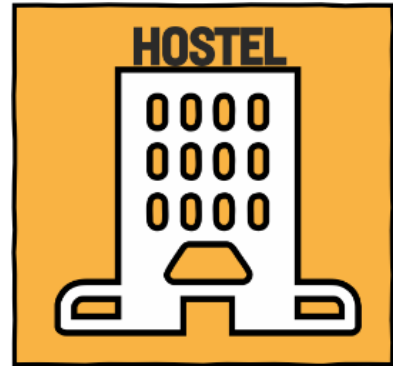
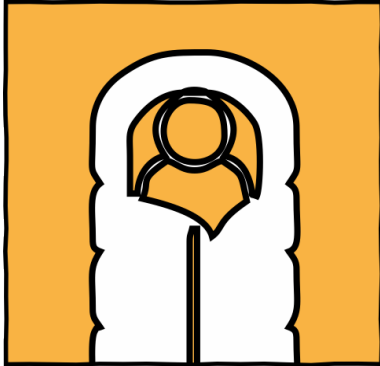


# City Voices

## Learning from the response to rough sleeping in the City of London during COVID-19



Commissioned by  
and for



Research by  
Becky Rice and Sarah Hough

**b r** research



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This research has been funded by and for the City Corporation and The Healthier City and Hackney Fund.



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<sup>1</sup> The geographical area of the City of London will be referred to as such throughout this report and the City of London Corporation will be referred to as 'City Corporation' throughout.

# 1. Summary

## 1.1. Introduction

- This report presents the findings of an independent, rapid research project about the City Corporation's work to help people rough sleeping to access accommodation off the streets during the Covid-19 response between March and November 2020.
- The aim of the research was to capture learning and insight from this unique period and to help inform the future of services in the City of London – both generally and specifically regarding the new assessment centre and high support needs hostel.
- The research focused on people who have slept rough for long periods and may be resistant to traditional routes off the street, or who have found that existing services do not meet their needs.
- The research was largely qualitative. Interviews were undertaken with 19 people who had been accommodated during the Covid-19 response and nine professionals who worked on the Covid-19 response to rough sleeping.
- The report explores 'coming in' – why people moved into accommodation; 'staying in' – what made placements successful or not; 'moving on' – what comes next for people who were accommodated during the period; and learning for the future.

## 1.2. Coming in

Once lockdown was announced, the City of London changed dramatically and it was far harder to survive on the streets. 'Push' factors meant people felt they could no longer stay outside on the streets. These included:

- **Reduced footfall** – it was harder for people to obtain money and food from members of the public; this was a particular issue for those reliant on money from the public to buy drugs without which they became very unwell.
- **Fewer facilities** – from cafés and day centres to libraries, places to shelter, wash, use the toilet and obtain food and drink rapidly shut.
- **Shift in messaging from outreach and police** – there was a more assertive message from the police and outreach services to take up accommodation.
- **Fear of Covid-19** – people often reported increasing concern about Covid-19 as the pandemic took hold.

'Pull' factors, which positively encouraged people to take up accommodation offers, included:

- **Immediacy** – the concept and profile of the government's Everyone In directive conveyed an urgency and a right to people self-contained spaces.
- **Minimal conditionality** – the public health driven approach enabled people to access self-contained accommodation as a priority; other issues around welfare benefits and stipulations around engagement came later.
- **Carter Lane hostel** – the location in the heart of the City of London and the property previously being a youth hostel rather than a traditional homelessness hostel were among motivators.

Barriers to securing or accepting accommodation during the pandemic included:

- Some interviewees were not offered hotels very quickly.
- Some people who continued rough sleeping felt that being outside represented a low risk of catching Covid-19.
- Some people were completely disinterested in being any part of ‘the system’ including benefits and housing.
- Mental health problems made services inaccessible or undesirable to people.

Interviewees described many barriers to moving off the streets before the pandemic. Notable examples were a lack of accommodation for those with higher support needs; scepticism about outreach and accommodation offers due to previous poor experiences; very high levels of drug dependency making drug supply a priority and leaving no time to work with services; issues for women who had experienced violence and exploitation in getting the trauma-informed, gender-informed services they needed.

### 1.3. Staying in

Several key factors that helped people sustain their emergency accommodation were identified:

- **Health first approach** – Everyone In provided a clear focus, getting people off the streets and helping them to stay safe and providing conditions to self-isolate. This enabled a more flexible and person-centred approach with far fewer “hoops to jump through”.
- **Accommodation being ‘eligibility blind’** – this meant that outreach staff did not have to clarify people’s eligibility for benefits before getting them into accommodation.
- **Staff and approach to support** – those who had stayed at Carter Lane provided very positive feedback about the staff team. People found that the team were friendly and person centred. Clients valued the lived experience of homelessness within the staff team.
- **Covid security and all resources for self-isolation** – in both Carter Lane and other provision (hotels), people generally felt safe from Covid-19. The aim of providing a place of safety for people was felt to have been achieved. All food was delivered to people’s rooms. In addition, people were provided with mobile phones. Some had taken up opportunities to do online courses on tablets provided.
- **A network of support – partnership working and in-reach support**
  - In-reach and partnership working were central to the Carter Lane model, especially in the early days of the service. This included working with health, mental health, substance misuse and other homelessness services. Rapid scripting for people suffering withdrawal from drugs was a key element of this. The Rough Sleepers Mental Health Project (RAMHP) team were able to provide in-reach, person-centred support to clients staying in Carter Lane.
  - Those in other accommodation (both hotels and hostels) reported similar benefits from a holistic and in-reach approach during lockdown.

- For those with an existing relationship with navigators or Street Impact staff, or a strong link with outreach staff, this provided consistency which continued with their move on from Carter Lane.

Barriers to staying in accommodation during Covid-19 once a space had been secured included the expansion of Carter Lane from 20 people to up to 43 people, which reportedly overwhelmed some people and women struggling to get the right support to stay safe and stay indoors during the pandemic.

#### 1.4. Moving on

- Most people interviewed did not have a clear plan for moving on from Carter Lane; some felt anxious about this and potentially returning to rough sleeping.
- People wanted a range of accommodation options; each person had different reasons for their preferences. For example, several people, and particularly those in early recovery from drug dependency, were clear that they did not feel their own tenancy would be the right option for them in the short to medium term.
- People were fairly open minded about where they might eventually live. Most wanted to live in London and some stated a broad preference – for example, east London or just beyond east London. Several people needed to live in places that were not ‘drug hotspots’ or for some people away from areas where they had previous drug and alcohol connections.
- Two people had already settled in specialist accommodation after many years of homelessness; they felt that the accommodation was highly appropriate in both cases.
- Three interviewees were in social housing; in these tenancies there were clear risk factors that indicated the need for ongoing support. All had some support at the time of the interview – for example, from navigator or tenancy sustainment team (TST) staff, but it was not always clear whether this would be ongoing, or whether it was sufficiently intensive.

#### 1.5. Conclusions

- This research demonstrates the success of City Corporation’s response to Covid-19 for people who faced many barriers to moving off the streets and extreme challenges in their lives.
- Collaboration was central to the exceptional work of partners across homelessness services, City Corporation, and substance misuse and health services.
- After a ‘health first’ move to get people into accommodation, other changes followed for many clients. People provided with an attractive offer of comfortable, self-contained accommodation with meals took up health and substance misuse services and started to consider accommodation options to which they had not been open previously.
- People with higher support needs remain on the streets, so efforts must continue to build on the achievements of the last year.

- New services commissioned by the City Corporation can create a continuation to the momentum of Everyone In, and the sense of a step change in what is on offer for those who are rough sleeping.
- A diverse network of accommodation and support is needed.
- This research started a conversation that can be continued by the City Corporation to innovate in partnership with clients.

## 1.6. Recommendations

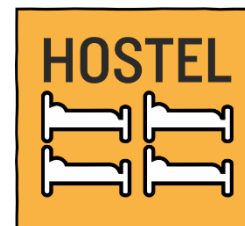
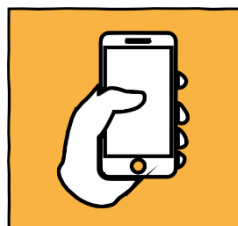
The research yielded wide-ranging recommendations, summarised here and presented in detail in chapter 8.

### **Key recommendations about the overall approach to supporting people facing barriers to moving on from rough sleeping:**

1. A trauma-informed approach should be integral to City's approach, commissioning and service delivery.
2. A health-led model should enable people to move swiftly into accommodation.
3. A gender-informed approach is required to support highly vulnerable women effectively.
4. A personal journey for everyone should be the goal, so that people's journeys are driven by their own agency rather than assumptions, stigma or constrained by limited options.
5. A culture of in-reach and collaboration should be encouraged, building on existing partnerships.
6. Rapid scripting should form an ongoing legacy of the Covid-19 response.
7. Mental health support including for those who do not have serious mental illness (SMI) should be integrated with or accessible to homelessness teams.
8. Settled accommodation outcomes are precious and highly significant to people; they should be supported for the best chance of sustainment.
9. To prevent repeat rough sleeping, people with long histories of homelessness should be offered long-term support in new tenancies whether this is through a Housing First model, Adult Social Care or intensive floating support.
10. Outreach workers should be empowered to provide rapid assistance, with up-to-date information and access to accommodation.
11. Fewer people on the streets highlights the needs of those who are still rough sleeping. Work with mental health services and Adult Social Care teams should continue with an emphasis on engagement, assessment and exploring any options people are willing to take up.

### Recommendations specific to the new services being developed:

1. The assessment centre service should include access to single room accommodation (such as hotel rooms, ideally with their own bathrooms) in or near the City of London.
2. The new accommodation service should be close to the City of London, avoiding drug hotspots.
3. Clients should be able to retain a close link with trusted workers (e.g. outreach), through their journey into accommodation and ideally as they move on to more settled accommodation.
4. Support workers or managers with lived experience of homelessness should form part of the staff teams in new services.
5. Providing a full service (food, phone etc.) to people should be considered.
6. The new accommodation services should seek to create small communities and facilitate peer support avoiding the feeling of a larger 'institution'.
7. Consultation and ideally coproduction work with people experiencing rough sleeping or accessing homelessness services should inform the new hostel to create a more client-centred service.





## 2. Introduction and methodology

### 2.1. Introduction

Groundswell was commissioned to undertake a rapid research project about the City Corporation's work to help people rough sleeping off the streets and into accommodation during the Covid-19 response between March and November 2020. The project was funded by the City Corporation and The Healthier City and Hackney Fund.

