



Communities and Local Government Committee

Oral evidence: [Homelessness](#), HC 702

Monday 9 May 2016

Ordered by the House of Commons to be published on 9 May 2016.

Members present: Mr Clive Betts (Chair); Bob Blackman; Helen Hayes; Kevin Hollinrake; Julian Knight; David Mackintosh; Mary Robinson; Alison Thewliss.

[Watch the session](#)

Evidence from witnesses:

Questions 123 – 172

Witnesses: **Katharine Sacks-Jones**, Director, Agenda, **Henry St Clair Miller**, Manager, No Recourse to Public Funds Network, **Helen Mathie**, Head of Policy, Homeless Link, and **Oliver Hilbery**, Project Director, Making Every Adult Matter, gave evidence.

Chair: Good afternoon and welcome. Thank you to coming to our evidence session in our inquiry into homelessness. Before I pass over to yourselves, I would ask the Committee members to put on record any interests relevant to this inquiry. I am a Vice President of the Local Government Association.

Helen Hayes: I employ two local councillors in my team in Parliament.

David Mackintosh: I am a Northamptonshire county councillor.

Q123 Chair: Thank you. It is all on the record, and now could we just ask you to say who you are and the organisation that you represent?

Helen Mathie: I am Helen Mathie from Homeless Link.

Oliver Hilbery: I am Oliver Hilbery. I am the Director of the Making Every Adult Matter coalition, formed of Clinks, Homeless Link and Mind.

Katharine Sacks-Jones: I am Katharine Sacks-Jones. I am the Director of Agenda, which is a new alliance for women and girls at risk.

Henry St Clair Miller: I am Henry St Clair Miller, the manager for the No Recourse to Public Funds Network, a network of local authorities and other organisations focusing on the statutory response to destitute migrant families, care leavers and adults with care needs who have no recourse to public funds.

Q124 Chair: Thank you very much for coming to give evidence to us this afternoon. Obviously the organisations that you represent tend to look after the interests of particular groups that might be considered to be quite vulnerable in different ways and different circumstances. Does the whole of the system and the way it deals with homelessness currently make it harder for particular groups and individuals to get out of the trap of homelessness and escape from it? Perhaps you would just like to give us your observations on that situation.

Oliver Hilbery: People facing multiple needs experience a range of issues across substance misuse, homelessness, mental ill health and contact with the criminal justice system. These issues are often a product of trauma and abuse, long-term poverty, unintended impacts of government policies and systemic failures that they have had throughout their lives. These individuals have had a range of issues and long-term contact with a whole range of different services in a local area. It would not be unusual for them to be in contact with 10 or more services at any given time, and so they face a distinct difficulty in how they engage with those services on a daily basis.

Those services are often designed to deal with single issues. These services are often very good at dealing with single-issue problems but, when it comes to looking after and co-ordinating the support of people with multiple needs, they find it quite difficult, and that is the challenge in local areas, in terms of how they can better co-ordinate those responses for that group of individuals, so that the efforts that are put in by the range of agencies can be united to get the best outcome for those individuals.

Katharine Sacks-Jones: From the perspective of homeless women, they have very distinct experiences. The drivers of their homelessness are quite different from the drivers of men's homelessness. The way they experience homelessness is quite different from how men experience it and their needs are quite different. There is not very much provision for homeless women. When we think of a homeless person, we tend to default to think of a homeless man. The way that hostels, day services and others are designed is that they are often set

up with a homeless man in mind and do not always respond very well to the needs of women.

Helen Mathie: I would echo that and reinforce that, as you said at the start, many people who are experiencing homelessness have a range of other needs. A housing intervention alone will not mean that their homelessness is resolved. It is about trying to look at whether the specialist support that some of those individuals need is available, particularly on a long-term basis, if they need that for a longer period of time. A lot of the support that we have and the interventions are quite brief. Some people, if they have had a long history of experiencing different needs and been in contact with different services, may need more sustained support than is currently available, so it can make it harder for that exit from homelessness to be sustained.

Henry St Clair Miller: From my point of view, I am talking about migrants who are excluded because of the no recourse to public funds condition. The main point that I would make on that question is that Britain is unique in the fact that providers do not have the freedom to resolve the problems of homelessness themselves, because funding is usually based on entitlement, specifically in relation to housing benefit. Most standard homeless prevention models usually expect that the rent element of the provision is going to come from somewhere else, so we have a situation where we know, from our practical work—whether that is in the voluntary sector or through social services direct provision—that dealing with long-term exclusion in relation to irregular migrants and European Economic Area nationals takes time to get the nature of the response correct, whether that is through employment, through regularisation of your unsettled status or indeed return to your country of origin.

The missing component in doing that work is usually a bed space or a place for someone to be, whilst you make that form of intervention. From the perspective of thinking about other models, we are aware of models such as that taken on by Dublin City Council where, if your goal is to end homelessness, you have to think differently from the norm and you have to include all categories of migrants and homeless people within that.

Q125 Chair: I am sure we will come on to the particular areas of interest that each of you have in detail a little bit later on, but, generally, is early intervention key to helping people? The longer people stay in the system, the more their needs increase; does it actually compound their problems?

Helen Mathie: I would agree with that entirely. We all want to see a system that prevents homelessness rather than deals with it once crisis

point is hit. Unfortunately, all too often, people are already at that crisis point, either when they seek help from the local authority or a voluntary sector provider. We need to do far more to shift the focus and the investment upstream. By that, we mean putting in place stronger advice. For example, it could be within authorities or helping people to know where to go for that help.

There are some excellent examples of prevention, something called the Positive Pathway model, which is particularly focused on preventing youth homelessness, which is about trying to look at the earliest opportunity possible, where someone may be in that housing need, and putting in a range of options and support, not just from statutory services, but across a whole range of different areas in which that person might need support. In this case, it is often around family mediation, for example. There are all sorts of interventions that we can do much earlier on. Unfortunately, we still have not quite done enough to shift that focus further upstream.

Q126 Chair: Do most authorities adopt that pathway approach or have some still not recognised that it exists?

Helen Mathie: Some have not. The research we did last year shows that just over 60% of local authorities have adopted the pathway model. We would obviously like that to be 100%. It is helpful because it gives that framework of thinking about what we can do earlier on and right through that journey that someone might have in terms of preventing that homelessness recurring as well.

Katharine Sacks-Jones: The problem is that, although we know that prevention is more effective than dealing with things at crisis point, too often people cannot get any assistance until they do hit crisis point. That is certainly the case for women. For women to become homeless, they will often have had very prolonged experiences of trauma, often since childhood, on and off across their life. They have experienced extensive abuse and violence, and it is later on that they will end up homeless. Attempts to seek help previously often fail. They can only get support at that crisis point, if at all even then, and unfortunately that is increasingly the case as local authorities come under budgetary pressures from elsewhere. There is more of a shift to just dealing with the crisis, rather than trying to intervene earlier.

Oliver Hilbery: MEAM has an interest in the group of people within the homelessness population who face a range of other needs. Around 65% of the homeless population also have experience, in any given year, of substance misuse issues or criminal justice issues, and most of those also have a mental health issue in their lives. For them, prevention could be not just about acting before crisis point, but also about

preventing the kind of repeat cycles that they are in. Most of them have been in this for a very long period of time. We know that, if we deliver silo services to them, through substance misuse, mental health or homelessness, we will simply be investing in interventions that are not going to solve the problem, so a more co-ordinated approach can prevent repeat cycles for people who would appear to be in crisis.

Q127 Chair: Is it still the experience that services are often provided in silos still and that different bits, even of one council, do not speak to each other or arrange themselves in such a way to help, on a holistic basis, someone who has these issues?

Oliver Hilbery: Absolutely. It is often the case that services are either not co-ordinated or are actively seeking not to support individuals. For example, we often hear that mental health trusts are not willing to engage with people who are using substances. That is a common thing that we hear on a regular basis, which is really problematic for the individual at hand, of course, because you feel like you are being bounced around these different systems with no one willing to lend a hand. You are also in and out of A&E all the time. You are being picked up by the criminal justice system on a repeated basis. We are spending public money on looking after people in a kind of emergency way, rather than looking at a much more planned, co-ordinated approach, which our research often shows to be cheaper. It is 23% cheaper over time, in some of the pilots that we have run across the country.

Henry St Clair Miller: From my perspective, local authorities try to support programmes around prevention. Indeed, when we are administering the social services safety net, we are trying to look at other ways of meeting need, other than direct provision under the Children Act or the Care Act. We are trying to look at those options.

