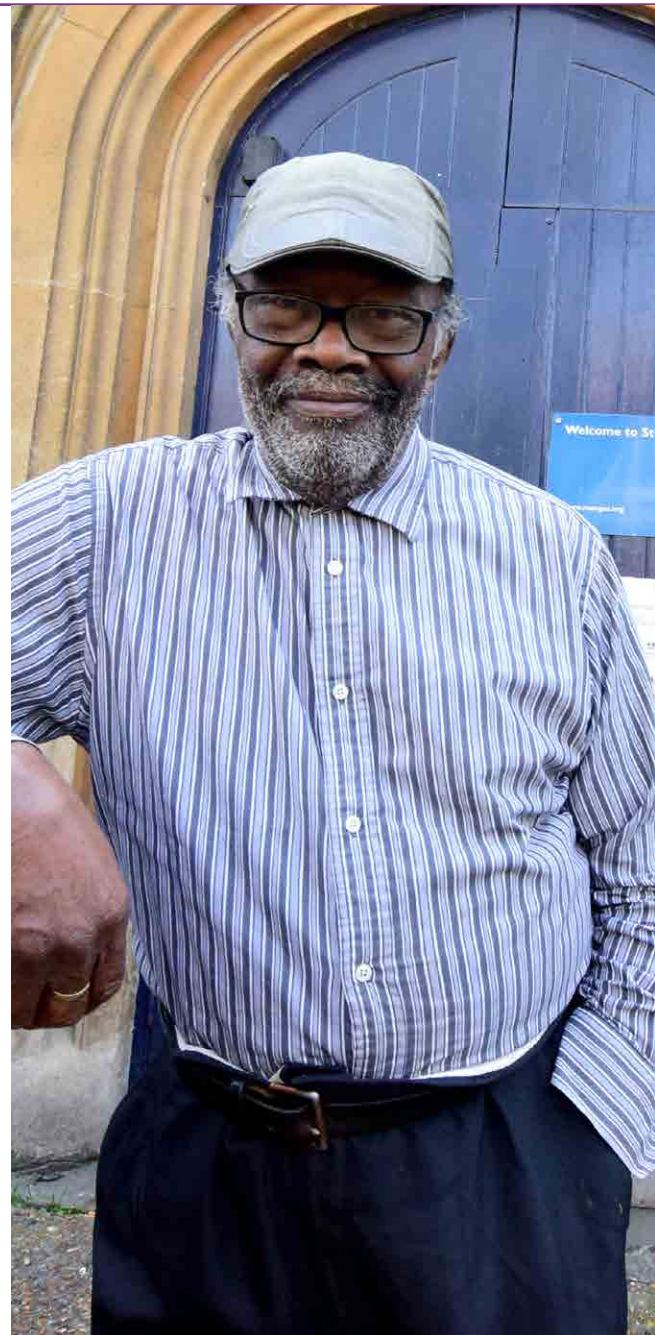
The questions remains around what would be the best vehicle for introducing a fully fledged duty to collaborate, that includes all public agencies, and whether this would be through expanding the Duty to Refer or Duty to Cooperate, or integrating the two. There is also the question of how a new duty to collaborate would work in practice. Given the sector appetite for a stronger duty, the Commission would advise this can best be achieved through a formal consultation.

New recommendation: To move forward on this recommendation, the Government should carry out a consultation on establishing a duty to collaborate, identifying how it could work in practice and what could be the vehicle for implementing it.

3. Improving local performance in homelessness

Recommendation: The challenge of local variation, where this leads to differences in performance, can be addressed through the Government commissioning tripartite reviews of performance in homelessness services, including prevention and long term provision and support. Driving this system requires joined up performance management involving (1) local authorities, (2) local delivery partners, and (3) cross Governmental departments and bodies, namely DLUHC, DHSC, the NHS and the Office for Health Improvement and Disparities. The aim should be to find what has and has not worked for partner agencies, where there are issues of resourcing, and support improvement using examples of good practice. This should build on the successful DLUHC advisers model and be supplemented by direct offers of support, including the option of peer review. The Local Government Association has a role in supporting the development of good practice.

RAG rating: Amber-Red ● ●



Although the Commission has not yet seen evidence that the Government is taking forward the recommendation on tripartite reviews, at a homelessness sector event on 1 March 2022, officials from DLUHC showed interest in the model. Officials stated that 'the Department is developing plans to engage with local areas on partnership working and mediums to share best practice with one another... We are always keen to hear views about what more we can do in this space.'

Some larger local authorities are already actively supporting the improvement of baseline performance, as demonstrated by the following case studies.

Life Off the Streets: Mystery shopping

The London Life Off the Streets partnership have commissioned Shelter to undertake mystery shopping of 10 London Housing Options services, with a specific focus on the scenarios that people sleeping rough and those at risk of rough sleeping commonly face. The exercise included testing out of hours services as well as daytime services, and included scenarios faced by services like

StreetLink, No Second Night Out, hospitals, and other agencies in trying to get support for someone sleeping rough under the Homelessness Reduction Act. The combined London level report is due to be published at the end of October, and will be used to generate an improvement plan for local authorities.

Greater Manchester: sharing good practice

Greater Manchester's position as a Combined Authority allows GMCA to provide local leadership through collaboration with its 10 constituent Local Authorities. It commissions services for people currently, or at risk of, sleeping rough (including A Bed Every Night, Community Accommodation Service Tire 3, GM Housing First) which cut across its entire geography and have buy-in and investment from multiple partner agencies.

This position allows the GMCA to share best practice across the geography and ensure that local variation produces positive outcomes and practices which

can be shared, rather than unhelpful divergence. Where barriers to collaboration are identified, GMCA can mediate at a Combined Authority level and advocate for change or resource.

Relationships between GMCA, Local Authorities and DLUHC Advisers are very strong and trust-based, with confidence in DLUHC's understanding of the geography and challenges. Relationships like this, however strong, can be siloed and would benefit from cross-departmental spending and collaboration on projects that have mutual benefit.

LGA: Supporting best practice

The LGA has also been focussed on three primary projects in supporting the development of good practice. These are:

Temporary Accommodation Peer Support Programme – The LGA have recently engaged with 50 councils over a series of workshops in relation to the use of temporary accommodation. Councils were invited to meet with their peers from across the country to share challenges, best practice, and create useful networks. This demonstrates facilitation of best practice through peer support, and there is scope to shift this towards peer review.

Homelessness Prevention: A Case for Investment – The LGA has commissioned

Local Partnerships to map out the options in two councils to identify best practice in relation to homelessness prevention. This work will develop a case for investment which the LGA aims to use to improve homelessness prevention services nationally.

Best Practice: Out of Area Placements – The LGA will be publishing guidance on out of area placements later this year with the aim of driving best practice and providing a framework for councils to follow. The LGA will be promoting and encouraging the guidance and it will be part of an ongoing process to support best practice within the sector. Although it is mainly families affected by these issues, individuals with priority need have become increasingly affected too.

The London Council's Mystery Shopping project outlined above is an excellent start to accurately identifying poor performance. To then support local authorities to improve, the LGA will be taking forward a model looking at expanding their current successful temporary accommodation peer review model (outlined above) to be a peer review model with a focus on the full homelessness pathway. This would include prevention services, outreach, supported accommodation, and specialist services such as inclusion health teams, as the system can only work well if all parts of it are effective.

As with the peer support programme, peer review would still be looking for local authorities to work together with other local authorities, facilitated by the LGA. The key difference would be that together they would identify barriers to effective working and make suggestions to DLUHC, or the relevant Government body or department, of how they need to be supported, as well as identifying ways forward which are within the gift of the local authority. The role of DLUHC is to first recommend to local authorities that they engage in this peer review model; and second, to work with the local authorities taking part in the process on the resulting recommendations to support improvement.


The previous Rough Sleeping peer support model delivered during Everyone In was run jointly with the Ministry of Housing, Communities and Local Government (MHCLG) and the LGA. This was run in a similar way to the temporary accommodation model, but with a higher number of local authorities (150, with 25 workshops). This received excellent feedback, showing that there is a large appetite for this kind of peer improvement programme. Reviews show that it was 'evaluated very strongly amongst participants with an average satisfaction rating of 4.4 out of 5' and participants also said that they wanted this kind of work to continue.³⁸

The Commission understands that embedding and expanding this model will require additional funding, and that the sector-led improvement grant is a limited amount which may be required for other programmes. The Commission recommends that funding is made available for

the LGA to expand its peer review temporary accommodation model into a model with a focus on the full homelessness pathway.

4. Improving quality in homelessness accommodation

Recommendation: Quality accommodation, provided with the right levels of support, has a material impact upon on a person's recovery journey. Poor accommodation and inadequate support has the opposite impact. The Government should introduce a quality assurance framework for homelessness accommodation, with a national register that requires evidence that providers are meeting minimum standards set by the framework as a condition of registration. This is to ensure that accommodation is safe, decent and appropriate, and creates a better definition of the standard of care, support and supervision required. The work to regulate must be supported by funding for local authority teams to enforce homelessness standards.

RAG rating: Green 

The Government's National Statement of Expectations recognises that 'supported housing provides crucial help to some of the most vulnerable people in our country. It can have an enormous positive impact on an individual's quality of life: from their physical and mental health to their engagement with the community.' However, a number of challenges currently prevent the sector from delivering on this expectation, with problems surrounding quality control, supply and funding impacting on client experience and outcomes.

The Commission welcomes the introduction of the Social Housing Regulation Bill, which includes stronger powers for the Regulator of Social Housing to issue unlimited fines, enter properties with only 48 hours' notice – down from 28 days – and make emergency repairs where there is a serious risk to tenants, with landlords footing the bill.³⁹

The Commission also welcomes the Government's commitment to a package of measures aimed at tackling unscrupulous landlords in the exempt accommodation sector, including minimum standards for the support provided to residents.

The Government measures include:

- Minimum standards for the support provided to residents, to ensure residents receive the good quality support they expect and deserve in order to live as independently as possible and achieve their personal goals;
- New powers for local authorities in England to better manage their local supported housing market and ensure that rogue landlords cannot exploit the system to the detriment of vulnerable residents and at the expense of taxpayers; and
- Changes to Housing Benefit regulations to seek to define care, support and supervision to improve quality across all specified supported housing provision.

This is supported with funding for enforcement: £20 million available for a Supported Housing Improvement Programme. Funding for this three-year programme will be open to bids from all local authorities, to build on the success of the recent supported housing pilots. A portion of the £20 million fund will be ring-fenced for local authorities that participated in phase two of the pilots, while new local authorities will also have the opportunity to bid for funding.

However, concerns have been raised from the sector that this funding is insignificant for rolling out the initiative, as this will need sufficient resource to enact the necessary changes. This is highlighted by more than £5.5 million being granted to the five pilot areas initially.⁴⁰

It is important that the model is developed in close partnership with the sector to ensure that it addresses the right concerns in the most effective way. It is reassuring that guidance is currently being developed by a supported housing standards advisory group, with planning population specific groups, one part of which is those experiencing homelessness.

The Commission recommends that the new standards and oversight of the supported housing sector incorporate the following principles:

- Measurements of quality should move away from supporting people outcomes – for example prescriptively setting out the percentage of people who have been supported to recover – as this leads to people with more complex or higher needs being side-lined from support. Instead, supported accommodation should be monitored on, for example, the delivery of person-centred, trauma-informed care that is experienced by the clients they support. There should also be scrutiny on reducing evictions and abandonments, with a recognition that there are occasions when housing providers unavoidably need to evict where the risk cannot be mitigated, though this should not be eviction to the street.
- To ensure good quality and sustainable supported accommodation, it should be commissioned with revenue funding which is aligned with the capital funding.
- The purpose should be to ensure that rogue providers are unable to operate, and poorer performers can be supported to improve. There must remain the ability to innovate and flex depending on need, and regulation must not have unintended consequences.
- Local authorities and the Regulator for Social Housing must have the resources needed for effective enforcement of the rules, as well as providers and local authorities having the resources needed to provide good quality supported accommodation.

These will ensure that there is a shared understanding within the sector and among local authorities of what good practice looks like in supported housing.

It is also welcome that the sector is enacting its own improvement as well, with the National Housing Federation and the Chartered Institute of Housing setting up an independent panel – chaired by the Chair of Shelter – to make recommendations for tackling poor-quality housing in the sector.⁴¹ The work of this panel should very much steer the next steps taken by the Government on this issue.

New recommendation: The upcoming supported accommodation guidance should ensure that:

- Local Authorities understand what best practice looks like in supported housing, and how this can be enabled through commissioning and gatekeeping.
- Supported housing providers have a shared understanding of what good practice looks like in terms of accommodation, support and governance, and are able to translate into practice within their different service models.

5. Building more social rented housing

Recommendation: The Government should commit the funds from the Right to Buy scheme to a strategic acquisition programme to deliver more social rented homes, and reforms to be introduced through the upcoming Planning Bill should provide local authorities with financing flexibilities to build more housing of this type.

Recommendation: To deliver the sector recommended target of building 90,000 social rented homes a year, the Government must increase grant funding delivered through the Affordable Homes Programme. The Government should increase the supply of supported housing through the continuation of the Affordable Homes Programme, but ensure capital funding is linked to multi-year revenue funding for support services.

RAG rating: Red ●

The Commission welcomed the commitment in the Levelling Up White Paper to increase the amount of social housing available ‘over time’ and also to review ‘how to support councils to deliver greater numbers of council homes, alongside Housing Associations.’⁴² However, there is no roadmap or timetable as to how or when this will be carried out, and it is unclear as to whether this is simply a re-affirmation of the Affordable Homes Programme.