The research focused on how the City Corporation and partners worked to accommodate people who had slept rough long term or faced multiple barriers in exiting street homelessness. At the heart of this response, was the provision of a temporary hostel in the City Corporation, Carter Lane hostel. This operated alongside a network of existing services and other accommodation to create a route off the streets for many people.

The City Corporation was committed to developing new services for those facing multiple barriers to moving on from rough sleeping before the pandemic hit; the Corporation is also keen to incorporate learning from the pandemic response into its future plans. An assessment centre will provide assessment and plan the best routes away from homelessness for a wide range of people who sleep rough. A new accommodation project will focus on people with higher support needs and/or for whom services have not proven effective so far.

All the fieldwork and analysis were undertaken by the project team: Sarah Hough, a peer researcher from Groundswell, and Becky Rice, an independent researcher working with Groundswell on this project.



### 2.2. Aims

The aim of the research was to capture learning and insight from this unique period to help inform the future of services in the City of London. A specific aim was to gather any learning pertinent to the new services planned for people with experience of rough sleeping in the City of London – a local assessment centre and hostel for people with higher support needs.

As well as capturing feedback from people at this critical point in time, the City Voices project seeks to start a new, ongoing conversation or link between the City Corporation and people experiencing rough sleeping or accessing homelessness services commissioned by City Corporation. The shape and nature of this work is something City Corporation are exploring with Groundswell.

## 2.3. Methods and profile of interviews

### 2.3.1 Client interviews – methods

Interviews were undertaken with 19 people who had been accommodated during the Covid-19 response, and a researcher also went out with the City of London outreach team to meet people who were not in accommodation.

Potential interviewees were suggested by a range of relevant staff including those from the City Corporation, Providence Row Housing Association (PRHA) and St Mungo's. People were identified who had been rough sleeping in the City of London for a longer period (two years plus).

The interviews were semi structured and took place in accommodation services Carter Lane and The Lodge and by telephone. Questions explored people's journey through lockdown including their motivations for moving into accommodation, and their reflections on learning for homelessness services emerging from the pandemic, including insights into what is needed in services in the future. Interviewees were given a £20 Tesco's voucher to thank them for taking part.

### 2.3.2. Client interviewees – profile

Clients interviewed had been contacted rough sleeping in London for between one and more than 20 years, and on average more than five years. The majority were in their 30s but ages ranged from 30s to 60s. Four were women and 15 were men. Most were White British. The majority (15) had had been evicted or had abandoned accommodation projects at least once, and often several times. Many (13) had been identified as eligible for additional help via the Rough Sleepers 205 (RS205) project, the Social Impact Bonds (SIB) project or similar initiatives seeking to reach people who faced multiple barriers to moving away from rough sleeping.

### 2.3.3. Interviews with professionals

Nine professionals working in relevant roles were interviewed by telephone or via Zoom.

Figure (a) List of professional interviewees

Role	Organisation
Carter Lane Support Worker	PRHA
Supported Housing Manager	PRHA
Outreach Manager	St Mungo's
Outreach Coordinator	St Mungo's
Service Manager – Tower Hamlets and City of London Navigators	St Mungo's
Navigator Case Coordinator	St Mungo's
Team Manager – RAMHP	East London Foundation Trust
Head of Homelessness Prevention and Rough Sleeping	City Corporation
Rough Sleeping Coordinator	City Corporation

## 3. Background

This chapter provides an overview of the profile of people who sleep rough in the City of London and why the Corporation is specifically interested in exploring the needs of people who have been sleeping rough longer term. It also briefly describes the key services for people rough sleeping in the City of London that are referred to later in the report. Finally, it provides a brief introduction to Everyone In, the initiative that saw many people who faced multiple barriers to moving on from homelessness accommodated by the City Corporation.

### 3.1. The profile of people who sleep rough in the City of London

The City of London has a proportionately high number of people who have slept rough for long periods and may be resistant to traditional routes off the street, and/or have found that existing services do not meet their needs.

CHAIN annual reports for 2019/20 show that across London 22% of people seen rough sleeping had also been seen sleeping rough in the previous year. In the City of London that figure was 41%.<sup>2</sup> A look at quarterly figures is even more striking; in quarter two of 2020/21 just over one in ten (11%) of people seen rough sleeping across London were seen so frequently that they could be considered to be ‘living on the streets’ compared with nearly half (46%) in the City of London.<sup>3</sup> In the latest quarterly reports available (Quarter 3 (Q3) of 2020/21), the figures were 11% across London again and one-third (33%) in the City of London.<sup>4</sup>

The City of London also attracts people from many places, from across London boroughs, from other parts of England and the UK, and also people from other parts of the world, particularly Europe. Understanding whether people need a local offer of support, and when a reconnection is more appropriate, is a key challenge.

Of particular concern to commissioners in the City Corporation are people who are vulnerable to sleeping rough long term or moving in and out of homelessness due to support needs. CHAIN figures for the year 2019/20 show that 45% of people contacted rough sleeping in the City of London were assessed as having more than one support need relating to alcohol and drug use and mental health (this compares with 40% in London as a whole).<sup>5</sup>

Q3 CHAIN data shows that the number of people considered to be ‘living on the streets’ between September and December 2020 was 44, 14 fewer than the same period last year. There was also a decrease in the number of people identified in the ‘RS205+’ lists as having been sleeping rough for a very long period and in need additional support; six people from such lists were contacted in the City of London in Q3 compared with 11 the previous year.

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<sup>2</sup> CHAIN reports accessed via the Greater London Authority (GLA) datastore: <https://data.london.gov.uk/dataset/chain-reports> (accessed February 2021).

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Support needs recorded on CHAIN are the assessment of a homelessness professional and include both diagnosed and self-reported conditions, for example, in mental health.

## 3.2. Existing services

### 3.2.1. Key City of London services referred to

The **City of London outreach team** is commissioned by the City Corporation to support people sleeping rough in the City of London. The team operates throughout the day and night to meet people rough sleeping on the streets and work with them to find the best routes out of homelessness. In November 2020, Thames Reach became the provider; previously the service was delivered by St Mungo's.

**Crimscott St – Providence Row Housing Association (PRHA)** has 21 beds for people with low to medium levels of support needs. It is located just outside the City of London in Southwark.

**The City Lodge and The Lodge at St Ursula's (St Mungo's)** offer innovative B&B-style accommodation to people aged over 40 who have slept rough for a long time and who prefer a 'hands off' approach to support. The project was pioneered by the City Corporation and St Mungo's and considered a flagship service for the client group.

**Spot purchased beds** – as there is no hostel provision within the City of London, the Corporation has spot-purchasing arrangements for spaces in neighbouring boroughs. These include Great Guilford Street (Southwark, St. Mungo's) and Providence Row Dellow Centre hostel (Tower Hamlets, PRHA).

### 3.2.2. Key cross-borough and pan-London initiatives referred to

The **Rough Sleeping and Mental Health Programme (RAMHP)** is a Greater London Authority (GLA)-funded two-year pilot programme, which began in March 2020. There are four London RAMHP teams who work directly with local authority-commissioned outreach teams. The East London Foundation Trust provides the RAMHP in a consortium serving the City of London and the London Boroughs of Hackney, Tower Hamlets and Newham. The RAMHP connects the mental health sector and homelessness sector by supporting outreach workers to engage rough sleepers to come off the streets, to support individuals to navigate the health system and ultimately to increase rough sleepers' engagement with mental health services.

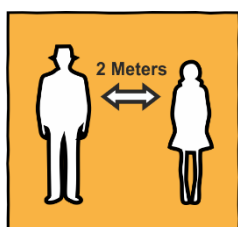
The **Tower Hamlets and City of London navigator team (St Mungo's)** works alongside both the City of London and Tower Hamlets outreach teams. Navigators work with an agreed cohort of people sleeping rough in these areas. The team is able to provide intensive support for a people who have faced barriers to moving on from rough sleeping. Work begins with people rough sleeping; however, work continues to provide tenancy sustainment and holistic support around recovery. The project is local authority funded through the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Initiative, and works with a cohort of more than 50 clients.

**Street Impact London (St Mungo's)** is a Social Impact Bonds (SIB) project and part of the MHCLG Rough Sleeping Prevention Programme. The Street Impact team works with people across London who have been identified as facing multiple barriers to ending their rough

sleeping. The work of the SIB team is funded on a ‘payment by results’ basis. The team can work intensively and creatively to achieve housing outcomes for clients.

### 3.2. Everybody In and future plans for City of London services

On 26<sup>th</sup> March 2020, during the early stages of the Covid-19 pandemic, the government launched its Everyone In campaign. Everyone In required local authorities to take urgent action to house people who were rough sleeping and those at risk of rough sleeping in order to protect public health and stop wider transmission of Covid-19.<sup>6</sup> By this time the City Corporation had already started moving people off the streets and into hotels. In early February, there were 83 people in emergency accommodation, including hotels, for people who had been rough sleeping in the City of London. By December there had been 51 moves to settled or supported accommodation recorded as move on from emergency accommodation provided as part of Everyone In.<sup>7</sup>



## 4. Coming in

This chapter explores the ‘push’ factors which meant that people felt they could no longer stay outside on the streets, and the ‘pull’ factors that encouraged them to use the accommodation and other services on offer. It also considers ongoing barriers to accessing accommodation for people who slept outside for periods between March and November 2020. Finally, it summarises the longer-term, persistent barriers for those participants interviewed who had been rough sleeping for many years.

### 4.1. Push factors – March 2020 onwards

#### 4.1.1. The City of London changed dramatically and it was far harder to survive on the streets

On March 16<sup>th</sup> 2020, Prime Minister Boris Johnson advised everyone in the UK against non-essential travel and contact with others to curb the spread of Covid-19, as well as to work from home if possible and avoid visiting social venues including pubs. By the 23<sup>rd</sup> March, the instruction ‘stay at home’ was issued, resulting in people rough sleeping being some of the few people still out in the City of London each day. Interviewees reported a dramatic change in the City of London at this time.

<sup>6</sup> National Audit Office (2021) Investigation into the housing of rough sleepers during the COVID-19 pandemic

<sup>7</sup> Information from [www.lhfAtlas.org.uk](http://www.lhfAtlas.org.uk) on the number of people in emergency accommodation (London Councils data) in early February (a snapshot) and the number of moves to settled or supported accommodation by December (cumulative from the start of Everyone In).