The problem about the client group that I work with is that they are often quite hidden, so it is quite hard to engage with them before crisis point. Also, the array of legal frameworks that need to be satisfied is quite complex, so I would certainly support Homeless Link's point about the need for capacity-building around advice and information, so that people know what routes they can take in their circumstances. I know from practice that silos are always an issue, whether they are local authority to voluntary sector or indeed between housing departments and social services, because of the range of aspects that may need to be looked at to alleviate a migrant's destitution. It can be difficult if you are not working in a holistic way.

Q128 Chair: To specifically ask about young people, 18 to 21 specifically, have we gone beyond a situation where people of that age

group go down to their local authority and say, "I am homeless. I cannot go back home," for whatever reasons, and the answer is, "Just apologise to your parents. It will all be alright. I am sure they will allow you to stay there again"?

Helen Mathie: I hope so. The reality is that a lot of young people cannot go back home. While often the outcome that people would want, which is often better for that young person, if it is safe to do so, is to look at family mediation, conflict resolution, rebuilding relationships with parents and stepparents, from the work we have done, say looking at the Positive Pathway, local authorities are more realistic about what those options are for young people, but there is often still a lack of specialist youth provision that can be a stopgap or emergency respite, while some of those conversations go on. Yes, they might be able to go back home, but it might take three months or four months for that process to work through.

There are things like Nightstops or supported lodging schemes, for example, where young people can go and live somewhere safe while some of those resolutions, if they can happen, can take place. At the end of the day, it is not an option for every young person. That is why we need to make sure that there is the right range of either emergency or longer-term accommodation available in every local area.

Katharine Sacks-Jones: Our experience is that it is very variable, but it is certainly still the case that young women can go along to a local authority and not get any assistance at all. That is something that we hear still happens. It really varies between different authority areas.

Q129 Alison Thewliss: Just to pick up on the 18-to-21-year-old issue, what are your thoughts on the lack of entitlement to housing benefit for that age group? Is that contributing to that issue?

Helen Mathie: Looking at the removal of that automatic entitlement would be very problematic. We think it would pose huge risks to that population, particularly to those who have no other option. Often if you look at the causes of youth homelessness for that age group, breakdown with family is a key driver. Often that is interrelated to other problems at home, so caused by unemployment, poverty, abuse, etc. If we remove that entitlement to that housing support, there is very little option that is safe for those young people to live in, in terms of accommodation, so it is certainly something that we are very concerned about. As you know, the discussions are ongoing about whether certain groups will be excepted from those, so certain really vulnerable groups within that. Overall if we are looking at prevention and trying to prevent homelessness, removing that would pose big risks, we think.

Oliver Hilbery: Interestingly, the research on multiple needs shows that individuals suffer a range of different issues. It shows that, if they suffer certain things, like breakdown with family, violence at home, substance misuse or first contact with the criminal justice system, a lot of that happens before their first presentation as homeless. A lot of these individuals will be approaching councils already in quite significant crisis sometimes, in their personal lives. We have to be able to pick up a situation where we are able to help them, support them and direct them into the right support, at that time, otherwise we know that it just gets worse and evolves into your classic multiple-needs scenario, probably in your late 20s or early 30s.

Katharine Sacks-Jones: For homeless women, homelessness and abuse are very closely linked. That abuse often starts in childhood and often starts within the family home. Any restrictions on young women's ability to escape that situation and move into secure housing would be very worrying indeed. I cannot really state enough how strong the links between women's homelessness and women's experience of abuse and violence are. It is true to some extent for homeless men, but it is much more pronounced for women.

We did some research that was an analysis of a Government data set. It found that there are 1.2 million women in England who suffered the most extensive abuse. That is women who have suffered both physical and sexual abuse, both as children and as adults. Of that group, 20% had been homeless. Compared to women who had no or little experience of abuse, just 1% had experienced homelessness, so it is really very marked.

Q130 David Mackintosh: Do you think that homelessness causes mental health problems or does poor mental health cause homelessness?

Helen Mathie: I would say that mental health can certainly exacerbate homelessness. They are both a cause and effect of one another, really. You will probably have seen a lot of research that looked at the prevalence of mental health problems among people who are homeless. Data we have that is self-reported from homeless people found that about 40% have a diagnosed mental health problem, but that rises to about 80% who report any kind of mental health need. Obviously experiencing the trauma of homelessness, whether in temporary accommodation or more acute forms such as rough sleeping, is likely to exacerbate those mental health needs, but certainly pre-existing mental health problems can make people more vulnerable to homelessness. It is a complex relationship, but you have to look at both sides of it.

Katharine Sacks-Jones: I would absolutely agree that it is both a cause and a consequence of homelessness. Homeless women have particularly high levels of mental ill health. In the survey you mentioned of homeless people overall, around 80% of men had a mental health condition and I think it was 88% of women. That is reflected in different surveys and research. There are really very high levels of mental ill health amongst women. They are quite a vulnerable group.

Oliver Hilbery: The important thing for this group, when you begin to look at those with the most complex needs, is that those figures that have just been quoted rise to 92% of people with multiple needs self-reporting a mental health problem and 55% who have a diagnosis from a professional. It just shows how important the element of mental health is within these individuals' lives.

It is also really important that we look at what kind of mental ill health that is, because people would define this on a very different basis. The issue for a lot of people with multiple needs is that their mental health needs fall just below the threshold of access to secondary care. Indeed, a lot of their needs will fall just below the threshold for access to a range of services. They might have a learning disability that is just below threshold and a mental health need that is just below threshold, which pushes them straight back into the primary care field as being their only way forward. We know, for example, that the IAPT Talking Therapies programme, while it has been relatively successful as a whole, has really failed to engage with people who are using substances, for example. For this group of people, there is no real easy option of support around primary mental health needs and a difficult barrier of getting into the secondary mental healthcare field.

Q131 David Mackintosh: How accessible is mental health support for people who are homeless or sleeping rough?

Helen Mathie: I would say that the challenge of accessing mental health support is one of the most frequently and most persistently raised challenges, certainly within our membership, over a number of years. Partly that is due to the lack of specialist mental health provision. Obviously mental health services are themselves stretched in terms of their resources. We know that. The challenge is often how people get assessed, so can they get that mental health assessment in the first place? We repeatedly hear that it can be challenging, particularly when people are in very chaotic housing situations and may still be using drugs and alcohol. There is a reluctance to assess people at that point.

They may not reach those thresholds for the referral routes, but also the structure of some mental health services is quite rigid and the lack of flexibility can be a real problem. As we have discussed, we are working with people who may well be very vulnerable. They may have other problems going on with their lives, which makes it challenging to engage in the kind of way that services expect people to engage in, so maintaining treatment pathways and turning up for appointments at set times. In terms of that flexibility, there are some great examples of where mental health services work with people on the streets. They do in-reach to hostels or other supported accommodation, specialist triage to make sure that those assessments happen, but we would say that that is not always widespread. It is a challenge we hear all too often and we have not got right yet.

Henry St Clair Miller: Within the experience of working with excluded migrants, certainly the majority of adult cases being referred into social services for support are on the basis of mental health. The request for assistance is made under the Care Act 2014 but, of course, like with every statutory safety net, it is about meeting set regulations and eligibility criteria. We know that a vast majority of those applying will not satisfy the eligibility criteria under the Care Act 2014.

Now, the Care Act provides powers to local authorities to meet non-eligible needs. It is also underlying the wellbeing principle, so there is an onus on social services departments to be thinking about advice and information that can be given to people, even if it is not about providing a care package or a formally provided service, but, from practice, you have the difficulty between an Act that perhaps is more client-focused than the previous models under the Chronically Sick and Disabled Persons Act and the National Assistance Act. Indeed, local authorities are undergoing quite a few cuts in relation to their budgets, which perhaps means that some of those service gaps start opening up, particularly around people with low-level mental health issues, which could be a contributing factor to homelessness. It is quite challenging.

Q132 Mary Robinson: Finding somewhere safe to sleep is obviously an immediate priority. Is it the case that homeless people forget about the mental health treatment that they need, simply because they are so focused on these immediate priorities?

Oliver Hilbery: In many situations for people with multiple needs, they simply have so many contacts with the statutory and voluntary sectors that they do not know where to turn. It is not unusual for us to hear about people having 10, 12 or 15 case workers and a range of different appointments to attend. As a system and a series of services, we expect individuals to act as people would act if they did not have these experiences in their lives. We expect to see them for an

appointment at two o'clock next Thursday, for them to meet that appointment and to turn up, and of course that is just not how their lives work. In many cases, they are taking really rational decisions about whether to attend the benefits office to stop their sanction, to go for their mental health care need appointment or to do something else. It becomes very complicated for them.