The scale of need is significant: research by the National Housing Federation shows that there are currently 8.5 million people in housing need in England, with just over 300,000 social homes available for let each year.⁴³

Grant funding available through the Affordable Homes Programme (AHP) remains the same and although the Programme aims to provide up to 180,000 new homes, only 32,000 social rent homes are due to be delivered. This is whilst the supply of social housing is decreasing by more than 15,000 social homes a year.⁴⁴ Shelter’s report ‘Unlocking Social Housing’ recommends a social housing floor to ensure that 80% of the AHP is spent on social homes.⁴⁵ The Commission would support this call.

Further problems have been highlighted by the Commission in regards to building social housing, for example, the cost of land. One of the reasons this is expensive is because local authorities have to pay ‘hope value’ – the projected market value of land once property is built, rather than the current value. However, the price assumes that the property built is not social housing, which is rented more cheaply. This reduces the incentive – and ability – for local authorities to buy land to build new social housing as it becomes less affordable for them.



The Planning Bill was not in the Queen's Speech 2022.⁴⁶ However, many of the proposals put forward in the planning white paper will actually be delivered through the levelling up legislation later in 2022. One of the proposals in the planning white paper aimed at making it easier for local authorities to develop more social housing was the introduction of the Infrastructure Levy (IL). The IL is a single flat tax that will be applied to each development, replacing the previous system of developer contributions. This will, the Government sets out, be 'simple, non-negotiable, locally set.'⁴⁷ The levy will be paid once the infrastructure is complete, and will go towards locally needed infrastructure, such as affordable housing, schools, GP surgeries, and roads. Currently, local authorities build social housing predominantly through Section 106 agreements. These are agreements between housing developers and local authorities, through which councils require developers to provide affordable homes in building new developments. The Infrastructure Levy would eventually replace Section 106. Although there is wide agreement that there is certainly scope to improve the Section 106 process, there is concern across the housing sector about replacing Section 106 – which provides the majority of social housing – with an as-yet underdeveloped Infrastructure Levy. Some local authorities also feel that the Infrastructure Levy is too broad and they do not have the expertise to make the decisions.

The Commission therefore welcomes a measured pilot test and learn approach, whilst maintaining Section 106, as it provides an opportunity to monitor progress safely.

There has also been no commitment to ring fence funds from the Right to Buy scheme to a strategic acquisition programme, although this recommendation has been echoed in part by a report by the House of Lords Environment Committee, which asked to Government to 'ensure funds [from Right to Buy] are recycled into new affordable homes.'⁴⁸ There has also been a proposed extension of Right to Buy to housing association homes, alongside a proposed changing of welfare rules so that people who are in work but also on housing benefit will be given the choice to use their benefit towards a mortgage.⁴⁹ The Kerslake Commission is concerned about extending Right to Buy due to the potential for causing a further shortage of housing which is genuinely affordable if homes are not replaced. It would require an even more significant increase in building social housing, yet Shelter reports that 'less than 5% of the homes sold off have ever been replaced' from the previous programme.⁵⁰

Given that Michael Gove MP, the previous Secretary of State for DLUHC, has said that there is no ideological block on building more social housing,⁵¹ there is a question as to why more progress has not been made.

6. Preventing destitution among non-UK nationals with unclear or limited entitlements

Recommendation: The Government must establish a clear policy position that limiting access to benefits for non-UK nationals should stop short of causing destitution. Destitution can be prevented through investing in good quality independent immigration and welfare advice and employment support, clear guidance on access to benefits for non-UK nationals whose status is yet to be determined and simpler and faster processes to clarify people's immigration status. Local authorities should be provided with guidance on what it means to 'exhaust all options within the law'⁵² to support those who are sleeping rough and are not eligible for statutory homelessness assistance, due to their immigration status. Local authorities should be provided with financial compensation where all other options have been exhausted to prevent destitution. Further, local authorities with a high number of non-UK nationals with unclear immigration status on the streets should look to funding immigration advice as part of their rough sleeping and homelessness prevention services. Collecting data on the number of individuals with no or limited access to public funds experiencing destitution will help to identify what resources are needed to assist this group out of homelessness.

RAG rating: Red-Amber 

At the Levelling Up, Housing and Communities (LUHC) Committee meeting in November, previous Secretary of State Michael Gove MP committed in principle to prevent destitution for people with unclear or limited entitlement to public funds due to their immigration status: 'You quite rightly raise the issue that a significant number of people who find themselves sleeping rough do not, because of their migration status, have recourse to public funds. We want to work with the local government sector to make it clear that we can provide appropriate accommodation for those people who are at risk of destitution.'⁵³

People with no, or limited, access to public funds were also highlighted in the RSI Guidance for Local Authorities, and that offers of support should be given within the law. This is the first time that this cohort has been mentioned in RSI guidance. The Guidance also identified employment advice as a useful tool of help for this group of people experiencing homelessness and rough sleeping.⁵⁴

The Commission also welcomed that in the letter which Eddie Hughes MP wrote to local authorities alongside the Protect and Vaccinate funding, he stressed that offers of safe and appropriate accommodation should include all non-UK nationals in local authority plans. However, the letter continued to reiterate the message of 'exhausting all options within the law to support them' and 'it is for local authorities to make an assessment on a case-by-case basis.' Although the Law Centre Network has created helpful guidance on this point,⁵⁵ there is no central Government guidance as to what it means to 'exhaust all options in the law'— and it furthers the problem of local variation. The Commission has heard from local authorities, the homelessness sector and the migrant sector that there needs to be more clarity to what local authorities can and cannot legally provide and a central directive encouraging the use of discretionary powers, so that local authorities have the confidence of Government support.

New recommendation: The Government should develop guidance which sets out what exactly is meant by 'exhausting all options within the law,' using the work developed by the Law Centres Network, and encouraging local authorities to utilise discretionary powers as to what support they can provide for non-UK nationals with limited or unclear entitlements to benefits. It must be clear to local authorities that there is not a two tier system based on nationality for those who are rough sleeping.

There is encouraging progress with the Government's review of the Rough Sleeping Support Service (RSSS), which many across the homelessness and migrant sector highlighted as causing difficulties in working with non-UK migrants. The RSSS is a programme run by the Home Office, sitting in Immigration Enforcement. It was launched as part of the 2018 Rough Sleeping Strategy. The Government website describes it as providing 'an additional and enhanced service to quickly provide immigration status information which may help rough sleepers.'⁵⁶ The Review was launched due to low participation in the scheme by organisations and local authorities. The problems raised by the sector include: too few independent immigration advisors, who are the ones who should be engaging with the service rather than homelessness organisations or local authorities; the fact that the RSSS sits in Immigration Enforcement fosters distrust of services and forces people to go underground; and the lack of direct relationship between the case worker in the RSSS team and the independent immigration advisor, which causes delays in the application and can lead to administrative errors.

The Government's new rough sleeping strategy commits to build on its exhaust-all-options approach to supporting non-UK nationals who are experiencing homelessness or sleeping rough, making sure that those who have restricted eligibility for funds have a clear pathway off the streets. The main content of this commitment is the announcement that the Government will implement the reforms recommended during the RSSS review process. This includes moving the RSSS outside of Immigration Enforcement, and implementing a new service in 2022 'which ensures vulnerability is at the centre of our work and that is supported by prompt and transparent customer service.' The reforms will also include new RSSS guidance and user templates, and examining how to improve immigration awareness among frontline staff. The other component of the Government's commitment to support non-UK nationals is the introduction of an offer of tailored support for those who wish to return to their home country voluntarily.

Case study: Sub Regional Link Worker Service

In July a new immigration advice service was launched, coordinated by St Mungo's, which means that everyone rough sleeping across London will have access to immigration advice. St Mungo's has been arguing for a long time that access to immigration advice is a significant issue for a large proportion of our clients, as it is currently very difficult to access independent immigration advice and this prevents our clients from accessing support and benefits which they might be entitled to. The need for more provision of immigration advice was a key recommendation from the Kerslake Commission's 2021 interim and final report. The Sub Regional Link Worker Service will mean that each London sub-region will have a designated Immigration Link Worker. This worker will help support joint working

between the immigration advice provider and the homelessness sector, and help develop best practice. This will ensure that:

- Every individual is able to engage with advice, regardless of other support needs
- Homelessness professionals feel confident working alongside immigration providers
- Routes away from the streets for individuals who do not have recourse to public funds are maximised.

St Mungo's has also put together a leaflet to be distributed to all non-UK nationals sleeping rough, to enable them to understand their rights and how they can access support and advice.

In addition to the RSSS, the Commission has heard evidence that the new policy on sending asylum seekers to Rwanda for their claim to be processed there is also causing more people not to lodge asylum claims for fear of being removed from the UK, which leads to them being undocumented.

In addition to the positive work in reviewing the RSSS, DLUHC is also working with the Home Office to ensure that individuals can regularise their immigration status, and there is significant pressure on the Home Office to speed up case work and make it simpler and faster to clarify people's immigration status. For example, in autumn 2021, the Home Office committed to escalate pending cases for people experiencing rough sleeping who are being supported by the GLA or the Local Authority, potentially meaning shorter waiting times for decisions. This is an example of good partnership working, where the sector has shone a light on a problem and then with that focus, key departments have come together and shown a renewed engagement. Providers have shared with the Commission that the escalation process has had a positive impact, although there are still ongoing issues in that organisations and local authorities have different views on whether it should be used and whether they are putting the right people forward. Crucially, however, there is now a mechanism to work from and increased engagement with the Home Office.

This partnership working is crucial and should be expanded to other areas. For example, as people receive immigration decisions, individuals are finding that taking up the support they are entitled to presents a new set of issues and delays. An individual may be given status and yet there are significant delays in the person receiving Universal Credit, or a national insurance number, causing continued difficulties in relieving them of destitution.

A truly collaborative effort is needed across agencies and departments. The DWP and Job Centre Plus (JCP), as well as police and probation, are all central in both escalating decisions as well as reviewing policies and frontline services. It has been suggested that the new RSSS may be a vehicle for improvement.

However, if someone has pre-settled status, is unable to work and has limited entitlement to public funds, the question then remains of what the next steps are if all options have been exhausted.

Currently, there is an unfair disparity of routes out of homelessness for EEA nationals and non-EEA nationals facing destitution, as there are more limited routes off the street for EEA nationals. For a non-EEA national with Limited Leave to Remain and the no resource condition attached, there is a route through an immigration advisor to apply for a 'Change of Conditions' that would lift the NRPF condition if the individual can evidence destitution.⁵⁷ This is done on the grounds of deprivation of human dignity under the European Convention on Human Rights. The equivalent does not exist for EEA nationals who have Limited Leave to Remain with the no recourse condition attached (otherwise known as pre-settled status for this group), even if they are facing destitution.

The same disparity applies to access to Home Office accommodation, although access to this type of accommodation is complex. Someone who is a non-EEA national may have routes to access accommodation whilst their application result is pending (either via NASS or Schedule 10) if they are destitute. EEA nationals, where they are destitute and cannot leave the country because they are pending an application result, do not have access.

The problem will expire in five years as an individual is moved on to settled status after five years' continuous residence and it only applies to those who moved to the UK prior to December 2020. This is therefore an immediate problem requiring a faster solution to stop people from being forced to sleep rough.

It remains paramount that irrespective of an individual's status, there should be a bed provided, alongside immigration advice and support, if they are at risk of or experiencing destitution. From there, it will be easier and more efficient to progress someone's immigration status and explore their options. It has been clear during the last two years that if someone is able to come indoors and can then sleep safely, and is provided with trauma-informed support, then positive outcomes are gained far more efficiently. When an individual

is physically and psychologically safe, they can engage more easily with support and services. Although local authorities are not able to provide accommodation for people who have limited entitlements to public funds through using, for example, housing benefit, they are able to use the homelessness grant for this group. This requires them to feel able to use their discretion – meaning clarity and leadership from central Government – but also to have adequate funding in alternative pots to support this group.

Case study

As part of the Government's 'Everyone In' initiative, Birmingham City Council provided accommodation for 165 non-UK nationals who had been sleeping rough, or were at imminent risk of doing so, including 89 EU nationals and 76 non-EU nationals. The Council prioritised providing services alongside accommodation for people who had been sleeping rough, including access to immigration and legal advice, rather than just housing. As a result of being housed and having access to additional services, these 165 people were enabled to engage with immigration advice. This led to the significant

achievement of 40 people receiving EU settled status, 10 receiving EU pre-settled status, and six finding out that they were eligible for public funds. In addition, nine received leave to remain and others moved into work. This demonstrates the importance of providing accommodation and immigration advice together: when people are sleeping rough they are primarily focused on survival, and often have much less capacity to engage with services like immigration advice, despite the importance of this for enabling them to access accommodation and financial support.



However, the lack of data makes it difficult to plan and deliver effective solutions and resources, and to have a full understanding of the issue. In a letter to the LUHC Committee meeting in December 2021, Michael Gove MP confirmed that 'the department does not currently collect data on the number of people sleeping rough in England who are subject to a formal NRPF condition.'⁵⁸ The Kerslake Commission encourages the Government to collect and publish this data to underpin their response, and to give a better idea as to the resources needed.

New recommendations:

- The Commission recommends that every migrant rough sleeping must be able to access expert welfare benefit and immigration advice at an early stage, with the advisors able to counsel on the intersection of immigration and benefit law, as too frequently it is incorrectly assumed that this cohort cannot access benefits and are turned away from support.
- In addition, the Commission recommends that the Government should also extend the ability to apply for the restrictions on accessing public funds to be lifted to all EEA nationals with pre-settled status who are experiencing destitution, as well as ability to access Home Office accommodation. This is in line with the current practice for non-EEA nationals.
- Finally, immigration advice must be accompanied by a bed for those who are experiencing destitution and are rough sleeping. Specific funding – as with the Protect and Vaccinate funding – is needed to do this effectively. The Government should also collect data on the number of people with NRPF to underpin their response, and to give a better idea as to the resources needed.

