

Support for Single Homeless People in England

Annual Review 2021



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Executive Summary

For the past 14 years, Homeless Link has produced an annual review of the availability and use of services for single households experiencing homelessness. This review includes findings from a representative survey of 333 accommodation providers and 59 day centres, provider data from Homeless England, and national government statistics. The comprehensive nature of this analysis allows us to assess not only the current state of single homelessness provision, but to identify and analyse historic trends.

Homelessness trends

At a time when homelessness in England surpassed pre-pandemic levels, our 2021 review presents some worrying findings. In the 2020-2021 financial year, 270,710 households were found to be at risk of or experiencing homelessness. While this is a 6.9% decrease from the previous year, when COVID-19 emergency accommodation was first put in place, it is a slight increase (0.4%) from before the pandemic (i.e., 2018-2019).

This figure includes:

- 120,310 households that were deemed to be at risk of homelessness (down 19.4% from 2019-2020 and 18.6% from 2018-2019);
- 150,400 households that were experiencing homelessness (up 7.0% from 2019-2020 and 23.7% from 2018-2019); and
- 39,570 households that were owed a main homelessness duty (up 1.9% from 2019-2020 and 29.7% from 2018-2019).

This includes 194,670 single households, an increase of 1.3% from 2019-2020 and 30.1% from 2018-2019. Of these, 120,290 households were already experiencing homelessness (i.e., were owed a relief duty), a 12.6% increase from 2019-2020, and 74,380 households who were threatened with homelessness (i.e., were owed a prevention duty), a 12.8% decrease from the previous year.

Availability of homelessness provision

While there is evidence that homelessness may be increasing across England, our review shows that levels of homelessness provision for single households is continuing to decline. Specifically:

- The number of accommodation providers for single people experiencing homelessness has dropped every year since 2010, down 1.9% from last year, to 893. This represents a 38.9% decrease from 2010.

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- The number of day centres has also decreased for 6 of the last 7 years, down 1.7% from last year to 173, a 7.5% decrease from 2010.
- While the number of bed spaces has increased slightly from last year (by 0.4%) to 32,184, this is still a decline of 26.3% from 2010.

With decreasing provision and bed spaces, more than 70.3% of accommodation providers stated they had refused access or referrals due to their project being full.

At the same time, funding has been relatively stagnant over the past year, with 59.6% of accommodation providers (152) and 51.0% of day centres (35) saying their funding is the same as last year. A further 19.2% of accommodation providers (49) and 22.5% of day centres (11) said that their funding had decreased from the previous year.

While this year accommodation providers were slightly more likely to report an increase in funding (21.2%, 54) than a decrease (19.2%, 49), this comes after years of the reverse being true.

Single people experiencing homelessness

Providers are, nonetheless, continuing to provide a wide range of support for a very diverse group of people. Our representative survey demonstrated that services meet the needs of many different types of people with, for instance:

- 84.8% of accommodation providers (273) and 94.9% of day centres (56) supporting women over the past year;
- 74.5% of accommodation providers (240) and 93.2% of day centres (55) supporting people over 50;
- 73.9% of accommodation providers (238) and 93.2% of day centres (55) supporting Black and minority ethnic people;
- 74.8% of accommodation providers (241) and 88.1% of day centres (52) supporting young people who are 18 to 24; and
- 53.1% of accommodation providers (171) and 88.1% of day centres (52) supporting LGBTQIA+ people.

Worryingly, when asked about changes to these and other groups over the past year, in every case respondents were more likely to indicate there had been an increase in those experiencing homelessness than to say there had been a decrease. This includes:

- 42.9% of accommodation providers (124) indicated they had seen increases in people experiencing homelessness for the first time;
- 30.7% (85) stated there had been an increase in people currently in low paid jobs (including zero hour contracts) that they were supporting; and

- 29.5% (81) stated they were supporting more people who had recently lost their job.

A range of client support needs were also commonly reported across accommodation providers and day centres, including:

- A history of mental health problems was the most commonly reported support need, accounting for an average of 54.5% of accommodation provider (215) and 61.0% of day centre (19) clients.
- This was followed by people with complex or multiple needs, including an average of 45.8% of accommodation provider (178) clients and 53.6% of day centre (19) clients.

Services for single households

To meet the needs of these groups, providers are likely to offer a wide range of services. Service providers were likely to offer a wide range of support services, with more than 50% of accommodation providers offering 14 out of 16 services asked about, including support around basic needs, life skills, housing and welfare, and access to training and employment. Of these, 12 were offered by more than 75% of respondents.

Providers were also more likely to have added new services since the start of the pandemic than to have dropped existing services. Specifically, while 11.8% (34) accommodation providers had dropped a new service, 12.8% (37) had added a new one.

When asked about barriers to accessing support for clients, barriers were most common for mental health services, with just 10.0% (28) of accommodation providers indicating they had no problem accessing these services. This was followed by drug and alcohol services, with 37.2% (100) stating they had no issues accessing these services.

The final section of our review looked at client outcomes, with most outcomes asked about being infrequent. The one exception was preventing a return to street homelessness, with 67.1% of accommodation providers (110) stating that more than 50% of their clients had been prevented from returning to homelessness.

The most common move on outcomes for accommodation providers' residents were social (average 39.6%, 168) or supported (23.0%, 227) housing, along with staying with family or friends (16.4%, 98). The least common was Housing First (2.1%, 128).

Across these trends, we can see the impacts a lack of suitable accommodation and housing options can have for providers and clients. Many clients are having to wait

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more than 3 or even 6 months from when they are ready to move on until they are able to do so. Specifically, 56.0% (94) of accommodation providers had more than 25% of residents ready to move on waiting more than 6 months. More than four in ten respondents – 42.9% (72) – had more than 50% of clients waiting more than 6 months.

In addition, the most frequently reported barrier to moving on was a lack of social housing, mentioned by 87.0% of accommodation providers (257). Across respondents 63.3% (179) indicated that this was one of their main barriers to moving on clients and 23.7% (78) who stated that this was an additional barrier.

The impacts of the end of pandemic-related emergency emergencies were already evident in 2021. We hope that this review will be useful for those working across the homelessness, health, social care, housing, and other relevant sectors to better understand and monitor these trends.

Chapter 1: Introduction

A lack of access and right to services has historically made it more difficult to analyse and assess single homelessness. That is why Homeless Link has been conducting annual assessments into the demographics, needs, and availability of services for those who are accessing homelessness services and do not have dependents. This report aims to help service providers, commissioners, policy makers, researchers, and local authorities to better determine where service may be most needed and how these trends may be changing over time.

Covid-19 policy context

It is important to note that the period discussed in this report (April 2020 to March 2021) is unlike any we have previously reported on, with periods of significant government restriction due to the COVID-19 pandemic and, at the same time, unprecedented support for all people at risk of or experiencing homelessness in England.

Everyone In is one of the main government initiatives marking this period, whereby all people who were experiencing or at risk of rough sleeping were offered private accommodation. Approximately 37,000 people were housed through this campaign,¹ leading to dramatic reductions in rough sleeping across the country and over 26,000 people being placed in longer-term accommodation.² This was supported by an initial £3.2 million in targeted funding, with additional targeted funding for councils to support populations who may be more vulnerable during the pandemic.

For the first time in England's history, Everyone In meant that nearly every person living in this country had access to accommodation, including single people without priority need and those with limited or no recourse to public funds. This also represented a clear acknowledgement that homelessness is a public health issue, with those who experience rough sleeping also experiencing greater health vulnerabilities and, at the same time, unable to self-isolate.

While these measures began at a clear point in time on 26 March 2020, the end of this provision has been less clear, and some local authorities still maintain housing through what once was Everyone In accommodation. In addition, the lack of

¹ MHCLG. (2021). Government continues drive to end rough sleeping, building on success of Everyone In. Available at: <https://www.gov.uk/government/news/government-continues-drive-to-end-rough-sleeping-building-on-success-of-everyone-in>.

² Wilson, W. and Barton, C. (2022). Rough sleeping (England). *House of Commons Library*. Available at: <https://researchbriefings.files.parliament.uk/documents/SN02007/SN02007.pdf>. Homeless Link 2022. All rights reserved.

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consistency in guidance around supporting those with no or limited access to public funds has also led some local authorities to stop offering support to these groups and in general.³

Other interventions were also put in place to help prevent homelessness, including the government's furlough scheme, the pause on evictions from both the private and social rented sectors, and changes to the welfare system that included: a £20 per month uplift in Universal Credit, an extension of exemption to the Shared Accommodation rate for those who have experienced homelessness, and an increase of the Local Housing Allowance back to the 30th percentile (frozen as of April 2021).

It is estimated that the rapid response to the first wave of COVID-19 prevented 21,092 infections and 1,164 hospitalisations, in addition to saving at least 266 lives.⁴ However, it is also clear that this could not have been accomplished without the enormous effort of the homelessness sector, particularly the many frontline organisations who rapidly worked with local authorities to adapt and create entirely new housing and support offers.

Methodology

Findings featured in this report are drawn from four key data sources:

1. Telephone and online survey from 335 accommodation providers (38% response rate) conducted between December 2020 and January 2021.
2. Telephone and online survey from 59 day centres (34% response rate) conducted between December 2020 and January 2021.

The sample structure was a vital part of this survey. Homeless Link ensured that the profile of the projects interviewed closely represented the profile of the sector's projects (accommodation or day centre) as a whole. For this survey, we achieved 95% confidence intervals of $\pm 5\%$ for the survey results from accommodation providers as a discrete group, and from the aggregated grouping of accommodation providers and day centres.

The survey was conducted by Social Engine. Appendix 1 provides further detail on our survey methodology.

³ Boobis, S. and Albanese, F. (2020). The Impact of COVID-19 on People Facing Homelessness and Service Provision Across Great Britain. *Crisis*.

⁴ Lewer, D., et al. (2020). Covid-19 among people experiencing homelessness in England: a modelling study. *The Lancet* 8(12): 1181-1191.