We really have to try to break down this barrier between how we support people in the mental health field and how we are able to offer support to people who, for example, have substance misuse issues. There is a real difficulty in the mental health field about supporting individuals who are drinking or using drugs, for example. Once people have been turned away from that system once, it makes it very hard for them to go back and engage again, especially because they are there because of a range of failures in their lives that might have started in childhood, all the way through. We need better primary care routes for those individuals and we need better secondary access that does not place delays on people. It is worth saying that the current Government guidance does suggest that mental health trusts should take the lead in cases of dual diagnosis but, unfortunately, we see a lot of cases where that does not happen.

Katharine Sacks-Jones: I would agree. In answer to your question directly, yes undoubtedly. For someone worrying about where they are going to sleep that night that will take priority over addressing their mental health needs. When people do reach of trying to seek help, it often is not there or is not accessible to them, so it is a bit of both. If you literally have nowhere to go that night, you will be worrying about that. You will be worrying about where your next meal comes from. You will be worrying about staying warm and staying safe.

Q133 Mary Robinson: How can a service provider really deal with this?

Helen Mathie: There are some good examples. We have talked about whether the services are there, so availability, and then access and engagement with that service. It is partly about building that trust with the service provider. Often we underestimate how long it might take for that client to feel comfortable to have that relationship with the statutory services, with which they may have had quite a challenging relationship over a number of years, with a failure of services. You see it from the perspective. Yes, it may take quite a long time to build up that trust. There are some great peer-led advocacy schemes, for example, which help people retain, engage and stick to their appointments, and maintain the treatment plans they have, which broker that role to help people feel more comfortable navigating what

is, to everybody, quite a complex health system, at the best of times. Things like that can help improve outcomes.

Q134 Mary Robinson: Do you think service providers understand enough about mental health?

Helen Mathie: I would say not always. There is an assumption or a perception sometimes that homelessness is still a lifestyle choice. Understanding why someone is homeless and why they may be exhibiting certain behaviours that other patients do not is still problematic. Trying to improve the awareness of homelessness among mainstream services is a real priority that we could do more about.

Katharine Sacks-Jones: The starting point, when you are trying to offer support to someone who is worrying about where they are going to sleep that night, is understanding that reality for them. You will need a different approach and a different way of trying to engage them than you would with someone who is not homeless and has mental health issues. It is about mental health providers having that specialism and understanding of homelessness, but also other services, homeless housing providers, understanding mental health issues and needs.

Q135 Mary Robinson: Where would you place the strength of being psychologically informed within this provision? Is this a real necessity that we should be thinking about?

Katharine Sacks-Jones: I would say psychologically informed and also trauma-informed services are really key, because so many homeless people, and this is particularly the case for homeless women, have extensive histories of trauma. You need services that work in a trauma-informed way, can respond properly and not re-traumatise people and exacerbate their difficulties. It is a slightly different model, but I think both are important.

Helen Mathie: I would absolutely agree. We have seen within the homelessness sector in many areas services being commissioned to be more psychologically informed and trauma-informed. That involves working more closely with mental health services and offering support, not just to the clients, but also to staff working in those services to help them deal with some of the trauma that they see in the clients they are supporting. It is mental health supervision for those services as a whole. Generally, there is still a lack of that specialist trauma-informed training amongst statutory services. There are some really good examples across the country, but from our experience it is still quite patchy.

Q136 Mary Robinson: Lastly, this notion of being trauma-informed is something that has not come through to me through the interactions that we have had. St Basils was specifically talking about psychologically informed. Is this being trauma-informed something that is new? Is it recognised? Has it not really been implemented?

Oliver Hilbery: They are very similar processes. Trauma-informed care has come out a lot in the United States. Psychologically informed environments have grown more here. They are very similar, in terms of building environments that understand the experiences that people have come from.

Katharine Sacks-Jones: They are similar. I would say that there is a gendered element to it. In services provided for women, trauma-informed is often recognised as a more appropriate model. There is quite a lot of work happening here. It has come over from the States. It is quite embedded in the States, and some of that work has been brought over here, for example in the female prison estate. All prison officers in the female prison estate have just received training in trauma-informed approaches, so it is growing here.

Q137 Kevin Hollinrake: Turning to addiction and homelessness, substance abuse and alcohol abuse are obviously a component of this problem. Some of the providers we have spoken to have a zero-tolerance approach to this kind of abuse before they are allowed to be housed, where others put housing first and then treat the symptoms after. What is the view?

Katharine Sacks-Jones: It needs to be a bit of both, depending on the individual. Obviously there are people who have substance misuse issues and need to be accommodated before they are going to be able to deal with some of those issues that they face. Likewise, environments where other people are using substances can be quite detrimental for people who are trying to get off substances or have gone off substances. I would say it is a combination, but that housing-first model can be effective, often for particularly vulnerable groups.

Homeless women have particularly high rates of substance misuse issues. They are more likely than men to be currently using crack cocaine and heroin, and there is very little provision specifically available for them, because both drug treatment services and homeless services are male-dominated. About 75% of the clientele in both are males, which can be at best intimidating and sometimes quite unsafe for a very vulnerable group of women. On top of the safety aspect, services are not always set up to understand and recognise women's particular needs and experiences. There is a big gap in both drug treatment and homelessness services for gender-specific provision for

women. Only about 11% of homeless providers provide something specific for women, so we would say that that is a big gap across the board.

Helen Mathie: The housing-first model that you mentioned brings up this debate that we have a lot in this sector about being treatment-first or treatment-led. The model for housing first has accommodation and then that support is wrapped around the individual. Certainly the outcomes from the housing-first approaches that there are already show that that can have better housing options and it can reduce the harm caused by drugs and alcohol, in some cases. I would endorse the point that we need to make sure that the options that are there fit for different people, because some people may need or may prefer a more communal setting, where there is ongoing support on site. For others, particularly those who have had recurrent homelessness or chronic homelessness over a long period of time—rough sleepers with complex needs—housing first has been shown to achieve good outcomes for them.

Certainly in terms of supported accommodation, most of our members will be accommodating homeless people, many of whom will have substance-misuse needs. Often a zero-tolerance approach is not the most helpful, but it is about being commissioned in a way that gives providers the flexibility to work with their clients, be led by the clients' needs, develop personalised approaches to what that individual may need and engage in the right sort of treatment. We need to have that flexibility built within the way that services are also commissioned as well.

Q138 Kevin Hollinrake: Does that mean that sometimes you say no, because somebody has these problems?

Helen Mathie: Some providers do restrict or decline referrals if they perceive the risk.

Q139 Kevin Hollinrake: What do you think, though? Do you think it is right that they do that sometimes?

Helen Mathie: The option that is available has to meet that individual's needs. Putting someone in a project, where either one has very high-level needs or lower or vice versa, is not going to be good for their recovery or everybody else. There is a big "but": that there needs to be an alternative for that person. It is fine for there to be some criteria about who gets into Hostel A over here. That might suit people with lower-level needs, but there needs to be somewhere else for that individual to go. Unfortunately, from the research we have done, a high proportion of people are declining access because the level of need is too great. Then we have a situation of "Where do these people go?"

Oliver Hilbery: There is a very important element that links the question on mental health to the question on substance misuse. It is about personalised approaches for the individuals in question. We have a situation in a lot of the sectors across the multiple needs field, in which services will come out and say to individuals, "We do this; do you want some of it?" Really of course the question should be, "What do you need to do and how might we provide that for you?"

In the areas where MEAM works across the country, we try to co-ordinate the work of substance misuse, mental health, homelessness and criminal justice services, so that they can support each other and develop pathways for individuals that are based on what the individual themselves is looking to do at that period in time. They can address the issues in the order that they see fit. These individuals will have 10 or 15 problems in their lives and it is not really for us, as services, to say, "This is the order in which you are going to deal with them. First sort your drug problem and then you can have a house."

There is a great story from some of our work in Cambridge, where one of the individuals said, "What I really want to do is get my hair cut." The co-ordinator that we had helped put in place in Cambridge was able to say, "Right, well, let's get that done now. Then we can begin to sit down, look at what your other needs are, how we might address them and the order in which you want to deal with them." As a group of services, we will provide a response that allows you to do that and that is fundamental to this issue.

Q140 Kevin Hollinrake: As Ms Sacks-Jones refers to, you are not just considering the person specifically. It is also the other people who might be in that accommodation and the effect on them. You have to consider the two.