#### 4.1.2. Reduced footfall

There was far less footfall in the City of London as offices, and the businesses that serve them, closed. This meant that it was harder for people rough sleeping to obtain money and food from members of the public. For those who were dependent on drugs, this also meant a rapid reduction in the amount they could purchase resulting in periods of extreme desperation and withdrawal sickness.

*“It was almost impossible. Almost impossible ... that's why I started taking methadone again.”*

(Client interviewee, male, 30s)

*“Yeah, yeah, a habit and basically trying to beg every day to feed that. All of a sudden it was going from, um, going to get like five/six maybe times a day on average to maybe two or three max, yeah, and that's a big impact. Seriously cut down, which ain't a bad thing but every day I was waking up sick.”*

(Client interviewee, male, 50s)

#### 4.1.3. Fewer facilities

Correspondingly, there were fewer facilities available including places to wash, use the toilet, obtain food and drink, and to shelter. From cafés and day centres to libraries, the places people who were sleeping rough spent time were no longer available. For one person, the lack of toilets, including the water available in toilets, was the sole push factor for moving inside. For others a wider lack of cafés that would provide a snack or drink here and there at no charge and the closure of day centres contributed to an overall sense that it was not possible to continue to survive outside.

*“Now, during the pandemic ... a lot of the people that used to come out to feed the homeless, obviously they weren't there ... as obviously it's very unsafe. But ... before, I always found that you can survive on the streets. Even in winter, you can go and sit in the libraries and to keep warm and dry. If I needed food or anything and the outreach workers weren't around ... I'd ask Tesco, or I'd ask them at Greggs, or Pret à Manger, or just any of the local shops on East Street.”*

(Client interviewee, male, 30s)

#### 4.1.4. Change in atmosphere and community

As well as practical issues around facilities and obtaining money, people also reported an impact on the atmosphere and community of the City of London. People reported locating in the City of London as a safe area, with people they recognised and for some, little trouble, but it became a very different place.

One participant said that in the early days of the pandemic he noticed that people working in offices were kinder towards him, and keen to provide hot drinks – perhaps concerned about what would happen to people facing rough sleeping during the coming weeks.

*“I noticed that people who – as I call them – [are] living in normality, acted more caring to homeless people... And because most of the cafés and all that shut down, there was people bringing coffees and teas out of their buildings, you know their offices and stuff.”*

(Client interviewee, male, 60s)

The streets became very quiet and the situation was described as “eerie” and “like a ghost town”, especially for those who were sleeping outside for a period into the lockdown when the outreach team reduced their shift patterns at night for safety reasons, and navigators were diverted to working in hotel provision.

*“People were more miserable, but people are miserable anyway in the homeless community. I don’t know ... I think it just got worse.”*

(Client interviewee, male, 30s)

*“Felt like, um, basically, um, being abandoned because obviously, the workers, SIB workers, no one could come to us.”*

(Client interviewee, male, 50s)

*“And the only people that were on the street were the ones forced to go to work, and 70% were scared, really scared for the situation. When I was approaching them, they were like, ‘No, no, don’t come near to me, don’t come near to me!’”*

(Client interviewee, male, 30s)

#### **4.1.5. Shift in messaging from outreach and police**

Participants reported a step change in the messages they were getting from outreach teams, police and the City Corporation Park Guard from March 2020. Changes fell into several categories. Those who tended not to engage at all with outreach staff noticed that they were visited more often. People described a more assertive message from the police to take up accommodation or potentially face fines. Finally, it felt that outreach teams were able to make a concrete and rapid offer in contrast to previously. Generally, the more direct messages were received with understanding from those sleeping outside, except where there was not an immediate, corresponding offer of accommodation.

*“Oh yeah, I didn’t have a choice [but to move indoors]. I got a warning from the police ... they had to enforce the restrictions that were put in place. Basically, about the distancing and, really, they were trying to get everyone off the street.”*

(Client interviewee, male, 50s)

Enforcement action undertaken by the police was reported in both negative and positive ways in interviews. Several people referred to people being fined or sanctioned in relation to antisocial behaviour. This included someone fined for begging and another person given a community protection order (CPO). One participant commented that the CPO order impacted on other people’s willingness to move indoors giving people a “kick up the arse”, which he felt was needed.



#### 4.1.6. Fear of Covid-19

Levels of fear about becoming unwell varied among participants. Commonly people were not as fearful initially but as the pandemic took hold the risk was perceived as being more serious. Three people mentioned the idea of additional morgue capacity on the Thames as being something that brought the danger of the disease home to them. For those working in rough sleeping services concern mounted about the impact of the pandemic on those facing homelessness, especially people with support needs or health problems that would potentially make them more vulnerable to serious outcomes from Covid-19.

*“I didn’t take it serious at first. I thought it was all a joke... It weren’t until one day, hearing about (how they were thinking about) building a barge because the morgues can’t cope.”*

(Client interviewee, male, 50s)

For some, fear of Covid was not a factor, including for those who were in extremely high levels of addiction and did not feel concerned about their wellbeing.

*“I wasn’t worried about getting it. I wasn’t particularly worried about lockdown really. No, Covid in general hasn’t worried me. In fact, it’s been a little bit of a gift if I’m totally honest at this point in time. [Why?] Just my situation has improved a little... I would never have done any of this because I’d had no interest in coming indoors whatsoever.”*

(Client interviewee, male, 30s)

## 4.2. Pull factors – March 2020 onwards

### 4.2.1. Immediacy

The immediacy of offers made during lockdown was a key factor in encouraging take up of accommodation. The concept and profile of the government’s Everyone In directive was felt to convey an urgency and right for people to access self-contained spaces. Those who had been in touch with outreach teams for many years expressed great frustration with being disturbed when there was not a corresponding offer of accommodation. In some cases, this had created a long-term barrier to any engagement. Outreach staff and other professionals themselves also reported this frustration. The pandemic meant that there was an offer for nearly everyone and usually rapidly, especially once Carter Lane hostel had opened to supplement access to the GLA higher support needs hotel.

*“Yeah, just literally a lot more, instead of something just asking if I’m alright, they’ve actually got things they can help you with now so...”*

(Client interviewee, male, 30s)

*“[As an outreach team] we knew people with complex needs who were rough sleeping, but didn’t have the right accommodation offer for them, and I think clients lost a little bit of trust in us as a result.”*

(Social Impact Team)



*“I did have a few clients that whether or not they had accepted much support before I had been ... building up that relationship so ... clients trusted us when we said it probably would be a good idea, to come in – especially in the City when you suddenly have the YHA.<sup>8</sup> It’s in the City, it’s quite relaxed, they will fit round your needs, if it’s dreadful you can leave but just give it a go. And I think that worked really well for quite a few clients in the city.”*

(Social Impact Team)

#### **4.2.2. Minimal conditionality**

*Everybody In resulted in a public health driven approach to enabling people to access self-contained accommodation as a priority; other issues around welfare benefits and stipulations around engagement came later. This was very significant for those who had previously had bad experiences of hostels. Both staff and clients felt that this approach had clear benefits, especially for those with higher support needs.*

*“The way they approached us as well, it wasn’t like we had to abide by rules, and we wouldn’t get nothing if we didn’t do what they wanted us to do.”*

(Client interviewee, male, 30s)

*“[The] lack of formalisation and institutionalisation – you don’t have to walk in, sign a million papers, do HB [housing benefit], then operate with restrictive rules – the informality appealed to people... [This] attitude helped lower levels of stress for clients [who were] making the biggest decision of their recent memory in terms of coming in off the street.”*

(City of London Outreach (b))

People interviewed were all eligible for benefits, but many had disengaged from the benefits system for many years for reasons related to mental health, drug use and/or not wanting to be part of a system that had let them down. Being able to accommodate people without pushing them to immediately sort out benefits was key to securing placements. A theme in the research is that one area of connection and engagement opens the doors to the next; once people were accommodated and provided with necessary alcohol or scripting, often they were then open to benefits and exploring the future.

*“These projects have worked because you could come in and you were not expected to jump through ten hoops – [it’s not like as] soon as you walk through the door I need you to complete this, do this benefits form, sign up with a GP... sign your life away it feels like I’m sure! If you have been on the streets months or even years... and you suddenly have to jump through these hoops, I don’t know how I would cope with that. I think Carter Lane wasn’t like that, it was like, ‘Come in, have food, we can get you a phone and get you linked in when you are ready, but the main thing is come indoors and then we can deal with things later.’”*

(Social Impact Team)

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<sup>8</sup> Carter Lane Hostel was previously a Youth Hostel Association hostel, hence the shorthand ‘YHA’ given to it by participants.

### 4.2.3. The range of accommodation on offer

The City of London was on a 'front foot' in providing self-contained accommodation for those facing rough sleeping in a public health response to rough sleeping during the pandemic. Rapidly the City of London outreach team and the City Corporation worked to maximise access to GLA hotel provision, paying directly for hotel places before Everyone In was announced, and identifying the need for a City of London provision for those with higher support needs and seeking accommodation for this. There was an awareness that some people who had been rough sleeping in the City of London for longer periods were more likely to take up accommodation in or very close to the Square Mile.

*"Week or two before Everybody In, the City had already started; we had about 25 individuals placed in a hotel that was then taken over by GLA – then the individuals were moved over."*

(City of London Outreach (b))

Most of those interviewed settled in the first accommodation they were offered or returned to an existing hostel space until, for some people, moving on to longer-term accommodation. However, others stayed at several different locations, two people were

evicted from hotels but went on to stay at Carter Lane and specialist hostel provision respectively. Another person went to Carter Lane hostel but left immediately, and also left another hotel, but subsequently got on well at the provision in Bayswater. The persistence of staff in seeking alternatives for people who left accommodation was critical to some people.

*"It was a Travelodge and I don't think I stayed more than two nights on the first occasion. I just wasn't, I just felt the need to go back out, so I did... I went to that YMCA place [referring to Carter Lane] but I just didn't stay. I left pretty much the moment I entered. It wasn't for me."*

(Client interviewee, male, 30s)

Those who had hostel places they had not been using much before the pandemic said they were given a clear indication that this was where they needed to go; one asked for a hotel room but this was not provided. There was a sense from some participants, however, that hostel life had altered. One factor was the increased flexibility – for example, someone was accommodated in the same accommodation as his brother to encourage them to stay indoors. Another participant explained that he was willing to stay in particular hostels, but not the one previously suggested to him due to issues with other residents and its proximity to his drug supply. Where outreach teams and navigators were able to be more flexible, people felt that they should reciprocate and do their best to make the placement work.

