HOUSE OF LORDS

Select Committee on Public Services

Oral evidence: Public services: lessons from coronavirus

Wednesday 8 July 2020

2.55 pm

Watch the meeting

Members present: Baroness Armstrong of Hill Top (The Chair); Lord Bichard; Lord Bourne of Aberystwyth; Lord Davies of Gower; Lord Filkin; Lord Hogan-Howe; Lord Hunt of Kings Heath; Baroness Pinnock; Baroness Pitkeathley; Baroness Tyler of Enfield; Baroness Wyld; Lord Young of Cookham.

Evidence Session No. 11 Virtual Proceeding Questions 70- 74

Witnesses

I: Nathan Dick, Head of Policy, Revolving Doors; Caroline Bernard, Head of Policy and Communications, Homeless Link; Rick Muir, Director, The Police Foundation.

Examination of witnesses

Nathan Dick, Caroline Bernard and Rick Muir.

Q70 **The Chair:** Good afternoon, everyone. Welcome to this session of the Select Committee on Public Services. We have a range of people, mainly from organisations in the voluntary sector that have been working with people in communities up and down the country during the pandemic. We are going to be talking to them about what service users have been experiencing in recent months.

I am pleased to welcome the witnesses; we are very grateful for the written submissions they have provided. We never manage to get through everything we want to in the oral sessions, and we are grateful to all the organisations that have written to us with their experiences.

In our first session, we have Nathan Dick, Caroline Bernard and Rick Muir. I am not going to introduce you separately, but I would appreciate it if, when we call you for the first time, you explain who you are and which organisation you are from. As I say, we are always trying to push things along.

In the second session, we are going to have someone who is blind. Clearly, we need to make sure that he is able to have access to and knowledge and understanding of whoever is speaking. Therefore, I ask members of the Committee as well as the witnesses to make sure that they give their names as they are asking or responding to a question.

I want to make sure we get into our questions as soon as possible. As ever, I will ask the first question. First and foremost, I should say that I am a long-standing patron of Revolving Doors. In its submission it talks about Fulfilling Lives. I am a member of the expert group, whatever that might be, of Fulfilling Lives in Newcastle and Gateshead. I just want to make that clear. Needless to say, it is not a paid position. None the less, Members and the public should know that I have that connection.

From the beginning of the outbreak of Covid-19, which services have successfully met the needs of people facing multiple disadvantage and which have been less successful? We are thinking of the range of people who are identified as being multiply disadvantaged. Of our three witnesses in this session, may I ask Nathan Dick to open for us?

Nathan Dick: I am head of policy at the Revolving Doors agency. Hi, everyone.

It is a big question to kick off with. The first thing everyone has to note is the heroic effort that services underwent to make rapid changes. We have seen a lot of those, many of them good, but I do not think it would be fair to say that anyone has successfully or fully met the needs of people facing multiple disadvantages.

It is worth remembering that before the pandemic the Budget announced a shared outcomes fund of £46 million to provide additional support for people experiencing multiple and complex needs, such as homelessness,

reducing reoffending and substance misuse. The need for that funding has not gone away; it is arguably getting bigger.

One of the consequences of the lockdown is that people with pre-existing multiple and severe disadvantage are likely to experience additional trauma from the lockdown, lack of social interaction, potentially multiple bereavements, unemployment, poverty, issues with substance misuse, domestic violence against women, and the intersectionality between issues around gender, especially race and disabilities. I do not think we can ignore those, either.

There are a lot of issues, not only in our current assessment of the situation, that are bad and need additional investment. To keep pace with the change, I think we have to do a lot more analysis of what is going on in the lives of people who are currently experiencing difficulties in this area.

It is a kind of health warning to say that what we thought might have been bad before the pandemic is likely to be worse. I think service responses have been good at maintaining levels of service in some areas, but there is a big question mark about whether they are moving on, adapting or doing enough.

We have been doing surveys of people in this situation. Sixty per cent of people we surveyed were unemployed; half were unemployed because of a disability or long-term health condition; 53% reported they had difficulty paying for daily things such as food, rent and mortgages—it was mostly rent—and 30% said it had got worse since lockdown. We also heard that, before the pandemic, 57% of the people we were talking to were using food banks. That increased by 25%, a lot of whom are on things such as universal credit. Therefore, the vast majority of people are using food banks to get by, and quite a lot of them have been impacted by Covid. They have had it; they know a lot of people who have had it; and half of the people they know who have had it have been in hospital.

That is a summary. When we are thinking about services, we need to be clear that the response today might need to be redoubled.