Oliver Hilbery: Absolutely, so you need to build a package of support that works for that individual and for the range of services that are in the locality. Sometimes those discussions are really hard to have. You might be having a debate about whether a hostel can house somebody with a certain level of need. What we are able to do in the areas where we use the MEAM approach as a framework to build co-ordinated services is to allow those conversations to take place, allow professionals to sit down and ask how we can work together to develop the package that works for the individual and that works for our broader service provision across a city. Until they do that, it is very hard for them to move forward. If they do not do that, what you find is individuals in the status quo situation, which is them bouncing around between services, being ejected from different hostels and substance misuse services on a regular basis, and ultimately costing the taxpayer

a large amount of money through interventions that have no outcome for the individual or for the communities.

Q141 Kevin Hollinrake: How do you treat somebody who has no address, who has no fixed abode and nowhere to treat them at?

Oliver Hilbery: They would seek to work closely with the individual. Housing is obviously a really important part of the equation of support. Like I said, it might not be the first thing that that individual wants to sort out. The people who work in MEAM Approach areas would engage with clients on the street, if necessary, for a period of time. They would work with them really closely. They have very small caseloads. They only work with about 10 to 15 people at a time, so they have a lot of time to engage with individuals and they are able to build trust with them and begin to move them towards the services that they need.

Q142 Kevin Hollinrake: Is there a correlation between time spent homeless and the likelihood of an individual having a substance misuse problem? What is the correlation in your understanding of that?

Oliver Hilbery: We know that 50% of people in contact with homelessness services have a substance misuse issue. That is what the most recent research from the Lankelly Chase Foundation says. There is also a strong correlation in Government data to show that, as people engage with treatment, their housing issues tend to decline. On the exact point about whether a length of homelessness leads to substance misuse, I do not have a statistic, I am afraid.

Helen Mathie: I am not aware of figures that would look at that correlation. As a general point, anecdotally, we would hear from our members that the longer someone is homeless the more likely they are either for these problems to be exacerbated or for them to develop. Recently, we have seen some real increases and big spikes in some of the new psychoactive substances, NPS, or so-called legal highs. That is because people who are homeless or the street population engaged in that activity are often more at risk or more vulnerable to engaging in drugs or alcohol. That has been a real challenge, so that vulnerability to increased substance use is a problem.

Katharine Sacks-Jones: I would be surprised if there is not a correlation. I agree; I do not know of any statistics about it, but we know that a lot of homeless people use substances as a way of coping with their homelessness and blocking out their pain. We know that people who are homeless are surrounded by other homeless people using services, who are also using drugs, so they are exposed to these kinds of things more. I would be very surprised if there is not a higher

likelihood of people who have been homeless longer being more likely to use drugs or using a broader range of drugs.

For women particularly, there is a real link between using drugs and alcohol, and trying to block out traumatic experiences. They may precede a woman's homelessness, but they can also come up once a woman is homeless. We know that a high proportion of women who are homeless will go to really extreme lengths and put themselves at real risk just to get a roof over their head for the night. Around one in five homeless women have become involved in prostitution just to get a roof over their head and just over a quarter have formed an unwanted sexual partnership just to get a roof over their head. They are obviously traumatic experiences. Women who are in these situations will then often use drugs or alcohol to try to block out that trauma and those memories, so undoubtedly there is a link.

Q143 Kevin Hollinrake: Is there a connection between higher mortality rates amongst homeless people, and drugs and alcohol misuse?

Helen Mathie: I would have to check the figures. I know there was some research a couple of years ago that looked at rates of death or average age of death among homeless people. It did look at the primary cause of death and, from memory, drugs and alcohol were higher proportionally than with the general population. We can certainly provide that as follow-up.

Katharine Sacks-Jones: It did and there were also links to respiratory and cardiac things, which were not directly from drugs, but associated as a side impact. That research also found that the average of death for a homeless person is 47. The average age of death for a homeless woman is 43.

Oliver Hilbery: What we do know is that those entering treatment with opiate issues, so the high-end drug misuse issues, are much more likely to have housing problems than those who are entering with other drug use issues. Around 19% of people accessing treatment in a given year have housing issues; lots of those people have opiate issues. We also know that drug-related deaths were at their highest recorded level last year, back in 2014. It went up from 579 drug-related deaths in 2012 to 952 in 2014. The most commonly mentioned cause of death is around opiate issues, so I would expect a really strong correlation between opiate use, homelessness and drug-related deaths.

Q144 Alison Thewliss: Just to develop that point a wee bit further, I have in my constituency accommodation for people who are misusing alcohol. They are allowed to drink on the premises. That is

permitted as part of the treatment. It is about harm reduction. You were saying that the issues where people are using drugs are different. There are higher mortality rates and there is a difference there. Is there a practical difficulty in terms of drugs legislation for providers to allow people to continue to use drugs on the premises, if they are being offered accommodation? Is there a difficulty around that? Does that contribute to the fact that opiate users are more likely to have that higher mortality rate, because they are not able to be accommodated unless they stop using drugs?

Oliver Hilbery: There are some issues with using substances in accommodation. I would have to provide more information outside of here for you on the legal perspective of it. Like I say, the important thing is that people are able to be found a route that works for them. Certainly in the areas in which we work, the co-ordinators would be seeking to ensure they could find an accommodation solution that worked with that individual if they were using substances, so that they could help them move forward, because clearly accommodation is a massive part of helping people move forward from this position. The point I was making earlier was that the order in which you address some of those problems has to be led by the person. They may say, "Actually, I want to sort out my relationship with my brother", or something, before they want to deal with their substance misuse.

Helen Mathie: I would just add that, typically in a hostel that may be similar to the one you are describing, if there are people housed there who are using drugs, they may not be breaking their tenancy. It depends on the type of service and how it has been commissioned. The important point also to stress is how substance misuse services locally are working with those housing providers that, at the end of the day, are not clinical experts. They are not necessarily trained to deal with very high levels of need. That joint working is so critical. Again, there have been some examples of how the homelessness sector can be trained up more effectively to deal with trying to prevent deaths as a result of drug use. For example, about 50% of authorities are now providing naloxone for housing providers, so there are steps to take but it is still challenging.

Q145 Mary Robinson: There is clearly a high correlation between women who have experienced domestic violence and homelessness. Why do so many victims of domestic violence end up homeless?

Katharine Sacks-Jones: There are probably a couple of answers to that. One is that experiences of domestic abuse can be highly traumatising and lead to women developing mental health problems or to developing problems with drugs and alcohol, which can then make them vulnerable to homelessness. There are obviously some really

practical reasons as well. Women often become homeless fleeing a violent relationship so, in trying to escape that relationship, they become homeless. When women are homeless, they are vulnerable to further abuse and violence. It is slightly more complicated than that, but there are both the practical reasons of women trying to escape an abusive situation, there not being alternative accommodation or provision for them and them becoming homeless, but also the longer-lasting impacts and the trauma that they have experienced contributing to them being unwell and perhaps finding it difficult to find alternative accommodation.

Q146 Mary Robinson: Clearly they then become vulnerable. Why are they more vulnerable than men?

Katharine Sacks-Jones: I would not say that women who have experienced domestic abuse are necessarily more vulnerable than men who have experienced domestic abuse, but I would say that women are far more likely to experience domestic abuse and experience extensive abuse. Of the research we have conducted of that category, it is domestic abuse and it is important as well to recognise that homeless women will often have experienced domestic abuse, but they would have experienced other forms of abuse as well. That might be sexual abuse, assault or rape, and it will often be abuse that started in childhood. Of the group of people in the population who have experienced the most extensive abuse, as I mentioned that is both physical and sexual, as both children and adults, 84% are women. Men do experience abuse, but it is a gendered issue and women are far more likely to experience it.

Henry St Clair Miller: 90% of the families supported by social services departments under Section 17 of the Children Act 1989 are single-parent households and that parent is the mother. We know from our experience, the research and the evidence that domestic violence and relationship breakdown are often cited as the reasons why informal arrangements have broken down, leading to crisis, leading to presentation to social services. We see within the group of migrants that do not have access to their own income or who cannot perhaps work that they are often quite reliant on relationships with men. That can cause dependency issues, which make them more vulnerable.

Helen Mathie: If I could just add, it is also about making sure that the right accommodation and specialist accommodation is there for women who, as we have talked about, may have particular needs. Only about 11% of homelessness accommodation in England offers women-only provision. Many are mixed supported accommodation projects, which may be fine for some people, but particularly for women who have had these experiences to make sure that there is specialist women-only

provision, if that is what is needed, is really important as well. The other questions are about how it can be harder to address homelessness. Often that contact may be more sporadic with services, because of the nature of their experience, so it could take longer.