*“I asked for [a particular hostel] and I weren’t moving until I got it... Even though it was a different area, over the other side of the water... they pulled a few strings and got me in there. So, for me, I had to do my bit.”*

(Client interviewee, male, 50s)

#### **4.2.4. Carter Lane**

The specific offer of a place at Carter Lane was a significant pull factor for some of those who had been in the City of London area for many years. Reasons included the following:

- The location was in a quiet street right in the heart of the City of London near St Paul’s Cathedral.
- The service provider, PRHA, was not known to many residents previously; for those with long and difficult relationships with some other service providers this offered a fresh start.
- The property was previously a youth hostel, so for some who had had previous poor experiences of homelessness hostels this was something different.
- The offer was for a bedroom and private bathroom.
- People were able to go along to Carter Lane, which was close by and just see what they thought; there was no pressure to say a firm yes before taking a closer look.

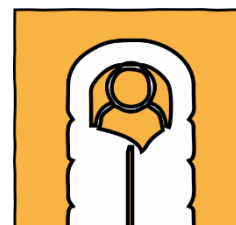
*“Carter lane was a game changer in my opinion. It enabled us to house in the borough within walking distance some of the most long-term homeless clients. Very fact of having something that was offered unconditionally close to your area of homelessness over many years the nature of the project – it being a [former] youth hostel and being in St Paul’s.”*

(City of London Outreach)

#### **4.2.5. Targeted time with those still outside**

One participant who had been sleeping rough for nearly 20 years felt that once many people had moved into hotels or Carter Lane, their rough sleeping was more prominent and they had more time with outreach staff.

*“Before there used to be a lot more people sleeping in the City. Like, the outreach people and all that, like obviously, they can obviously spend so much amount of time with one person. But now, like since the pandemic, I don’t know why but they spend more time with you now. They actually sit down and speak to you.”*



(Client interviewee, male, 50s)

#### **4.3. Barriers to coming off the streets – specific to the pandemic**

There were a range of reasons for people spending periods sleeping outside after the Everyone In initiative was launched and lockdown had been implemented for a sustained period. Some interviewees were not offered hotels very quickly and felt that there was

perhaps a system of prioritising those who were most vulnerable. Others perceived that during the period with reduced night-time outreach because of the pandemic, many people sleeping outside were not contacted and offered accommodation.

*“And through that first five weeks no one actually came and offered anyone in the City if they wanted to go in a hotel...”*

(Client interviewee, male, 60s)

There was also feedback that as time has gone on more and more people are sleeping rough again and that there are not resources to accommodate them. Two clients referred to high levels of rough sleeping currently. The latest CHAIN figures show that 132 people were contacted rough sleeping by City of London Outreach team between October and December 2020, 44 were seen so frequently during this period that they were considered to be ‘living on the streets’.<sup>9</sup>

*“And there’s lot of people, still a lot of people I know still on the streets, still, and we’re all supposed to be indoors isolating, but people are still sleeping in doorways, and still on the streets because the government is saying that they don’t have the finance, they don’t have the money for these accommodations.”*

(Client interviewee, female, 30s)

Factors contributing to ongoing rough sleeping during the pandemic included:

- the feeling that being outside represents a low risk of getting Covid-19 compared with moving indoors, and that really the pandemic does not affect their lifestyle
- being completely disinterested in being any part of ‘the system’ including receiving benefits and housing
- mental health problems which make services inaccessible or undesirable to people.

Observations and discussions with City of London Outreach and City Corporation staff highlighted that the teams needed consistent input and support from mental health professionals and an ongoing relationship with social care. There was evidence that vulnerable people who are very firm that they do not want to move indoors are treated with respect by City police, and other City Corporation staff (e.g. street cleaning), and that outreach staff locate people on a regular basis to continue conversations about support and potentially moving indoors.

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<sup>9</sup> CHAIN reports accessed via the GLA datastore: <https://data.london.gov.uk/dataset/chain-reports> (accessed February 2021)

#### 4.4. Previous barriers

Figure (b) Barriers to moving on from rough sleeping before Covid-19

Barrier	Description	Examples
Perceived lack of accommodation/ lack of accommodation for those with higher support needs (who were not suited to the Lodge)	There was a perception that before Everyone In there were no options available.	<p><i>“Prior to the lockdown, there weren’t no offers... nothing to actually get me off the street.”</i> (Client interviewee, male, 30s)</p> <p><i>“They’ve been working with me on and off for the last six months altogether, and it was only because of the virus – the coronavirus – that they offered me some proper accommodation... Before ... they would just come out and see if you were ok... They couldn’t really give us as much accommodation because the night shelters, they don’t open unless the weather is below a certain temperature. Unless the weather is at a certain temperature, then they can’t do nothing.”</i> (Client interviewee, female, 30s)</p>
Scepticism about outreach and accommodation offers	Some of those who had slept rough for a long time did not engage with outreach services. This included one person who recalled a very negative experience of an enforcement approach around 10-15 years ago.	<i>“Every second time they come they just ask same questions and offer me like – I don’t know, like some fantasy things and they never come back. And one day someone comes back ... they ask same questions ... I didn’t see any progress if you know what I mean?”</i> (Client interviewee, male, 30s)
Poor experiences of hostels	Examples of this included people who do not like being around those who use drugs or drink heavily and people who have had traumatic experiences in hostels – three interviewees mentioned people dying while they were in hostels and this being very upsetting.	<i>“I have been bounced out of hostels loads of times. As I say [unclear] that is why I have been sleeping on the streets a long time. I probably could have had loads of flats by now, the amount of times I have lived in hostels.”</i> (Client interviewee, male, 50s)
Supporting other members of the community	Three people mentioned that even though they had hostel spaces they slept outside most of the time before the pandemic because they were supporting friends with no accommodation.	<p><i>“[I had a hostel space] but I had a friend that was homeless ... so most of the time I was sleeping in the subway at Tower Hill with him – so he weren’t on his own.”</i> (Client interviewee, male, 50s)</p> <p><i>“There’s no way I’m going to be in the warm and my brother out on the streets freezing...”</i> (Client interviewee, male, 30s)</p>

Barrier	Description	Examples
High levels of drug dependency	Several people referred to maintaining their drug supply as a priority that left no room in their lives to work with services.	<i>"And they [outreach team] were trying to entice me to get the script, but at the time I thought that was time consuming [when you needed the time to get drugs?]. Yeah, [get] my fix."</i> (Client interviewee, male, 30s)
Issues for women experiencing violence and exploitation	Three of four female participants discussed forms of violence against women including rape, other sexual assault, sex work and domestic violence. A lack of tailored, trauma and gender-informed support for female rough sleepers was a factor in sustained periods of rough sleeping.	<i>"And the way women, homeless women, are treated by the society of men is appalling. It's disgusting. We're just there. As little as 10 pounds most blokes will pay some girl to have sex with them. And it's really degrading, we need more help from people out there, who are ... trained to deal with us ladies who have been through severe, severe, abuse. Do you know what I mean?"</i> (Client interviewee, female, 30s)
Stigma	There was a theme of the stigmatisation of people experiencing homelessness which led to people feeling unvalued and impacted on willingness to accept service offers.	<i>"Um, the first two times I went [to A&amp;E during period of not accessing any services at all], I didn't even stay there long enough for them to see me... They treat you differently in the hospital when you tell them you're homeless, you know what I mean, so I try to avoid telling them that... Don't know, it's a bit weird ... um, of tar everyone with the same brush, sort of thing, and it does have a knock-on effect on the way they treat you unfortunately, in some places."</i> (Client interviewee, male, 30s)
Local connection	One person referred to this directly and others alluded to not being able to get services in particular areas.	<i>"I had no local connection, they have been really good with me."</i> (Vulnerable female client who had been moving around London, as well as other areas of the UK, but sleeping rough in the City of London every night for the first few weeks of lockdown.)





## 5. Staying in

This chapter considers the factors that enabled people to remain in accommodation despite previously facing barriers to sustaining moves away from the streets. It also considers instances where people returned to rough sleeping and reasons for this. In terms of accommodation, the emphasis is on the experiences of those staying at Carter Lane, but the experiences of people in other accommodation are also considered. For other areas such as mental health support, themes cut across different accommodation types.

### 5.1. A public health approach – Carter Lane and hostels

#### 5.1.1. Health first

The pandemic disrupted normal supported housing practices and the services around them. Everyone In provided a clear focus, getting people off the streets, helping them to stay safe and providing conditions to self-isolate. This enabled a more flexible and person-centred approach with far fewer “hoops to jump through” (Stakeholder). This shift was particularly significant for those for whom the standard approach had not provided a route off the streets. Examples of differences cited were that people were able to move into the accommodation and rest before being expected to undertake assessments, key work sessions or go through accommodation rules, and those resistant to claiming benefits could move in and discuss this at a later date because it was not a prerequisite or part of the initial conversation about moving inside. Accommodation being ‘eligibility blind’ also meant that outreach staff did not have to clarify people’s eligibility for benefits before getting them into accommodation.

*“This is emergency response. It’s ‘do what you can for client to keep them in’. Direction was from top down; whatever it takes to get people in, make it as easy as possible for outreach to get people in – [for example] do a verbal risk assessment no need to do written paperwork before we get there – we know the clients so well that element of communicating quite clearly and putting client first [was enabled].”*

(City of London Outreach)

Clients who started staying in hostel spaces that they had already had but had not used very much reported a shift in approach once the main goal was to keep people in and safe from Covid-19. Someone who had been in debt to the hostel, a factor which had put him off staying, was able to deal with this and also described a ‘complete service’ providing all they needed during lockdown.

*“And the staff at the hostel here have been really supportive. I know I can talk to management any time. Previously I was in debt to the hostel and didn’t want to go there. Like if we needed clothes, they were given to us. Anything we physically needed like credit or anything, they’d get for us.”*

(Client interviewee, male, 30s)

Clients at Carter Lane reported that generally there was little conflict among residents despite the stressful context. It was reported that staff perhaps overlooked breaches of rules sometimes to avoid conflict. People having a range of support needs was cited as a benefit by two participants who felt that services largely accommodating drug users tend to

have a certain atmosphere. A client interviewee felt that the building was treated with a certain respect – for example, people who drank tended to avoid drinking right on the doorstep and went a little further away. Where conflict was referred to, this tended to relate to people who were not staying at the hostel who came along to ask for help or for a bed. A professional interviewee also commented on the sense of people respecting each other's needs within the environment.