3. Homeless England database figures on projects and bed space availability. Data was extracted in December 2020. This database is managed by Homeless Link and holds information about homelessness services in England. Although the data is not live, it is updated regularly and considered to be the most accurate data source on homelessness services in England. Data on the availability of services and bed spaces were extracted from the Homeless England database, allowing a comparative analysis with previous publications of the Annual Review.

Overall comparisons of accommodation projects, day centres and bed spaces can be given from 2010. Changes in survey methodology mean more detailed breakdowns are from 2014 onwards.

4. Existing data on homelessness trends, including national statutory homelessness and rough sleeping figures as published by the Department for Levelling Up, Communities and Housing.

While most respondents (55.8%) were able to provide either all or mostly exact figures (see Table 1, below), when considering the findings described herein it is important to recognise that some figures provided were estimates. Specifically, the information provided by 23.8% of all respondents was comprised of mostly or entirely estimates, while 21.3% provided information that was approximately half estimate based.

Table 1 Quality of data provided by respondents

	Accommodation providers*	Day centres**
All exact figures	5%	12%
Mostly exact figures	50%	48%
About half and half	23%	12%
Mostly estimates	19%	20%
All estimates	4%	8%

* Accommodation providers (n=280; 55 missing)

** Day centres (n=50; 9 missing)

Accommodation provider respondents were primarily comprised of providers registered with the Homes & Communities Agency (42.0%, n=166) and non-profit organisations (29.9%, 118). A further 15.4% (61) were Housing Associations (but not those registered with the Homes & Communities Agency), while 2.8% (11) were Local Authorities and 3.5% (14) private companies. The remaining 6.3% (25) were classified as 'other' and included HMOs, Community Interest Societies, and other accommodation providers.

Chapter 2: Single homelessness in England

This chapter looks at trends in single homelessness in England, using statutory statistics from the Department for Levelling Up, Housing and Communities (DLUHC), findings from the annual rough sleeping count, and the results from our own research.

Key headlines

- 270,710 households were at risk of or experienced homelessness from April 2020 to March 2021 (down 6.9% from 2019-2020 but up slightly (0.4% from 2018-19). This includes:
 - 120,310 households owed a prevention duty (down 19.4% from 2019-2020 and 18.6% from 2018-2019);
 - 150,400 households that were experiencing homelessness (up 7.0% from 2019-2020 and 23.7% from 2018-2019); and
 - 39,570 households that were owed a main homelessness duty (up 1.9% from 2019-2020 and 29.7% from 2018-2019).
- This includes 194,670 single households, an increase of 1.3% from 2019-2020 and 30.1% from 2018-2019.
- The latest 'snapshot' found that 2,440 people were sleeping rough on a single night in autumn, down 9.3% from last year but up 37.9% from 2010.
- 44.7% of people sleeping rough were in London (640) or the South East (450).

Types of homelessness

The term 'homelessness' comprises a range of different temporary and long-term circumstances that extend beyond those sleeping rough or housed in temporary accommodation by their local authority. The legal definition of homelessness derives from the Housing Act 1996 and states that an individual is classified as 'homeless' if they do not have accommodation that: (a) they can legally occupy, (b) is accessible to them, (c) is 'physically available to them (and their household), and (d) is reasonable for them to live in.

Statutory homelessness

The term 'statutory homelessness' refers to households — classified as either families (those with dependents) or individuals (single homelessness) — that have a legal entitlement to a homelessness duty by their local authority. Until the introduction of the Homelessness Reduction Act in 2018 this was limited to those owed a Main Duty, and were therefore deemed to be both unintentionally homeless and in priority need, which included anyone who was: pregnant; living with dependent children; homeless as a result of fire, flood or other disaster; aged under 18, a care leaver aged 18 to 20; and/or assessed as vulnerable.

The vulnerable assessment includes those with physical disabilities and mental health needs. However, assessments for vulnerability meant that decisions were at local authority discretion and led to many single homeless applicants being excluded from statutory support.

One of the goals of the introduction of the Homelessness Reduction Act (HRA) was to address the inconsistency in access to support for single people experiencing or at risk of homelessness. Expanding the statutory duties on local authority instead ensured that support was provided regardless of priority need decisions. However, eligibility entitlements based on immigration status still apply to all duties under the HRA.

Under the HRA there are three duties under which the local authority can grant applicants accommodation and/or support:

Prevention duty: Local authorities must help prevent households deemed to be threatened with experiencing homelessness in the next 56 days from becoming homeless. If, during this period, the household experiences homelessness, they will be moved to a relief duty.⁵

Relief duty: Local authorities 'must take reasonable steps' to relieve homelessness within 56 days, primarily through securing alternative accommodation.⁶

Main duty: If, at the end of the 56 day relief duty period, a household is: (a) still deemed to be homeless, (b) in priority need, (c) eligible for assistance, and (d) not intentionally homeless, they are entitled to accommodation from the local authority. The local authority should conduct an assessment and provide temporary accommodation until more permanent accommodation can be provided.⁷

During the COVID-19 pandemic, the homelessness Code of Guidance was temporarily updated to acknowledge the health risks posed by the pandemic to certain groups. It was advised that a history of rough sleeping or underlying health conditions should be considered when making decisions about homelessness duties, potentially enabling more people to qualify as being in priority need.

⁵ This is defined in Section 195 of the 1996 Act. Available here:
<https://www.legislation.gov.uk/ukpga/2017/13/section/4#section-4-2>.

⁶ This is defined in Section 189B of the 1996 Act. Available here:
<https://www.legislation.gov.uk/ukpga/2017/13/section/5#section-5-2>.

⁷ See DLUHC's *Homelessness data: notes and definitions* (2018). Available at;
<https://www.gov.uk/guidance/homelessness-data-notes-and-definitions>
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The government's Everyone In initiative further expanded access to emergency accommodation during the pandemic, including any individual who was or was at risk of sleeping rough. Specific recommendations were also made enabling local authorities to provide emergency support to those with restricted eligibility due to their immigration status.

Rough sleeping

Experiencing rough sleeping refers to sleeping outside or in places not designed for human habitation (e.g., bus stops, doorways, cars, or car parks). This is the most visible form of homelessness and can have a severely detrimental impact on individuals' life expectancy and physical and mental health.⁸

As stated previously, during much of the period covered by this annual review, all who were at risk of or were rough sleeping in England were able to access private accommodation through the Everyone In initiative.

In order to estimate the numbers of people sleeping rough in England on any given night, local authorities conduct an annual snapshot estimate to approximate rates and trends in rough sleeping across the country. The counts and estimates approach was first put in place in 2010 and these figures use the estimate from a single night in autumn using one of three approaches:

- A **count-based estimate** means that individuals will physically count the number of people seen sleeping rough after midnight on a 'typical night' chosen by the local authority between 1 October and 30 November.
- An **evidence-based estimate meeting** is the most common approach, whereby local authorities will work together to estimate the number of people thought to be sleeping rough on a 'typical night' chosen by the local authority between 1 October and 30 November.
- An **evidence-based estimate meeting including a spotlight count** is a mixture of both strategies. This includes supplementing an evidence-based estimate with a street count, which will be similar to those done for a count-based estimate but will generally be less extensive.

The snapshot approach is not intended to provide a complete figure of the number of people rough sleeping in England and is by definition a best estimate count of street homelessness. In conducting these estimates, local authorities are expected to consult with local agencies, such as the police, voluntary sector, and outreach teams,

⁸ e.g., Aldridge R.W., et al. (2019). Causes of death among homeless people: a population-based cross-sectional study of linked hospitalisation and mortality data in England. Wellcome Open Res, 4(49).

to ensure they have the most accurate information on who is likely to be sleeping rough on a given night and where they are likely to be found.

After rough sleeping figures rose from 2010 through 2017, the government launched a new Rough Sleeping Strategy with the goal of halving rough sleeping by 2024 and permanently ending it by 2027.⁹ This was to be accomplished through a focus on prevention, intervention, and recovery. The following year, Government increased this goal with the new aim to end rough sleeping by 2024.

Interventions to support the Rough Sleeping Strategy include the creation of the Rough Sleeping Initiative in March 2018. The most recent round of funding was announced in May 2021 and includes £203 million for the 2021-2022 year, which will be distributed to charities, local authorities, and other organisations across approximately 280 areas.¹⁰

Other initiatives include the three Housing First pilots, first established in 2018 in the West Midlands, Greater Manchester, and Liverpool City Region. These programmes utilise this evidence-based approach to provide stable accommodation alongside (but not dependent on engagement with) intensive wrap-around support to individuals with the most complex needs.¹¹

Hidden homelessness

Those experiencing homelessness are often not 'visible' to statutory services and may instead be 'sofa surfing' with friends or family, in precarious housing situations, sleeping in places not designed for habitation (e.g., on night buses, on trains, or in airports), or sleeping rough in a concealed location. While Relief Duty entitlements introduced through the HRA mean that many of these individuals are entitled to some statutory support, being less visible to services means that these people are less likely to receive support and are often not captured in official statistics.

Despite not being captured in official statistics, an increasing amount of research has begun to capture the scale of hidden homelessness in England. The 2018-19 English Housing Survey found that 541,000 (2%) of households reported having someone living with them in the previous 12 months who would have otherwise been rough

⁹ MHCLG. (2018). *Rough Sleeping Strategy*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

¹⁰ DLUHC. (2022). *Councils given further £200 million in next stage of successful rough sleeping programme*. Available at: <https://www.gov.uk/government/news/councils-given-further-200-million-in-next-stage-of-successful-rough-sleeping-programme>

¹¹ For more information, see: <https://hfe.homeless.org.uk/regional-housing-first-pilots>. Homeless Link 2022. All rights reserved.

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sleeping.¹² The homelessness charity Crisis has used existing data to estimate that approximately 203,400 households experience homelessness on any given night.^{13,14}

Homelessness Trends

For a range of reasons, it has been challenging to measure and assess homelessness trends in England. This includes the lack of a clear, consistent definition of homelessness, the use of a variety of different approaches to measuring single homelessness, and the wide prevalence of hidden homelessness. In addition, the historical use of a P1E aggregated data return from each local authority as the basis of national homelessness statistics has likely contributed to an underestimate of the scale of the issue.