7. Repealing the Vagrancy Act

Recommendation: The Vagrancy Act 1842 exacerbates problems linked to sleeping rough, and can drive people away from support. The Government should commit to the Vagrancy Act (Repeal) Bill, which seeks to repeal the Vagrancy Act and replaces it with assertive, persistent and trauma informed outreach, matched with offers of housing and ongoing support. The Government should also clarify aspects of the Anti-social Behaviour, Crime and Policing Act 2014, setting out 'enforcement principles' that provide safeguards, to ensure that people who simply need help are not criminalised.

RAG rating: Green 

The Government has committed to repealing the Vagrancy Act through legislation included in the Police, Crime, Sentencing and Courts (PCSC) Bill.⁵⁹ This is a significant step forward. This will stop a number of people from being pushed into even more dangerous and risky situations, or into the criminal justice system which can create a vicious cycle of homelessness.

However, the Government has proposed to introduce replacement legislation to ensure that the police continue to have the powers to enforce what the Government refers to in its proposals as 'aggressive begging'. In its new rough sleeping strategy, the Government confirmed that it is seeking to ensure that 'local authorities, the police and other partners have tools to reduce the detrimental effects begging can have on communities, public spaces and, in some instances, the individuals themselves.'

The Commission does not think that replacement legislation is appropriate or needed, as it would result in the continued marginalisation and criminalisation of people who are homeless or at risk of homelessness. Though it is true that someone who is begging may not necessarily be homeless, there is a clear overlap between the two, as well as links of poverty, destitution and poor health.

This proposed replacement legislation will be putting people experiencing illness and destitution through a criminal justice system, potentially re-traumatising them, damaging their trust in services, and not helping any real chance of longer term recovery or preventing them from moving away from a life on the streets. Introducing new offences and penalties against people who are begging will also distract the police from the valuable work they could be doing to respond to threatening, coercive and anti-social behaviour; and working collaboratively with support services.

To effectively support people who are homeless and begging, there needs to be an adequate offer of support which people are supported to take up through coordinated care and approaches.

8. Preventing homelessness at transitions points

Recommendation: To make sure that people are not released from prison or hospital into homelessness, the Government's rough sleeping strategy must introduce governance around transition points, to ensure planned and timely release, with community support and prior connections established. The Government must also end unplanned Friday releases from prison, to ensure people have adequate time to access vital services before they close for the weekend.

RAG rating: Green ●

In its prison strategy white paper, the Ministry of Justice committed to 'explore allowing prisoners who are at risk of reoffending to be discharged one or two days earlier at governor discretion where a Friday release can be demonstrated to be detrimental to an individual's resettlement.' Whilst this is a welcome shift, it only applied to those deemed to be at risk of homelessness as well as reoffending, rather than anyone at risk of homelessness. The Commission therefore welcomed the announcement on 14 June which widened this to 'offenders with severe mental health needs or addiction problems, or

who have mobility problems, likely to end up homeless or who have far to travel home.'⁶⁰

To ensure that people at risk of homelessness are being put forward for early release, the MoJ needs to be effectively identifying need. In its prison strategy white paper, the Ministry of Justice (MoJ) has a long-term aim that no one should be 'leaving prison at risk of homelessness without the offer of temporary accommodation, taking into account their offending risk level, and with a pathway to secure stable, long term housing.' However, the MoJ has not made an equivalent commitment to monitor those who are at risk of being released into homelessness.

Currently the MoJ uses referrals to prison leaver services to assess levels of need and model services accordingly. The Commission has been advised that referrals into prison leaver services are not an accurate indicator of need, as probation will only refer to prison leaver services where they consider someone to be at risk of both homelessness and reoffending. Though the MoJ commissions homelessness services, it does so to support its primary goal of reducing reoffending. This affects the behaviour of the probation practitioners, who are asked when making referrals to MoJ homelessness services if there is a criminogenic need.

By identifying those who are at risk of homelessness, this will help the MoJ achieve its strategic goal of making sure there is an offer of temporary accommodation for those who need it and preventing Friday releases for people at risk of homelessness. This will support the MoJ in meeting its reoffending targets, due to the symbiotic relationship between homelessness and reoffending.

The data will also help identify where there is a disconnect between need and the levels of referrals being made, and will support the modelling of services and effective delivery.

There is also no comprehensive recording of people who have been discharged from prison into homelessness, or from prison into unsuitable accommodation which then leads to rough sleeping, such as accommodation with the wrong level of support, or insecure lodging such as sofa surfing arrangements.

Currently the RSI collects information on people in emergency accommodation who were prison leavers, but this does not extend to all people sleeping rough. Collecting this information, including which prison people have been released from, will support performance improvement in homelessness prevention.

The Government's new rough sleeping strategy commits to bring forward investment so that no one leaves a public institution for the streets. This includes £550 million of investment to support rehabilitation and access to accommodation for people in and leaving prison. Part of this funding will be used to expand the Accommodation for Ex-Offenders programme. The strategy also commits to more than double the number of housing specialists in prisons; to introduce resettlement passports, bringing together key information and services so that people can reintegrate into their communities; to expand the number of Approved Premises where high risk offenders can stay; and to introduce legislation to reduce the number of people released from prison on Fridays, so that they can get access to essential services. The MoJ has acted as a co-signatory to the new rough sleeping strategy, and the Commission would recommend that given this investment in the strategy, there should be a corresponding commitment to prioritise prison leavers access to services.

New recommendation: In order to ensure that no one falls through the gaps in eligibility for support, the MoJ should make a policy commitment that everyone who might benefit should be referred to a prison leaver service, regardless of whether they are at risk of reoffending.

In regards to hospital discharge, Covid-19 has had knock-on impacts throughout the health system, causing significant strain with capacity, financing and waiting lists. A number of people sleeping rough come directly from hospital settings, but another pronounced issue is when people are discharged from hospital into inappropriate accommodation. This is likely to be exacerbated by an overloaded workforce who are grappling with shortages of space, and therefore want to move people on quickly and may discharge people without doing the appropriate checks. But if the accommodation

is hazardous to their health and wellbeing and results in a tenancy breakdown and worsening health then it creates a vicious cycle and does not solve the issue long-term. An individual being discharged from hospital should have an appropriate assessment of the place they are being discharged to. However, it is difficult for a hospital team to judge what appropriate accommodation would be, and therefore specifying who is responsible for assessing appropriate accommodation is needed.

The Healthy London Partnership, alongside London Councils, has done good work in this area, with the development of the first local authority housing options directory. This includes a range of information to begin a housing referral for individuals experiencing homelessness. The directory is specifically to support health, care and third sector staff when referring individuals experiencing homelessness for long or short-term accommodation. The Commission recommends that this should be expanded to support areas to carry out their duty to refer, and provide practical steps as to how to do so.

Work is also being undertaken by NHSE and the VCSE sector on the Urgent and Emergency Care (UEC) pathway. In September 2021 the UEC Ten Point Plan was published,⁶¹ with a focus on health inequalities and commitment to reviewing the homelessness pathway. Under this work, there have been some discussions on improving the hospital discharge process for people experiencing homelessness and rough sleeping. The next step will be a number of pilot sites who will be working through the homelessness urgent and emergency care tools and resourcing. As Bola Owolabi said at the Pathways from Homelessness Conference 2022, the hope is that this will: 'move the dial from the patchwork of good practice across the country into a more consistent and universal offer.' The pilot areas will provide helpful feedback for next steps.

In November 2020, DHSC secured £16 million to pilot 'Out of Hospital Care' models for people experiencing homelessness. This programme aims to reduce rough sleeping and health inequality by providing people with interim accommodation and wrap-around care, preventing discharge to the streets and enabling them to recover and move towards longer-term accommodation. There are pockets of good practice around the country as a result of this funding:

Case study

The Inner North West London Pathway Inclusion Health Team launched on 29 November 2021, funded for one year from the Department of Health and Social Care's Out of Hospital Shared Outcomes Fund.

The grant has been provided to pilot an inpatient and out of hospital care team to support people experiencing homelessness who attend hospitals in inner North West London. The team is made up of doctors, nurses and housing workers and received 112 referrals during the first two months of operation. 44% of referrals were people who were rough sleeping, 20% for people 'sofa surfing' with the rest mainly coming from hostels and other temporary accommodation.

The multi-disciplinary team has had a high rate of successful outcomes with patients who

have been referred to them. For example, 19% of patients have been supported to register with a new GP, 18% have had mental health interventions delivered by the team, and 19% received support for their addiction needs. 48% have been signposted to services in the community, and 59% of cases have been linked into care professionals in the community.

The team anticipates that it can make acute care savings to the NHS in excess of £260,000 in 2022, via reduced A&E attendances, reduced bed days, ensuring that charging for A&E attendances and inpatient admissions is correctly allocated, and also via admissions avoidance in the community. If these savings were realised this would mean that the team would essentially be cost neutral, and therefore an excellent choice for a cost-effective quality improvement intervention for future years.

One of the difficulties surrounding discharge is that, even if there is a dedicated team,⁶² such as a Pathway team, it is difficult to be effective without buy-in from the hospital. Due to high pressures across the system and a resultant lack of capacity, homeless health teams working on discharge can be seen as an additional pressure. For homeless health work in hospitals to be effective, it should be commissioned as part of an existing system of support so that it runs in conjunction with the service, not as an addition.

There is also a lack of appropriate accommodation for people who no longer need medical care in an acute hospital setting, but still have clinical need and require medical input. This requires great step up and step down support, and more high support beds to facilitate early discharge from hospital and enable people to be supported back into the community. This is far more effective economically for the local system, as well as

meaning that the vicious cycle of ill health is lessened. Research by King's College and LSE of the Cornwall Out-of-Hospital Care Models (OOHCM) Programme found that the costs prior to the model for one individual were £40,400; following the model they were £29,200. This was modelled on an individual not returning to rough sleeping and requiring half the number of A&E visits.⁶³

New recommendation: Every ICS area should develop a housing options directory to support health, care and third sector staff to support individuals experiencing homelessness into appropriate accommodation.

9. Providing a welfare safety net

Recommendation: To prevent an increased flow of people onto the streets, the Government must retain the welfare changes that have kept people afloat during the pandemic, whereby Local Housing Allowance rates were raised to the 30th percentile of local rents and Universal Credit received an uplift of £20 per week. In addition, the Government should review the benefit cap and seek to increase it in areas with high affordability pressure, and provide a financial package of support for people in arrears due to the pandemic.

RAG rating: Red ●

Unfortunately, although on every other recommendation the Government response has either stayed constant or has changed positively, welfare is the one area in which Government is performing worse than when the Commission's final report was launched in September 2021. This is particularly worrying considering the rising cost of living, which the Commission fears will lead to an increased number of people experiencing homelessness and a flow of people onto the streets, potentially undermining much of the commendable progress which has been made throughout the last two years.

As highlighted on page 14, the recommendation to maintain the Universal Credit and LHA rate increase was not met in the Autumn Budget and Spending Review 2021 (SR21), nor in the Spring Statement 2022. There were significant steps in the Emergency Fiscal Statement in May which recognised the need for targeted support to those least well off in the cost of living crisis, but these only made some movement towards the recommendation outlined above – essentially, this would be the equivalent of £12 a week in addition to benefits, but not replacing the £20 which was cut. Further, it provides emergency relief as opposed to sustainable support.

Documents accompanying the SR21 stated that 'the forecast default is that Local Housing Allowance rates for 2022-23 will be maintained at the elevated cash rates agreed for 2020-21.' This effectively retained the existing freeze, leading to LHA rates falling back to below 30th percentile rates, widening the gap between how much help low-income private sector renters are able to receive with their housing costs and actual market rents. The SR21 did show a recognition of the need to compensate the Universal Credit cut by reducing the Universal Credit rate taper from 63% to 55%, operational by 1 December 2021. It means that now for every £1 claimants earn over their work allowance, their Universal Credit will be reduced by 55p, not 63p. However, it will generally benefit those in full time work, but will be of no or little benefit if single, not in work and/or childless. Of the 5.8 million people on Universal Credit, only 40% are in work, and only some of those will meet that earnings threshold.

An additional detrimental measure brought in by Government is the tightening of benefit sanctions, whereby those who are capable of work will be expected to search more widely for available jobs from the fourth week of their claim, rather than from three months as is currently the case. The new rules will mean that sanctions could begin four weeks after a claimant's initial Universal Credit claim, if they're not making reasonable efforts to find and secure a job in any sector or turn down a job offer. Although work coaches are advised that they are supposed to 'tailor the Claimant Commitment to take their personal situation into account' and potential homelessness should fall under that, this falls to the individual work coaches and many people report significant difficulties with work coach support. Analysis of new Department for Work and Pensions figures released in April by the IPPR has shown that benefits sanctions have returned to pre-pandemic levels.⁶⁴ DLUHC needs to therefore work with the DWP on guidance to Work Coaches explicitly setting out exemptions in Universal Credit sanctions for people at risk of homelessness.

Whilst there seems to be little indication that the Government will reverse the £20 cut in Universal Credit, the Government has promised to increase benefits to match inflation. This will be done in April 2023. However, this is not soon enough to support those currently at risk of destitution – particularly during winter when bills are highest.

It is therefore concerning that the Government has cut its Discretionary Housing Payment (DHP) fund for local authorities by £40m, with Local Authorities in England and Wales now having £100m available to them – a 29% decrease.⁶⁵ The main objective of the fund is to prevent homelessness, as it provides financial support to help with rent or housing costs. It is targeted at those affected by the benefit cap, the bedroom tax, LHA rates, rent shortfalls, rent deposits and rent that needs to be paid in advance to move home. An immediate change needed is a commitment from the Government to urgently review and increase Discretionary Housing Payments.