*"[How did the mix of support needs work?] It does when it's smaller in numbers it doesn't matter who is in there – the early days when 19 people, a mix of older people who may have been mentally unwell and people who were using substances chaotically, worked really well. There was respect amongst people and understanding that you can talk to me if I want to – but don't disturb me if not."*

(City of London Outreach)

### **5.1.2. Staff and approach to support**

People who had stayed at Carter Lane gave very positive feedback about the staff team. Interviewees found that the team were friendly and would assist with the things that were most important to those staying, rather than working to a particular agenda set by the organisation; for example, staff would go for a walk with clients, and arranged eye tests for people, which reportedly made a huge difference to some people who needed glasses. The lived experience within the staff team was cited by both clients and staff as a real benefit adding to the sense of a respectful and empathic service that didn't put undue pressure on people to conform.

*"They're actually talking to people with respect... There were people there getting their glasses for the first time in their lives like and going, 'Wow, I can see,' you know... They are doing a good job, and they have a great team, you know."*

(Client interviewee, male, 60s)

*"And the staff team having [support worker] in there with his lived experience and his general nature of putting clients at centre of support planning."*

(City of London Outreach)

Staff felt that relationships were key to many of the positive changes that clients made while staying at Carter Lane.

*"I have noticed that a lot of people who come into this project were motivated and inspired, once they settled in and they learnt to trust the staff and the support team, to actually make the changes that they have always wanted to make. We are talking about 10, 15, 20 years on the street. And they have been let down by services or they felt there was a hidden agenda by the City or other services... But here, there has been follow-through, they have seen progress in their own journey... And they have taken the bull by the horns and quite a few of them have actually run with it and are in the process of starting new lives, which is beautiful."*

(Support Worker, PRHA CAS)



### 5.1.3. Covid security and resources for self-isolation

The approach to public health at Carter Lane was to provide what was needed for clients to keep safe and to offer advice and input to ensure that they were not putting others at risk and to encourage compliance with Covid regulations. PRHA developed a written statement on how this could be achieved; however, it was not the staff team's job to 'enforce' compliance with social distancing rules and self-isolation advice.

In both Carter Lane and other provision (hotels) people generally felt safe from Covid-19. The aim of providing a place of safety for people was felt to have been achieved. Clients reported masks being provided, for example, although some commented that people didn't wear them all the time. The cleanliness of Carter Lane was praised. Everybody In aimed to provide people with a place to self-isolate, so all food was to be delivered to people's rooms. Generally, the provision of food was not commented on in great detail; people found it fine and were grateful, and some commented that it improved over time. Some people staying in hotels reported problems with food provision. The 'full service' including food and cleaning (without service charges) was another reason that staff and clients did not have to press the issue of benefits claims as urgently as they might usually have to for a new accommodation placement.

*"It was great. And it was clean there; they had these two lady cleaners who were there every day of the week... The place was spotless which never happens anywhere... Yeah, [Covid] safe and all that, yeah. I had no qualms about that. Up-to-date – at times I thought they were a bit over the top with that but I then realise that there are people who need to be extra vigilant."*

(Client interviewee, male, 60s)

### 5.2. A network of support – partnership working and in-reach support

Everybody In was a shared goal to help people stay accommodated and safe, accelerating partnership work in London and in the country more generally.<sup>10</sup>

*"I have never experienced in any other borough a multi-agency approach to individual clients that has been so unified. So, most of what people outside would deem as successes we have had ... due to the fact that all the services involved in supporting those individual clients have been unified in the decision-making process alongside the client for that client... Basically, we have become one team but just with different departments, if that makes sense."*

(Support Worker, PRHA CAS)

In-reach approaches describe approaches where services come to see clients or patients where they are, as opposed to expecting people to come to, for example, a clinic or office. In-reach and partnership working were central to the Carter Lane model, especially in the early days of the service. Once Covid restrictions were enhanced, less in-reach was possible and this was considered detrimental, although efforts were made to ensure as much contact by phone with other services as possible.

<sup>10</sup> <https://www.local.gov.uk/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic> (accessed February 2021)

*“I would say that we are – how can I explain it – the hub of the wheel. And the spokes that come out of us. So, we are a lynch pin between other services... So, if someone is lacking in confidence, we help them find a way to rebuild that confidence. If someone is lacking in trust, then we try and find a way to rebuild that trust.”*

(Support Worker, PRHA CAS)

The breadth of services that people were able to contact from Carter Lane meant that people experienced a holistic approach including to health and housing. People reported being able to see their outreach workers, navigators, a GP, as well as staff from mental health and substance misuse services. Critically, in-reach enabled services to work together, as well as to meet with clients.

*“They got a doctor to come and actually look at you in the first week, or a nurse to come and look at you and check you out and everything, which I thought was a good idea.”*

(Client interviewee, male, 60s)

*“The drug and alcohol team, their mental health services, and their support worker is on site. They are all working together and all pushing in the same direction, all aiming at the same goals. So, for instance, I have particular client...who is accessing three services. And we would have meetings with workers from all three services plus their client to discuss their goals, ambitions and the steps needed to take to get them to where they need to be. And that inspires confidence in the service users. Because all of a sudden, they are like, well, wait a minute, finally I am not on my own.”*

(Support Worker, PRHA CAS)

For those with an existing relationship with navigators or Street Impact workers, or a strong link with outreach staff, this provided consistency that continued through their move on from Carter Lane – with staff continuing to support people, for example, in social housing. Evidence shows that relationships are key to creating a sense of hope and motivation, especially for those who have experienced being let down by ‘the homelessness system’ in the past.<sup>11</sup> With a relationship already in place, navigators in particular were able to seize the opportunity of people being far more comfortable and stable than when they were rough sleeping and saw great progress during this time.

*“That was [name] and I tell you, if it weren’t for that man, I wouldn’t be where I am now, because I find it hard opening up with the issues that I need to deal with. [We] built up a trust between the pair of us, yeah, and he give me incentives to, you know, achieve and when it was done, I’d get a little reward and it was just something to drive me. And yeah, if it weren’t for that man, I don’t think I’d be in the situation I am now. He was there at even 1 o’clock in the morning when my mum passed away, he was there you know, on the phone.”*

(Client interviewee, male, 50s)

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<sup>11</sup> Nolte, L, Westaway, C, Brown, R (2017) Developing best practice in Psychologically Informed Environments, Housing, Care and Support Journal (Volume 20, 2017); Hough, J, Rice, B (2010) Providing personalised support to support rough sleepers, Joseph Rowntree Foundation

Those in other accommodation (both hotels and hostels) reported similar benefits from a holistic and in-reach approach during lockdown – for example, someone obtained the right medication for their mental illness after many years and someone else reported in-reach testing from the Find and Treat team.

*“They’d bring people in [to the hostel]. They’d done it recently and brought the Find and Treat team in. I got tested for Covid-19. And I got tested for, like, STDs [sexually transmitted diseases] and all sorts.”*

(Client interviewee, male, 30s)

*“[I didn’t claim benefits for four to five years] because of my mental health – paranoid schizophrenia – I couldn’t even approach anyone at the time... I basically went off the grid for four or five years, I went really bad into my mental health, and literally, no one knew who I was... [At the hotel] they helped me get back on my medication that I was supposed to be on. I had my benefits started by my worker... The way they addressed it was brilliant. They basically got me doctors and methadone for the heroin.”*

(Client interviewee, male, 30s)

### **5.2.1. Rapid scripting/providing alcohol support**

While scripting and alcohol support are an element of in-reach and partnership working, this particular area was reportedly so significant that it requires further exploration. More than half (11) of those interviewed needed support with drug dependency when they accessed accommodation. People most frequently mentioned heroin addiction with some also referring to crack cocaine. Intense, active addiction often relating to trauma was identified as a key factor in sustained periods of homelessness. A smaller number of people (three disclosed this) were alcohol dependent and required support with this when they entered accommodation.

Support with drug and alcohol dependency was critical to the success of work at Carter Lane hostel. Scripting processes were as rapid as possible and this was considered a game-changer by clients and staff. Even where scripting was not as quick as it could have been, the understanding of people’s suffering and best efforts made to prioritise this helped people to remain in their accommodation.

*“And they basically supported us with alcohol ... enough so that we didn’t have withdrawals through the day ... until we got some kind of medication... They knew we couldn’t just come off the streets with addictions and stop, so they supported us as much as they could with that.”*

(Client interviewee, male, 30s)

A more rapid and flexible approach to scripting has been a feature of the Everyone In response to rough sleeping in many parts of the country.<sup>12</sup> This was felt at both Carter Lane and in other accommodation. Whereas previously people had to ‘jump through hoops’ to

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<sup>12</sup> <https://local.gov.uk/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic> (accessed January 2021)

get a script, telephone assessments and in-reach from drug services to Carter Lane minimised barriers. Drug services stepped up to help those in hotel provision.<sup>13</sup>

*“I did a phone assessment then collection at a local chemist. Because of lockdown it was a lot, lot quicker. I don’t know why, if they can do it then, why can’t they do it all the time? It makes it a lot easier for us because that’s why a lot of people don’t go for their script. Seriously, it is, because of all the waiting, going there and coming back and still being sick, yeah? It’s a headache.”*

(Client interviewee, male, 50s)

### **5.2.2. Mental health support**

The RAMHP team were able to provide in-reach, person-centred support to clients staying in the Carter Lane hostel. The specialist team being in place meant that those who would not meet the threshold for community mental health teams or may not consider making a link with mental health services were able to access specialist assessment and, in some cases, support such as brief interventions. Several interviewees mentioned this as a benefit to clients including those in early recovery from substance misuse who may not have been willing or able to access mainstream mental health services.

*“And the work that they are doing and have done with our clients, again has been instrumental in helping them not just understand themselves and their own states of mind, but also in some cases – I wouldn’t go so far as say reversing, but managing their mental health issues.”*

(Support Worker, PRHA CAS)

The interviewee from RAMHP reported that people being in accommodation provided a window of opportunity to work with people in a more intensive way than when they were sleeping outside.