Some good things have happened. We have seen loads of really good examples of peer-led navigator services, such as those adopted by Fulfilling Lives, which put people in difficult situations into services with loads of outreach.

A couple of people we spoke to said, "The whole myth of non-engagement is dispelled if services take a different approach". Loads of services have stopped asking people to come into the office and started to do outreach and phone people. What has transpired is that, a lot of the time, it was not about people not wanting to access services; it was that they did not feel they could do so. Now they feel they are able to get in there; people are talking to them.

Another person we spoke to said they feel so anxious sometimes that they cannot get to appointments. A lot of people just found appointments hard to attend, not even having the time in the day. Someone said to us that on some days they just did not feel like leaving the house.

The proactive outreach of services that we have seen across the board has been fantastic and has worked a lot better for people with multiple and severe disadvantage. We have seen a reduction in red tape. Criteria that normally would have stopped people accessing services have been taken away, especially for drug services. We have seen some really good approaches to people getting into drug rehab where previously they would have had to go through two courses. They have scrapped that and now they are letting them go into drug rehab.

A lot of people said that people in this client group would not be able to access video and mobile technology—it would be too complicated and they would not engage. Again, there is a myth about non-engagement with services. They seem to have taken to it quite well and quite enjoyed it.

What has been less successful? A lot of what has been less successful is the pre-existing lack of capacity in the system. I go back to my point that we now possibly need even more. There is some lack of capacity, lack of investment in technology and comms, and a lack of pre-existing local leadership in some areas.

When we talked to people, the lack of capacity in mental health services came up a lot. People said they struggled to access mental health services before. There were a few examples where mental health services were reaching out and talking to people, which is good, but by and large, about half of the people we heard from said they struggled to get in touch even with their GPs and really struggled to get in touch with mental health services.

About 70% of the people we spoke to said they felt lonely most of the time and some all the time. The impact that is likely to have on someone's mental health is extreme, so it is quite possible there will be an increased need for people to access mental health services.

On lack of capacity, when we talk to people about their interaction with probation services, all too often they tell us they get only 15 minutes with their probation officer and do not get to discuss real issues around needs, such as homelessness, mental health and substance misuse. Some of that has been improved by remote contact. The picture is a bit mixed; there seems to be a massive difference in whether people enjoy that. Nevertheless, that lack of capacity still exists in the system.

The last thing I would like to mention here is prison resettlement. We know that, prior to this, one in seven people were released from prison homeless; 25% of all people serving short prison sentences are released homeless. There is a lot that the MoJ is trying to do, especially during the pandemic, to help people get into housing, working with the MHCLG. I

question whether it is enough and whether it should be accelerating that work, looking at what more it can do to accelerate the pilots it has with MHCLG to improve prison resettlement. Today, the probation inspectorate report's thematic on accommodation is quite a stark reminder of how difficult it can be to get people into accommodation, but also how too many people fail to get into stable accommodation.

Q71 **The Chair:** Thank you. May I ask Caroline Bernard to speak?

Caroline Bernard: Certainly everything Nathan said was spot on.

I will talk about homelessness first. I am joint head of policy and communications for Homeless Link. We are a membership body for the homelessness sector. We are also a lead partner in the Making Every Adult Matter coalition, made up of Clinks, Mind and Collective Voice. We represent organisations supporting people who are homeless.

We worked recently on a report through MEAM that looks at some of the flexibilities that have been in place since the Covid-19 outbreak started. I will talk about that in my remarks today.

Certainly, on substance misuse, people are being assessed and offered support more quickly than before the pandemic, which has been a positive thing. As Nathan alluded to, there has been a lot of virtual contact because of Covid19. People have been ready to receive virtual support.

Some of the things we have seen outside MEAM in our general work at Homeless Link is that people who would normally be seen in a centre are feeling better about getting that one-to-one support from somebody virtually rather than having to wait in line or being left waiting whilst support workers deal with urgent matters — so they really appreciate the virtual one-to-one support.

In terms of homelessness and housing, the "Everyone In" letter went out a few weeks ago, and the response has largely been positive. Not everybody has been brought in; 15,000 people were offered support, but there are still many people out on the streets. Many people were able to be housed rapidly; people were brought into hotels very quickly, so that has been a positive thing we should celebrate, because it proves that, with a will, we can get people in and give them support in those places. That is something we should talk about.

Housing providers also worked flexibly to provide spaces for people, as well as student accommodation and other types of accommodation such as B&Bs. So there were some good things happening around homelessness in terms of bringing people in.