The Homelessness Reduction Act 2017 presented a vital opportunity in our ability to estimate the scale of homelessness and, in particular, single homelessness. This change in legislation led to the replacement of the P1E data returns with a new system – the Homelessness Case Level Information Collection (H-CLIC) in April 2018. With the shift in the definition of homelessness beyond those in priority need, this has greatly expanded our ability to assess the scale of single homelessness.

The statutory statistics collected by the Department for Levelling Up, Housing, and Communities (DLUHC) includes a much greater level of detail on the reasons people are experiencing (or at risk of) homelessness, their support needs, their length of time in temporary accommodation, and the outcomes of prevention duties. The resultant statutory data presents one of the best global sources not only of trends in single homelessness but of homelessness in general.

However, it is still vital to note that whilst this data helps us understand the wider trends, it does not tell us about those not engaging with support, people experiencing more hidden forms of homelessness, or those not entitled to support because of immigration restrictions.

¹² DLUHC. (2020). *English Housing Survey 2018 to 2019: sofa surfing and concealed households - fact sheet*. Available at: <https://www.gov.uk/government/statistics/english-housing-survey-2018-to-2019-sofa-surfing-and-concealed-households-fact-sheet>

¹³ Watts, B et al. (2022). *The Homelessness Monitor: England 2023*. London: Crisis.

¹⁴ This figure refers to all individuals experiencing 'core homelessness' and is broader than the definitions used in statutory statistics, including those who are sofa surfing, in unsuitable temporary accommodation, sleeping rough, or staying in places not intended as residential accommodation.

Statutory homelessness

According to DLUHC's 2020-2021 annual statutory statistics,¹⁵ 270,710 households were at risk of or experienced homelessness during this period. While this is a 6.9% decrease from 2019-2020, when 289,800 households were identified, it is a slight increase (0.4%) from 2018-19 and includes:

- 120,310 households that were deemed to be at risk of homelessness (down 19.4% from 2019-2020 and 18.6% from 2018-2019);
- 150,400 households that were experiencing homelessness (up 7.0% from 2019-2020 and 23.7% from 2018-2019); and
- 39,570 households that were owed a main homelessness duty (up 1.9% from 2019-2020 and 29.7% from 2018-2019).

This includes 194,670 single households, an increase of 1.3% from 2019-2020 and 30.1% from 2018-2019. Of these, 120,290 households were already experiencing homelessness (i.e., were owed a relief duty), a 12.6% increase from 2019-2020, and 74,380 households who were threatened with homelessness (i.e., were owed a prevention duty), a 12.8% decrease from the previous year.

As these figures suggest, government statistics continue to demonstrate that single households are more likely to receive a relief duty, while the reverse is true of those with dependents. Specifically, while 61.8% of single households were owed a relief duty, 60.4% of families were owed a prevention duty.

For those whose relief duty ended during this period, single households were more likely to have the 56 day period end without them having secured accommodation (44.2%) than were those with dependents (14.6%).

In addition to those owed a prevention or relief duty, 39,570 households were owed a main duty, an increase of 1.9% from 2019-2020 and of 29.7% from 2018-2019. Of these, 46.8% were single households, compared to 39.3% the previous year. This reflects the 2020-2021 increase in single households owed a relief duty.

For single households, the leading cause of homelessness was family or friends no longer being able to accommodate them, which was the case for 26,560 single households (35.7%) owed a prevention duty, an increase of 11.9% from last year, and

¹⁵ MHCLG. (2021). *Statutory Homelessness Annual Report 2020-2021, England*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016146/Annual_Statutory_Homelessness_2020-21.pdf.

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40,270 single households (33.5%) owed a relief duty. This represents a 29.2% increase from last year.

Similarly, for those owed a prevention duty the most common type of accommodation at time of application was living with family (25,610 single households or 34.4%).

The majority of single households owed a prevention or relief duty were identified to have at least one support need (55.4%). While the reverse was true for households with children, most single households with a support need had more than one (23.3% had two and 33.7% had three or more). The most common support need for single households continues to be mental health needs, accounting for 28.9% of those owed a duty (55,790 households), an increase of 1.2% from the previous year.

The largest increase in support need prevalence occurred for offending history, up 25.8% from the previous year to 26,670 households (13.8%). This is likely to reflect the introduction of Homelessness Prevention Task Forces in 2020, which have led to increases in referrals by a range of public bodies.

While those who identify as white comprise 84.9% of the population, only 69.6% of people experiencing or at risk of homelessness came from this group. Those who identify as Black were the most overrepresented ethnic group, comprising 9.7% of those owed a homelessness duty, despite representing only 3.5% of the population.¹⁶ In London, those who identify as Black make up 12.5% of the population, but 30.2% of applicants.

Rough sleeping

Rough sleeping figures increased steadily from 2010 to 2017, before beginning to decrease.

While, for the fourth year in a row, the number of people found to be sleeping rough on a single night in autumn has decreased, the figure still remains above levels seen from 2010 when snapshot estimates were first carried out. Specifically:

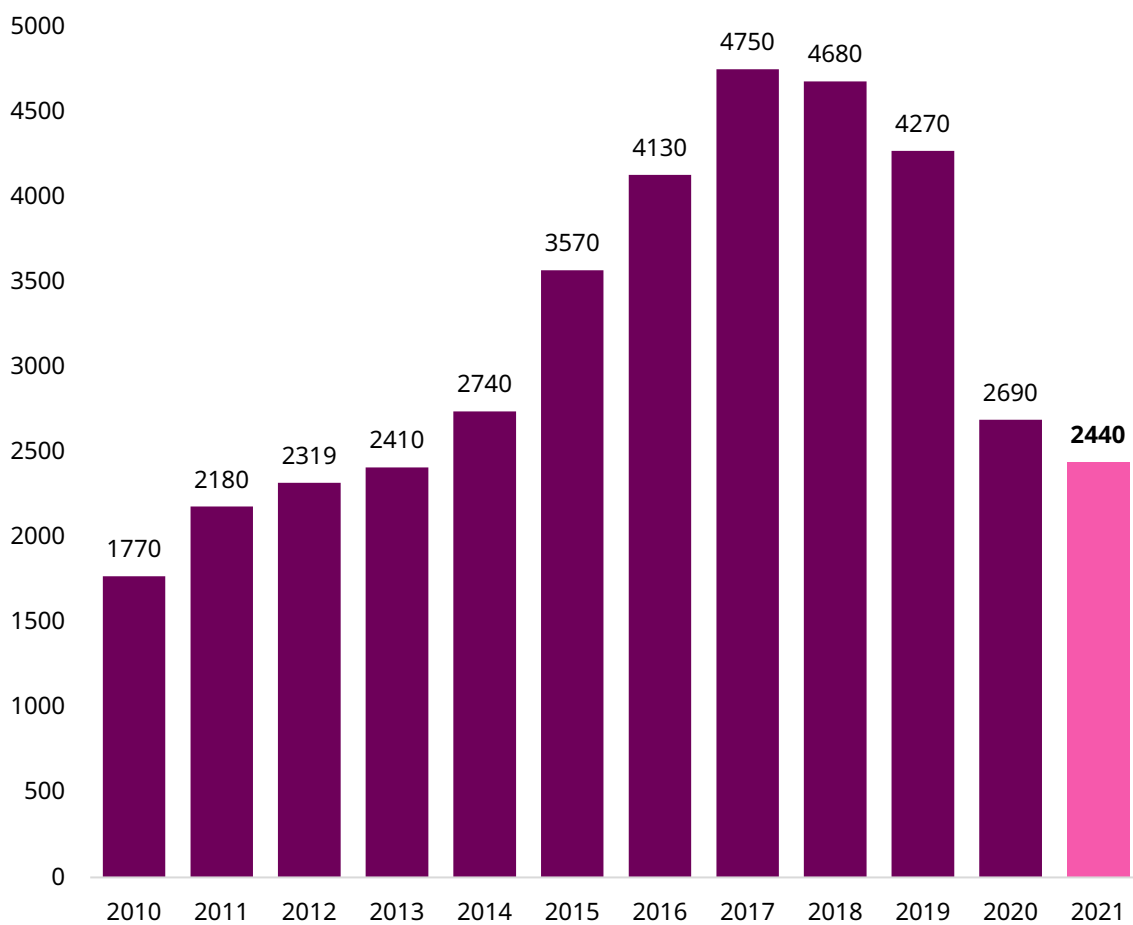
- 2,440 people were found to be sleeping rough, a decrease of 9.3% from last year but an increase of 37.9% since 2010.
- Rough sleeping decreased in every region of England compared to the previous year.

¹⁶ Office for National Statistics. (2019). *Population estimates by ethnic group and religion, England and Wales: 2019*. Available at:

[https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/populationestimatesbyethnicgroupandreligionenglandandwales/2019#:~:text=London%20was%20more%20ethnically%20diverse,%2C%20and%20Indian%20\(7.0%25\)](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/populationestimatesbyethnicgroupandreligionenglandandwales/2019#:~:text=London%20was%20more%20ethnically%20diverse,%2C%20and%20Indian%20(7.0%25).).

- The largest decrease in the number of people estimated to be sleeping rough was in London, where there were 640 people in 2021 compared to 710 people in 2020.
- Nearly half (44.7%) of all people sleeping rough on a single night in autumn are in London or the South East.
- Most people sleeping rough in England were male, aged over 26 years old and from the UK. This is similar to previous years.
- 86% of people estimated to be sleeping rough were aged 26 or older (2,110).
- Rough sleeping numbers amongst young people are continuing to decline, down 21% since last year (110).
- Of these, there was a 2% increase in non-UK nationals sleeping rough, including a 6% increase in those from the EU.

Figure 1. Rough Sleeping estimates from a single night in autumn



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This recent decrease is likely to reflect, at least in part, the many government interventions undertaken due to the COVID-19 pandemic, including many individuals who might otherwise be rough sleeping still being in emergency (i.e., Everyone In) accommodation. This includes over 40,240 people moved on into settled accommodation or a supported housing pathways between September 2020 to December 2021 and the pause on evictions from the social and private rented sectors.