*“Yes, you could have regular appointments, a quiet space and people were getting sleep and food... It was a friendly environment; the vibe at Carter Lane was rather nice. It worked well, and they accepted a lot of people. For [example, with one] person what are we doing is encouraging to have meetings once a fortnight, four times to allow him to come and talk ... and in that time he has organised his thoughts and got himself to a point where he knows what he wants to do about his drug use and has started properly reducing.”*

(Team Manager, RAMHP)

### **5.2.3. Activities**

Staff interviewed expressed some concern about people finding ways to spend their time in hotel and hostel provision during lockdown. One client said that this was where he felt that the City of London should focus additional resource, but overall boredom was not a key theme in interviews with clients.

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<sup>13</sup> As described by Dame Louise Cassey in the King’s Fund podcast *Rough Sleeping During Covid-19 and Beyond: a public health emergency*: <https://www.kingsfund.org.uk/audio-video/podcast/sleeping-rough-covid-19-public-health> (accessed February 2021)

Four people had done or were planning to do online courses provided by homelessness services including Providence Row and St Mungo's, accessing tablets or laptops from their accommodation to facilitate this. People were provided with mobile phones when they moved into Carter Lane, which helped them keep in touch with family and friends. Phones were reportedly less easy to obtain later in the year at Carter Lane, but initially were provided immediately if people had not already got one from the outreach team.

*"You know, or like something was always in motion ... and anything that was like educational, like a tablet or a laptop or something."*

(Client interviewee, male, 30s)

*"[How are things here for you now?] Oh, lovely, do you know what I mean? Yeah. Because obviously outside and that, it's as dead as a door nail. Next week I am starting courses in numeracy and literacy. Just trying to keep myself busy mainly."*

(Client interviewee, male, 50s)

### 5.3. Barriers to staying in accommodation during Covid-19

#### 5.3.1. Leaving emergency accommodation

Two people interviewed had stayed in multiple Covid-19 accommodation services having had to leave unsuitable accommodation or having been evicted. Between Carter Lane opening in April and the end of November, a total of ten people 'abandoned' (i.e. left without an onward plan) or were evicted, out of 65 people who stayed at the service in total during this time. In most cases people left the service of their own accord; evictions were very rare. Two people interviewed had stayed in multiple Covid-19 accommodation services having left unsuitable accommodation or having been evicted. One person found the idea of a hotel too constraining and was unable to stay at the first two places he attended for more than a few minutes or a couple of nights respectively. He then went on to settle well in a hotel; this placement was during a period when lockdown was relaxed over the summer which felt more flexible.

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#### 5.3.2. Women and barriers to staying in

There was a theme of women struggling to get the right support to stay safe and indoors during the pandemic. One female client was provided with unsuitable temporary accommodation initially, where she felt at risk from a violent ex-partner, so she left. She then struggled with hotel accommodation which made her feel claustrophobic; she was asked to leave this accommodation after an altercation with a member of staff. She reported a poor standard of cleanliness and poor food provision in a subsequent hotel. With the ongoing support of her navigator, she was able to access temporary accommodation while waiting for social housing.

Another interviewee described sleeping outside for a sustained period during the Covid-19 lockdown despite a good relationship with outreach staff; she felt that for a period there was nothing on offer for her. Once she was moved into a small, specialist women’s accommodation, she has settled in very well. She felt that a barrier to her getting the help she needed was an absence of trauma-informed support:

*“We need more ... people out there, who are ... trained to deal with us ladies who have been through severe, severe, abuse. Do you know what I mean? [Sexual violence] has taken a toll on me physically...”*

(Client interviewee, female, 30s)

A third female client was staying at Carter Lane, but described it as very hard to be one of a small number of women among many men and said she had to keep “herself to herself”. Having experienced sexual violence and serious mental health problems, she also struggled with having to retell her story over and over again. She felt that she had not had the opportunity to build up the trust with one support worker that was needed to support her fully in the way she needed.

### 5.3.3. Expansion of Carter Lane

Several interviewees referred to the expansion of Carter Lane from 20 bed spaces to up to 40 spaces as a potential disincentive for people to stay in the accommodation. At least two or three people were reported to have left because they were unable to cope with more people around; one professional interviewee pointed out that several people had said they would leave if the service expanded.

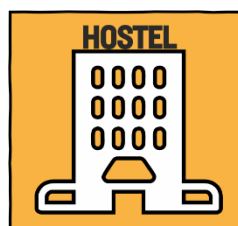
*“It was only about two weeks before I left when they started filling the place up, when there wasn’t trouble, but it was getting a bit heated at times... And then I met a guy yesterday strangely enough, and he was telling me that now he was glad I left because he reckons it would have kicked off with me, because they’ve got different people there.”*

(Client interviewee, male, 60s)

The expansion was also cited as a contributing factor to a change in the atmosphere of the service and the level of structure and formality needed; there was a sense of the project becoming more like a “full blown assessment centre” than the initial emergency provision.

*“[There is a] level of bureaucracy now to protect clients and personnel. Reality is that [the initial approach] is gone – one factor is the overall volume of people.”*

(City of London Outreach (b))





## 6. Outcomes and case studies

### 6.1. One thing leads to another

A theme in the overall changes made in people's lives is that after a 'health first' move to get people into accommodation, other changes followed, even though they were not a condition of that accommodation. People provided with an attractive offer of comfortable, self-contained accommodation with meals took up health and substance misuse services and started to consider accommodation options to which they had not previously been open. People who were reluctant to accept any form of accommodation were able to attend and see how they got on. People reluctant to claim benefits were willing to do this after some breathing space and full support, including funding and support to get identification.

*"There is one individual in particular, who has probably been banned or evicted from every single hostel in Tower Hamlets. And his engagement level here has risen, and he has managed to maintain a script for almost six months now, for the first time in his life. But I think the atmosphere here, the ambience here, the style of interaction and engagement from staff has a big role to play in these people maintaining these bed spaces for such a long time."*

(Support Worker, PRHA CAS)

Several people commented that if it wasn't for Covid-19 and the corresponding change in support, they would not have progressed into recovery from drug addiction or been in accommodation. For some people the change made them see how desperate their situation had been when they were sleeping outside:

*"I am not glad this is the reason we get help. But ... I don't know. Right now, listen, at least I get a chance. I really want to rest my breath and do something [different]. Really. And people who are around me, they are really helpful."*

(Client interviewee, male, 30s)

*"I was fed up of that, I don't mean just the sleeping on the street, everything, being drugged up. I was fed up. That's it, I'm done with this shit... Covid give me the last key [to changing my situation]."*

(Client interviewee, male, 30s)

### 6.2. Health

The improvement to people's health from moving off the streets was universal among interviewees. The health benefits of a good standard of warmth, shelter, food and drink, laundry and private showers were often quickly felt. Further changes included accessing medical care, which came to them though in-reach, and having more self-worth. The changes described were transformative to people's physical and mental health, and their mindset about the future. Examples of health outcomes included someone being diagnosed with a serious disease that needed treatment which he would have been reluctant to have

previously, and someone else having their teeth, which had been badly damaged due to drug use, treated despite the pain and endurance this would require; and several people being able to prioritise their wellbeing when they previously would have been too preoccupied obtaining drugs.

For some people who had had mental health crises linked to rough sleeping, the move into accommodation was also part of a recovery journey because they started to communicate with others and get some of the help they needed to manage their mental health.

*“Yeah, and outreach, when they approached me, they basically brought me back to a little bit of normality. I got medication and stuff. I was supposed to be on that anyway but they got me back on them, and um yeah, now I’m slowly clawing my way back to normality.”*

(Client interviewee, male, 30s)

Interviewees who were drug and alcohol dependent at the start of the pandemic were in some form of recovery from addiction by the time of the interviews. Several commented that they were using drugs on top of their scripts, or did at first, but all saw the progress they had made so far as a part of a recovery journey on which they wanted to continue.

*“Normal life? Honestly, I am not far away. If I stick and I carry on doing this and if it’s going to go well and positive like, what I need I am not that far, I am not that far.”*

(Client interviewee, male, 30s)

*“Oh, I feel much better now I have cut down ... my goal is to abstain.”*

(Client interviewee, male, 50s)

### Case study 1: Courtney

When the pandemic hit, Courtney in her 30s had been homeless for more than ten years, and sleeping rough in the City of London and other areas of London since 2018. Although she had a good relationship with outreach workers, she felt there was no accommodation that she could access; the only time there was an offer she could take up was during very cold weather when Severe Emergency Weather Provision (SWEP) was in place. She felt stigmatised and disregarded by local authorities, the police and the wider community.

*“It was only purely because of the coronavirus and the lockdown that I managed to get into accommodation, otherwise the council just don’t want to help... The way we was treated out there was horrible ... the amount the abuse we get ... and how much violence is set upon us every day is horrible. They call us names like ‘crack head’, ‘smack head’, ‘damaged goods’, ‘no one wants you, look at you, you scum, you stink, you this, you that’.”*

Courtney described a traumatic history of sexual violence and exploitation including sex work and rape. She suffered from mental ill-health and substance dependency. For many years, outside the City of London, she did not receive the gender-specific, trauma-informed



response she needed from a range of services. She found it hard to trust and build relationships.

*“At that time in my life I was heavy involved in heroin and crack cocaine and I was finding it very hard to trust people, to let people in... I got set upon in my sleeping bag, and I got brutally raped... Yeah, services were aware [of the attack] but they said I had to go on a waiting list, and it could take anything up to six months to a year ... [for] counselling and psychotherapy. I’ve tried to commit suicide four times... I went into hospital and was in hospital for about three weeks, then I was released from the hospital back to the streets.”*

Despite having health problems which put her at risk of poor outcomes from Covid-19, Courtney only went into accommodation in August, several months after lockdown. She felt this was the case for many others too. Her placement was arranged by her “lovely” navigator and outreach worker from St Mungo’s. Although she had to wait some time for the right solution, the small supported housing project she is living in is a place of safety and she has established a sense home there.

*“My support worker managed to get me into an accommodation ... for women who have been through severe domestic violence and sexual abuse... I’ve been off the drugs since August. I’ve ... got my own little room. There’s staff here 24/7 to keep an eye on us and help us... I’m a lot more organised. I’ve got all my benefits sorted out. I’ve got myself back on my feet and I’m doing a lot better.”*

Courtney has made significant changes in her life. To maintain these she feels the network of support she has from her accommodation provider and St Mungo’s is vital. She sees herself staying where she is living now for some time to come. The fact that she sees many people still suffering rough sleeping is a source of sadness to her and she would love to help people in the future.