On mental health, there were more challenges. I think Nathan has alluded to the limited adaptations that occurred in mental health. We did not see as much adaptation as we would have liked for mental health patients. However, in the research we did, there were more assessments for mental health patients than before the pandemic, and more

psychological support, but this was not the case everywhere. Some areas worked better than others.

It is also important to mention women's services here, including for domestic abuse. There were some areas that had additional support available for women fleeing domestic violence, but other areas did not. I think it was very much a mixed picture.

One thing that has not worked as well is the big issue of GP registration. This is outside MEAM, but we have found in talking to one of our members, Groundswell, that issues have arisen where people have been supported to get GP registration, but they have had to do it in a way that is not very inclusive: for example, with the practice insisting on wet signatures and having forms passed out of windows. Things like that can be quite degrading in terms of how people are treated in GP services. We would like to see a bit more understanding and capacity for people in need who would like to register with a GP.

There are people newly arriving on the street as a result of losing their jobs in the pandemic. These are people who have been on zero-hours contracts or have been in other precarious employment and have found themselves homeless. There are also those who were sofa-surfing and were asked to leave other people's homes because of the pandemic. People needing to self-isolate with someone staying with them, often asked that person to leave.

There have been some issues around newly homeless people who need support. We have not seen recognition of this from MHCLG; we have not seen that understanding and assurance on what will happen to those who are newly homeless.

I should also mention those who have no recourse to public funds—NRPF. Many of them are living in hotel spaces at the moment. When we get to the end of that period, we are concerned about what will happen to those individuals when they are moved on from hotels. Where will they go? They cannot get social housing, for example, or access any public support. There is going to be a need for funding allocated to provide support for them.

The Chair: I now call Rick Muir, who brings a different perspective but one that we really cannot neglect.

Rick Muir: Thank you and good afternoon. I am director of the Police Foundation. We are a think tank that does research on policing and crime.

The first thing I want to say in relation to policing—I will focus my remarks on that because it is my area of expertise—is that we have seen some big shifts in demand on the police in relation to safeguarding and vulnerability during the lockdown. In particular, we have seen a big fall in the number of missing persons incidents that the police have to respond to. That is perhaps understandable because there has been a lockdown,

so people may be less likely to go missing. There have been substantial falls in the number of missing persons incidents, which take up a lot of police time. A lot of police time is spent dealing with those.

There has been less of a drop in mental health incidents. In the early months, there was something like an 8% drop; last month, there was a 2% drop in mental health-related incidents, so less of a fall there.

We have also seen significant falls in 999 calls and calls to the 101 service.

We have seen a reduction in some forms of police demand and an increase in others. I can talk about that a bit later if you like.

We have also seen a concern about the amount of hidden harm out there. We have seen an increase in the number of domestic abuse incidents being reported—an 8% increase in last month's figures compared to this time last year. There is also a concern, on behalf of all the agencies, that we are not really hearing enough about that. We already know that domestic abuse and child abuse are hidden.

Going back to Nathan's points about outreach, we have seen agencies, including the police, doing more outreach work. They have seen some reductions in referrals. The police get quite a lot of referrals in relation to domestic abuse, for example from hospitals, but we have seen fewer people going into A&E. Therefore, there have been fewer referrals in relation to domestic abuse coming through to the police from hospitals.

A lot of child abuse referrals come from schools. Of course, the schools have been closed, so we have seen a reduction in referrals coming through from that source.

What we have seen from the agencies, which we think is positive, is a much greater emphasis on outreach. We have seen some police forces working with other agencies to develop outreach teams to try to identify and make contact with high-risk people. There have also been some public information campaigns and work done with key workers to identify vulnerability among some of the people they come into contact with, so there are some positive aspects there.

The challenge will be that, when the demand goes up again as we come out of lockdown, perhaps the capacity for some of that outreach work will reduce, because the police will be left dealing with increased 999 calls and other calls for service. That will be the challenge in the months ahead.

Q72 **Lord Hogan-Howe:** I have a question for Rick Muir on the last point he made about domestic violence. Some forces have had joint teams with outreach to check on high-risk victims and, I hope, high-risk offenders. I wonder what evidence might have been gained from that because I have heard, worryingly, that some forces were not doing that and some people put them off it because it might identify high-risk domestic violence victims and their situation may get worse as a result of that visit. I would

be interested to hear what happened in those areas where there was a proactive team.

Rick Muir: That is a really good question. I do not think we know enough about that yet, and obviously there is lot of variation across different forces. I know that Gloucestershire in particular was doing some really interesting outreach work. I confess I do not know what the impact of that has been in terms of potential risk and so on. Clearly, that ought to be looked at.