This also includes the many changes to the welfare system that have contributed to preventing people from becoming homeless, as discussed in the Introduction. Although the interventions introduced in response to the pandemic have led to a sharp decrease in street homelessness, we had started to see numbers fall even before the pandemic following the introduction of targeted funding through the Rough Sleeping Initiative (RSI). They come after a decade during which rough sleeping figures continued to increase, including a 165% rise in rough sleeping figures seen between 2010 and 2018, when over 4,600 people were sleeping rough on any given night.

While the demographics available are somewhat limited, they are a useful tool in identifying potential historic rough sleeping trends. In 2021, the majority of people sleeping rough were 26 or older (86%), with a further 5% aged between 18 and 25 (110), and no one counted under the age of 18. This represents a 70% decrease in young people counted since the peak in 2017 (370).

In 2021, there were 2,080 men (85% of the total) and 320 women (13% of the total) sleeping rough on a single night in autumn. This gender breakdown was similar across all regions in England and is similar to previous years.

Despite the overall decrease, there was a 2% increase in non-UK nationals sleeping rough on a single night. This was driven by a 6% increase in people from the EU, although the number is still 52% lower than when the figure peaked at 1,050 in 2018.

In 2021, there were 1,630 people estimated to be sleeping rough on a single night who were from the UK (67% of the total). 500 people (20% of all individuals) were recorded as from the EU and 110 (5%) from non-EU countries.

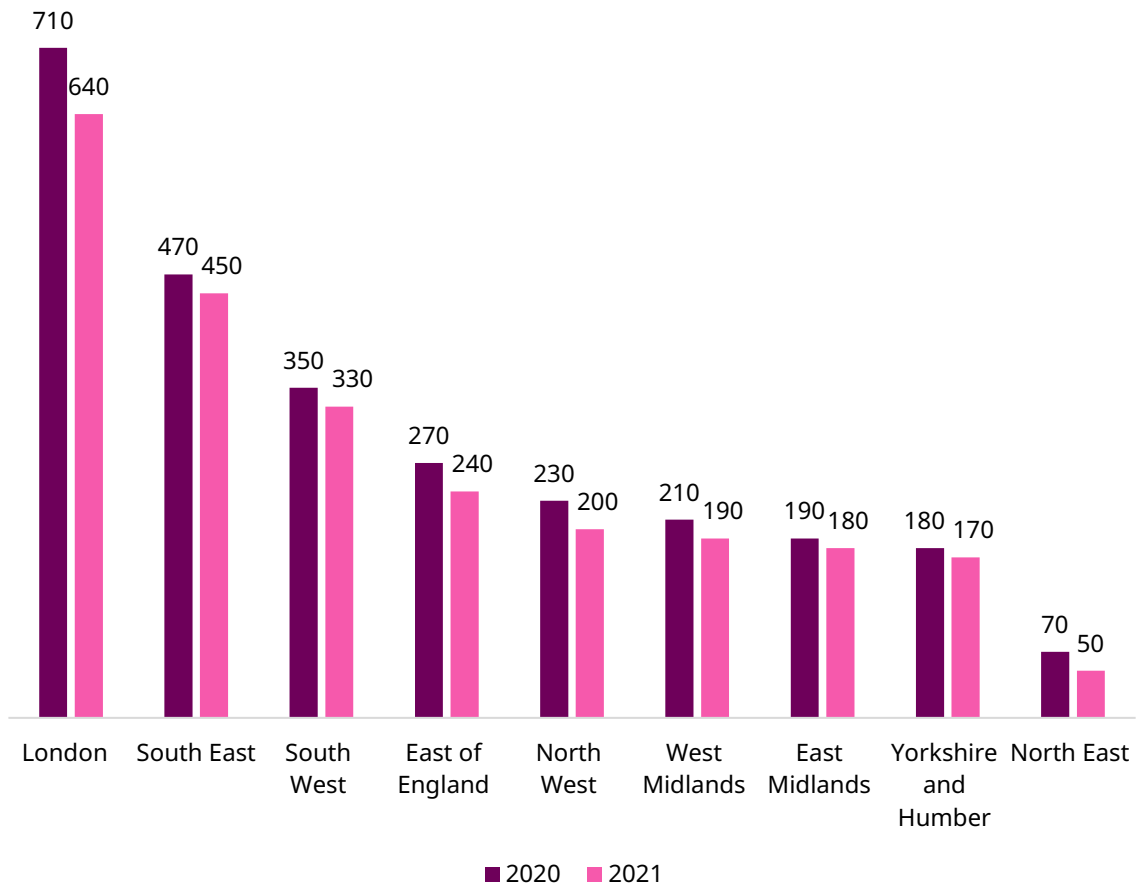
Regional trends in rough sleeping

- 44.7% of people sleeping rough were in London (640) or the South East (450).
- This is a 10% decrease since last year and a 52% increase since 2010.
- The remaining 1,800 were in the Rest of England.
- This is a 9% decrease since last year and a 33% increase since 2010.

This year's snapshot suggests that rough sleeping has decreased in every region compared to the previous year, although some areas saw much more substantive drops. It is worth noting that in areas with lower numbers of people sleeping rough, a

smaller reduction in the number of people sleeping on the streets has a bigger impact on the percentage change.

Figure 2. Regional rough sleeping estimates



The local authorities with the most people sleeping rough were Westminster (187), where figures fell by 55 from last year but increased by 59 from 2010 and Camden (97), where figures increased by 55 from last year and by 86 from 2010.

Large increases were also seen in: Peterborough, where 36 people were seen rough sleeping (up from 9 in 2021); Birmingham, where 31 people were seen rough sleeping (up from 17); Bristol (up from 50 to 68); and Kingston upon Thames, where figures doubled from 14 to 28.

Three of the local authorities with the biggest decreases were in London: Westminster, Waltham Forest (down from 18 to 5), and Southwark (down from 24 to 10). The other areas with the biggest drops were Exeter (down from 37 to 14) and Manchester (down from 68 to 43).

Chapter 3: Availability of homelessness services

This chapter explores the key findings and trends within the availability of accommodation services and day centres for single people experiencing homelessness in England. This includes what types of provision existed and how this changed from the previous year and since 2010.

Key headlines

- The number of accommodation providers for single people experiencing homelessness has dropped by 1.9% from last year, to 893.
- The number of providers has dropped every year since 2010, with overall providers down 38.9% from 2010.
- The number of day centres has also dropped 1.7% from last year, to 173.
- The number of day centres has decreased 7.5% from 2010.
- The number of bed spaces has increased slightly from last year (up 0.4%) but has decreased by 26.3% from 2010, to 32,184.
- A range of support needs were commonly reported across accommodation provider and day centre clients, including:
 - A history of mental health problems was the most common support need, accounting for an average of 54.5% of accommodation provider (215) and 61.0% of day centre (19) clients.
 - This was followed by people with complex or multiple needs, including an average of 45.8% of accommodation provider (178) and 53.6% of day centre (19) clients.
- 59.6% of accommodation providers (152) said their funding was the same as the previous year, while 19.2% (49) said it had decreased.
- 51.0% of day centres (25) said their funding had stayed the same, while 22.5% (11) said it had decreased.

Definitions

Homelessness provision is described in various ways, and accommodation providers and day centres differ in size and in the level and nature of support offered. The following definitions cover the key features of both forms of provision:

Accommodation providers provide both short and long-term accommodation and generally aim to support people to prepare for independent living. Examples of accommodation projects include foyers, supported housing schemes, and hostels. The level of support, access criteria, and target groups vary between projects. Those able to live independently may be placed in accommodation with lower levels of

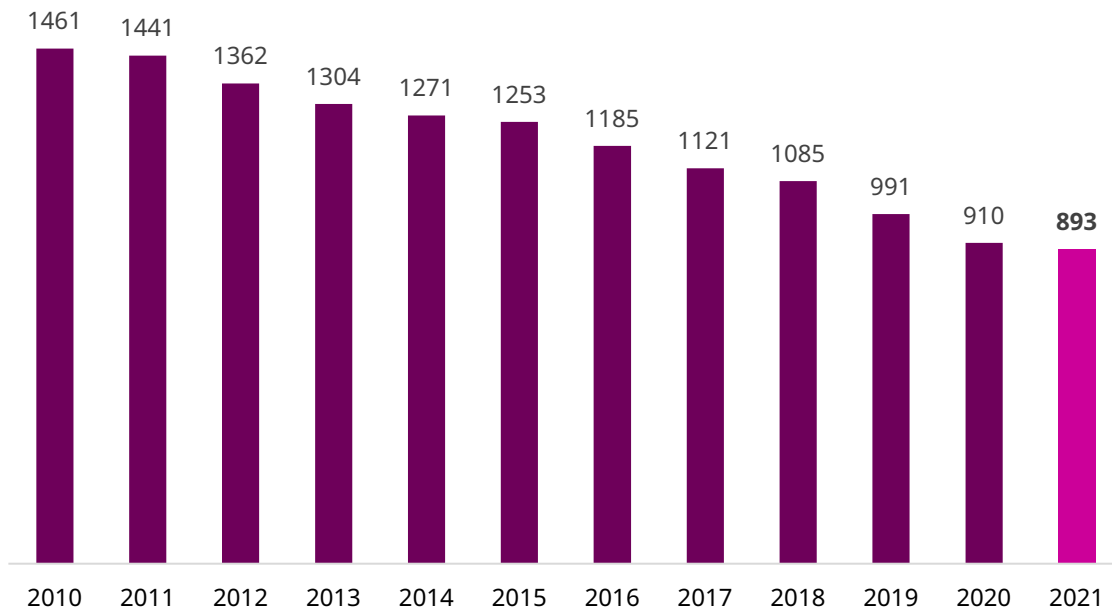
support, while those with other types of support needs may need to live in accommodation that provides support to meet these needs.

Day centres offer non-accommodation-based support for those sleeping rough and/or who are either experiencing or at risk of other forms of homelessness. Day centres are usually provided and run by voluntary, faith, or community organisations¹⁷ and have often emerged in response to a local need.