It is important to recognise that the Government has made some concessions, recognising the severity of the cost of living crisis. Its Emergency Fiscal Statement in May was broadly welcomed as a step forwards. It included a doubling of the universal Energy Bill Support Scheme to £400, one-off payments to means-tested benefit recipients worth £650, and top-ups for disabled individuals and pensioner households (worth £150 and £300 respectively). Crucially, the measures were progressive, using the benefits system to target those worst off. It has been estimated that a previous forecast by the Office for Budget Responsibility of a 2.2% reduction in disposable incomes in 2022-23 would be eased to 1.3% with these measures.⁶⁶

The Government have now said that they will increase benefits to match inflation in April 2023, and said that they were unable to do so in the Emergency Cost of Living Statement due to computer issues: 'many of the systems are built so it can only be done once a year, and the decision was taken quite a while ago.' A spokesperson for the DWP has said that it takes 'several months.'⁶⁷ However, Universal Credit can be increased immediately – as implemented during the pandemic – and this has shown that the Government is able to do one-off payments. Therefore, the Government would be able to match Universal Credit with inflation right now, and implement a one-off payment for the equivalent value for those on legacy benefits until they are also uplifted potentially in winter rather than next spring. This should be in addition to the one-off cost of living payments, as these only reflect the additional soaring cost of living rather than the decrease in real term amounts of benefits.

To realise the Government's ambition to 'prevent rough sleeping wherever possible', the welfare changes outlined are vital. Without these, there will not be a preventative approach, with the response focussed on helping people off the streets as opposed to ensuring that they do not go on to them in the first place. Recent changes promised by the Government are welcome but these are one-off payments, reflecting the context of the cost of living crisis, but failing to recognise that welfare support has not matched need for a number of years.

New recommendations:

- The Government has promised that it will increase benefits to match inflation in April 2023. However, it must happen sooner than that, to ensure that it helps those who will otherwise have significant difficulties during the winter when bills will be at their highest. They must also ensure support for housing costs increases in line with rents, by raising Local Housing Allowance rates to the 30th percentile of local rents. All those struggling, including families affected by the benefit cap, must feel the impact.
- Benefits deductions must be paused, and only restored gradually as the rate of inflation reduces, or when benefits have been updated to reflect the current rate of inflation.
- The Government should urgently review the benefit cap to ensure it is in line with average household incomes and the increasing cost of living.
- There should be a commitment from Government to urgently review and increase Discretionary Housing Payments.

10. Expanding Housing First

Recommendation: In its vision for scaling up Housing First provision for people with complex needs, Government must drive cross-departmental collaboration and should establish a joint ministerial funding stream, as well as cementing a shared understanding of what Housing First is in practice.

RAG rating: Red ●

Housing First pilots have been shown to work well for people with complex needs. The tenancy sustainment rates of the pilots is above 90%, and tenants report a range of positive impacts on their health and wellbeing.⁶⁸ It is also cost effective, with research from Crisis showing that it saves £1.24 for every £1 invested.⁶⁹

There is good work across some local authorities on Housing First, and homelessness organisations have told the Commission that there has been progress in the discussions they have been having with local authorities, in that there is a growing awareness of the model. This can be seen in DLUHC's 'Evaluation of the Supported Housing Oversight Pilots' report, whereby a number of local authorities recognised the need for them to have housing-led options such as Housing First. The report also states that 'local authorities reported their intentions to introduce or increase housing-led models in their future commissioning and gateway approaches, and to work with existing supported housing providers to transition to this type of provision wherever possible.'⁷⁰

One of the London Rough Sleeping Programme's objectives is to 'promote development of Housing First, particularly but not only as an option for those who are not being well served by existing accommodation projects.' It is currently identifying gaps in existing accommodation provision that could be addressed by Housing First.

However, as highlighted by one local authority, the nature of the funding for their Housing First project as a DLUHC-led pilot means there is limited opportunities for top-down investment from national health functions, despite the benefits Housing First shows in, for example, reduced A&E attendances. This highlights the need for a joint ministerial funding stream.

In the interim, DLUHC has announced further funding for Housing First pilots in the West Midlands, Great Manchester, and the Liverpool City Region. The Government will invest a further £13.9 million over the next two years, to enable the pilots to continue until March 2024.

Case study

Encompass is a charity in Northern Devon offering advice, support, and services including housing for people struggling with debt, experiencing homelessness, or with other support needs. Since January 2018, Encompass has run a Housing First project which takes a multi-agency approach to delivering positive outcomes. In the pilot phase, the project had an innovative funding model, receiving pooled funding from the key local statutory agencies: adult social care; the clinical commissioning group; the police; and the North Devon Council housing department.

When proposing the Housing First project to the statutory agencies, Encompass highlighted the cost savings for each agency in terms

of potentially reduced A&E visits, reduced crime, reduced social care needs, and other effects. Bringing all of these key partners around the table enabled the project to be successful in delivering positive outcomes for clients, as well as reducing pressure on those agencies. Once the pilot was shown to be successful, Encompass were able to access funding from a wider range of sources, including Nationwide bank and private donors. The project is now funded through two local authority Housing Options teams in North Devon and Torridge through their RSI funding, and through adult social care, who are funding individual clients. Despite the police and health sectors no longer contributing to funding the project, they are still highly involved in helping to deliver it.

In addition to funding, there are two further problems which have been highlighted as barriers to increasing provision of Housing First. One is data, as there is currently no publicly available information on the number of Housing First units funded by DLUHC. There is a need for clarity on how many Housing First services there currently are and what the geographical coverage is. This would assist with increasing provision as it would highlight gaps and need.

In addition, there is the issue of fidelity. There is currently ongoing work on a fidelity model framework to ensure that Housing First projects fulfil the key principles of what Housing First should be. The high fidelity model has an evidence base to show that it works for

the target group. Early in 2022, homelessness organisations, led by Homeless Link, came together as part of a workshop to develop proposals to take to DLUHC. DLUHC are now co-chairing a task and finish group for Housing First fidelity assurance, and the hope is that the sector can work alongside DLUHC on this issue to ensure that all provision is of a high quality and fidelity.

Further, local authorities and homelessness organisations' work on Housing First can be undermined through their inability to access other services in addition to accommodation – in particular providers have highlighted to the Commission issues with accessing mental health services.

Chapter 3: Funding

For the purposes of best evaluating the necessary components of funding, this section will be divided into: the long-term nature of the funding; coordination of funding; and the alignment of capital and revenue funding.

In regards to quantity of funding, the homelessness sector broadly welcomed the funding allocation of £639 million resource in the Spending Review and Autumn Budget 2021. This was a 5.5% reduction from the 2020 Spending Review, which allocated £676m, but a significant increase of 85% compared to 2019-2020. It must be remembered, however, that the substantial achievements of Everyone In were only met through additional funding pots.

1. Longer term funding

Recommendation: Everyone In should continue to be financed through the Rough Sleeping Initiative (RSI), delivered through a minimum three year funding settlement and with an annual spend of £335.5m. The RSI spend should have a focus on rough sleeping prevention, outreach, accommodation and support, and should pay for an increased supply of self-contained, good quality emergency accommodation, with tailored options for women and young people.

RAG rating: Green ●

The short term nature of funding was highlighted as a crucial issue in the interim and final report for the Kerslake Commission, as it caused anxiety among people experiencing homelessness and rough sleeping about when offers of support would end and undermines that recovering from homelessness takes time and requires long-term support. It also hampers local authorities' ability to commission effectively, strategically plan or revise existing initiatives. It also created additional difficulties for frontline providers, as services would face a rapid turnover of staff towards the contract end and struggle to retain skilled workers.

At the Spending Review 2021, the Government committed to a multi-year funding settlement for the Rough Sleeping Initiative, covering the three years from 2022 to 2025. This was welcomed across local authorities and the homelessness sector, as it will enable areas to better plan rough sleeping services and maximise efficiencies. Providers have highlighted that the extension of RSI funding has been beneficial for partnership working between local authorities and the sector.

The Kerslake Commission welcomes this three year commitment, which meets the direct request of its recommendation. However, ending rough sleeping is about a whole system approach, and putting in long-term strategies to end rough sleeping requires join-up with other funding streams. Funding for the services which support prevention and recovery, outside of RSI, must also be long-term, to enable local authorities to create long-term strategies. Otherwise, national funding streams continue to contribute to and reinforce a siloed approach.

2. Coordination of funding

Although the long-term nature and overall amount of rough sleeping funding was welcomed, there continues to be concerns regarding the coordination flexibility of funding and the lack of join-up across funding streams. This applies to both homelessness funding and funding for related issues from other government departments.

This issue has been recognised by the former Secretary of State Michael Gove MP. He commented that there are too many competitive funding pots, and that the high level of competitive bidding meant some local authorities 'faced multiple application processes.' Making Every Adult Matter (MEAM) has highlighted this issue to the Government, with one local authority it spoke to having applied for 13 funding pots related to multiple disadvantage, from a range of government departments, in the last 18 months, with a significant degree of overlap between them in terms of cohort focus.⁷¹

This lack of coordination is recognised within the Government, with civil servants taking steps to mitigate it, but the current focus of different departments and ministers on 'singular' issues means that funding streams across homelessness, substance misuse, mental health and criminal justice continue to be poorly coordinated, despite the importance of these issues to ending rough sleeping. New cross-departmental accountability structures are needed to address this, with programmes such as Changing Futures and the Joint Combatting Drugs Unit starting to explore this.

Fragmented and uncoordinated funding arrangements foster barriers in local partnership working. They create potentially competing priorities for services in an area to access funding, as well as out-of-sync timetables for the funding cycle, making it difficult to join up work. Having discrete pots for each perceived need siloes service provision and can create incentives to reduce provision and push people onto other service caseloads.

The lack of join-up between funding pots undermines strategic priorities for cross-departmental working and joint commissioning. Local authorities find it hard to plan strategically if they need to patch together a multitude of small investments and be in a position where they do not know which they will win, meaning they must bid for all of them and then piece them together as well as they can.

It also creates significant competition for temporary and emergency accommodation – since there are multiple smaller funding pots, none of them are adequate to build new accommodation. This means that the existing stock is moved around between sectors, supporting overlapping but distinct groups such as people who are refugees, or people leaving prison at risk of reoffending and homelessness. Different sectors are then competing with each other for depleted existing stock, which can drive up prices.

The system as it stands creates more work for all involved and duplication of work, which impacts on quality, as areas need to develop concurrent yet related bids in tight timeframes. All parties are appreciative of additional funding but there can often be duplication of Government programmes. As one Director of Public Health contributing to this report noted, 'it can sometimes feel as though money is being dropped in different places with competing departments, for example inclusion health money for Covid-19 received from DLUHC and Department for Health and Social Care at the same time.' This is a result of siloed departmental working. A concern was raised to the Commission that DLUHC's interpretation and roadmap of ending rough sleeping does not acknowledge the strong role that health plays, and far greater join-up is needed between departments, which should then filter down to local authorities and local health through join-up of funding.

One mechanism to improve join-up with health would be to make further use of the Better Care Fund, and with it Section 75 of the NHS Act (2006). This is a cross-departmental budget and programme which spans DLUHC, NHSE, and DHSC:

'The Better Care Fund (BCF) is one of the Government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).'⁷²

However, it is currently underutilised by local authorities due to a lack of central direction and support. A local area would be able to use section 75, and through this combine their RSI money alongside their health money, thus using an already existing framework and established Board to enable an integrated pooled budget looking to provide personalised, holistic care and support.

There are questions as to the design and flexibility of the funding programmes, and the ability of recipients to deviate from plans. For example, local authorities were initially given three weeks to put together plans for the three year funding settlements – a particularly tight deadline if local authorities are not given any latitude further down the line if there are unforeseen circumstances. It is not just about flexibility for a local area, but the ability for that local area to have flexibility in the future. This is necessary to ensure that money gets to where it is most needed and is effective.

New recommendation: All Government department funding streams should have a principle of collective accountability. This would include, for example, departments not putting out funding streams without discussing them with other departments to see where there may be overlap, or ensuring that funding streams take into account the priorities of other departments. One mechanism which the Government should encourage is the Better Care Fund, which provides a cross-Departmental funding stream, and ensures that there is less duplication between local authorities and health in achieving their overlapping goals for this population.

3. Alignment of capital and revenue funding

Recommendation: The Rough Sleeping Accommodation Programme should be continued for the duration of the Rough Sleeping Initiative. The viability of this model can be improved, and take up increased, by aligning capital and revenue funding, allowing capital funding to roll over into subsequent years and drawing on continuous market engagement approaches. Strategic partnership working should be built into the programme and there should be flexibility to increase the maximum length of stay beyond two years.

RAG rating: Red ●

As highlighted in a recent report by the National Housing Federation looking at the barriers to developing more supported housing, one of the key difficulties raised by developers is the lack of long-term revenue support funding.⁷³ In addition to revenue support funding being longer-term it highlighted there also needs to be flexibility in revenue contracts – support needs change, so a supported housing facility must be able to align with local need.

Whilst it is welcome that acquisitions and refurbishment can be funded through the Rough Sleeping Accommodation Programme (RSAP) – which is an exception to the usual rules in the Affordable Homes Programme (AHP) on new units – there needs to be more flexibility on the 30 year requirement to retain the scheme as supported housing. If there is only four years' revenue funding, providers might end up needing to self-fund the support, sacrificing other services to maintain it or may struggle to maintain staffing levels.