This has to be done very carefully; it cannot simply be a case of going round knocking on people's doors and so on. They will be sensitive to that. I know that many high-risk victims will be known to services and I am sure they will have taken a proper approach to dealing with that. We need to understand that as we look at the outcomes and so on.

Q73 **Baroness Tyler of Enfield:** I want to place on record the fact that I stepped down as chair of MEAM last year.

My question is directed particularly to Caroline, picking up what she said and the written evidence from MEAM, which talked about increased interagency work, for example between the police and others on issues such as substance abuse and, obviously, homelessness. I just wondered what you thought needed to happen to make sure that that improved joint working continues after lockdown.

Caroline Bernard: One thing we saw clearly was joint working between different agencies, which happened so quickly because we had to make it happen.

To maintain it, and thinking about how we can build on it, we need to look to the centre to try to encourage some universal joint working, maybe through strengthening flexibilities in some areas of the law, for example, or just providing better guidance. I find that with partnership working, you have one area doing it really well and somebody is driving it but another area is not doing it so well, but now that we are in this together, all facing the same situation with Covid-19 now and beyond, we need to look at ways in which we can embed some of this practice across the board so that we can get health, homelessness, housing, substance misuse and so forth truly working together. Individuals' lives are very complex, as we know from working with MEAM, and that multiagency approach needs to be embedded across the board. I think it is for the centre to encourage that guidance; perhaps there could be some changes and flexibilities in the law to allow that to happen.

Lord Davies of Gower: I want to put a follow-up question to Rick Muir on the outreach work. For clarification, are you advocating that the police should return to what they did in the 1970s in having home visits and that sort of thing?

Rick Muir: It depends on the context. It is very clear that the police have taken on more of a safeguarding role in recent years, both in response to changes in legislation that require them to have a safeguarding role and

in relation to increases in demand on policing, particularly in areas such as mental health, missing persons and domestic abuse. These are areas where the police are now taking on a much greater role.

The challenge is that you cannot rely on just what is reported to you; you have to do some outreach, because a lot of the most serious harm is hidden and does not come to the attention of the police. They need to think about ways of doing that. Obviously, there have to be sensitivities around that in many cases, as I was discussing with Lord Hogan-Howe, but that outreach work is important and desirable.

The challenge is whether the resources will be available to do that, particularly when we return to normal levels of demand. We know that the police were pretty stretched in terms of demand prior to the lockdown. Lots of types of crime have fallen; lots of other demands on police time have fallen. We expect all that to go back up, and then there may be less capacity to do some of this more proactive work, so there will be a bit of an issue around resources.

Baroness Pinnock: In answers to the previous question, you all gave examples of innovations in service delivery during the lockdown. How could what you have learned from these innovations inform programmes of reform for the future? The hard bit is how you ensure that those innovations continue and become part of the new normal. Nathan gave lots of examples of innovations in his initial answer. I am curious to know how those can be embedded in future practice.

Nathan Dick: As it pertains particularly to people with multiple severe disadvantage, it goes back to the point I made about people who are defined as hard to reach by public services and by a lot of charities. One of the things we can probably do as a whole is think about how we redesign the assessment processes and criteria for getting into services and make the way in which people access services, which may be the first port of call, more subject to choice. It is about giving people choices in how they engage with services.

A lot of people said that going to an office to access a service sometimes could be impossible because of the distance they had to travel and could be quite traumatising. People described going into probation offices, police offices and sometimes even other services as potentially traumatising. They often bumped into a lot of people they did not want to bump into. For women especially, there is the potential for them to bump into a former perpetrator of domestic violence. Other people just bump into peers they do not necessarily want to associate with. Those are the ways in which we are engaging with individuals and reaching out.

The conversation around policing and police outreach is interesting. How far are we going to meet people where they are and then get them into the right services, and what is the role of different bits of our system to do that? If you take that as the concept of what we see when trying to reach people who are really far away from full recovery, we cannot rest on our laurels and wait for them to arrive at services; we need to go to

them. That is changing the way services work. One of the ways we can do that is by digitising services a little more. It might be physical face-to-face outreach—I would not eradicate that—but how do we allow people to have that early engagement with services through things such as mobile phones and other ways?