Katharine Sacks-Jones: I was going to add that, in terms of what provision is available for women who are fleeing domestic abuse, we know that refuges are overstretched and women are being turned away from them. Also, for women with more complex needs, so higher levels of mental ill health and problems with substances, refuges are often not able to accommodate them. They will not be able to get into a general refuge. On the other hand, homelessness provision is very much set up with men in mind and might not be a safe environment for women. For women with complex needs who are fleeing domestic violence, there is a gap and they can fall between services. Neither on the domestic violence side nor the homelessness side do they cater for their needs.

Q147 Mary Robinson: Why are they falling down that gap then? When they are presenting themselves at a refuge and the refuge is turning them away because of capacity issues, where is the conversation that takes place there in order to deal with the person who is obviously vulnerable?

Katharine Sacks-Jones: Some women are turned away from refuges because of capacity issues, but some women are turned away from refuges because their needs are too high for that service. Refuges will not be set up to deal with women who have problems with drugs, for example, serious problems with alcohol or very high levels of mental ill health. They will not be able to accommodate them. On the other hand, homelessness services set up with men in mind might not be an environment that a woman wants to go into when she is fleeing an abusive relationship, so there is a real gap in service provision. There are some really good refuges that do some excellent work with women with complex needs, but there are not very many of them. They are quite few and far between, and some areas have very little for women in that situation.

Oliver Hilbery: It is probably worth saying that there is a forthcoming piece of research that is going to expand on the Hard Edges work that was done last year, looking specifically at women with multiple needs to try to understand the prevalence across the country. Also, MEAM and Agenda are going to be doing some work soon about this issue and about this group of women who are stuck between the two areas of domestic and sexual violence services and what you might call mainstream homelessness, substance misuse and mental health services.

Henry St Clair Miller: It should also be pointed out that one of the reasons why a refuge would not be able to help is again funding. Obviously if the woman fleeing domestic violence has no recourse to public funds, you are not going to get any funding. That is a simple thing. We should recognise that we have the domestic violence rule and the destitute domestic violence concession, which means that, if you are here on a spouse or civil partnership visa and your relationship breaks down due to domestic violence, you can make an application to the Home Office for indefinite leave to remain and get recourse to public funds whilst you make that application. Indeed, if it is refused and you have to appeal, that condition will continue. Obviously that is a very specific immigration category, and so it does not encompass other migrants of different status who are not here on spouse visas.

Q148 Mary Robinson: Just looking at vulnerable women and girls reluctant to use the mainstream mixed-gender services and hostels, as we talked about before, what would be the reasons? If they are in that need and they are so vulnerable, why would they not want to be there?

Katharine Sacks-Jones: If you are a woman fleeing from an abusive relationship, who has perhaps been raped or assaulted by a man, you will often not feel safe in an environment that is 75% men. As a woman, walking into and staying in an environment that is 75% men can be quite intimidating anyway. If you are very vulnerable and you are fleeing abuse and violence, then that is obviously really pronounced. Also, women will often not feel comfortable talking about these experiences with a male key worker. They want a service that responds to that and will offer them a female key worker. Also key for women's recovery is peer support, understanding that other women have had similar experiences and building new relationship networks. That can be more difficult in a mixed-gender hostel that tends to be predominantly men.

Q149 Mary Robinson: Would it be better to improve the provision that is there already or to move towards more women-only hostels and support services?

Katharine Sacks-Jones: We think women should have the choice of whether they want to go into a mixed or a single-sex hostel. Given how very pronounced the links between experience of abuse and violence at the hands of men and women's homelessness are, it is clear that that is a really important thing. For women to be able to start rebuilding their life, as a minimum, they need a safe environment in which to do that. For many women that will mean a single-sex, women-only environment.

Q150 Mary Robinson: Some women who present as homeless have children or a child. What should be the main priority in those cases? Should it be keeping the family together or protecting the child by placing it in a stable home?

Katharine Sacks-Jones: When a woman is fleeing domestic violence, obviously the interests of the child have to be paramount but generally the interests of the child are going to be to help the mother and to keep that family together. It is incredibly traumatic for children to be removed from their mother, particularly if they have been in an abusive situation and have now exited that situation. We know what the outcomes are for children who do go into the care system. They are not good so, wherever possible, bearing in mind considerations for the safety of the children, supporting the mother so that the children can remain with her is really important.

Mary Robinson: That would be where it is stressed that there would be support given.

Katharine Sacks-Jones: Absolutely, yes.

Q151 Chair: Just to pick up on a couple of points, this issue of appropriate provision and the fact that, even if you have a women's refuge, which might be very good for women and children fleeing domestic violence, it is not necessarily appropriate for women with complex needs, particularly if they have children around them. Equally, in many areas of the country, particularly smaller districts, there may not be the level of demand that would mean that specialist provision could be made available. Is it likely that, in those circumstances, we may have to go a bit further afield? What challenges does that pose? A specialist hostel may be 30 miles away in a bigger city. Is that an issue?

Katharine Sacks-Jones: In commissioning things, there needs to be co-ordination between local authorities in an area to understand what is needed, at a local level, at a sub-regional level and at a regional level as well. It might not be the case that you need a specialist refuge in every area. That might not be practical, but there should be one that is accessible to women in that area. The other thing to say for some women who are fleeing domestic violence is that they need to move away from the area in which they are, for safety reasons. It might not be that they necessarily need to access a refuge where they are.

Helen Mathie: I would also add that, even within the mainstream mixed-gender services, there are still things that we can do to make them more gender-aware in terms of the provision that they offer. There may still be men living in it, but with the option of women-only services or women-only provision within that hostel. There are still things to do to try to make that service more appropriate for the women living in them, for example building links locally with local

women's service, domestic violence victim support and other types of provision that can offer those women the specialist support that they may need. We can still do things like that, even within some of the mainstream settings as well. We would certainly want to see more of that.

Q152 Helen Hayes: I have a brief follow-up on the previous question. I just wondered whether you wanted to comment a bit more on the arguments for a national network of refuge provision, precisely because of all of those complicated issues about the need for safety sometimes, for people to move away from their local authority of original residence, but the need for an even provision across the country.

Katharine Sacks-Jones: Particularly when you are talking about women with complex needs, unfortunately there is not the kind of co-ordination happening that we would like to see. There is a lack of provision; there is just not enough of it. It is not just about geographical spread, but there is not enough refuge provision for women with complex needs. Likewise, there is not enough homelessness provision for women, so that is problematic. It is such an important issue. We are talking about women who have led such difficult lives, have experienced such high levels of abuse and violence, and are incredibly traumatised, that it cannot just be left to local authorities. There needs to be a broader look across the piece. Central Government have a responsibility in ensuring that every woman in that situation has somewhere safe to go.

Q153 Chair: I would just raise an issue. It probably has a wider resonance as well. In my constituency, I have an excellent relatively new, almost brand new, provision for women and children, particularly fleeing domestic violence. The problem is that the support costs there are significant, quite rightly, and the proposal to move benefit entitlements to the LHA level would effectively close the place down. Now, I am sure that that is a concern. Are you making representations, given that the Government have now paused that policy for a year to think about what the consequences might be? Are you making representations and do you have suggestions about how we might move forward to make sure these places do stay open?

Helen Mathie: It is an area that, as you say, is of huge concern for all types of supported housing for vulnerable people, homeless people and people with learning disabilities. We have collected evidence to really try to understand how big this impact would be amongst homelessness providers and the estimates that people have fed back suggest that there would be a 50% loss of that income and most said that they would have to close if this cap went ahead. Although we have a pause

of a year now, which is welcome, it is not doing a huge amount to reassure either the people commissioning these services or the providers providing these services of any long-term sustainable income to run these really vital bed spaces.

We would ideally like to see supported housing exempt from the cap. We do not think it is realistic. There are very legitimate reasons why it costs more to run these services and why rental costs have been set higher historically. The cost of providing communal buildings, the higher turnover, extra security, extra cover to keep the building safe are why they have been charging higher rents. They are already controlled and regulated to make sure that they are set evenly. We are doing a lot of work to try to look at what we can do to try to safeguard it, if that does not happen, but I have to say that there is no straightforward alternative at the moment, other than that we would like to see supported housing removed from these proposals.

Henry St Clair Miller: These aspects give cause for concern to social services departments around cost shunts, because you rely on the expertise of things like supported housing in order to meet those needs that are effectively over and above just destitution. If that is not available, then you have to be stepping in through your child in need responsibilities, under the Children Act or even directly under the Care Act, to meet those needs. You have to recreate that under the social services framework, which is not something we favour.