Funding streams must allow for a change of use or for capital to roll into the next financial year if it is not spent – currently the requirement in the RSAP programme is to pay back funding not spent by the end of the financial year in which it was awarded. It has been fed back to the Commission that it is hard to complete a new scheme in the short space of time that has been given, which has led to schemes being lost.

The context of the cost of living crisis and inflation makes these requirements even more pertinent to maintain a high quality service. It is currently far more expensive to provide a service as margins are tighter, since many costs are increasing. As providers cannot put these costs on tenants there is even greater need for revenue to be at an adequate level and for there to be flexibility in the grant: if it is not possible for funding to stack up, providers need increased certainty that they will not be left with an empty building.




The Government's new rough sleeping strategy, released in September 2022, announced £200 million of investment into a new Single Homelessness Accommodation Programme, which will deliver up to 2,400 homes by March 2025, including supported housing and Housing First accommodation. The strategy states that the programme will include 'funding for the necessary wrap-around support tailored to the individual's needs for a period of three years.' The Commission has been advised that the SHAP is for both capital and revenue, with further details to be released in due course.

Chapter 4: Local authorities

I. Integrated health and homeless strategies

Recommendation: To prevent homelessness, and respond to it quickly where it does occur, local authorities should be expected to produce long term, integrated homelessness and health strategies, and rapid rehousing plans. This work should require a local assessment of need, conducted using local homelessness partnerships and based on a standardised methodology set by DLUHC. This assessment of need would aim to quantify the level of central government funding needed to ensure the most appropriate accommodation is available for the individual, and that there are sustainable long-term recovery options, with wraparound support where needed.

RAG rating: Amber 

The Commission welcomed that the need for a joined-up housing and health approach was highlighted in the RSI 5 Guidance to Local Authorities, and there is evidence that this is being taken forward by some local authorities.

However, there is variation in the join-up between homelessness and health in local authorities,⁷⁴ as discussed on page 23. As highlighted in the interim Kerslake Commission report, the extent of health engagement during Everyone In was facilitated by existing health inclusion services, and therefore has meant that the areas performing best are predominantly cities with established inclusion health services. Although some local authorities may have a small number of people experiencing homelessness and rough sleeping, this does not undermine the need for an integrated homelessness and health strategy as both a

preventative measure, and to address the needs of the few people who have fallen into rough sleeping or homelessness.

This should not require additional resource but rather the utilisation of partnerships with health. This would be supported by ICSs having a focus on inclusion health, which is discussed on page 58 in the report. The relationships with ICSs are still developing and local authorities, for example housing authorities, are not yet cemented in that space.


It also requires coordinated action from DLUHC on setting templates for partnership working with health. It has been fed into the Commission that local authorities are overrun with priorities, such as organising the Ukraine response and grappling with the ongoing cost of living crisis. Therefore unless they are compelled by DLUHC to follow through on strategies, it is unlikely to happen. Although some local authorities will follow through on these, the difficulty is the significant local variation: those local authorities which require the most improvement in partnership working with health will probably be those least likely to design and implement the strategies, since one of the reasons why they are performing less well might be due to a lack of prioritisation. It does not simply require the convening power of a local leader, but movement across local authorities and the health bodies within that local authority who may have differing focuses.

The template model should broadly reflect the models in social care and children's services where DLUHC advisors set out a template with local authorities, and then check in on the strategies' progression. The templates should mandate to an extent what is in the strategy, to protect against significant variation in quality, whilst still allowing for the strategy to meet local need.

New recommendation: The Government should set templates for local authorities' partnership working on health. These should be accompanied by follow-ups on the strategies' progression, as modelled on the approach to adult social care and children's services.

2. Longer-term and joined up commissioning between health and local authorities

Recommendation: To encourage partnership working, local authorities and integrated care systems should put in place joint processes for commissioning services. This should include exploring longer contracts to give time to build practice and a culture of integrated working, where needed, whilst maintaining the ability to test and pilot initiatives to respond to changing circumstances. This must be supported through longer-term funding settlements.

RAG rating: Red-Amber 

There is a clear appetite from local authorities to move towards longer-term and joined up commissioning, as outlined in the case studies below. The three year funding commitment for the Rough Sleeping Initiative announced in the Spending Review 2021 has also made this feasible.

However, there are a number of barriers to joint commissioning between local authorities and health. Firstly, local authorities and ICSs have different funding cycles, meaning that they may not be able to commit either at the same point in time as when the planning needs to be underway, or for the same length of time as their partner. Secondly, by having different funding streams there are difficulties in both parties being able to depend on the finances of the other. This is a barrier when trying to commission longer-term services, particularly where it contains both accommodation and support. And lastly, there is not necessarily an intersection of priorities between the two bodies in relation to this population. The large population size of ICSs means that homelessness and rough sleeping is often seen as a marginal issue, so it is entirely dependent on individuals focusing on this issue, rather than this being naturally treated as a strategic priority. The recommendations outlined in Chapter 6 would help overcome these barriers, alongside template setting by DLUHC on health and homelessness strategies.

Case study: Birmingham Council – health and homelessness integrated working

In Birmingham, health and homelessness have been identified as a joint strategic commissioning priority across health and social care. There are currently three to five year contracts in place for Housing and Wellbeing services commissioned by adult social care.


Birmingham has created a Health and Homeless Sub-Group to look at and review the opportunities for collaboration and

further integration of health, housing and social care.

Birmingham's Homeless Pathway work is well underway, looking at how the experience of citizens is improved when they are leaving hospital and reviewing how services connect to deliver a seamless approach around homeless citizens. Part of the pilot review and evidence will be to seek commitment for longer-term sustainable funding.

3. Pan-regional commissioning

Recommendation: To ensure that an appropriate offer of support is always available, local authorities should make greater use of pan-regional commissioning of specialised services.

RAG rating: Amber 

The Commission was pleased to see that the Rough Sleeping Accommodation Programme guidance, released in January 2022, stated that 'We encourage sub-regional joint Proposals, led by a single Council on behalf of a group of Councils ... Joint proposals could be appropriate in areas where there are small numbers of rough sleepers requiring Move-On homes to facilitate the pooling of resources.'⁷⁵ Similarly, the Commission was encouraged to see that the RSI prospectus specifically mandated for London stated that it wanted to see joint commissioning, and that resource was put towards that.⁷⁶

One hurdle with pan-regional models is competition over funding, since it requires local authorities to share funding across an area, and essentially use some of their funding to support individuals from outside of their area. Further, it requires goodwill from one party to hold the majority of the workload, as often it will require one part of the partnership to hold the contract, otherwise the provider will need to respond to multiple bids, creating more work for all parties involved and making it less feasible. The approaches of the local authorities outlined next should be used as good practice case studies to emulate.


Case study

The West London Women's Service is a unique service run by St Mungo's which covers seven local authority boroughs in west London. The service provides support for women who are vulnerable or have multiple disadvantages, and who are sleeping rough or at risk of losing their tenancies. The service was jointly commissioned by these seven local authorities through pooling some of their respective funding from the Rough Sleeping Initiative. This collaborative approach ensures that boroughs are able to provide a specialised service for women sleeping rough or at risk of homelessness, even where there may not be large numbers of women requiring that service within each individual borough.

This shows that flexible funding helps local authorities to execute the Kerslake Commission final report recommendation on making greater use of pan-regional commissioning of specialised services, in order to ensure that an appropriate offer of support is always available.

4. Improving use of data

Recommendation: Improving consistency and comparability of datasets will improve integrated working between local authorities and their delivery partners. Local authorities should collaborate with their partners, to maximise the potential of what data is collected and how it is then used.

RAG rating: Amber 

The purpose of capturing data should be to help an area identify the gaps in the system and to make sure they have the most effective pathways to ending rough sleeping. It is also important that data can be compared across local authorities and delivery partners, to ensure that people are not re-traumatised by needing to repeat their story multiple times.

Data collection in of itself needs to support integrated working by ensuring that all partners are collecting and sharing data in a collaborative way, leading to an increase in positive outcomes.

There is clear evidence that local authorities with larger rough sleeping populations are taking this forward, and can offer thought leadership on data architecture. For example, in London the Life Off the Streets Partnership set up a Data Review Working Group in August 2021. The group is developing an extensive programme of work with the support of the London Office of Technology and Innovation and Bloomberg Associates. The intention of the group's work is to better join up data sets, examining what data is collected and how it is used, in order to better understand user journeys and manage performance around the delivery of outcomes.

Case study: Greater Manchester – Data Discovery project

GMCA is currently working with Manchester City Council and cross-sector partners on a Data Discovery project looking at how information is processed and shared across all agencies who work with people who sleep rough. Key partners in this project include Adult Social Care, NHS, Police, Anti-social Behaviour Teams, DWP, and Rough Sleeping Outreach Teams. The goal of this project is to unpick the system and data barriers to data sharing and establish a solution. Potential solutions include improved data sharing protocols, or a specific platform for multi-agency working and/or case management.

This work can be supported through NHS England putting support and guidance in place to enable local systems to share data successfully.

In addition to this, national guidance around specific issues, for example on collecting evidence of domestic abuse, should include guidance around how local authorities can navigate GDPR, and appropriately share data and evidence between each other and with other service providers. The evidence collection process should ensure that individuals do not need to repeatedly explain their experiences to different authorities and organisations.


The Centre for Homelessness Impact and DLUHC has worked on the creation of a set of indicators to measure performance on ending rough sleeping. This is a common set of indicators shared across local authorities, with central reporting into DLUHC. Rather than being a national CHAIN database or single data set – which, as the Commission's Final Report said, would take too long for every area to complete, would not reflect the different circumstances of each area and would have data protection implications – the data points for the indicators are constructed and executed by each local authority, and then housed by DLUHC.

The Government's new rough sleeping strategy introduces this new national data-led framework to measure progress towards ending rough sleeping. This will enable local areas to understand what is needed to end rough sleeping in their area, to track the progress they have made and to be held accountable locally. DLUHC plans to publish quarterly data on rough sleeping in order to support this work.

It has been fed back to the Commission that the new indicators are welcome, as they focus collective efforts and create renewed focus on issues which may have been previously passed over, unsuccessfully addressed, or deprioritised. As a result of these indicators, prevention efforts are likely to be far more targeted. The content of the indicator set has the potential to drive forward many of the recommendations of the Kerslake Commission final report, and provide useful feedback points on progress. The next stage of this work is to think about what kind of practical advice needs to be in place for a roll-out across each local authority.

5. A new approach to verification

Recommendation: Requiring verification that a person is sleeping rough before they can access a service, inhibits efforts to prevent rough sleeping. Local authorities should remove verification as a necessary step for accessing services, and instead incorporate it as part of the assessment process, in order to determine the appropriate offer of support and pathway.

RAG rating: Amber-Red 

A significant barrier to delivering rough sleeping prevention is the need for verification. Verification is the requirement for people to be seen and recorded as rough sleeping by outreach workers in order to access services and accommodation. This creates an additional barrier to accessing help at an earlier stage, and means that far more people require intervention via outreach.

Some local authorities are starting to move away from requiring verification, for example Birmingham, Manchester and Bristol, which either do not require verification or, where it does happen, it is part of the routine street assessment. Some services have begun piloting new ways of working to move further upstream: for example, the Greater London Authority has agreed new principles for No Second Night Out services to be piloted from July this year. These include that people do not have to have slept rough or been verified as a 'rough sleeper' in order to access the service; instead of being verified and 'new to the streets', they will need to have not received an assessment and move-on plan at an NSNO service in the last year. Local areas will identify 'places of safety' that people can go to when they're at risk of sleeping rough, where they can receive information and support. NSNO teams will also look to work within services which are frequently approached by people at risk of sleeping rough, such as local authorities, Jobcentres and A&E departments, in order to provide people with support before they end up sleeping rough.

For areas that are unable or unwilling to remove verification, the Commission would recommend taking a more nuanced approach. This would in practice mean broadening the criteria to include people who are vulnerable and need support, but have not been seen by outreach workers to be bedded down. Therefore, outreach workers would, for instance, be able to say that they think the person is rough sleeping even if they have not seen them doing so. If areas are concerned, they could keep the distinction between groups in their data system, for example one number for someone who has been seen sleeping rough, and another for a person who they think is sleeping rough. Alongside this, areas should also broaden the category of who can give verification. For example, a named list of women's organisations, health organisations and youth organisations would be able to verify an individual using their services who they deem to need support and to be rough sleeping.

To end rough sleeping, it is imperative that the most vulnerable people are supported – which is not necessarily the same group as those who are the most visible. Broadening out verification in this way would ensure more women are supported, as they will often find secluded sleep sites or use tents, sleep on buses, stay with strangers who expect sex in return for shelter, or enter into relationships which they feel protect them from harm from others, but may be harmful in themselves. Furthermore, women experiencing homelessness, but who are sheltered in refuges, are not counted as homeless and so would face difficulties in accessing homelessness support to move on. Verification does not take these points into account.

The need to broaden out verification to include those who are not as visible when sleeping rough is echoed in the need for the data overall to reflect these groups – for example, women, LGBTQ people, and young people. These are groups who tend to be underrepresented in statistics due to, as with verification, the predominant method of recording being street counts.

Case study: Women's Census

The Life off the Streets group has a women's workstream which works to identify and drive activities aiming to ensure that rough sleeping is prevented for women. Recently the group has been organising a census to better capture data on the number of women sleeping rough. The methodology used will differ from the annual rough sleeping snapshot, which uses a street count, as we know that women sleep rough less visibly and are thus less likely to come into contact with outreach teams. Instead, the following methods will be used to gather data on women sleeping rough:

- Outreach teams will be asked to deliver gender informed outreach sessions using insight into where and when women more commonly rough sleep
- Services likely to encounter women who are rough sleeping (ranging from day centres, women's services, health services) will be asked to complete a

simple, anonymised survey over a set period of a week to identify women who are rough sleeping

- StreetLink will be asked to support with figures on number of calls relating to women reported as potentially rough sleeping over the census period
- Housing Options services in a selection of boroughs will be asked to provide figures on the number of women presenting over the census period who are rough sleeping or at immediate risk of rough sleeping.