That requires services to invest a bit not only in their own technology but in getting rid of some of the digital exclusion of their service users. One of the results has been to give people mobile phones on leaving prison, or even probation staff giving their clients a mobile phone. I have heard great examples of charities giving people smartphones so that they can access other services. It is a simple thing to do. If you build that small cost into services, you might help with engagement and keep people in services, and in the long run make some pretty significant savings by getting people into recovery and rehabilitation sooner. I think that is one key thing.

We also had loads of peer-led engagement services, or even peer-led support services. A lot of the Fulfilling Lives areas that we talk to and some of the MEAM Approach areas that MEAM talks to employ people with previous lived experience who know what it is like to be in that situation and do the outreach and engagement. So many of the people we talk to refer to someone who had lived the same sort of thing and was able to turn round and say, "We can do this differently. I've been there. We can change this.", and that has helped them to engage with services.

One of the amazing things is that in the past few years we worked with NHS Health and Justice-led liaison and diversion services to get them to pilot and eventually commission a peer-led service throughout the liaison and diversion services to divert people at court stage into mental health services. It increased the number of people coming on to liaison diversion by about 500%; it increased retention, so people sticking with it went up by about 300%. These are things we already know work. They could be the sorts of things that have shown they work really well during lockdown; we should do more of that.

As a system, what we are missing and can embed is working with people with lived experience to design these services in the first place. One of the things we have had to do during lockdown is move quickly to sort stuff out, and that is absolutely right. It is about public health, safety first and getting people into houses and safe environments.

We also have 23-hour lockdowns in prisons. The impact of being locked in your cell for 23 hours a day will be very significant. We cannot underestimate that. We need to think about how we are talking to people in the system and working with them to think about what the solutions are. I am not saying they create the solutions by themselves; I am saying we work with them, policy officials and local commissioners, and embed them in the processes and find out what is going to work for them before we go ahead and commission a whole bunch of new services.

There is probably a point in service design where we need to take a moment, pause and make sure those people are in the room and design services with them before we start leapfrogging lived experience into generating new services and spending lots of money on things that might not work.

Baroness Pinnock: Can Caroline pick up some of those innovations in using tech and perhaps giving homeless folk a mobile phone so that they can contact services directly?

Caroline Bernard: In the MEAM research, there have been a few innovations that have made a huge difference. One big thing is staff autonomy. Staff have been able to be a bit clever about doing their work and have more autonomy and bring new ideas to the table on how they can support people.

On IT, Nathan is absolutely right. Using phones effectively and allowing that engagement through mobile technology is quite powerful as well. We have an app for testing and tracing. People need to have access to that. What we have raised with our health partners and partners in other parts of our work is that, if we are to have these apps, we should make sure that people who are homeless or rough sleeping can use them, because generally they cannot access these things unless they are given support to do so. So IT will be crucial going forward as well.

Maybe before the pandemic we were too risk averse because we do not want to lose people along the way and get their support services and the level of capacity wrong. I think it is about how we can make sure we can work and get a balance of risk so we can get people on board and supported in ways that they can do these things flexibly.

The other thing that has been really innovative here is that, because managers have been working mostly on Covid-19, the sign-off for work has been a lot quicker than it would have been in the past. We have been able to do that sign-off much more quickly, and that has been done virtually online as well. There are lots of things we have been forced to look at here working in a virtual way that have made us think about doing things differently.

In terms of lived experience involvement, Homeless Link has an expert panel for dealing with people who experience homelessness. We have continued to meet through Zoom; and that format has worked really well. We have managed to engage people in that way. Everybody in the Panel wanted to continue meeting, and most of the Panel have been able to attend meetings. This has allowed us to continue to keep that voice of lived experience there because, as Nathan was saying, we had to work so quickly in our response that there was not the time to do the wider engagement with people who experience homelessness -. Using these formats will be crucial going forward.

Baroness Pinnock: That is really good. I am sure Rick has something to add.

Rick Muir: I will not say too much. One of the big things in policing has been remote working. All services all of a sudden have had to work remotely. We have had police officers working from home; people have been using mobile devices to take witness statements. These things were happening before in a way but had not been fully rolled out through the system. I think a lot of that will stay and that is a good thing. There have been some permanent improvements because it has given the police the opportunity to invest in new technology, for example.

Baroness Pinnock: Thank you, that is really interesting.

Lord Hunt of Kings Heath: I am very interested in the comments made by Caroline about being less risk averse, red tape being reduced and quicker sign-off. Do you think we can hold on to that post pandemic, or do you think that inevitably, given the toughness of the situation, we will go back to the old system? How do you think we can catch the good that has come out of this?