Katharine Sacks-Jones: Unless an alternative way of funding supported accommodation is found that maintains the link between the actual costs that providers incur and the support that they receive from the state, unless some way of keeping that link is maintained, then it is not an overstatement to say that much of the network of homeless services or refuges that has been built up over many years will be lost, particularly happening, as it is, at a time when other budgets are also being cut. We have seen what has happened with the Supporting People grant over the last five or so years, with the removal of the ring-fence and that now going into more general funding. Providers are already being squeezed across a number of fronts and what Homeless Link's members have said is that they would not be able to sustain this kind of cut to the funding.

Oliver Hilbery: We have spoken a lot today about the better co-ordination of services for people with multiple needs, but of course that relies on services being there to co-ordinate. The LHA cap is a significant risk across that whole range of supported accommodation, as Helen said. You also have the ADASS coming out with their research recently, saying that 70% of directors of public health are looking to make cuts to substance misuse services this year. You have voluntary

sector agencies in criminal justice struggling to find the new relationship with CRCs, in terms of the delivery of their services, so this is a difficult time for services across the board. As much as we would be encouraging them to find new ways to work and better ways to work together, it of course relies on decent investment into these services, for these individuals.

Q154 Helen Hayes: I would like to turn to the issue of people with no recourse to public funds and homelessness, and ask first whether you know how many homeless people have no recourse to public funds.

Henry St Clair Miller: In our submission, we put down some key headlines, but I would probably just start with the fact that that is one of our key points in this area. There is no official data set covering that particular conundrum. We are dealing with hidden needs and insufficient data with which to work strategically, particularly around the prevention agenda.

What we do know is that the numbers of migrants without immigration status in the UK, and so you can classify them as people with no recourse to public funds, is likely to be quite phenomenally high. It is one of the statistics that you cannot easily get, particularly from the Home Office, so we have to go back to a Greater London Authority economics report in 2009, which estimated that it could be anywhere between 417,000 and 863,000 irregular migrants living in the UK. We have other interesting bits of research, such as the Centre on Migration, Policy and Society, COMPAS, which estimated that there are 120,000 irregular migrant children living in the UK. Of course, they will be experiencing difficulties in relation to destitution and social exclusion.

Another statistic is what social services are actually providing by way of statutory safety net support to NRPF households. We operate the NRPF Connect database. It is the only collective data source on the local authority safety net and, as of the beginning of this year, 1 April 2016, the data stated that there were 36 local authorities providing data; 2,305 households were being supported with an additional 4,234 dependents. This is a huge cost. It is a cost to those 36 local authorities of £712,000 per week in accommodation and subsistence expenditure, so about £37 million per year. That is notwithstanding any of the staff time involved, though I am always conscious that you have heard in other oral sessions about the overspends in relation to temporary accommodation, but obviously this is also significant.

Q155 Helen Hayes: I would say that it is an issue that is present in my constituency surgeries pretty much every week actually. Those figures are matched by my anecdotal local experience, representing a

London constituency. What support is there to prevent asylum seekers who are awaiting a decision on their refugee status, which can often take a very long time indeed, from becoming homeless? What happens after they have been granted refugee status?

Henry St Clair Miller: Within the asylum cohort, there is provision through the Home Office, through the Immigration and Asylum Act 1999, to access asylum support whilst a claim is pending. Our experience of where the gaps emerge is in relation to adults who become all appeal rights exhausted. They will lose their right to Home Office asylum accommodation and, if they do not comply with voluntary return and become homeless, they may well present as destitute to homelessness services.

The other conundrum that I think you refer to is where a time limit is set after a person has been successful in their claim for asylum. They are granted a form of leave and the Home Office provides 28 days in which to access benefits. It is reported that, sometimes, it takes longer to get benefits than the 28 days allow, meaning that the burden is again pushed to homelessness support organisations to put in temporary emergency support.

The key concern in looking towards the future is that, within the Immigration Bill 2015-16, a central component is the Home Office's policy of withdrawing asylum support to refused asylum-seeking families. That will be a new provision. Indeed, we expect that, if you do not have a situation where these families comply with return, again as per the single adult example, it can lead to presentations to homelessness services, social services and the voluntary sector for assistance, which is worrying.

The asylum cohort within the statistics that I spoke about in relation to the safety net is actually a minority. They are a minority because a lot of them are actually on Home Office asylum support anyway. We are normally working with managed migration cases, people who have been coming to the UK perhaps on visas and overstayed, and European Economic Area nationals. That is the biggest cohort that we see.

Q156 Helen Hayes: Across your network of 36 local authorities, how well and appropriately resourced do you think they are to help those with no recourse to public funds? Do you think that this responsibility sits in the right place with local authorities at the moment?

Henry St Clair Miller: Local authorities have developed good services in this area and a good understanding of their responsibilities. They have improved their partnership working with the Home Office and indeed even with fraud officers, looking at what financial support may be available to somebody who has been living in the UK for a number of years, evidently self-supporting. However, the reality is that it is a very complex area of work with no statutory guidance. There is

variance in practice, because there are no set parameters; it is up to the local authority to determine how it acts.

There is certainly concern that it is not funded, so we do not have any central Government funding for this area of work. That is another burden to which we have to respond. Perhaps because of the funding dynamic, you have a tussle with looking at this as a numbers game—how much we may potentially save by not providing support might come up as a discussion. Of course, that is in direct correlation with your responsibilities and concerns around vulnerable children and ensuring that there are the right safeguards in place to protect vulnerable children whose parents have unsettled status. Local authorities are doing a lot of good work, but it is certainly not a perfect working environment. We are very pleased that the DCLG, in the homelessness inquiry, has considered this aspect within other wider forms of homelessness and prevention.

Q157 Helen Hayes: Can I ask to what extent, notwithstanding the lack of reliable data, you think this is a problem that is growing or declining?

Henry St Clair Miller: The amount of changes that have taken place in the last few years, particularly from around 2012, is quite formidable. The context in which we are operating is one of national immigration policy, which is framed around the aim to reduce illegal immigration and to take a tougher approach to dealing with those who should no longer be here.

The sorts of things that we are becoming aware of are landlord checking, for example, where, as of 1 February 2016, landlords must check nationality and immigration status of people who are looking to rent. It will be an offence if you are renting to a person with no immigration status. We also look at the forthcoming Bill, where there will be provisions around speedy evictions for people who are renting without the correct permissions, and the ability to freeze assets and criminalise illegal working. What we are seeing is that people who may be self-supporting at present—and I refer back to the hundreds of thousands we do not know about, but assume are here—there is a risk that they might then approach social services for assistance, if they have children.

On prevention—I keep coming back to that word—it is also interesting in the context of the immigration debate. Over the years, we have also seen various barriers to regularising your status as a step towards integration and also penalising migrants for past periods of being in the UK without permission. The examples I provide there are Zambrano and the right to reside for sole carers of British children, who have a right to

work and are excluded from benefits. Indeed, where they become destitute and cannot meet all their essential living needs, they rock up to social services for support, as justifiably they should, because that is exactly how the Government have justified the imposition of the NRPF condition on those households. They can get Section 17 support if they need it.

The other key one has been the amendment to the family migration rules from 2012, which has included imposing the no recourse to public funds condition on migrants who would formerly have been granted discretionary leave to remain. We suddenly have a situation where we have thousands of people who are lawfully present, but excluded from the basic welfare support that is available in this country and cannot even get in-work benefits. Again, that is causing strain, not only on social services provision but, you can also imagine, on the community, which is having to do more to support friends, relatives and families, who are living here lawfully with the entitlement to work, but caring for children, without enough money to live on.

The numbers on this are quite incredible, because the Children's Society has just released a report called "Making Life Impossible", from April 2016. Not all local authorities agree with everything that they have found, but it is certainly a compelling piece of research. In an FOI to the Home Office, they have established that 50,000 individuals with dependents have been awarded leave to remain with no recourse to public funds, in the last two years. That is a huge amount of cases. What this means is that our work is being clogged up by people who actually have a lawful entitlement. We are not able to focus on saying how on earth we spend time dealing with someone who does not have a lawful entitlement and should go back. They are the kinds of new developments that have taken place over the last few years, which are concerning in the remit of homelessness and poverty.

Q158 Helen Hayes: Is one of your messages therefore that not only is this set of policies creating a situation that has very harsh and difficult outcomes for some families and some individuals, but also that the state ends up picking up the cost of the failure to provide basic provisions across a lot of these areas of public services, ultimately, and in some ways that are more expensive?