The census will be carried out during the full working week of 19 to 23 September. The census is being planned and coordinated by SHP, St Mungo's and the Women's Development Unit (The Connection at St Martin's and Solace Women's Aid). This exercise has the support of London Councils, GLA, the Life Off The Streets Core Group and DLUHC.

New recommendation: Areas which feel that they are unable to remove verification should take a more nuanced approach by broadening situations where people can be verified as rough sleeping and who is able to officially verify an individual. Local authorities should have a list of named organisations, outside of just outreach workers, who can verify individuals who they believe to be rough sleeping. DLUHC and the LGA should support this approach through circulating guidance, to ensure a consistent understanding across the country.

6. Long term winter strategies

Recommendation: Winter comes around every year but preparedness for its implications on rough sleeping varies amongst local authorities. Local authorities, in partnership with homelessness organisations, should conduct long term, strategic planning for peaks in weather, including extreme cold or severe heat, and other contingencies. This strategy should be grounded in prevention, to ensure that people supported through severe weather emergency protocol (SWEP) are kept to a minimum, and should be supported through long-term funding. The aim should be to reduce reliance on communal night shelters.

RAG rating: Amber-Green 

In winter 2021 a significant number of communal shelters did not open, instead self-contained accommodation was used. In London, for example, the Association of Directors of Public Health (ADPH) released guidance, endorsed by the Mayor's health advisor and London Councils, not to open communal shelters in winter 2021-22 due to the continued health risk for this population. This was in light of Covid-19, as well as respiratory diseases such as flu. The Commission welcomed this guidance. However, it should be stressed that first, Covid-19 remains a concern for our population outside of winter; and second, that dormitory style accommodation has further problems outside of the public health risk of Covid-19 – for example it not being psychologically informed and potentially exacerbating trauma-induced mental health and substance use.

As set out in the Commission's final report, communal shelters can have a role in emergency assessments to allow staff to observe behaviour and assess needs. SWEP can also provide a valuable opportunity to engage with people who services have otherwise struggled to engage with, in order to create long-term routes off the street for them. However, it is recommended that the presumption against their use as accommodation more broadly is extended, and they are instead primarily used for emergency assessments. Despite this, it should be recognised that self-contained accommodation is more expensive and it should be ensured that people with more challenging behaviour are not put in more dangerous situations through being out of sight.

Case study

During the first heatwave of this summer, Westminster City Council (WCC) worked to strengthen its communication with partner agencies around its Severe Weather Emergency Protocol (SWEP) provision. As soon as the amber weather alert for severe heat looked likely to be implemented, WCC contacted dozens of organisations in its homelessness pathway to acknowledge the weather and set out its plans for potential SWEP activation. This meant that these organisations had more advance notice of SWEP provision becoming activated, giving them more time to prepare for referring clients to this. Collaborative working between WCC, bigger homelessness service providers and smaller local charities meant that clients were able to access emergency beds or daytime respite in a number of different locations, receiving personalised support that might help them to move off the streets permanently.

The pandemic has also had a positive impact on SWEP take-up: many clients are more willing to engage, after experiencing during the pandemic that engaging with outreach teams and coming indoors can open up more options for them, including potential routes off the street. As a result of this, during this first heatwave SWEP activation, all 35 of WCC's SWEP emergency beds were filled and the vast majority of these clients were subsequently able to move into appropriate accommodation. This is particularly valuable as WCC have found that there is a much higher risk of illness or death amongst their cohort of people with complex needs in the summer, as opposed to the public perception that winter is the most dangerous time for people experiencing homelessness.

The RSI 5 guidance stated that 'local authorities should consider how their offers can be flexible and respond to seasonal demands, including winter and other surge provision (with no expectation of additional funding from the Department for this purpose in year)'. It is encouraging that the guidance sets expectations for responding to seasonal demands. Although there are examples of this happening in some local authorities, there is not yet a sense of whether local authorities are taking this forward across the board due to the abnormal influence last year of the Protect and Vaccinate funding and high pressures from Covid-19. This winter will therefore be a test and the Kerslake Commission's 2023 Progress Report will reflect back on this.

The previous difficulty with progressing long-term strategic planning, as highlighted by local authorities, was that they would not know how much the winter pressures funding would be. However, winter should now be provided for as part of the RSI longer-term funding and therefore longer-term planning for severe weather can be put in place. It must be noted, however, that there should be a supplementary winter pressures fund for unusually severe weather, as this is unanticipated and would not be covered by the normal RSI funding. DLUHC should acknowledge that winter could still require more funding, even if the local authority makes plans in advance.



Chapter 5: Housing associations and homelessness organisations

I. Commitment to collaborate

Recommendation: The Commission recommends that the National Housing Federation, working with Homes for Cathy, continues to promote the positive work done by housing associations and drives forward this commitment to collaborate with their members to prevent and relieve homelessness. The Commission also recommends that the LGA continues to promote the benefits of local authorities and housing associations working together to develop solutions and longer-term strategies.

RAG rating: Amber-Green 

Housing associations are not public bodies, and therefore do not have a legal duty to address homelessness. However, housing associations do have a social responsibility, and an important role to play in the provision of secure and safe accommodation and support for people who are homeless or at risk of homelessness.

The Commission therefore welcomes the work that the National Housing Federation (NHF) is taking forward to support housing associations to contribute to homelessness solutions, and their positive response to the publication of the Commission's final report in 2021, stating that 'Housing associations are ready to play their part as they have throughout Everyone In.'⁷⁷ The NHF has updated its Commitment to Refer guidance to strengthen the advice around data protection, with the aim being to make it easier for housing associations to share information with local authorities around households at risk of homelessness.⁷⁸ They have clarified the distinction between consent to referrals and consent to data processing, and given advice on how to overcome any barriers.

The Commission expects that more housing associations will sign up to the Commitment to Refer off the back of this guidance.

The NHF is also working with the LGA, running a series of workshops for local authorities and housing associations around partnership working to end homelessness. Many housing associations already actively contribute to homelessness prevention and relief (for example through the Commitment to Refer, allocating homes to homeless families and single people, and providing supported housing) and the NHF is working with the Chartered Institute of Housing on a resource that gives examples of this work, which will be a helpful good practice guide.

Homes for Cathy, the national alliance of housing associations, is also doing constructive work in this space, for example continuing to promote the positive work of housing associations to address homelessness via a programme of regular best practice workshops, which are attended by local authorities in addition to housing associations. They also encourage members to operate flexible allocations and eligibility policies which allow individual applicants' unique set of circumstances and housing history to be considered, and to consider constructive solutions for applicants who may be rejected on the basis that they are perceived as having a high risk of tenancy failure.

Case study

Midlands-based housing association whg owns and maintains around 21,000 homes. Tenancy sustainment has long been an organisation-wide priority, and whg has an ambition to not evict anyone into homelessness, with this work starting before a tenancy begins. Prospective customers are contacted so that whg can understand their personal circumstances and tailor the service to meet their needs.

When the pandemic hit, whg built on this bespoke approach and developed a new style of conversation with their customers that ensured more vulnerable tenants received a tailored and supportive service. Called Collection with Care, this approach was based on personal contact and 'easy

read' letters, with Income Collection positioning themselves as an extra cog in the support system rather than as an enforcement team. Collection with Care is now seen as an approach that could be used more widely in whg's service.

During lockdown, whg called 6,000 people to check on their welfare. Colleagues got to know people and proactively developed a more trusting relationship that meant when there was a problem, the trust was already there. Following these calls, rent arrears reduced, even for older people who have traditionally had very low levels of rent arrears.

Shared with permission from the National Housing Federation.


During the pandemic, many housing association tenants were at risk of financial hardship and rent arrears. In recognition of this, housing associations pledged that no one would be evicted from a housing association home as a result of financial hardship; that they would help people get the support they needed; and that they would act compassionately and quickly where people were struggling. Later, the temporary evictions moratorium meant that housing associations were unable to take enforcement action against these tenants in order to recoup the missing rent, and/or evict them. The commitment housing associations had made led to a more personalised approach to rent arrears and evictions.

Some of these changes were already taking place before the pandemic, as housing association eviction numbers have been falling since 2014, in part due to associations trialling new ways of working in order to support tenancy sustainment. However, the evictions moratorium accelerated this through changes to the housing association operating model. This primarily involved a faster evolution of culture and practice, from process-led to support; flexibility and a trauma-informed, empathetic approach; increased reliance on the knowledge and judgement of colleagues; and building stronger relationships of trust with tenants. Many housing associations are now embedding these changes

as permanent ways of working, meaning that tenants are more likely to receive personalised, flexible support to enable them to maximise their incomes and stay in their homes.

2. Monitoring housing association performance on homelessness

Recommendation: To incentivise housing associations to prevent and contribute to homelessness solutions, the Regulator of Social Housing should monitor performance in this area.

RAG rating: Amber-Red 

There is a question around how to incentivise housing associations to adopt a baseline level of performance around homelessness, given that no public duty can be placed on them. The Commission's recommendation in its Final Report was that the Regulator of Social Housing would be best placed to monitor performance, the purpose being to promote transparency and have the information in a public domain which comparisons can be made on. This could have the potential of leading to more obligatory powers, depending on the effectiveness of just monitoring.

When it comes to monitoring by the Regulator, there is already a helpful template set out for this by the Scottish Housing Regulator, which plays a key role in the monitoring and inspection of homelessness services in Scotland, and contains homelessness prevention within its remit. This could be a useful starting point for a framework for England. Homes for Cathy has been pushing forward this recommendation, for example by submitting evidence to the DLUHC Select Committee Inquiry.⁷⁹ There are challenges, however, in the Regulator of Social Housing (RSH) implementing this in England due to different aims set out in legislation. As the RSH does not have the powers to decide policy, this should come from DLUHC.

In the Government's recently published rough sleeping strategy, it set out the definition of 'ending rough sleeping' as ensuring that rough sleeping is prevented where possible; and when it does occur, that it is rare, brief, and non-recurring. As part of the metrics for evidencing performance on ending rough sleeping, and tracking flow, DLUHC should be carrying out scrutiny on reducing evictions and abandonments from housing associations. This should involve recognition that there are occasions when housing providers unavoidably need to evict where the risk cannot be mitigated, though this should not be eviction to the street. This would incentivise housing associations to do more around prevention. Further, this data is already individually reported at a registered level, so it is a practical and feasible step for DLUHC. Legislation could be a possible vehicle to achieving this, and Homes for Cathy is tabling an amendment to the Social Housing Regulation Bill to this end. The amendment seeks to give the Regulator the ability to set consumer standards for registered providers on work to safeguard and promote the interests of people who are, have been, or may become homeless.

Alongside this, it has been helped by, as stated above, the NHF updating its Commitment to Refer guidance to strengthen the advice around data protection, making it easier for housing associations to share information with local authorities around households at risk of homelessness. Measurement of evictions should be accompanied by a metric that monitors lettings to households experiencing or at risk

of homelessness, to monitor what contribution housing associations are making in this area and help explain why eviction rates may be high or low. This data is already collected through the National Register of Social Housing (NROSH). Monitoring of homelessness evictions and lettings could come either directly from DLUHC, or through a mandate to the Regulator, with the RSH playing a role in facilitating transparency around reporting.

It is important to note that housing association work around homelessness is not focussed on delivering support, which many smaller housing associations may struggle with. It is simply that housing associations should be considering a wider range of what they can offer for this cohort. For example, this may be providing accommodation for Housing First, or considering sites that they are developing for modular accommodation as an interim measure.

New recommendation: There should be scrutiny from the Regulator on reducing evictions and abandonments from housing associations, with a recognition that there are occasions when housing providers unavoidably need to evict where the risk cannot be mitigated, though this should not be eviction to the street.

3. Accreditation of the workforce

Recommendation: Staff in the homelessness sector support very vulnerable people, often with complex needs, and it is essential that they have the right competencies to do this job. To recognise the challenging job that they do, it is recommended that Homeless Link convene a consultation on professional accreditation. This should cover all areas of the workforce and include understanding the integration of specialist support, such as mental health and immigration advice.

RAG rating: Green ●

To deliver homelessness services, we need a confident and skilled workforce which is proud to represent the sector. Both attracting and retaining high quality staff are crucial given the current climate of workforce shortages. Yet the skilled work of the homelessness workforce is currently not recognised. As a result, organisations can often struggle to recruit, and a lack of recognition can impact on workforce engagement. Many frontline workers report that they do not feel as though they are recognised as skilled by the statutory service staff that they work alongside, which impedes their work. It is also essential that there is a high and consistent standard and quality of care and support across the country, which accreditation would encourage.

Homeless Link has taken forward the work on accreditation, consulting with homelessness providers, local authorities and commissioners from across England. Expert Citizens are in contact with Homeless Link and are working with them on the consultation on workforce accreditation. The initial findings from the consultation have shown that there is a strong appetite for a pathway of accredited courses, from someone newly joining the sector through to the leadership of it. Accreditation is seen as an effective way to achieve a consistency of approach and to professionalise the workforce; to retain staff by providing a nationally recognised career pathway; to develop pride in the work; to demonstrate the complexity of work that staff undertake; and as a means for the homelessness workforce to be valued professionally as equals by the wider health and social care sector.