Caroline Bernard: We must not go back to business as usual. That is the key message I want to bring today. We cannot afford to go back to how it was before. We have found new ways of working. Thinking about ways in which we can involve people with lived experience in those conversations, and about outcomes rather than outputs and doing things differently, will help to keep us on track and continue to provide that flexible way of working.

Covid-19 is going to be here for a while. I do not think that it will be gone anytime soon. As we know, there is no vaccine yet. We have to recognise that this will be with us for a while. As we have had the innovation of bringing people into hotels, for example, we need to use that energy to go forward and try to maintain that approach and be innovative.

That will be very challenging—it will take a lot of thinking outside the box—but I think we have enough of our members and partners in the sector who are now thinking differently enough to maintain that direction of travel. What will be key as we go forward is to think about outcomes that we can achieve with people by doing things differently. My answer is that we need to try.

Nathan Dick: There is an issue here: a lot of the time, culture eats strategy for breakfast. How do we lead from the top down and give our public services some flexibility? I think we see a lot of the flexibility in local charities, and there are some fascinating locally led solutions, but what it really requires is a brave remoulding of what our public services do, especially for those who at the most disadvantage. I think the culture of helping people first and being flexible needs to be set centrally and led by the Government and our departments, and that will then bleed down into the activity that people do; it will bleed down into what we commission and into professional regulation and guidance. It probably needs that bigger change.

Lord Bichard: You have all made some great contributions for which we

are very grateful. I want to focus a bit more on rough sleeping and ask three very brief questions. First, do you feel that the action the Government took in March suggests this was an issue of priorities rather than resources, or probably a bit of both? What do you think about that? Secondly, do you think the recently announced support is adequate? Perhaps most important of all, what would your strategy be? Caroline, you talked about the innovation that we require, so what are you now advising the Government to do to ensure that we sustain the progress we have made?

Caroline Bernard: It was a bit of both; priorities and resources drove the action that we saw in March to bring everybody in.

On how we continue this, we have to have a conversation about the underlying causes of rough sleeping. If you do not do that, you are putting money into a leaking bucket, basically. We have to look at welfare reform, the housing crisis and multiple disadvantage. We have to look at all the different things that contribute to people becoming rough sleepers. As Nathan said, these people often have back stories and have a lot of trauma in their backgrounds. We need to recognise that and recognise that trauma-informed support needs to be there. Psychologically informed environments need to be standard across all services. We have to address the structural causes of rough sleeping before anything will really change. That would be my main message.

We are happy to see that there is £85 million of new funding in the £105 million announced by government. That is really positive but we have to make sure that it is spent in a way that allows organisations to support people effectively, going back to the structural causes of homelessness. It has to be a broad, thought-out and, as Nathan said, centrally led approach, and a real change in public thinking about how homelessness happens in the first place.

Lord Bichard: Those are quite challenging changes. Unpicking the welfare system does not happen easily. How optimistic are you? Do you think there is a willingness to address those deep-seated issues rather than just putting money into taking rough sleepers into hotels?

Caroline Bernard: I think we are getting the message across. We are talking to government all the time about this and constantly raising the structural issue, as are our members; we are doing it across the board. We know this is being talked about at every level and that we are getting the message out there. It is challenging and there are huge issues around welfare that cannot be solved quickly. However, we are having the conversation; I think that over the next year, and because of Covid-19 in particular, we will be forced to look at things and think differently about them.

My hope would be that the Government begin to listen to what the sector is telling them about the fact that we have the evidence and we have the research showing that these underlying causes have to be sorted out

before you put money into the situation; otherwise, it is not going to work.

Lord Bichard: Nathan, may I turn to you?

Nathan Dick: I agree with Caroline on all those points, specifically around the homelessness sector and how the money goes there.

To focus on a different angle, it was quite interesting to read last night an embargoed copy of the Inspectorate of Probation's report on getting accommodation for people both in the community who come under probation supervision and those released from custody. When you start interrogating that and look at it from court to probation and maybe prison, you see the system's inability, failure or oversight—I do not know which it is—to record someone's housing situation properly. There are very few pre-sentence reports prepared for a lot of people, especially those who end up serving short prison sentences, so often we are not recording what someone's housing situation is and we do not know when they are going to court.

A lot of probation OASys assessments are not fully completed or updated when someone comes under the probation service. We do not seem to have a fully-fledged idea of someone's housing situation. When people go into prison, and especially in the run-up to their release, very few are getting the right level of support early enough to be able to guarantee them some kind of accommodation on release.