Henry St Clair Miller: That is right and it is also just about acknowledging that, if the game plan around driving up more voluntary return does not work, it is not actually the Home Office that carries that financial risk or that risk to society. That is a risk for local authorities, the voluntary sector and the homelessness sector. There has to be some pushback and some balance in this area of work, so that we can deal with the cases we can deal with appropriately and not get clogged up with cases that really should be allowed to get on with their lives.

Q159 Chair: Just to try to go at this from another direction, I have a lot of constituents who would say to me, “It is okay paying for someone who is claiming asylum or is then found to warrant asylum. I can understand that but, if someone has actually failed in their asylum claim, why should I carry on paying for them?” That would be a fairly common view amongst many people.

Henry St Clair Miller: I think that everyone who has worked in this area of work, and the Home Office would agree too, and the voluntary sector and local authorities, know that return is one of a whole host of options that need to be discussed. The question is sometimes, in our opinion from the local authority perspective, why return rates are so low. Some of it might be sorted out by making things so impossible that more people will leave, but we know from our practice that there are a number of examples. You have used one example of someone who perhaps should go back because they have had a recent refusal. Fair enough, they should go back.

What we see is a lot of people who are still waiting for Home Office decisions or who in fact have managed to get legal aid or legal advice to assert their rights under UK immigration laws. There are temporary barriers preventing those people from returning. It is absolutely right that, if the court has said you should go back, that work should then be looked at, in that particular case. What we are concerned about is the number of examples where that very basic approach is not working. The evidence points to it. It is more complicated than that.

Q160 Chair: Is it important to distinguish there between those cases where someone does not want to go back and is still here, waiting to be basically directed back in some form, as opposed to people who cannot go back, maybe because of the situation in the country and it is deemed unsafe? There are countries like that.

Henry St Clair Miller: That is a fair point. I agree, but I was also referring to the many thousands of people who are here, lawfully present, who we are having to deal with in exactly the same way as someone who is a refused asylum seeker who has been told to go back. Instead of being able to focus our activity on the person who should go back, we are probably more likely to be dealing with the person who has lawful status here, who is also destitute, who is also at our front door. I think it is about prioritising what we are actually dealing with.

Q161 Chair: You think a clear distinction can be drawn for those groups.

Henry St Clair Miller: I am looking at the fact that, of the number of households—the 2,000-plus households that I referred to—a quarter of

those are lawfully present here, but face exclusions because of the NRPF condition or Zambrano. A quarter of our work is tied up with that. I would prefer to have my staff working on the cases that you describe, where they have had a recent decision from the courts; they should be going back to their country of origin. Perhaps that would be an appropriate route for that person, for that family, but it is not an appropriate route for all of the NRPF cases that we are working with. That is the bit that seems not often to be understood by the public.

Q162 Bob Blackman: If we could move on now to the homelessness problems of ex-offenders, I am not sure who we should direct these to, but Crisis gave us figures that some 41% of homeless people have served a prison sentence at some time in their lives. What, from your experience, is the proportion of ex-offenders who are homeless at the moment? Does anyone want to share figures with us?

Helen Mathie: Yes, I will kick off with one. Every year we do research based on accommodation services across England. We know that, of those using homelessness services, the figure we have is that 22% are prison leavers or ex-offenders. That may have been quite some time ago or it may be a more recent prison sentence, but that gives you an idea of the proportion of people.

Q163 Bob Blackman: Just to be clear, is that 22% of people leaving prison who are homeless or could it be people who have been found guilty of an offence and, because of the offence, have difficulty in securing accommodation? They may not have served a prison sentence, for example.

Helen Mathie: It will be people currently in the homelessness system, so living in supported accommodation for homeless people—hostels and supported accommodation—who at some point in their lives have either been in prison or had contact with the criminal justice system. We can probably provide a breakdown of prison leavers specifically, if that is helpful.

Oliver Hilbery: I have the statistic for you the other way around, if you would like it. The Ministry of Justice statistic about people leaving prison is that 37% stated that they would need help finding a place to live on release.

Bob Blackman: I am going to come on to the help bit. I am trying to establish the extent of the problem first off.

Oliver Hilbery: 37% of people leaving prison are reporting needing help with accommodation and around 80% of those are saying that they would need a lot of help. That is an MOJ statistic.

Q164 Bob Blackman: I am going to look at that in a minute. Are there any regional variations in this as well? That is the other thing. Is there a greater crisis in London? We have heard evidence from other local authorities that have given different proportions, and obviously local authorities where there are major prisons are therefore likely to see a greater percentage, but are there severe regional variations?

Helen Mathie: I suspect there are. I can provide our figures by regional breakdown. I do not have them on me, but I can certainly follow that up with the Committee.

Q165 Bob Blackman: That would be helpful, in terms of what we are going to be talking about in our report. It is going to be what specific help needs to be given for ex-offenders. Oliver, you have put a prelude to my question, but is there sufficient assistance for ex-offenders to secure housing?

Oliver Hilbery: We would argue that there probably is not at the minute. Two things get in the way. One is that CRCs only have a statutory obligation to start to engage with supporting people around accommodation three months before their release date, which is often not long enough to put in place the required plans. On the other side, outside in the community, the local authority is often only willing to start engaging with the housing needs of a prisoner when the release date is set and, because that release date is often uncertain for a long period of time, it is often the case that local authorities do not act until the very last minute, when somebody is on their way out of prison. That means that it is very hard to put plans in place. One of the things that we think would be really helpful is much greater accountability and a much stronger framework between local authorities, CRCs and prison in determining whose responsibility it is to ensure that people moving on from the institution of prison are able to receive appropriate housing.

Katharine Sacks-Jones: You may have seen a report out last week, which was a prison inspectorate report of Bronzefield women's prison, which found that there had been a reduction in the number of women leaving the prison with settled accommodation. It had gone down to just over 83%. Over 100 women had left with no fixed address and the prison was, in a couple of cases, issuing tents to women. Two women were issued with tents and the chaplaincy there reported that it was common that they gave out sleeping bags to women leaving the prison.

Bob Blackman: Sorry, that is profoundly shocking.

Katharine Sacks-Jones: It was in the news last week or the week before. There was an inspectorate report. I can certainly share it with the Committee.

Bob Blackman: That would be very helpful.

Katharine Sacks-Jones: That is one prison and it is anecdotal, but it gives you some idea if you have prisons resorting to those measures.

Q166 Bob Blackman: It does not sound like a very satisfactory arrangement in any shape or form. What proportion of ex-offenders then reoffend because the support to provide decent housing is not there? Have we got any feel for the degree of that problem?

Oliver Hilbery: There is a very high reoffending rate amongst offenders. I do not have a statistic for the role that accommodation plays in that, but anecdotally I would expect it to be a significant part. As I said earlier, accommodation is a vital part of helping people move on and secure stable lives, so I would expect accommodation to play a role.

Q167 Bob Blackman: Can we turn that around? When proper support and decent accommodation are supplied, does it have an effect on the reoffending rate?

Oliver Hilbery: I could point you in the direction of some of the pilots that we ran. As I said earlier, MEAM works to support areas across the country to deliver better co-ordinated services using something called the MEAM Approach. It is a framework to help people design and deliver better co-ordinated local services. We ran three pilots a number of years ago looking at this in areas across the country, and we found criminal justice costs falling by around half in those areas. That was around a reduction in arrests, a reduction in police time and nights in prison, for example. Although we have not measured the actual statistic of reduced reoffending, we have seen criminal justice costs fall significantly in those local areas. Certainly when we measure the impact of coordinated interventions, it is very often criminal justice costs that are the driver of savings in that situation.

Katharine Sacks-Jones: There are definitely links between not having stable accommodation and the risks of someone reoffending. I think there are statistics on it. I will have a look outside and share them with the Committee if I can find them.

Q168 Bob Blackman: I know that both the current Secretary of State for Justice and the previous one have been very strong to change this, so statistics would be helpful. Just moving on, local authorities have discretion over which groups they will classify in terms of priority. Given that they can do that on social housing registers, does that increase homelessness rates amongst ex-offenders and potentially increase repeat criminality?

Helen Mathie: I will take that one. As you have said, there is greater discretion for local authorities to determine who goes on allocations and waiting lists. Again, I can try to find out a better figure, but certainly we are aware of a lot where, either through a local connection requirement, so expecting someone to have a certain length of time to that area, many people who have been in prison somewhere else will not qualify. That can exclude them, as also can history of antisocial behaviour or a criminal record again. As there is more discretion now, we are seeing that it is harder for ex-offenders to qualify for some of those criteria.