*“I’ve changed a lot of things. I’ve changed my behaviour. I’ve changed my drug usage. My lookout on life now is a lot different to what it was... I respect what I’ve got now, do you know what I mean? I take pride in everything that I do now. I have more confidence in myself. I feel a lot more stronger. I feel more positive about my future.”*

## Case study 2: Lewis

Lewis, in his 30s, had been sleeping rough in the City of London for over five years. Over the years, he had had many negative outcomes from hostel accommodation and when the lockdown arrived he was not interested in any form of accommodation for a long period. He had not claimed benefits for more than eight years.

*“Um, I wasn’t really looking for any help ... I’d become, well, essentially prior to lockdown and coronavirus I was homeless for seven years, and I was known as a ‘long term’ and ‘non-compliant’ and I’d never really had any interest in any help. They used to fire things at me, which I used to just bat down.”*

Early into the hotel response to Covid-19 in the City of London, Lewis was offered a room in a hotel. After staying there two nights he left and went back to rough sleeping. He attended Carter Lane but did not stay because he felt put off by the other residents, including those who were drinking.

*“Um, well obviously I was approached and offered a hotel. I did [stay there], yeah, but I didn’t last very long. It was a Travelodge and I don’t think I stayed more than two nights on the first occasion. I just wasn’t... I just felt the need to go back out, so I did. I went to that YMCA place but I just didn’t stay. I left pretty much the moment I entered. It wasn’t for me.”*

Outreach services remained in touch with Lewis and in May he went into a pan-London hotel, which worked far better for him, and he stayed four months.

*“May was when everything kicked off and I said, ‘Yes, I will sign on to universal credit...’ I was in a [hotel] in [West London]... I just liked the location of it. I could essentially do what I was doing and use it to sleep because lockdown had ended and we didn’t have to stay in anymore. It was just the bed essentially. I could go out all day and come back to sleep and I didn’t mind that. There wasn’t any engaging with people.”*

Lewis moved out of the hotel and into a studio flat, a social housing tenancy with the City Corporation. He cites the support from his navigator as key to his remaining in his tenancy, and is exploring whether he needs mental health support with a doctor. He feels he is in a better position now, but he is realistic about the risks to his tenancy and the ongoing support he will need to prevent a return to rough sleeping.

*“I mean, I don’t deal with stuff, like letters, phone calls, it just gets to me quite quickly, that’s the reason I’ve lost accommodation before... So, you know, maybe [I’ll need] help with all that ... because [my navigator] isn’t going to be with me forever, so in the short term, she’s helping me with that. You know, I’m not saying I’m going to last forever indoors because things might come up, like I don’t like the post, you know, I might not have key workers and that.”*

### Case study 3: Ken

Ken, in his 60s, had been sleeping rough for over 20 years at the start of 2020, far longer than any of the other interviewees we spoke to. He had not claimed benefits for some time, having “always been able to live without any money”, for example, going to day centres for food and showers. As he emphatically did not want a service from the outreach team, they had had relatively little contact with Ken at the start of 2020, but just after Carter Lane hostel opened the outreach manager came to find him and he went to stay there three days after it opened.

A key barrier to positive relationships with outreach for Ken was his experience of enforcement approaches to rough sleeping in the City of London in the past. He also conveyed a sense of being patronised and told what to do, which further alienated him.

*“The average thing they use to say was, ‘I’m going to sort your life out.’ Well, I’m sorry, you’re only 19 years old, you ain’t going to sort my life out... About six years ago they came up with a word; the homeless were being ‘enabled’ by everybody to be homeless which I never agreed with but that’s what they seem to think... Suddenly they became, ‘We’re not even talking to homeless people, they will do as they’re told and that is it – you’re going to die on the streets.’ Well, we all know that so we didn’t need to be told we were going to die on the streets!”*

The driver for Ken to move into Carter Lane was that due to the lockdown he knew his sleep would be regularly disturbed by welfare checks by City Corporation officers, outreach and the police. Also, while he was not concerned about Covid-19 at the time, he did feel he needed to see a doctor. Finally, he was also curious about what would happen in Carter Lane, predicting it would “all end in tears”.

His experience confounded this prediction, and he had a positive experience in the hostel. He valued the PRHA staff approach, which he found respectful, helpful and sensitive to himself and also other residents. Having staff with their own experiences of homelessness he felt to be beneficial. Issues he faced with his benefits were sorted out. He also praised the cleanliness of the hostel and the food provided, which by the end of his stay he described as “top notch”.

*“They’re actually talking to people with respect... There were people there getting their glasses for the first time in their lives like and going, ‘Wow, I can see’, you know... They are doing a good job, and they have a great team, you know.”*

Ken was impressed that medical appointments were arranged quickly, on site. Exploring possible issues with his health was the key motivator for Ken to remain in Carter Lane and then move on to Clearing House accommodation.

*“[They thought I had a heart problem] but it was alright though. But that’s the main reason I stayed in there and why I actually got a flat in the end. My health is fine but I’m quite happy to stay here as I have realised at my age, you know, it’s time to move on... Well, I’m actually eating properly now, and yeah, my mental health is [better], because I don’t have worries no more. I’m not having to think, oh, what am I going to do tomorrow, and all that, like, you know. I’ve actually been here five weeks and I have noticed a big difference so yeah, it’s cool.”*

## 7. Moving on

Ten people interviewed were staying in Carter Lane hostel at the time of the interviews. Others were in hostels or supported housing, and some had moved on to longer-term accommodation in City of London social housing or Clearing House or housing association tenancies. Information about interviewees' accommodation status is summarised in the table below. This chapter explores feelings about move on from Carter Lane or other hostels, and how those who have moved to longer-term homes are getting on in other accommodation.

**Figure (c) Accommodation status of people when they were interviewed**

Type of accommodation currently in	Number of interviewees
Carter Lane	10
Clearing House – social housing with tenancy sustainment team support	2
Hostel place – reengaged	2
Hostel place – new placement	1
Specialist supported housing for women	1
The Lodge specialist supported housing	1
Temporary accommodation, awaiting social housing	1
City Corporation social housing	1

### 7.1. Carter Lane and move on plans

Most people interviewed did not have a clear plan for moving on from Carter Lane. Some felt anxious about this and potentially returning to rough sleeping. Several people, and particularly those in early recovery from drug dependency were clear that they did not feel their own tenancy would be the right option for them in the short to medium term. Reasons for this were primarily fear of being isolated and lonely and risk of relapse, but also some practical factors around managing a tenancy and paying bills.

*“I’m more than happy here. They offered me move on, get ... something that’s just mine. And I told them ... [for as long as possible] I can stay here, because people who work here, they are really nice and really helpful. I prefer being with someone around than be by myself... I don’t want to be by myself in some flat or whatever. Until I find some girlfriend, or whatever, you know. I don’t want to be by myself. It’s not good idea for even an ex-addict. When you are by yourself, when you are bored, whatever... it is so easy to go back.”*

(Client interviewee, male, 30s)

*“Well, if I had my own place in the state where I am now, like, physically – well, not so much physically, mentally – I would probably end up losing the place. [I need someone to] help me with things like budgeting and all of that. [Risks would be that]*

*as soon as I receive my benefits, or as soon as I walk past the nearest off-licence or pub, I would be in there...”*

(Client interviewee, male, 50s)

An interviewee who had made huge progress in recovery during several months at Carter Lane felt that when he nearly took up a tenancy his risk of relapse went up hugely. He declined at the very last minute and reported that his navigator was understanding about his decision.

*“I thought I was, arrogantly and wrongly, I thought I was ready to move on... I asked [navigator] to move me from here. After one week she gave me a ... nice self-contained studio flat... It was amazing ... but when I sit on the bed, in three seconds, all my monsters came back... I realise that I’m going to be in that place alone with no income, with no friends around me... my risk percentage of relapse passed from 0.5%, which is now, to 99.5%, in a matter of seconds. I’m a drug addict in recovery, six months recovery – so still baby steps. It’s not then like I had my last dose six years ago. Because the last thing I want is to throw away all this job I have done.”*

(Client interviewee, male, 30s)

In contrast, an interviewee who was many years into alcohol recovery felt that while a ‘dry’ hostel was a reasonable offer for him, a flat or studio with floating support would be better.

Those staying in Carter Lane or in hostels who were hoping to reconnect with their children were very keen to move into their own tenancy in the medium term to enable visits, even if they needed some additional time in a supported environment to, as one interviewee put it, “get fit and stable”.

Across Carter Lane and other hostels, people were fairly open minded about where they might eventually live. Most wanted to live in London, with one exception. Some stated a broad preference, for example, east London or just beyond east London; no one specified that they felt the need to remain in central London. People did, however, specify that they needed to live in places that were not “drug hotspots” or for some people not areas where they had previous drug and alcohol connections.

At the time of client interviews the planned closure date for Carter Lane was around four months away. There was increasing pressure to speed up the move on process and ensure everyone was in the best place possible when Carter Lane shut. One professional stakeholder felt that the increasing pressure was potentially detrimental to working with clients at their own pace; another conversely felt that it was important to ensure that there was a clear message that “this is not forever” to prevent people becoming too settled and reluctant to move.

A barrier raised by a professional interviewee was where it was hard to find move on for people who had high support needs, citing an example of someone who had had three routes explored, but none had come to fruition due to accommodation providers assessing the client’s support needs as too high for them to manage.

## 7.2 People who had moved on or reconnected with hostel and support housing

Two people had settled into specialist accommodation after many years of homelessness. One interviewee spent a period of time in Carter Lane and then moved into the Lodge, a specialist service for older, long-term rough sleepers who rejected the traditional hostel set up, including people with alcohol support needs. He had been street homeless for 25 years and in contact with City of London outreach services for more than five years. The accommodation was highly appropriate, and he reported really valuing time with staff and other residents including having meals together. He felt that he would move on to a place of his own in time, but for the moment was happy to stay where he was.

An interviewee who had moved into a very small specialist accommodation services for women who had experienced exploitation or abuse, including sex working, reported finally being somewhere she felt safe, supported and settled. This was after numerous hotel and hostel placements that had not met her needs and had ended in eviction or abandonment. She felt that the network of support she has is vital for her to continue her recovery and is reassured by the lack of a time limit on the accommodation.