Availability of homelessness services

Data from the Homelessness England database identified 893 accommodation projects for single people experiencing homelessness in England.¹⁸

Figure 3. Number of accommodation providers



This continues the trend of a decreasing number of accommodation options for single households, dropping 1.9% from last year and 38.9% from our first published report in 2010. There has been a steady year on year decrease in the number of

¹⁷ Findings from a survey of 124 day centres showed that the majority were run by voluntary sector homelessness organisations (43%) or religious organisations (27%).

<https://www.kcl.ac.uk/scwru/pubs/2005/Crane-et-al-2005-Homeless.pdf>

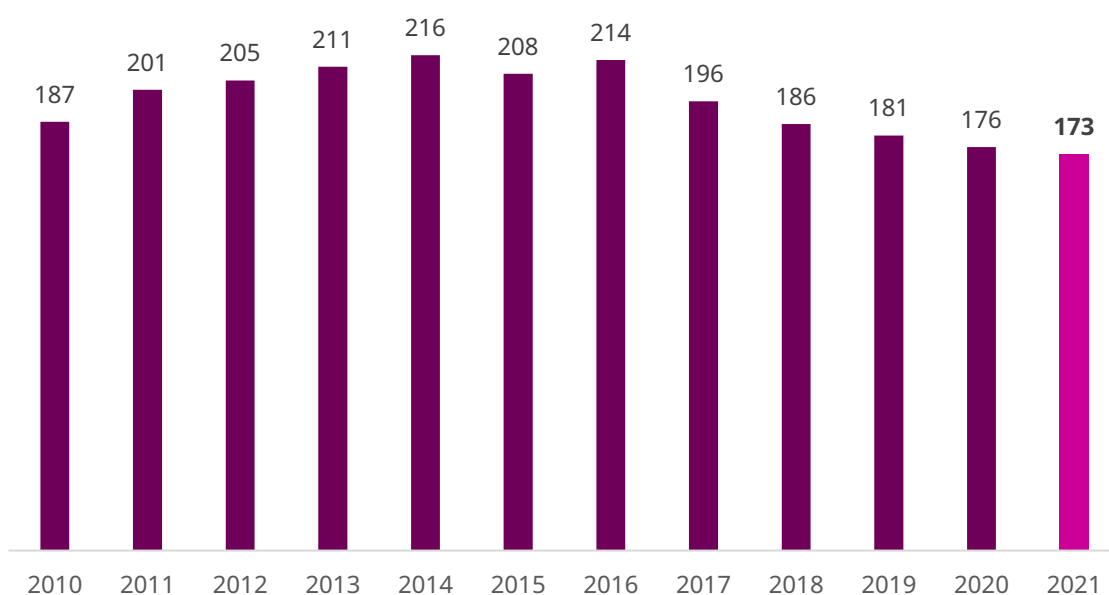
¹⁸ Note that these figures do not include night shelters, No Second Night Out Assessment Hubs, emergency accommodation (e.g., winter shelters), and specialised services that specifically target people with needs relating to substance use, mental health, and/or offending.

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accommodation projects recorded since 2010. The 2021 drop of 1.9% follows significant drops of 8.2% and 8.7% respectively in 2020 and 2019.

London continues to be the region that has the most accommodation providers (163), followed by the South West (137), the East (123), the North West (117), the South East (113), Yorkshire and the Humber (69), the West Midlands (66), the East Midlands (55), and, finally, the North East (50). These figures represent small decreases in all but two regions, with the North East having the same number of providers in 2020 and London and the South West each having one fewer.

Figure 4. Number of day centres

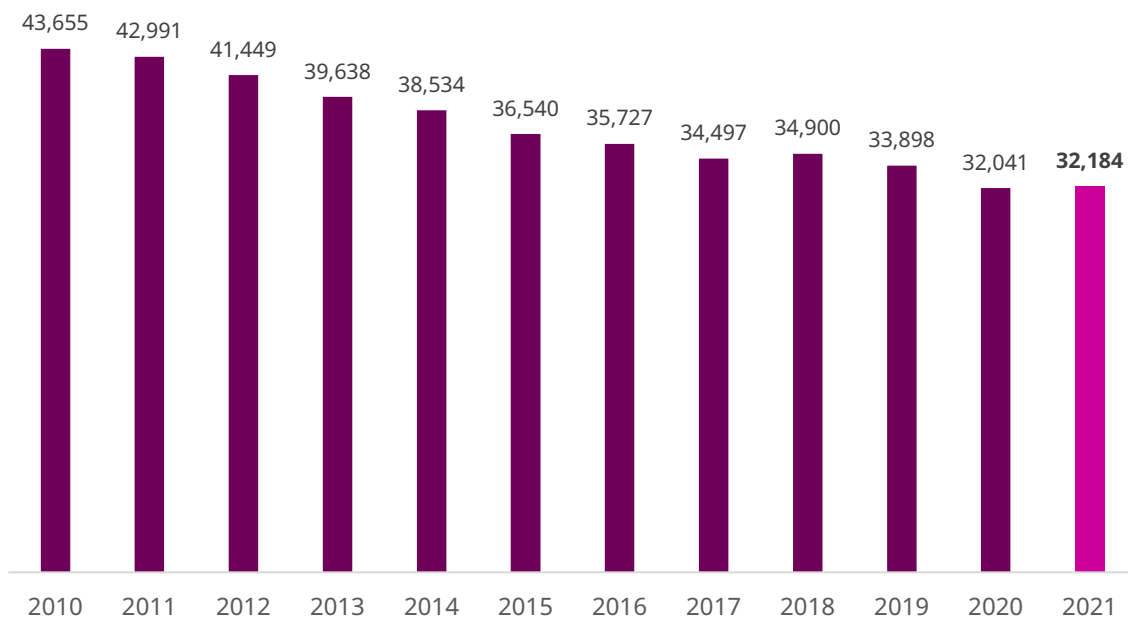


The number of day centres is also continuing to decrease, down 1.7% from last year and 7.5% from when we first began tracking the data in 2010. As with accommodation providers, the region with the most day centres continues to be London (37), while the North East has the fewest (5). Day centres in other regions include: 25 in the North West, 18 in the South East, 15 each in the East and Yorkshire and the Humber, and 11 in both the East and West Midlands. These figures are identical to 2020 for five regions, while the North East had 16.7% (1) fewer day centres, London 7.5% (3) fewer, the South West 5.6% (1) more, and Yorkshire and the Humber 7.1% (1) more.

Despite the annual decreases in the number of accommodation providers and day centres, the number of bed spaces has increased by 4.5%, from 32,041 in 2020 to 32,184. However, this still represents a 26.3% decrease from 2010.

Regionally, five areas saw decreases in the number of bed spaces available from 2020, while four saw increases. The West Midlands had the largest annual increase (9.2%), followed by the East (8.1%), the North West (5.5%), and the South West (0.3%). The South East had the largest decrease (11.2%), followed by the North East (9.0%), London (3.5%), the East Midlands (1.1%), and Yorkshire and the Humber (1.1%).

Figure 5. Number of bed spaces



Availability of services for specific groups

From Homeless England data, we can see that most accommodation providers (84.4%, 754) offer mixed gender accommodation, with only 19.3% (172) offering single-gender housing. Where services do offer single-gender housing, they are slightly more likely to offer men-only than women-only accommodation, with 11.1% of all providers offering women-only accommodation and 11.8% men-only.

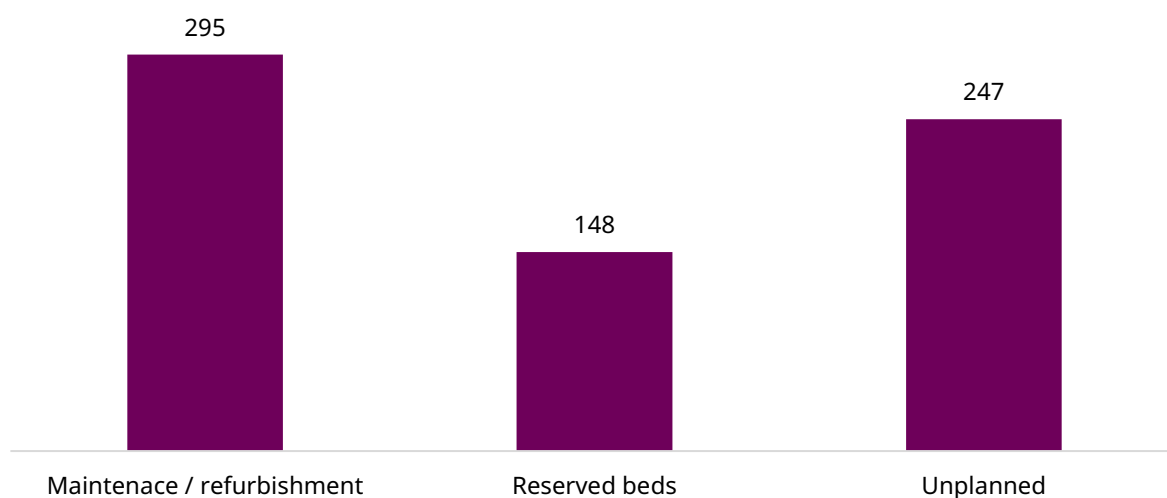
Providers were somewhat more likely to offer youth-specific than single-gender provision, with 244 accommodation providers (27.3%) having specific support for young people, often as one of their service offers. Most of these (85.7%, 209) have support for young people with ‘medium’ needs, while 10.7% (26) have quick access support for young people with ‘low’ needs and 3.7% (9) have a mix of both. Within day centres, 5.2% (9) were either exclusively for youth or included young people as a target group.

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Voids

A total of 784 voids were reported for the previous night by accommodation providers responding to our survey (n=314). Of these, 53.5% (168) said they had zero voids, while 11.8% (36) had more than 5 voids. The most common reason for voids was due to maintenance or refurbishment works (295 voids across 102 providers). This was followed by unplanned voids (247 across 65 providers) and beds reserved for particular groups or needs due to contractual terms (148 voids across 26 providers).