Homeless Link is currently piloting an accredited course, the Level 3 qualification in Supporting Homeless People. This is a 20 week plus course, which 'aims to give frontline staff the skills to practically support someone who is experiencing homelessness or at risk of homelessness whilst understanding their needs and focusing on their strengths and personal goals.'⁸⁰ Homeless Link delivers the sessions whilst the Chartered Institute for Housing is the registered centre, providing assessment and feedback to learners. Two cohorts of learners have now graduated from the course, and have reported that the course had a positive impact on their knowledge, confidence, and ability to support multi-disciplinary colleagues.

However, the potential obstacle to the roll-out of an accreditation course which meets the standards required is funding. Providers will have to meet the cost of accreditation, and the main challenge is how to create a learning pathway that is financially accessible for all organisations. If there is an expectation from local authorities that providers should have accredited staff, this will increase the costs of service delivery unless additional funds are made available.

New recommendation: The Commission would recommend expanding the scope of the DHSC's Workforce Development Fund so that it applies to homelessness organisations rather than just those who provide an adult social care service. This would look to alleviating the problem of funding for the roll out of the homelessness workforce accreditation.

Chapter 6: Health bodies

I. Embedding inclusion health in ICSs

Recommendation: The forthcoming integrated care systems in England will play a crucial role in embedding health within local delivery agencies. Guidance for the integrated care systems should stipulate that Integrated Care Boards, Integrated Care Partnerships and Health and Wellbeing Boards have a dedicated focus on tackling health inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping, and ensure that both mainstream and inclusion health services deliver trauma informed and psychologically informed services for this cohort, who may struggle to engage. This focus must also be shared by the new Office on Health Promotion. There should be an assessment of need and capacity within inclusion health services, to ensure that people are able to access care and support. As part of the Care Quality Commission's (CQC) system review framework, there should be a specific focus on whether integrated care systems explicitly reference homelessness and rough sleeping as part of their health inequality strategy. This should be used as a litmus test for the quality of integrated care systems' population health plans.

RAG rating: Amber-Green 

With the passing of the Health and Social Care Bill 28 April 2022, ICSs, and their constituent Integrated Care Boards (ICBs), are now on a statutory footing, with ICBs formally taking commissioning responsibilities from 1 July. These reforms are an opportunity to enable increased partnership working, and to move to a more preventative approach. This is key in addressing the health needs of people who are at the sharp end of this country's health inequalities.

Discussions with senior leaders in health have demonstrated that Integrated Care Systems, Integrated Care Boards and Integrated Care Partnerships are on board with the agenda on tackling health inequalities for health inclusion populations, including people experiencing homelessness and rough sleeping, but are currently preoccupied with structure and addressing priorities such as ambulance waiting times. Many Integrated Care Boards are currently developing their five year plans and strategies, which will involve addressing health inequalities, including for inclusion health populations. It is therefore a crucial period to ensure that the needs of people experiencing homelessness and rough sleeping are embedded into ICS thinking. There must be a shared message that the population in question is not a large one, with the number of people experiencing the most complex needs estimated to be about 58,000. Not only could concerted action from ICSs, alongside other leaders in health, make a significant difference to the health of this population, it could unlock solutions for people across all the health inequalities groups and create more capacity in the system. Less use of crisis care means more opportunity for others, and everyone can benefit from services that are compassionate, inclusive and caring.

In another positive development, on the 29 July, the DHSC published its statutory guidance on the preparation of integrated care strategies.⁸¹ The guidance recommends that 'disparities in health and social care' is an area which should be considered in integrated care strategies, and states: 'The integrated care partnership should set out how to address unwarranted variations in population health, and disparities in access, outcomes, and experience of health and social care across their population throughout their integrated care strategy.' The guidance adds that inclusion health groups such as people experiencing homelessness or sleeping rough 'can face multiple disadvantage, and strategies could include a focus on what can be done for those experiencing significant, and multiple disadvantage.' However, this falls short of stipulating that strategies must include a focus on inclusion health groups.

The guidance notes that the joint strategic needs assessments which are intended to inform integrated care strategies will not always capture all of the data needed, as inclusion health groups are often underrepresented in or excluded from data capture. As a result, it recommends that integrated care strategies should identify where more research or evidence-gathering is needed in order to accurately assess the needs of the local population. Updated guidance for health and wellbeing boards published around the same time similarly recommends that in developing joint strategic needs assessments, health and wellbeing boards should consider a broad range of issues across all demographics, including the needs of disadvantaged or vulnerable groups such as inclusion health groups.⁸² The new integrated care strategies are due to be published in December 2022, and so it remains to be seen to what extent these strategies will focus on the needs of inclusion health groups.

NHS England (NHSE) is working to influence the embedding of inclusion health within ICSs in a number of ways. One of the primary methods is the Core 20 PLUS 5 approach, which aims to 'support the reduction of health

inequalities at both national and system level.' The approach defines a target population cohort – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.⁸³ CORE20 is the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).⁸⁴ PLUS refers to 'ICS-determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone';⁸⁵ this would include people experiencing homelessness and rough sleeping in many ICSs. As a result, inclusion health populations are writ large into the Core20PLUS5 approach to tackling health inequalities. The '5' are clinical focus areas: maternity; severe mental illness (SMI); chronic respiratory disease; early cancer diagnosis; and hypertension case-finding.

In support of the Core20PLUS 5 approach, ICSs will be supported to develop Health Inequalities plans that include their Inclusion Health populations, through the use of a commissioned inclusion health planning tool currently in development. Guidance is currently being co-produced and developed with stakeholders to further clarify NHSE's expectations and definitions around the ICS-defined PLUS population groups, including detail on inclusion health groups and homeless populations.

In addition, a refreshed Healthcare Inequalities Improvement Team inclusion health programme and plan has been developed, which is an intrinsic part of the Core20PLUS 5 approach. This highlights key national, regional and local NHS priorities and deliverables, including the implementation of NICE guidance on integrated health and social care for people experiencing homelessness; and mapping against the Kerslake Commission's recommendations to the NHS. It also includes commissioning of ICS roadmaps which enable ICSs and other strategic systems to develop plans to improve access, experience and outcomes for inclusion health groups, including people experiencing or at risk of homelessness.

Further, NHSE has put together 'heat maps' to show what the level of need is amongst specific populations across the country. These have been shared with ICS Chairs and Officers. ICSs also have their own local health data, and NHSE has asked ICSs to use this data to supplement the NHSE maps with more detail on the populations that may not show up on the national heat maps. The purpose of this data work is to enable ICSs to most effectively use their resources to meet that need. However, to ensure that this is done at a place-based level and is as targeted and effective as possible, the heat map and ICS local health data need to be knitted together with local authorities' strategic needs analysis and data, since people experiencing homelessness and rough sleeping are often a population missing from local health data.

This shows the continued need for the recommendation in the Kerslake Commission final report that there must be robust and effective cross-sector data sharing, and that NHS England should put support and guidance in place to enable local systems to share data successfully. This should include providing examples of good practice, for example, the sample Data Protection Impact Assessments (DPIAs) and Data Sharing Agreements (DSAs) that have been developed to support data linkage around homelessness. This should then be supported at the local level through the duty to collaborate.

Further work done by NHSE in this area includes recruiting for an NHSE Inclusion Health lead role; working with Health Education England to develop an inclusion health e-learning module; and strengthening the role of Health Inequalities Leads in the 2022 Health and Care Act. There has also been a recent joint appointment between the NHSE National Health Inequalities Programme and Her Majesty's Prison and Probation Service. Using the Core20PLUS5 approach, this role will attempt to tackle health inequalities in the prison population, and will work to support transition points for people leaving prison to ensure they can access the care and support they need.

At an urgent care level, an Urgent and Emergency Care UEC Homelessness Pathway has been developed, with pilots rolling out imminently; and the High Intensity User service within A&Es is being expanded, and specifically includes supporting people experiencing homelessness.

At a policy level, a coalition of organisations, including Crisis, St Mungo's, Groundswell, Changing Lives, SHP and Pathway, worked with peers to put forward amendments to the Health and Care Bill, looking to ensure that all newly created Integrated Care Partnerships have 'due regard' in their strategies to improving the health outcomes of people who experience the worst forms of health inequalities, due to social exclusion. The coalition felt that the existing health inequalities duties in the Bill did not go far enough, and legislation was needed to embed inclusion health throughout the health and care system and at the highest levels. Although the amendments were unsuccessful, feedback from civil servants reported that the intervention led to a greater focus on inclusion health populations, as is exemplified in the recently published statutory guidance on the preparation of integrated care strategies. The Commission hopes that this will also be reflected in the upcoming Health Disparities White Paper.

It was promising to see a mention of ICSs needing to take into account people's wider circumstances, including homelessness, in the health and social care integration white paper: 'The inclusion of wider determinants of health, will be key to identifying and recognising the impact that factors outside of health and social care can have on the outcomes that people achieve. This must include information about people's living circumstances – for example, homelessness or social isolation.'⁸⁶ The white paper also reiterated the emphasis on prevention. Senior health representatives have fed into the Commission that more progressive systems in health recognise the need for prevention by investing in social care. This integration of practice and funding is being reflected in some central thinking, such as the DHSC Adult Social Care white paper proposals on supported housing mentioned on page 63.⁸⁷

A barrier to ICSs having a dedicated focus on tackling health inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping, is that health services are significantly stretched, with competing priorities which are seen to affect more of the population, for example ambulance waiting times.

A further problem is that most ICSs are working with more than one local authority, which means there could be a significant divergence of expertise and context. One local authority may have a very high number of people sleeping rough, whilst another may have a far lower number; yet they both fall under the same ICS. As one public health expert commented to the Commission: 'the understanding of place is lost.' This means that the system can find it difficult to reach the level of granularity needed. Local specialised services which meet the specific need of a community risk being overlooked in the wider ICS, resulting in inadequate resourcing needed to deliver that service.


To test whether people with experience of homelessness are being given due attention by ICSs, the Kerslake Commission recommended that the Care Quality Commission's (CQC) system review framework should have a specific focus on whether integrated care systems explicitly reference homelessness and rough sleeping as part of their health inequality strategy. The Commission would add that the CQC should not just explicitly reference homelessness and rough sleeping as part of their health inequality strategy, but also look at adherence to the newly developed NICE guidelines which provide an excellent benchmark for service provision. This would create focus for leadership and culture, and provide a benchmark against which to test ambition and improvement in the future.

New recommendation: All integrated care systems should include in their forthcoming strategies (to be published in December 2022) a dedicated focus on tackling health inequalities for inclusion health populations, including people experiencing homelessness and rough sleeping. To develop good practice examples for this population across ICSs, inclusion health trailblazer ICS areas should be established, which will innovate and work together to deliver services to the standard of the NICE guideline on homelessness health. These areas could receive specific funding to reform systems at a local level, share their learning and provide support to other ICSs, as well as contributing to future iterations of the Health and Social Care Act guidance.


This recommendation on ICSs would be best carried forward by establishing a lead responsible person for inclusion health in each ICS, to show local leadership, ensure adherence with the NICE guideline, and work across geographic and service boundaries to ensure better outcomes for inclusion health groups. This lead would be responsible for the production of an integrated inclusion health plan, as part of their health inclusion strategy, drawing together housing, health, social care and criminal justice.

2. Improving access to primary care

Recommendation: It is crucial that the healthcare organisations at a local and neighbourhood level prioritise the needs of people experiencing homelessness and rough sleeping. NHS England and Improvement have released service requirements asking Primary Care Networks (PCNs) to 'work from October 2021 to identify and engage a population experiencing health inequalities within their area, and to co-design an intervention to address the unmet needs of this population. Delivery of this intervention will commence from March 2022.' As people experiencing homelessness and rough sleeping experience some of the worst health inequalities in society, PCNs should identify them as a population to engage with as part of these service requirements.

RAG rating: Green 

Recommendation: Health organisations should ensure that mainstream services are accessible to people experiencing homelessness and rough sleeping. This can be improved upon by providing flexible appointment times and training for staff to increase understanding of issues related to homelessness.

RAG rating: Amber-Green 

The release of the final NICE guideline for the integration of health and social care for people experiencing homelessness is a significant step forward in improving care for this population. It shows an explicit recognition of the intertwined nature of homelessness and poor health, stating that 'homelessness and access to appropriate housing is a public health issue.'⁸⁸ The guideline provides clarity as to what people experiencing homelessness and rough sleeping should expect from their care, as well as giving clinicians and commissioners a clear, practical guide to meeting their needs. It will also support the implementation of the Core20PLUS5 principles in Integrated Care Systems.

One of the key acknowledgements in this guideline was addressing the need to improve flexibility and accessibility in mainstream health services, explicitly stating to 'not penalise people experiencing homelessness for missing appointments, for example, by discharging people from the service.' This reflects the recommendation in the Kerslake Commission final report.

NHSE&I has also launched new guidance on tackling neighbourhood health inequalities. The guidance highlights that PCNs are required to nominate health inequality leads to champion this work. The leads will be expected to encourage and challenge their colleagues to actively address health inequalities, and advocate for resources.

Other work being taken forward to increase GP registration among people experiencing homelessness is through the Healthcare Inequalities Improvement Team, which has been working on a GP registration campaign to support all people, particularly those in inclusion health groups, to register with GPs.

Crucial to ensuring accessibility to primary care for people experiencing homelessness and rough sleeping is ensuring that the needs of this cohort are built into the initial stages of development of integrated care systems, Integrated Care Partnerships and Integrated Care Boards, as set out above. Ensuring an inclusion health lens is embedded across all NHSE core programmes and systems policies and developed through the culture of the workforce, with NICE guidelines setting the standard, would progress the accessibility of mainstream services.