It is also worth pointing out the challenges we have talked about. Any sort of single homeless person trying to access accommodation is challenging enough. We have talked about challenges going into the private rented sector and long waiting lists. These are often just compounded when someone has been in prison, from the experience of being in prison, the difficulties coming out, the resettlement and also extra reasons they could be excluded from some of these forms of housing. It reduces that pool of options for someone even further.

Q169 Bob Blackman: Have you got data on which local authorities have instituted such policies? I am not aware. We have one or two quoted, but I wonder how extensive this is.

Helen Mathie: I have to say that we do not have a comprehensive picture at all. The things we hear tend to be reports from our members who are working in certain local authorities where the allocation policies are quite restrictive. We hear of ones where there is a seven-year local connection criterion, for example. I could certainly provide some names of different authorities. There may be a requirement for someone to be employed or currently in work or to demonstrate a contribution to the community, which is how it is often termed, in order to be able to qualify. Again, it is not a blanket exclusion per se, but it makes it harder for some people with certain backgrounds to get on those lists.

Oliver Hilbery: It is a very similar story in terms of how priority need is applied. The legislation points to vulnerability for people leaving prison. It is up to local authorities to determine what they do. How they choose to implement that is quite patchy. As I said earlier, there is a lack of transparency around how CRCs and local authorities are running these arrangements. It would be really useful to have a much stronger picture of that across the country, so that there could be more consistency in how that work was done.

I would also agree with Helen about the difficulties that people face in terms of getting on to housing lists and in terms of accessing private rented sector accommodation that that offending background gives

you. If it is helpful, I do have a statistic here from MOJ research in 2012, which found that 60% of prisoners said that having somewhere to live would help them reduce their reoffending. That is one Government statistic on that issue.

Katharine Sacks-Jones: I was just going to say, as an exemplification of just how desperate the accommodation is for some people, some homeless women report committing crimes just to get a roof over their head, whether that is in a police cell for the night or with a prison sentence. When people are thinking that spending a night in a police cell or going to prison is a preferable option to what is on the outside, it underlines that this is a pretty sorry state of affairs.

Q170 Bob Blackman: Finally, are there any particular crimes that make it harder to get a roof over your head than others?

Helen Mathie: One of the challenges that we have seen within the homelessness sector is certain offences, particularly arson and some sexual offences, are classed as higher-risk levels, particularly arson. People would be excluded from living in some supported accommodation projects. It does not have to be like that. There are plenty of projects that manage their risk differently. They have agreements with other local services. I am not saying that it should be a necessity, but we hear that that is often a client group that is particularly hard.

Bob Blackman: With arson we have evidence of fitting sprinklers in rooms, for example. Potentially with sex offenders and others that might be more difficult, because of the reputational issue.

Helen Mathie: You obviously have to make judgments on the safety of other residents and the community. There are very specific considerations that they need to make.

Oliver Hilbery: That point underlines the importance of the fact that it really is about all services in a locality working out what they can do and which part of the support package they can provide. That is often the only way to overcome these issues for those individuals who are really difficult to help. We hear regularly about people who have been excluded from every hostel in the city because of a range of issues. Of course that does not stop them being regularly arrested. It does not stop them from fronting up at A&E on a regular basis. There has to be a conversation between the providers in those localities to work out what they are able to do, because the default is that you are spending lots of cash on these individuals. There has to be a better way forward.

Q171 Bob Blackman: In your experience, are there any local authorities that are shining examples of how to assist ex-offenders into secure accommodation and then into a decent way of life, so that they do not reoffend?

Helen Mathie: We are currently conducting some scoping work alongside Clinks, which is trying to find out where there are examples of good practice, particularly as CRCs in the role that they are playing are relatively new still. We are looking at what resettlement support is being offered, how the assessments are working, what advice is available and what kinds of housing pathways are being used. We have not quite finished it, but it should be in the next month or so. I would be very happy to follow up with the Committee. We do not really understand yet how well these arrangements are working in practice. We are trying to look at how local authorities and their partners are responding. We are particularly working with voluntary sector agencies, which have often been working with this client group for years. There is obviously a complex set of new arrangements in place. We are wanting to build on that.

Bob Blackman: Having some feedback on what you found would be quite helpful for the Committee.

Helen Mathie: The other thing I would quickly say is that Homeless Link managed something called the Homeless Transition Fund a couple of years ago. It was a £20 million grant programme on behalf of the DCLG to give to homelessness providers, around reducing rough sleeping and addressing homelessness. Several of those targeted people coming out of prisons, for example more targeted through-the-gate schemes and peer-mentoring schemes to offer people more intensive support once they left prison. There are a lot of other examples of where local authorities have now picked up those schemes and are funding them on a more sustainable footing, so we can give you some examples of where that is working well.

Oliver Hilbery: Just to add to that, Clinks know that there is some work underway in Wales, between the local authority, the CRC and the youth offending team to look at the pathway out of prison. That would be useful for the Committee to be able to follow up as well so, if there is anything on that, we will send it to you.

Katharine Sacks-Jones: In Greater Manchester, they are doing some work taking a whole-systems approach to dealing with female offenders, across the 10 Greater Manchester authorities, trying to divert them from prison and looking at their whole range of needs, including accommodation. It is quite interesting what they are doing there and quite a new and different approach that they are taking.

Q172 Mary Robinson: I just have one last question, if I may, and very pertinently on that subject as well. In Greater Manchester there are moves towards the devolution of criminal justice, as well as other issues around devolution where services are going down a different road. Some of the issues that seem to have been raised are about people falling between gaps in provision. Do you think that the moves towards devolution in Greater Manchester, for instance, are going to present opportunities for dealing with homelessness, particularly in this area?

Katharine Sacks-Jones: There are potentially opportunities in Greater Manchester. Some of what can happen is starting to show. I would say that, when Greater Manchester talk about how they have been able to take a different approach, they talk a lot about local leadership and the local relationships that are long established between different local authorities. Not every devolution area has those same criteria in place. There are different challenges in different areas. That kind of pooling of budgets and giving freedom over health and social care, and over criminal justice budgets, if coupled with leadership and a will to do things differently, does have the potential to come up with some really innovative ways of working. We know that a lot of these people just get dealt with in terms of the service that they pitch up at, and no one is taking that overall look and bringing some of those different budgets together. Absolutely there is potential, but there are undoubtedly some big challenges as well.

Oliver Hilbery: It has a vital role to play. The reason for that comes back to a point I made at the beginning of this session about the national strategic position on this. MEAM argued last year to create a national focus around people with multiple needs. It used the data and the evidence from our pilots, which had shown a 23% saving in better co-ordinated services to model a national programme that could work for the 58,000 people with multiple needs. It showed that, within the third year, it would make a cumulative saving to Government over time. That programme was not picked up in the Spending Review, despite some interest from the Treasury and, I believe, from CLG officials. We understand from Ministers at CLG that a national programme of that type is not on the table, at the moment.

That therefore begs the question for us of what should be on the table in terms of presenting a national position on this issue. It is vital. We can never underestimate the role that a national position on how to incentivise co-ordinated services in local areas can play in a locality. We see all the time that local areas are keen to follow ideas and thought leadership from Government. That is a really important aspect to this. If devolution is one of the ways by which Government is going to be leading this work in the future, it is absolutely vital that devolution takes into account this group of individuals.

We are seeing at the minute that devolution tends to be focused on the broader issues around skills creation and employment, for example. Of course that is an important focus, but only two of the nine published deals at the present time mention individuals with multiple needs in any detail. One is in the North East and one is in the West Midlands. Those areas are to be commended for the fact that they have directly referenced this group of individuals and come up with a plan to do it. We would argue that Government should be trying to ensure that every local area that signs a devolution deal has something in it about this group of individuals with multiple needs.

We would also be arguing for a national strategy that can direct the importance of coordinated interventions and show local areas how those can be incentivised locally, because we do not have that at present. There is no current homelessness strategy. There is a drug and alcohol strategy about to be released. There is a mental health strategy on the table in the taskforce report, but at the moment there is nothing about complex multiple needs and how that might be pushed from the centre. That is really important.

Helen Mathie: I agree with Katharine that there is a huge opportunity here with devolution. The caution, which has been touched on already, is that this group with multiple needs gets missed out. The homeless and the other groups we have talked about are not necessarily a statutory priority. We really need to make sure that they are visible and well understood in the new arrangements, and that there is the opportunity to try to integrate and pool budgets to look at how services can work more efficiently, but also how those authorities within the deals are working together, and with their neighbouring authorities. If we do not get that right, we will end up having a knock-on effect from that.

Chair: Thank you all very much for coming in and giving evidence to us this afternoon. That has been very interesting. Thank you very much indeed.