Figure 6. Accommodation provider voids for previous night



This represents a slight average increase from 2020, when 760 voids were reported across 402 providers, averaging 1.9 void per respondent, compared to an average of 2.5 voids per respondent this year.

Table 2. Regional breakdown of voids*

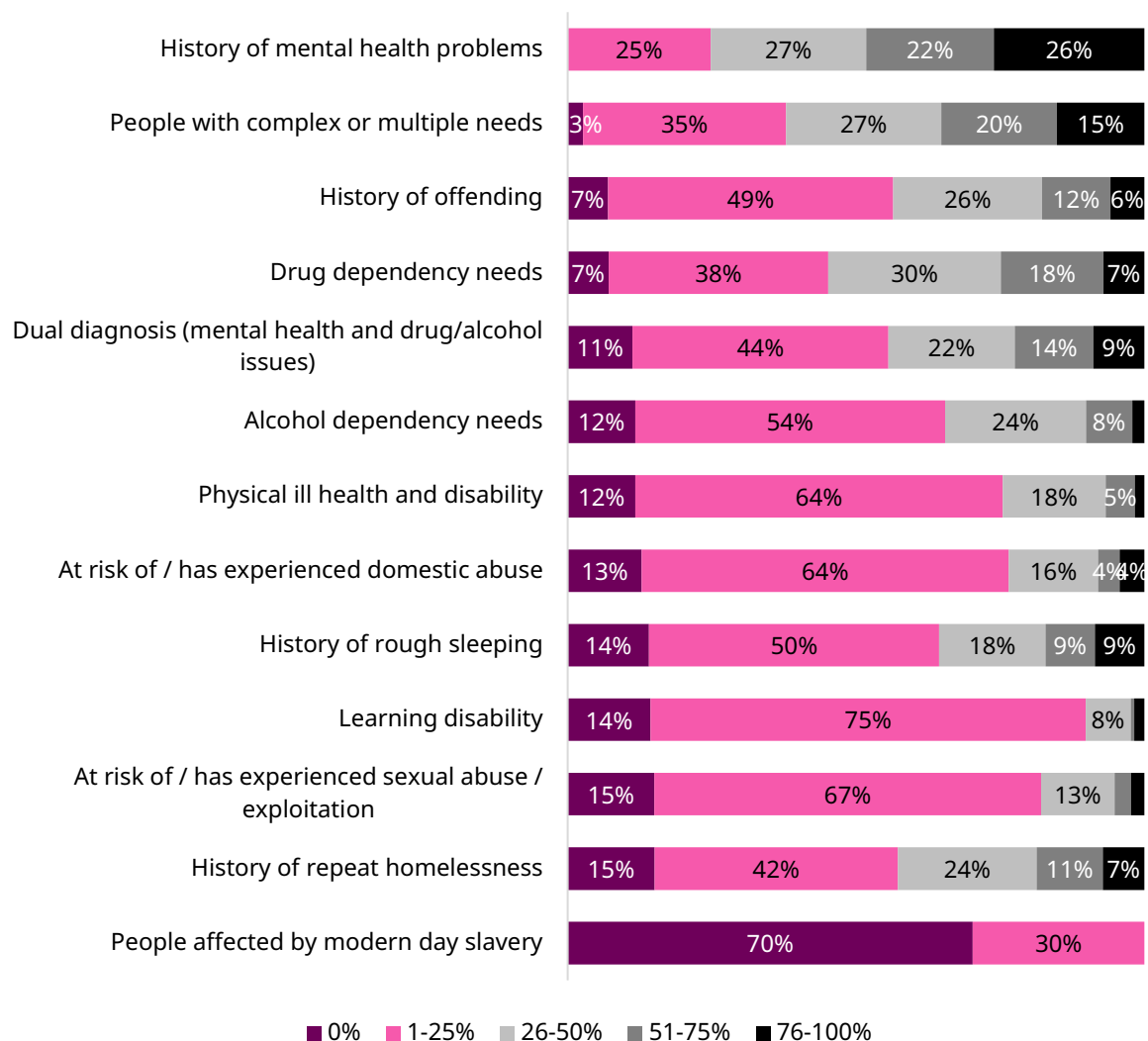
	Maintenance / Refurbishment	Reserved beds	Unplanned
East	29.3%	17.2%	53.4%
East Midlands	50.0%	4.5%	45.5%
London	43.0%	38.6%	18.4%
North East	31.5%	13.7%	54.8%
North West	60.3%	15.5%	24.1%
South East	27.4%	41.9%	30.8%
South West	60.0%	20.0%	20.0%
West Midlands	50.5%	6.3%	43.2%
Yorkshire and the Humber	44.0%	8.0%	48.0%

* Proportions are of all voids where the reason was indicated.

The reasons for voids occurring also varied regionally. While some areas had a majority of voids due to maintenance or refurbishment – the North West (60.3%, 35), the South West (60.0%, 39 voids), the West Midlands (50.5%, 56), and the East Midlands (50.0%, 22), other areas were more likely to report unplanned voids. This occurred in both the North East (54.8%, 14) and the East (53.4%, 31). Voids due to reserved beds were most common in the South East (41.9%, 49) and London (38.6%, 44).

Support needs

Figure 7. Proportion of accommodation provider residents with support needs on 31 March 2021

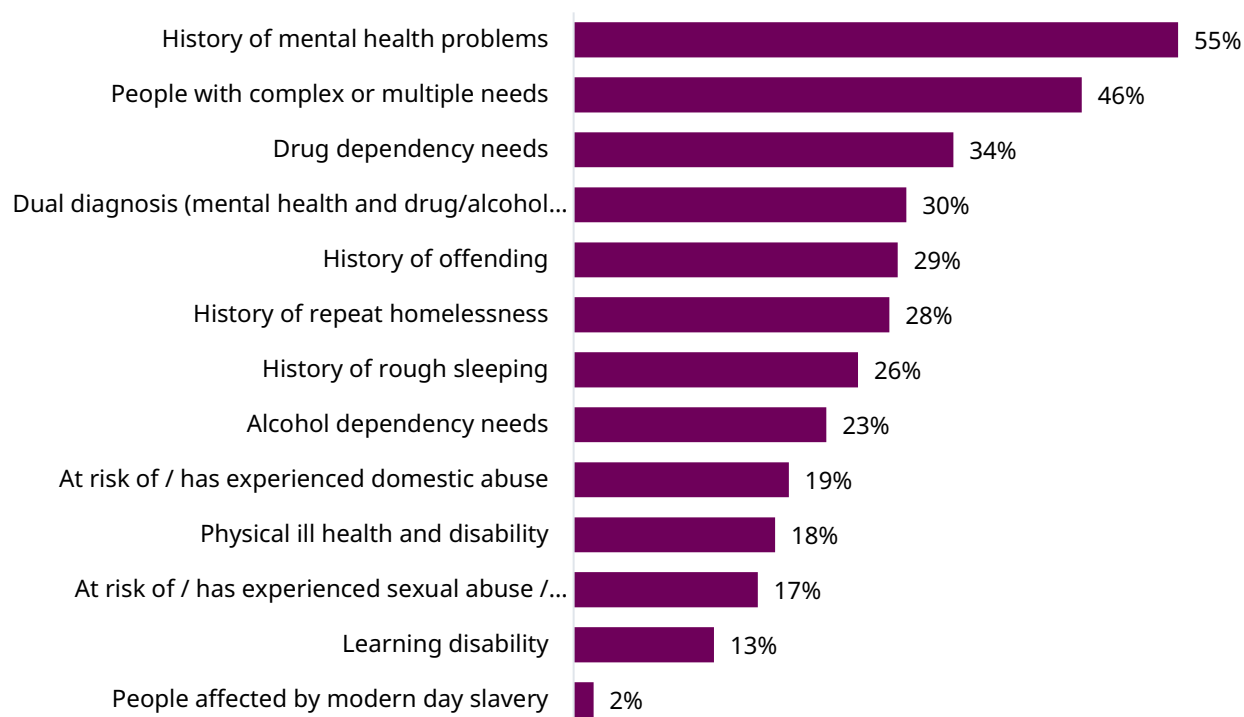


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Across single households experiencing homelessness, we can also see a range of support needs. The most common support need reported for accommodation provider clients supported on 31 March 2021 was a history of mental health problems, averaging 54.5% of clients across 215 respondents. Furthermore, nearly half of respondents (48.2%, 109) had more than 50% of clients with a history of mental health problems.

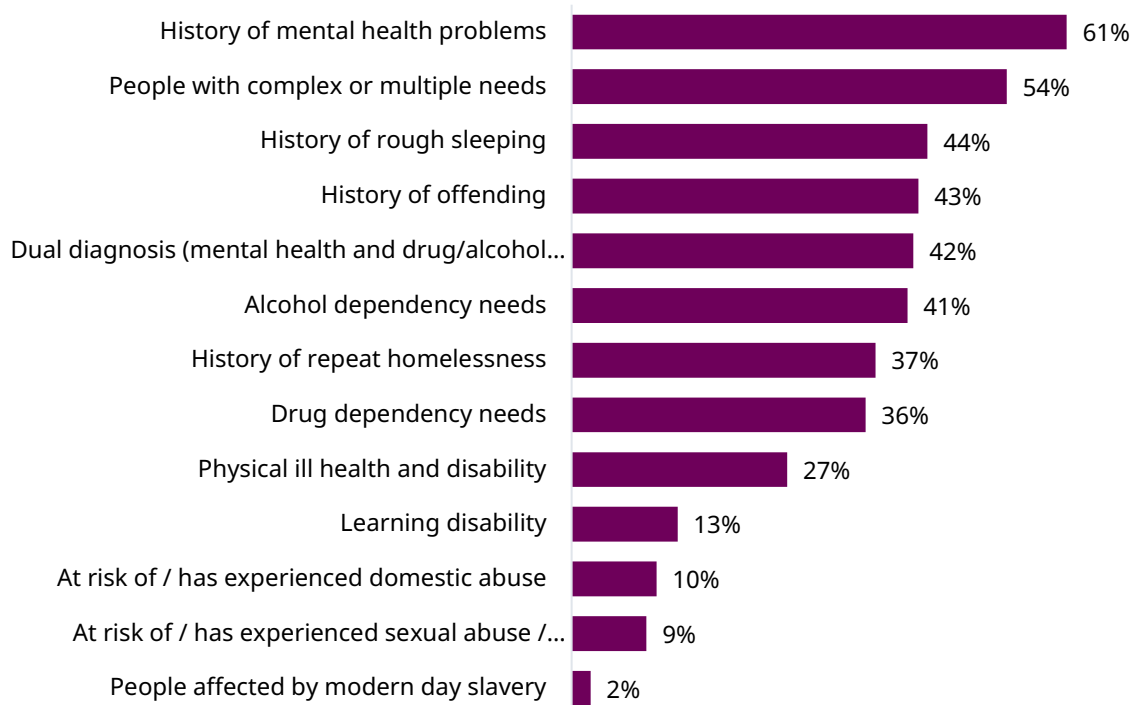
People with complex or multiple needs were also reported to make up a large proportion of clients, averaging 45.8% across 178 respondents and with 35.2% (93) of respondents stating that this group made up more than 50% of clients on 31 March 2021.