One solution is ensuring a focus on people experiencing homelessness and rough sleeping in ICSs. A further measure to address the problems highlighted is increased accountability measures, so that when a service does not meet the needs of people experiencing rough sleeping and homelessness – for example, they demand proof of address – this can be raised at a PCN and ICS level. The NICE guidelines are a helpful indicator of what 'meeting needs' looks like: there needs to be clear next steps if these are not met, to enable service users and support organisations to see a change. Services should be held accountable and supported to improve.

New recommendation:

The Government should consult on the development of a clear accountability mechanism to raise concerns at PCN and ICS level when services do not meet the needs of inclusion health groups, with a clear route for action and an offer of help and improvement. This mechanism should be co-produced with people with lived experience.

3. Social care

Since the final report of the Commission was published in September 2021, the adult social care reform white paper 'People at the Heart of Care' has been published.⁸⁹ This recognised the centrality of housing in meeting people's health and support needs, stating that: 'every decision about care is also a decision about housing.' It also pushed the central messages, which the Kerslake Commission would echo, that: 'no organisation can deliver this change alone,' and so collaboration is required across commissioners and providers of health, social care and housing, as well as homelessness support services.

It is becoming clearer and clearer that there is a crisis in social care. A fully functioning and effective social care system has the potential to be a central pillar in preventing people from rough sleeping or becoming homeless in the first place, and from preventing people who may otherwise return to rough sleeping from doing so. Currently, there are areas where there are examples of excellent work, but this is not happening systematically and is dependent on relationships at an individual level.

One of the first problems is that the importance of social care is often not recognised when supporting someone experiencing homelessness. A person's homelessness is often seen solely as a housing matter, as opposed to someone who requires their health, social care and adult safeguarding needs to be met. As the Association of Directors of Adult Social Services (ADASS) have stated: 'the role of adult social care, in partnership with housing and other sector partners, is often underestimated or misunderstood.'⁹⁰

Providers of homelessness services have fed back to the Commission that they felt people experiencing homelessness and rough sleeping were experiencing inequality and exclusion, due to not being prioritised in social care from adult safeguarding services:

"We do a lot of safeguarding alerts but the safeguarding team are slow. We need to be able to prioritise people who are sleeping on the street. There is a lack of trust. The people we work with are never prioritised and are seen as difficult. They're not prioritised because they're not in a traditional setting. We put out a safeguarding alert and sometimes get nothing back. Then it has to go to escalation and takes away the resources we have. It's much easier for someone to get the right services if they're in accommodation."

In addition, those supporting people experiencing homelessness and rough sleeping have said that there is a difficulty in meeting thresholds for Care Act assessments and support. They are often told that the individual's care needs are too low and therefore do not warrant assessment, or ironically that they are too high and the appropriate provision is not available. In regards to the first point, it should be noted that if one can demonstrate to any degree that there may be a care need, then there is a duty to conduct an assessment to find out what the needs are. However, providers of homelessness services are often unaware of this, or this low threshold for assessment is not followed by adult social care.

In regards to the second point, it has been raised that there are limited options for placing people following an assessment, and a lack of appropriate accommodation for the individual's needs. This may be a lack of spaces in women-only accommodation, or a lack of appropriate care homes or accommodation with the capacity to support people with additional and complex needs, including substance use. Although it is possible to spot purchase bespoke care from agencies, due to gaps in commissioning there can simply be a lack of accommodation options – for example when there is only a flat on the top floor of a block with no lift, and the individual has mobility difficulties. There is also a level of risk aversion, meaning that social care is reluctant to commission the appropriate support to sustain people in accommodation within the community – and may fail to offer support or resort to residential, older people's accommodation instead: "We're working with a young man with mental health issues, an ex-drug user, he's now in nursing care at £2,000 a week because of the reluctance of domiciliary care to support him in the community, because of his history."⁹¹



This should not, however, result in someone having to sleep rough. There must be a shared understanding that interim accommodation should be sourced, with wraparound care to support with difficulties, and more appropriate accommodation should be sourced as soon as possible. Alongside this, to develop more options which are suitable, there should be increased focus on the Kerslake Commission's recommendation on increased sub-regional service provision. This would assist with the challenge around accommodation, as it would allow for more specialised service options and the ability to use beds not directly in the local authority.

Another difficulty raised by providers to this Commission was that social care bodies often dispute which area has responsibility for assessing and meeting the individual's care needs, as people sleeping rough or experiencing homelessness are often more transient. This can mean that needs assessments then take far longer to carry out.

Sometimes there can be a lack of understanding of the complex needs of this group amongst social care workers, and the failure to adapt accordingly. For example, social care workers may not appreciate the importance of establishing longer term trusting relationships, or going out to meet people where they are, rather than expecting them to be in traditional accommodation-based services. This was reflected in the Kerslake Commission final

report by a focus on healthcare professionals working in mainstream health organisations, but it is equally important for those working in social care. Similarly, the Kerslake Commission final report made a recommendation on embedding specialist workers into generic outreach teams, such as drug and alcohol or mental health workers. It is important that there is further work on embedding social care workers in outreach teams, alongside further awareness among the social care workforce for the needs of this cohort, in order to ensure that the model is not overly reliant on a single specialist.

In a similar vein, there is a lack of recognition of self-neglect among people sleeping rough or experiencing homelessness, and therefore of appropriate safeguarding for this population. This can mean that Care Act and Adult Safeguarding referrals are not made when they should be. Self-neglect is defined by the Social Care Institute for Excellence as 'extreme lack of self-care ... to an extent that it threatens personal health and safety.'⁹² However, there is a lack of understanding of what self-neglect is (for example, no universal understanding of chronic alcohol use as self-neglect); a lack of awareness of the fact that self-neglect should trigger a safeguarding enquiry; and a reluctance to recognise some situations as self-neglect, as opposed to 'lifestyle choices' and housing situations.⁹³ A report commissioned by DHSC to analyse Safeguarding Adult Reviews where homelessness was a factor found that eight of the 14 Safeguarding Adult Reviews examined

had reported cases where there was evidence of self-neglect, but none of them had resulted in a statutory enquiry under section 42 of the Care Act 2014.⁹⁴ There needs to be far more awareness amongst the workforce about the nature of self-neglect, and the role of self-neglect in raising safeguarding enquiries.

It must be highlighted that a core part of the difficulties faced is due to workforce capacity and efficacy. This is the case across adult social care, as well as interrelated workforces such as the homelessness workforce, the mental health workforce, and the drug and alcohol workforce. This lack of capacity causes particular difficulties in relationship building, which is core to working with people who have experienced homelessness and rough sleeping, and who may be wary of services. In the 2021 final report of the Commission, it was recommended that there should be accreditation for the homelessness workforce. As highlighted on page 57, work is underway on this. However, this only goes so far. For example, adult social care does have professional accreditation. And yet, in discussions surrounding this progress report, it was stressed that the workforce is still burnt out and underpaid, and lacking in capacity.

A significant issue is that there are two separate pieces of legislation for homelessness and social care – the Homelessness Reduction Act 2017 and the Care Act 2014 – and it is not always clear how they work together. Which piece of legislation an individual is placed under is subject to local variation. The legislation they are placed under then determines the pathway they are put on, and often what support they are able to access. For example, in some areas people can only access supported accommodation through the Care Act. This means that if an area identifies the person as primarily homeless, and they are taken through the homelessness route, they cannot access the same supported housing. Similarly, vulnerability is defined differently under the Homelessness Reduction Act and the Care Act, leading to difficulties for individuals whose needs should fall under both Acts and yet may not fulfil the criteria for one.

In August 2022 St Mungo's published a report with new data on the care needs of people experiencing homelessness, adding to the limited existing literature on this topic with further insights into the challenges of ensuring appropriate access to care. The report, 'Life Changing Care: The role, gaps and solutions in providing social care to people experiencing homelessness', found that there are significant levels of care needs within homelessness services, and among people living on the streets; and that service staff face a number of barriers to fulfilling these care needs.⁹⁵

Some of the key challenges identified by the review included the very limited supply of specialist care homes equipped to support people with complex needs; challenges in accessing the Care Act assessment process; and staff finding adult social care teams to be unresponsive or inflexible when dealing with people experiencing homelessness or rough sleeping. The report concluded that improving access to domiciliary and residential care will help prevent those with complex care needs from becoming stuck in the hostel system, or becoming caught in a cycle of returning to sleeping rough, and made a series of recommendations some of which are referenced in this progress report.

The adult social care sector is also beginning to recognise the important role that care can play in supporting people to recover from rough sleeping or homelessness. In July, the Association of Directors of Adult Social Services (ADASS) released a document in collaboration with the LGA called 'Care and support and homelessness: Top tips on the role of adult social care.'⁹⁶ The guidance note is aimed at directors of adult social services and their teams, and examines the role of social care in supporting people experiencing and recovering from homelessness. The guidance states that 'many people who are homeless have unmet care and support needs,' and emphasises that 'Putting the person experiencing homelessness at the centre and changing the nature of the relationship is critical in all areas of the care and support journey.' The document gives advice on best practice in the areas of partnership working; co-production of services; Care Act assessments; safeguarding; workforce training and development; and commissioning and working with providers.

The Government's newly released rough sleeping strategy recognises that,

'Many people sleeping rough experience early onset frailty equivalent to people who are in their 80s, but struggle to access the long-term care and support (including through Care Act Assessments) that they need or do not access primary care services. It is vital that those with physical or learning disabilities and those living with mental ill health can access support when they need it.'

It references the Housing Transformation Fund, which was announced in the Adult Social Care White Paper, with its potential to improve access to supported housing, health and care for people who are sleeping rough or may be at risk of sleeping rough and for whom long term supported housing is appropriate. Join up with other funding streams will be crucial for achieving this.

New recommendation: There are new opportunities in adult social care to build an integrated approach with health and homelessness. In delivering the future vision for adult social care, including the delivery of the Integration White Paper and the Adult Social Care White Paper, the Government should encourage the integration of funding which is available to all the different partners, with clear directives that there should be join up.

New recommendation: Currently, too many people experiencing homelessness and rough sleeping are pushed down a housing pathway, rather than their care needs being recognised. The Government should emphasise the importance of carrying out timely and thorough care needs assessments for people experiencing complex needs, which recognise the different circumstances that a person rough sleeping or homeless is in. It must also be re-iterated that everyone is entitled to a Care Act assessment, regardless of whether the local authority thinks their needs will be eligible. This should be highlighted in the Duty to Cooperate guidance being developed for the Health and Care Act, as well as the refreshed rough sleeping strategy. The Government should also commission further research around what the barriers are for people accessing a Care Act pathway, to inform the best solutions to this issue.

New recommendation: To address the issue of the efficacy of adult social care teams when working with people with complex needs, and to help ensure that the appropriate care is provided, local authorities and the Chief Social Worker should make the social care workforce clear on their responsibilities towards people experiencing homelessness and rough sleeping, and that it is particularly important to recognise and act on self-neglect.

New recommendation: The introduction of a new Assurance Framework for Social Care should include a duty on the CQC to assess local authorities' delivery of adult social care, and a power for the Secretary of State for Health to intervene where the CQC finds that a local authority is failing to meet its duties. The Assurance Framework measures developed by the CQC should include measuring how local authorities' social care provision meets the needs of and is accessible to people experiencing homelessness and rough sleeping. Part of this should be looking to assess whether they are exploring joint commissioning with homelessness, health and housing services.

Conclusion

The Final Report of the Kerslake Commission set out the need for the emergency response to the pandemic to become the ‘new normal’, with prevention, response and recovery at the heart of it.

There has been significant progress in the last year on both embedding parts of the work of Everyone In, and on moving towards the vision of the system set out in the Final Report: whereby rough sleeping is prevented, the person is at the centre of the system, collaborative working is woven into the fabric of the response, and rough sleeping and homelessness are recognised as both housing and health issues. For example, the sector now has a three year funding settlement; a new Rough Sleeping Strategy has been published; and there have been encouraging steps forward in health, for example the NICE guideline on integrated health and social care for people experiencing homelessness. From the Commission's 2021 report, 27% of the recommendations have now been RAG rated green.

However, many contributors to the Kerslake Commission are nonetheless deeply concerned that the Government will not meet its manifesto commitment in this parliamentary session. We are facing new challenges, and the joined up working which was so present during the pandemic is fading into distant memory. Collaboration will need to be built in at all levels of the system, with strategic planning supported by long-term and joined up funding; and a welfare system which supports people to stay in their own home – particularly pertinent during a cost of living crisis which is affecting all of us, although not equally. As with the pandemic, we may all be in the same storm, but we are not in the same boat.

Another key area to focus on in the next year is the response to non-UK nationals facing destitution. The Everyone In initiative shifted the approach towards non-UK nationals with limited or unclear entitlements, as the support that was provided was interpreted as being applicable to everyone, irrespective of immigration status. This was considered to be a key reason behind the success of the emergency response and it remains a crucial part, but one which is overlooked in the Government responses to rough sleeping. There is a moral responsibility to help people who are destitute, which applies no matter your immigration status. Without the directive from central Government, it is nearly impossible for local authorities to help those with unclear or limited entitlements due to immigration status. This remains a group who have few places to turn for help, and as a result are stuck or have returned to sleeping rough.

The Commission is wary that the rate of decline in the number of people sleeping rough is slowing, and the recent CHAIN data indicates that there could well be an uptick in the numbers when the annual count takes place in autumn. The decrease seen during Everyone In must not be taken for granted, and with the end of the Protect and Vaccinate funding and the cost of living crisis, the number looks likely to increase once more.

The Government has set out that it wants to see a system where rough sleeping is ‘rare, brief and non-recurring, and prevented where possible.’ This Commission has set out how to achieve this, and will continue to hold all parts of the system accountable to ensure it is delivered upon.

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