



# UK Homelessness: press the reset button

Pathway, the Faculty for Homeless and Inclusion Health, and the LNNM call on government to continue the groundbreaking approach to housing and healthcare provision for people experiencing homelessness, that has been set up as part of the national response to Covid19.

We acknowledge and are grateful that UK Government and local authorities distributed previously unimaginable funds to quickly mobilise rough sleepers off the streets and into accommodation at the outset of the public health crisis. We have a once in a generation opportunity to achieve something remarkable: we can end homelessness. And we can do this as a direct result of the public health approach driven by the COVID-19 emergency. It was a huge change and achievement to move people out of homelessness. We are calling for this change to be made permanent.

The government committed to ending rough sleeping 'by the end of this Parliament' and had already announced significant new funding for Housing First, and drug and alcohol treatment initiatives. The government's 27th March instruction to Local Authorities to "bring everyone in" means that this target can be met, now in 2020.

Pathway, the Faculty, and LNNM members have direct first hand experience of how this mass hotel accommodation of rough sleepers is working. Those now accommodated do not want to go back to the street; and the benefits achieved of rapidly housing all these people will be reversed if they are discharged without proper forward placement.

The COVID-19 emergency response has brought together private sector providers, housing providers, voluntary sector help, and improvised medical support. The emerging impromptu teams are reaching towards the ideal set out by the Faculty for Homeless and Inclusion Health of "individual care coordination supported by multidisciplinary teams"<sup>1</sup>. New supportive relationships have been formed, and can provide the basis for the next phase: we now need to start planning and organising.

In the hotels currently housing a large proportion of London's homeless population, there are many vulnerable people with complex needs. For now, multidisciplinary teams support them, and they have accommodation. There is an opportunity here to sustain their care, keep them housed, and keep them safe that will be lost without immediate action. Increasing capacity for experienced staff to undertake casework and health assessments are urgently needed. We call for healthcare considerations to be at the heart of any future housing plans from the government.

**Case study: Sarah, 34.** Some details changed to maintain anonymity.

Sarah has very limited English, and no known family. She was sleeping rough in London until being housed in a hotel in March. She was assessed by a mental health team in the hotel who feel she probably has a Learning Disability. She needs occupational therapy, casework to find her appropriate housing, and ongoing specialist support. She is at high risk of significant harm if she is discharged back to the street.

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<sup>1</sup> Hewett N. Editor. Homeless and Inclusion Health Standards for commissioners and service providers. V3.1 Pathway London Oct 2018. <https://www.pathway.org.uk/standards/>

**Case study: Joe, 28.** Some details changed to maintain anonymity.

Joe has a diagnosis of bipolar and is not on medication. Before being housed in a hotel, he was sleeping in a building where he was also working. There are concerns that he is a victim of modern slavery. This is his first contact with services in five years. He also has physical health needs that require ongoing care, including wounds. He needs further assessment, ongoing care and suitable housing.

There is a remarkable level of agreement across society about what needs to be done and how to do it. Crisis has set out a comprehensive plan<sup>2</sup>. For many rough sleepers coming in off the street this will require a 'Critical Time Intervention' or a move into properly supported Housing First.

### **Some key points emerge from discussions with Faculty members.**

- **People experiencing homelessness are particularly vulnerable to COVID19** due to high levels of multi-morbidity. It will not be safe for them, or for the general population, to end the "Everyone In" initiative until the last stages of ending the lockdown are reached, and when large gatherings are again permissible.
- A proportion of **those with complex needs** have not responded well to the hotel with security option and have been evicted or returned to the streets. It is vital that this group are not treated as "intentionally homeless" and later prevented from accessing more appropriate future support
- Every person currently brought in needs a **comprehensive assessment** to plan for permanent onward placement. So far such assessments have not been funded, and in most areas it is not clear who should be responsible for undertaking this.
- **'Exit health strategy'** recommendations should be drawn up immediately to guide health work on the ground at the individual hotels.
- All GLA hotels should be asked to summarise peoples known health needs, and **identify the clients of most concern** in terms of 'move on' as soon as possible.
- All hotels should start to have a **weekly case management** focused MDT meeting looking at engagement, recovery and move on options for all clients, with a named member of health staff to support move on.
- **Assessments of future health staffing required** going forward should be forwarded to CCG leads.
- The process of rapidly and permanently re-housing this group would be helped by legislative changes. Chiefly, **removing the requirement to demonstrate "vulnerable and priority need"**. It would be desirable to automatically accept that all "shielded" people, including those in Covid protect facilities are considered vulnerable and priority need under the 1996 Housing Act.
- The group of people with no recourse to public funds is made up of a wide range of EU citizens and other vulnerable migrants. Many will ultimately be entitled under the EU Settlement Scheme or could be supported by immigration legal advice. **A temporary right of access to public funds** would allow time for support to be given and housing routes to be accessed while long-term rights are established.
- All newly housed people **will need long term funded support**, ranging from light touch support to a full range of bespoke health and housing support services, included in the "Housing First" offer.

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<sup>2</sup> Downie M. "Everybody In: how to end homelessness in Great Britain". Crisis, London 2018. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/international-plans-to-end-homelessness/everybody-in-how-to-end-homelessness-in-great-britain-2018/>