Figure 8. Average proportion of accommodation provider clients on 31 March 2021 with support needs



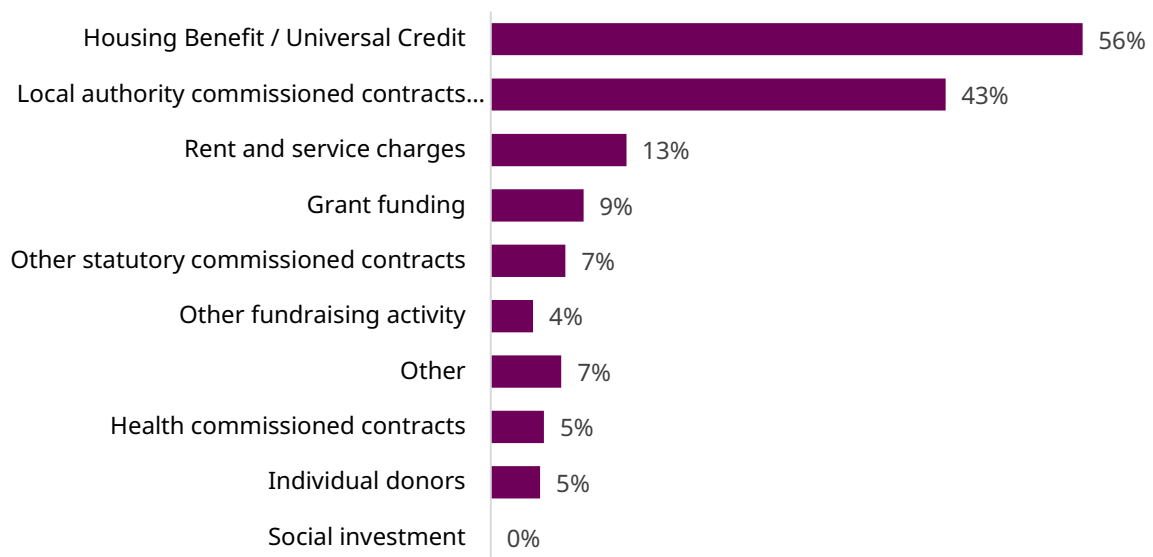
Across the smaller sample of day centre respondents, a history of mental health problems and having complex or multiple needs were also the most commonly reported support needs. Across 19 respondents, an average of 61.0% of clients had a history of mental health needs, while an average of 53.6% had complex or multiple needs.

Figure 9. Average proportion of day centre clients on 31 March 2021 with support needs



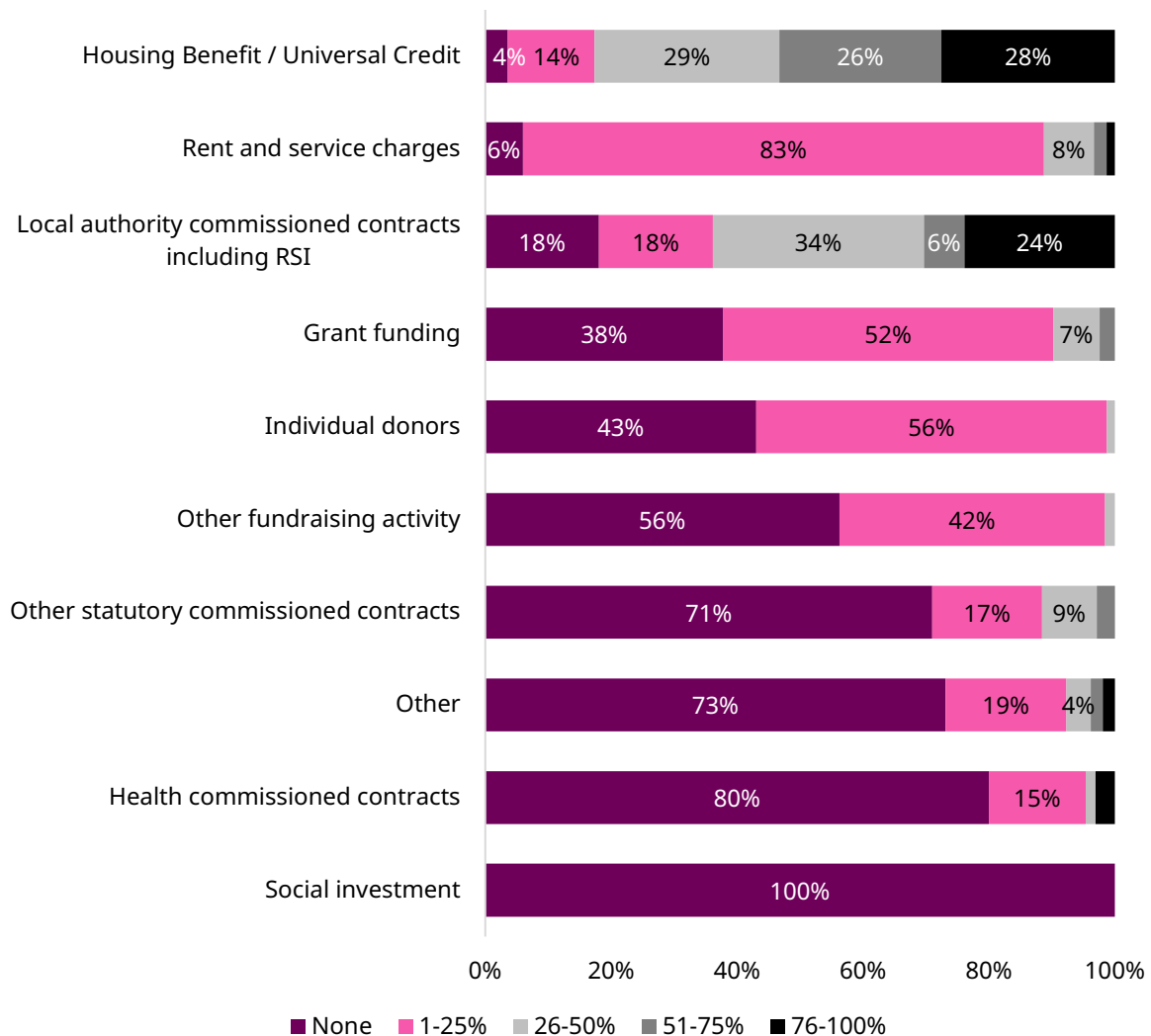
Accommodation funding

Figure 10. Average proportion of funding for accommodation providers



Housing Benefit / Universal Credit and local authority commissioned contracts were the two areas where respondents were most likely to receive a large portion of their funding, with 53.3% (89) receiving more than 50% of their funding from the former and 30.3% (47) from the latter.

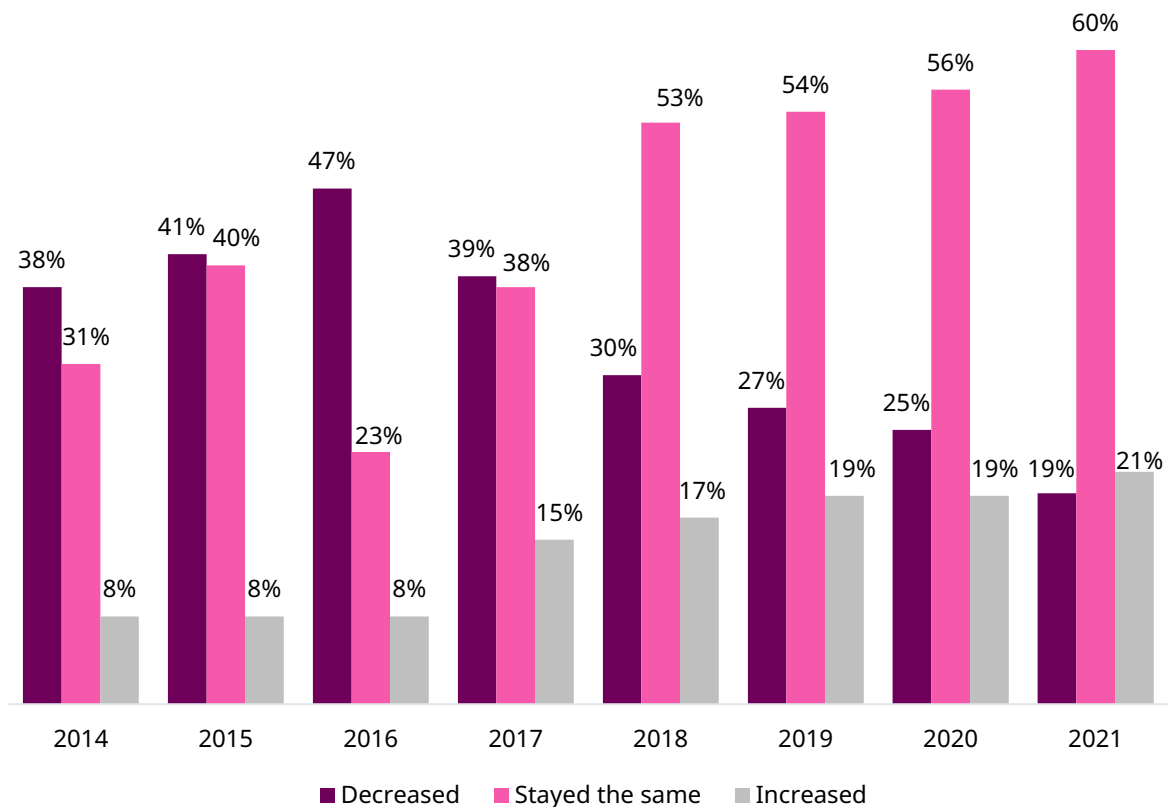
Figure 11. Source of funding for accommodation providers



While respondents were less likely to report a decrease in funding (19.2%, 49) than they have in previous years, they were more likely to report funding having stayed the same from the previous year (59.6%, 152). This is the only year where respondents were slightly more likely to report an increase in funding (21.2%, 54) than a decrease, but comes after years of the reverse being true. For instance, from 2014 to 2017,

respondents were 2 to 4 times more likely to report decreases in funding than increases.