*“I’m happy here, I’ve not thought about [moving on from here], there’s no time limit. If I did move on to my own place, I would just miss the constant care and the support, and the help. Do you know what I mean?”*

(Client interviewee, female, 30s)

## 7.3 People who had moved on to social housing

Three interviewees were in social housing, two in Clearing House flats and one in a City Corporation flat. Interviewees described support from navigators and outreach staff to help them settle into their accommodation. Two people expressed the determination or desire to remain in their new homes, one with the ambition to reconnect with family and one due to health reasons. The other person was unsure about how sustainable their tenancy was. In all tenancies there were clear risk factors that indicated the need for ongoing support.



*“Basically, contact with kids again. That’s why the flat has to work. Because I’m a grandad ... as well.”*

(Client interviewee, male, 50s)

*“You know, I’m not saying I’m going to last forever indoors because things might come up, like I don’t like the post, you know. I might not have key workers and that... I mean, it would help but you know, how long is long-term [support] before it gets taken out of your hands? I don’t know. I can’t ring them every time a letter comes through the front door or get them to deal with a phone call I don’t like... I don’t know.”*

(Client interviewee, male, 30s)

Interviews highlighted the need for people who had not ever been in their own tenancy, or not for many years, to receive appropriate support both in terms of the practicalities of maintaining a tenancy and for encouragement.

*“You have to imagine, I never had a cooker for many, many years. But there was no [instructions] ... because it’s got all these different things you move like to put the grill on, and like the hob and everything. And when I was asking them [the landlord], they said, ‘Well, when we have time we’ll come in and show you,’ and I’m thinking what do you mean, ‘When you’ve got time’? That should have been done when I moved in!”*

(Client interviewee, male, 60s)

Staff interviews also highlighted the lack of support available to people in temporary accommodation and this being a risky option for people with higher support needs. Placements require support from outreach or navigators.



## 8. Learning

### 8.1 Conclusion

The City Corporation and its partners were early adopters and innovators in the Everyone In initiative. This research demonstrates the success of this work for people who faced many barriers to moving off the streets and extreme challenges in their lives. The exceptional work of partners across homelessness services, City Corporation and substance misuse and health services should be celebrated. Central to this was collaboration and a shared sense of purpose.

*“Just that element of workers supporting each other, collaboration that is effective; partnership work in the city has never been better.”*

(City of London Outreach)

People with higher support needs remain on the streets, so efforts must continue to build on the achievements of the last year. The City Corporation can use the opportunity of setting up new services to create a continuation to the momentum of Everyone In, and the sense of a step change in what is on offer for those who are rough sleeping.

The Lodge, which provides a targeted service for a particular client group, should act as an inspiration for the provision of the new flagship accommodation service being set up to meet the needs of others not well served by current offers. To meet the needs of people experiencing rough sleeping, each person’s experiences must be understood as unique and the ‘solution’ must be something that puts them in control, as far as possible. A diverse network of accommodation and support is needed to create individual responses.

The pandemic happened at a time when there were various additional services in place which are short to medium term including navigators and the RAMHP project. The sometimes rather ‘messy’ picture of different services creates more personal support for people. A level of flexibility in the system and potential crossover of roles may be required to enable this. Excellent relationships and communication ensure this does not become inefficient or confusing, including through day-to-day work with clients and structures such as the fortnightly City Corporation Task and Action meetings.

*“So that’s why it’s a good thing that the services that came together, Turning Point, RAMHP, the clients knew what was on offer and they knew they could get the help that maybe they had refused before.”*

(Navigator/SIB team)

This research started a conversation with people who had been rough sleeping for many years and who faced multiple barriers to coming in, staying in and moving on. The work can be continued by the City Corporation to innovate with the participation of those who are using services and have recently experienced rough sleeping.



## 8.2 Recommendations

### 8.2.1. Overall approach

#### **A trauma-informed approach to commissioning and service delivery**

A trauma-informed approach to supporting people with long-term experiences of homelessness is essential and should form part of the City Corporation's approach. This should include an appropriate level of training across commissioning and service delivery teams and particular specialism within the new service. Clinical supervision or reflective practice should be provided.

*"In key worker meetings, they've never actually done them in an office [meaning private space] because a lot of homeless charities have this thing about being alone with a homeless person."*

(Client interviewee, male, 60s)

*"I think some form of reflective practice would be good... fortnightly reflective practice session with the whole team. So, if someone is struggling with a case or with a certain client, they don't know how to approach them, then we can draw on the team's insight to maybe resolve any issues that individuals might be coming across."*

(Support Worker, PRHA CAS)

This approach must include supporting women who have experienced sexual violence and exploitation in a gender-informed way.

The practices of the hostel and assessment service should avoid 'telling' people what to do and placing conditions on people, as far as possible. All processes should be reflected upon with the help of clients to see if they can be minimised and continually improved.

*"To be honest, it's money and support. That's all it boils down to really. And getting treated like a normal human being, like. Not told what to do, but asked how they can help, you know what I mean."*

(Client interviewee, male, 30s)

Mental health support in-reach should be provided including services for those who do not have SMI but would benefit from therapeutic interventions. Ongoing input from mental health professionals should be a feature of outreach and accommodation teams.

#### **A personal journey for everyone**

The motivations and needs of individuals vary and a truly individual, person centred, approach is the best way to support people to find their own route out of street homelessness. For example, some people with higher support needs will need their own tenancy to leave rough sleeping behind; others may benefit from staying longer in supported accommodation because they do not want to live alone in early recovery.

#### **A health-led model**

A health-led model should be implemented, which enables people to move swiftly into accommodation without off-putting processes impeding that initial move – for example,

allowing people ‘breathing space’ before they sign up to an agreement or make a benefits claim.

Working with other boroughs and the GLA to improve the response to people with higher support needs who do not have a clear ‘borough attachment’ – for example, who move around boroughs or tend to be hidden when rough sleeping – should be a feature of a health-led approach.

### **A culture of in-reach and collaboration**

In-reach and collaboration should be at the heart of the new accommodation service. The service should act as a hub for other professionals to meet with clients or patients, including private meeting rooms that can accommodate different numbers of people, and comfortable areas in which to wait to meet people or meet people informally.

### **Rapid prescribing**

Rapid scripting should be an ongoing legacy of the Covid-19 response to rough sleeping, helping people to take the first step and have a break from withdrawal being key for people in journeys out of homelessness. It is likely that corresponding treatment pathways will be needed, but this was not explored in this research. Likewise, the provision of managed amounts of alcohol, used to help people self-isolate during the pandemic could also be a tool to enable people to rest and begin their recovery in services during more normal times.

*“Scripting on site – however I can say – it’s essential to success – double down on that! One of the biggest issues is moralisations of scripting.”*

(City of London Outreach (b))

## **8.2.2. Service specific recommendations**

### **Location**

The new accommodation service should be close to the City of London, avoiding drug hotspots. The assessment centre should include access to some form of single-room accommodation close to the centre, for example, hotel spaces (ideally with individual bathrooms) or emergency bed spaces within the new accommodation service. The location of Carter Lane and the provision challenged the idea that the City Corporation does not value people who sleep rough; having a geographically close offer will help to demonstrate that the City Corporation is working hard for the benefit of people facing homelessness.

### **Support workers or managers with lived experience of homelessness**

Support workers or managers with lived experience of homelessness should form part of the support team at the new services.

### **Clients able to retain a close link with trusted workers (e.g. outreach)**

When people have faced barriers to leaving street homelessness, they should be able to retain a close link with outreach or a trusted navigator, or other appropriate support worker, until they are in longer-term accommodation. Consistency is the ideal for people who have struggled to trust services in the past.

### **Providing a full service**

The provision of a full service to people on their immediate arrival at a service, including food and a phone, if required, as well as anything they need to stay safe and healthy (for example, masks, hand sanitiser and toiletries), builds trust and enables people to rest and engage more effectively. This should be considered for both the assessment hub and the accommodation service.

### **Small communities of safety and recovery**

The new accommodation project should seek to create a feeling of small communities of people, rather than a larger institution, to reduce conflict and create a sense of calm and

pride in accommodation. Around 15-20 people is an indication from this small-scale research, but this should be the subject of further consultation. Opportunities to socialise, have hot drinks and meals together, and undertake activities should be provided when this is in line with public health guidelines.

### **Gender-informed safety**

In accommodation and assessment services, it may be helpful to create women-only zones with additional security in the form of key fobs. Whether a service with mostly male clients is a place of safety should be considered for all prospective female clients. For some women a placement in a specialist service out of the area will be preferable. Access to this type of provision is something the City Corporation may wish to push for at a pan-London level.

### **Spot purchased beds**

Where beds a spot purchased in other areas, the respective responsibilities of the City Corporation and host borough services and funders should be made very clear. This includes in terms of providing support in accommodation, planning move on and linking with Adult Social Care.

### **Move on**

To prevent repeat rough sleeping, people with long histories of homelessness should be offered long-term support in new tenancies, whether this is through a Housing First model, Adult Social Care or intensive floating support.

Social housing tenancies provided due to the pandemic should form a springboard to continue this work, and make a commitment to use social housing stock to end long-term rough sleeping for people, possibly with new targets for placements each year. Related to this, the City Corporation should consider how to expand its access to Housing First provision, where the strongest evidence base for success is.

Innovation in shared accommodation options is an area to consider for those who do not wish to live alone in the medium term – for example, the ‘peer landlord’ approach.

*“The learning [is] you have to have a permanent supported accommodation pathway in the City ... and more proactive ways to get people into drug treatment.”*

(City of London Outreach)

Access to residential drug and alcohol rehabilitation needs to be available to some of those who have slept rough long term and faced multiple barriers to moving on from homelessness.

The idea of move on and uncertainty around this can cause anxiety; providing information about what can be expected, and what will and will not happen, as soon as people are comfortable to explore this issue, should be central to supporting people.

### **People rough sleeping**

Outreach workers should be empowered to provide rapid assistance, with information and access to offers of accommodation.

*“Before they get sent out on their night walks or whatever it is they do now, they should just be 100% correct in what they’re being told they can and can’t offer because half the time they’re going out saying they can do this, this, and this, and then when the appointment time comes, you’re only being told you can get that, that and that.”*

(Client interviewee, male, 30s)

Fewer people on the streets highlights the needs of those who remain rough sleeping. Work with mental health and Adult Social Care teams should continue with an emphasis on engagement, assessment and exploring any options people are willing to take up. Clear communication and rapid offers of support, when people are willing to accept it, were effective in the Everyone In response and should be continued for this client group.