The other thing that struck me is that our idea of settled accommodation in the system is pretty much everything from sofa-surfing to B&Bs to supported accommodation, which does not quite sit right with us at Revolving Doors. You almost have hidden homelessness that ends up looking like a positive outcome, as if you have managed to get someone housing.

There could be a quite simple change to the system by taking more time. I say "simple", but it is a resource issue. The reason why this stuff is not done is probably that there are not enough National Probation Service staff in the courts with enough time to do the assessments well and to do something meaningful with them.

The same is true of a lot of probation officers. There are too many cases and not enough officers. There is a big issue around training probation officers really to understand housing issues, or even their link with good housing providers to be able to understand how they work with the local authority. When you go into prison, it seems that no one really understands what the duty to refer to the local authority actually means and whose responsibility it is, so it becomes a bit of a passing-the-buck scenario. Nobody quite knows whose task it is to get a local authority notified that someone might be being released homeless.

These are fairly bureaucratic issues. With the right kind of system and resources to do proper assessments, and maybe make some tweaks here

and there, I think we could progress; with probation reforms on the horizon, I am optimistic about the possibility of doing it. I would like to see the Ministry of Justice grab the nettle a bit more and say, "This is our responsibility and we are going to do something very proactive to make sure we prevent homelessness in all situations in the community and/or prison".

Lord Bichard: I think that earlier you mentioned the importance of co-design of services as we go forward. I almost applauded you at that point; we do not talk about it enough. Do you feel even now that organisations such as yours are sufficiently involved in the co-design of services? It is not just about the users; it is also about organisations such as yours. Do you think you are now taken sufficiently seriously on that?

Nathan Dick: No, but it is getting better. I have seen some services and some departments starting to think about this more seriously, but it tends to be on the periphery rather than at the centre. Something the Committee could think about is how we change the way services are provided by government, and you bring user experience into it. I am not very precious about whether that is Revolving Doors or another organisation. It will not be us. As a small charity, we cannot do everything. There is a role for organisations such as ours that do good user involvement, but there is also a role for service providers that do good stuff and involve their users.

It is about the process set up to do it. It is not currently embedded in it, and I do not think that when big government projects are running there is sufficient onus—maybe even from a major projects perspective—on what kind of user testing has been done. The user testing I have seen tends to talk about the staff, or the people who are employed, or magistrates in a court, or the legal representatives, but very rarely about the defendants in courts and people on probation or under supervision and those in our prisons.

I think the same is true—I do not know whether others would agree with me—across other departments. I have the closest view of the Ministry of Justice, I would say, and I think that much more could be done.

Lord Bichard: Rick, the police have quite an important role in rough sleeping in various ways, as we have just been talking about. What is your comment on my initial three questions?

Rick Muir: I am not sure I am the right person to ask. I am not a housing expert. The police are involved in homelessness. In some ways, it highlights the conflicted role of policing because when dealing with people who are multiply disadvantaged, they may have a safeguarding role but they are also often there in an enforcement role. It is a difficult balance for the police. They are often a first responder to an incident and have to make a really important decision about whether to take a criminal justice route to deal with an issue or divert to some form of social intervention, as was described in some of the paperwork that we

had previously. The police play a really important role in that and are starting to do a lot more on diversion, which I think is very positive.

Lord Bichard: Do you think it features sufficiently in the training of police, because it is a difficult balance?

Rick Muir: There are some real issues about training. Some police officers would say they feel they have started in recent years to drift into roles that might be more like social work, and it highlights this issue. We want the police to have a safeguarding role and to be preventive, but are they always the right people to do it? They are typically the first people to arrive when an incident occurs because they are available 24/7—they are there in the evening and at weekends—but are they the right people to identify adverse childhood experiences in a young person, for example? The police have a role, but it is probably more of a brokering role. They try to provide a provisional solution where harm is threatened and then they can refer people on to other services, but it gets a bit difficult when the police start getting into almost individual case work. There is sometimes an element of that going on. I am not sure that is the right role for the police. I think police officers themselves would say they are not trained to do that.

The Chair: I will now bring in Lord Hogan-Howe for the next question. I think Lord Bichard has set up it quite well for him by straying into it.

Q74 **Lord Hogan-Howe:** Indeed; I wanted to contribute myself but thought I had better not. First of all, I keep forgetting to declare my interest. I am a non-exec at the Cabinet Office and an ambassador for the St Giles Trust.

Revolving Doors has called for a trauma-informed approach to policing, so what has lockdown taught the police and other public services about working together to tackle complex social problems? Maybe Nathan or Caroline wants to start.

Nathan Dick: I do not know whether Rick wants to start. I might be able to contribute. Briefly, Rick was absolutely right to question the role of the police and where it begins and ends. The critical thing for us is that we work with lots of people who have countless police contacts. They have been arrested and been in police custody countless times. They are dealing with serious trauma and adverse childhood experiences and issues around mental health, homelessness and substance misuse. I think that in some instances the question is: how can we help police to identify that there is something going on there and someone needs help and does not need "no further action" and to be discharged, or get a fine, or potentially even be charged with a relatively minor offence with no support?

There are really good examples of the police looking at diversion, bringing in experts and taking on that social worker role, for want of a better expression, and helping those individuals to think about why they are in police custody in the first instance, and how you can get them into

appropriate services, such as DIVERT in London, which is a really interesting example. There are others across the country.

The tricky thing for us is that we are real advocates of that—I know Rick is looking at this from the Police Foundation perspective—and we all support it but we do not know how much of it is happening. As far as I can tell—Rick will correct me if I am wrong—we cannot find out any centralised data on how many people are being diverted and into what kind of diversion. It is not centrally held. It is really hard for us to assess where it is; whether it is working; where it is working; whether it is working better for young white men than it is for young black men; whether it is working better for women than men; and whether it is working poorly for people with learning disabilities or difficulties.

We are massive advocates for that trauma-informed, police-led diversion in getting people out of the system, but it is a bit of a shame that we do not have more information about how much of it is currently happening so that we can properly assess the impact.

Lord Hogan-Howe: It is disappointing that the data is not available, because there are nurses, mental health workers and drug treatment workers in most custody suites. They must be collecting data. I do not know whether Rick is able to say anything about that.

Rick Muir: I think it comes back to the classic 43-force issue, which we have discussed in the past. We have national crime data collected to rigorous standards and so on. In lots of other areas of police work, forces collect data on the incidents they respond to, but it is not nationally compiled. HMICFRS has some of it; it is not all published. There is a real issue about establishing what is happening at force level.

There is definitely more training going on, particularly around trauma-informed approaches and adverse childhood experiences. There is a lot of innovative work in Wales going on around that. Some of that is about police officers being aware of adverse childhood experiences and their potential impact—for example, being aware that, if they are making an arrest of a parent, that might be a traumatic event for a child to witness, and thinking about what they might do to mitigate the impact of that. It is just a matter of mindset and something you can bring in through training.

Some forces have gone further and started to do more predictive stuff around looking in their data at who may have had adverse childhood experiences and getting neighbourhood officers to go out and speak to families and, if you like, try to broker responses from other agencies. There is definitely work going on. Sadly, we do not have a national picture. I definitely support trauma-informed diversion; that is really important, and obviously the police perform a key decision-making role there.

We have to get a better understanding in policing of what their proactive role should be, because there are limits to what they can do. Sometimes

they may not be the most appropriate person. For example, a young person who might have had negative encounters with the police might not want to engage with the police to discuss adverse childhood experiences, trauma and so on. We need to be clear about who the right people to be making the interventions are while accepting that the police have a critical gate-keeping role.

Caroline Bernard: I will add something about the Vagrancy Act. We have been working with Crisis and our members to push for the repeal of the Vagrancy Act. Sadly, it is not used in the right way at all; it is outdated legislation that needs to be repealed. That is one thing I would highlight.

I definitely support the whole trauma-informed conversation. We need to look at how we can ensure that police have that understanding and know where to go and where to signpost people to. For example, we are working with the crime prevention team in a supermarket group —I will not say which one—about how it can support staff in its stores to signpost rough sleepers outside the store to StreetLink, which is the service that we run with St Mungo's. That collaborative work between the police, the private sector and organisations for people who are experiencing homelessness could go some way toward addressing some of these issues, but repealing the Vagrancy Act would be top of my list for review.

Lord Hogan-Howe: I would support you on that. What do you think are the particular services that the police struggle to signpost people to?

Caroline Bernard: Health is probably one of the easiest ones they can signpost people to. Things such as StreetLink or other outreach services may not be ones where they know immediately to go for support. It might be the local authority, but StreetLink is very easy for police officers to go to if they see someone sleeping rough and want to alert them to services.

If there are complex needs, as there often will be—mental health struggles or alcoholism and that sort of thing— the police may find it very hard to know where to begin. That is where they can use services such as StreetLink to find a way in, and then StreetLink can link back to the other services through outreach.

The Chair: I am afraid that I have to bring this session to a close. It has been fascinating. I thank all three witnesses for a very complementary session. I also thank them for their written evidence, which has been very useful.