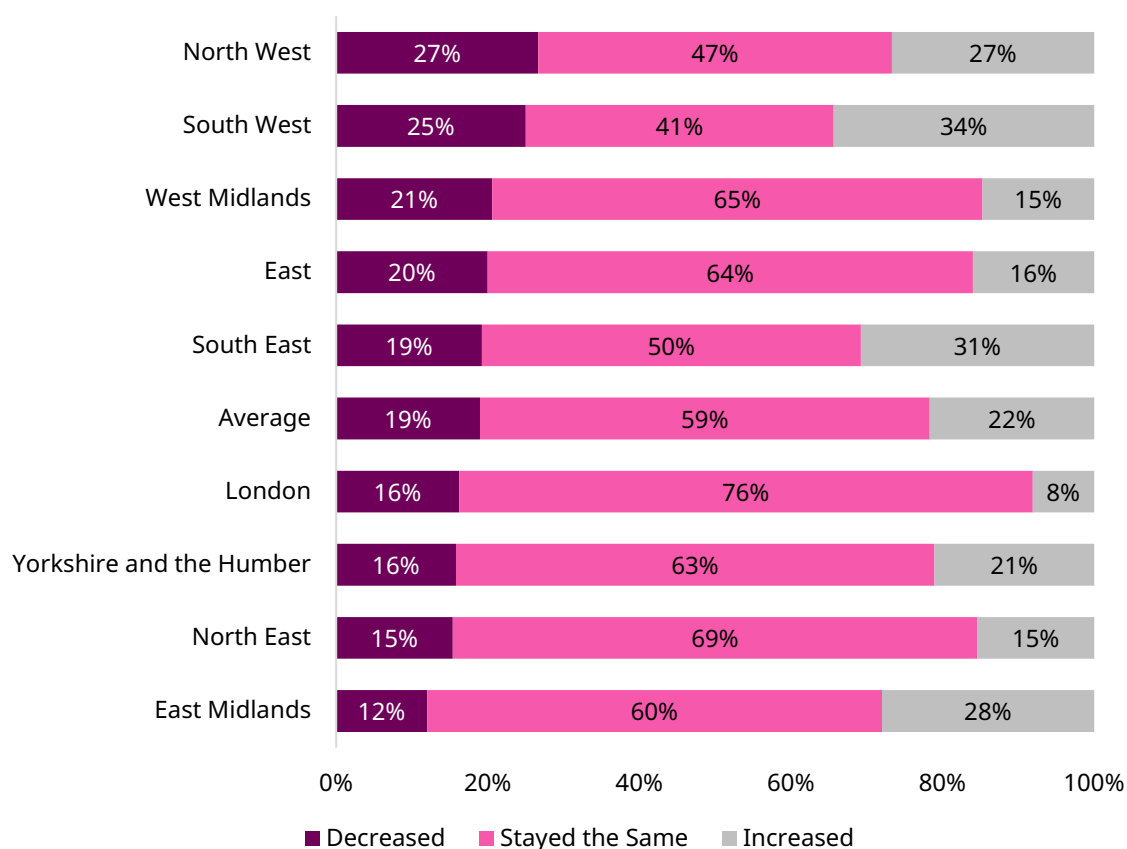
Figure 12. Changes to funding from previous year



There were large variations in funding changes over the 2020-2021 financial year across regions. Those in the South West (34.4%, 11) and South East (30.8%, 8) were the most likely to report an increase in funding, while those in London (8.1%, 3) were the least likely. Similarly, while in London more than 3 in 4 accommodation providers reported their funding having stayed the same (75.7%, 28), this was the case for 40.6% (13) of those in the South West.

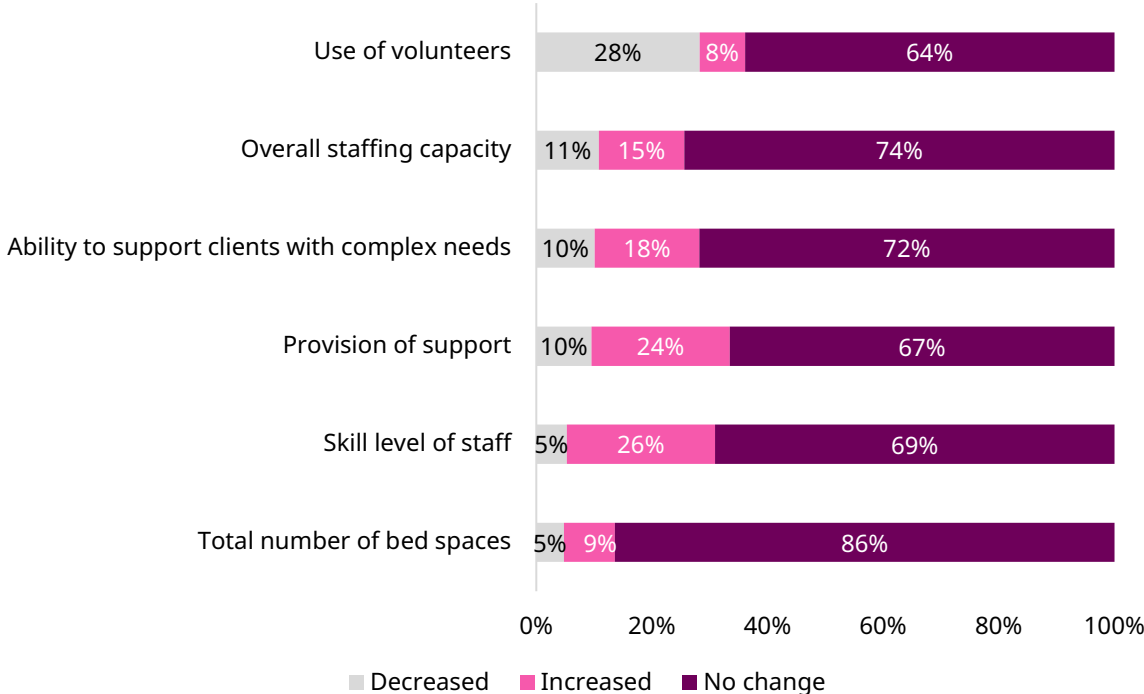
Some regions were also more than twice as likely to report a decrease in funding than others, with 12.0% (3) of those in the East Midlands reporting a decrease, compared to 26.7% (8) of those in the North West and 25.0% (5) of those in the South East.

Figure 13. Regional funding changes for accommodation providers



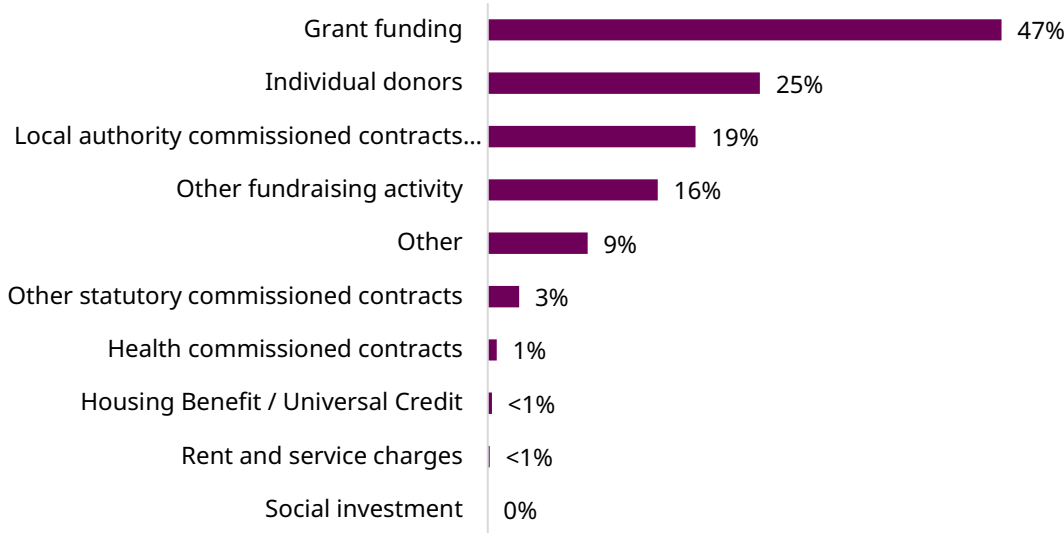
As has been the case in previous years, respondents generally reported that funding changes had not impacted most service areas asked about. In areas where funding changes had helped, respondents most commonly reported being able to increase the skill level of staff (25.6%, 63), their provision of support (23.9%, 60), and their ability to support clients with complex needs (18.2%, 45). In areas where decreases were reported, these were most common for a reduction in the use of volunteers (28.2%, 61).

Figure 14. Effects of funding change on services



Day centre funding

Figure 15. Average proportion of funding for day centres



While the most popular funding sources for accommodation providers were housing benefit / Universal Credit and rent, the most common source of funding for day

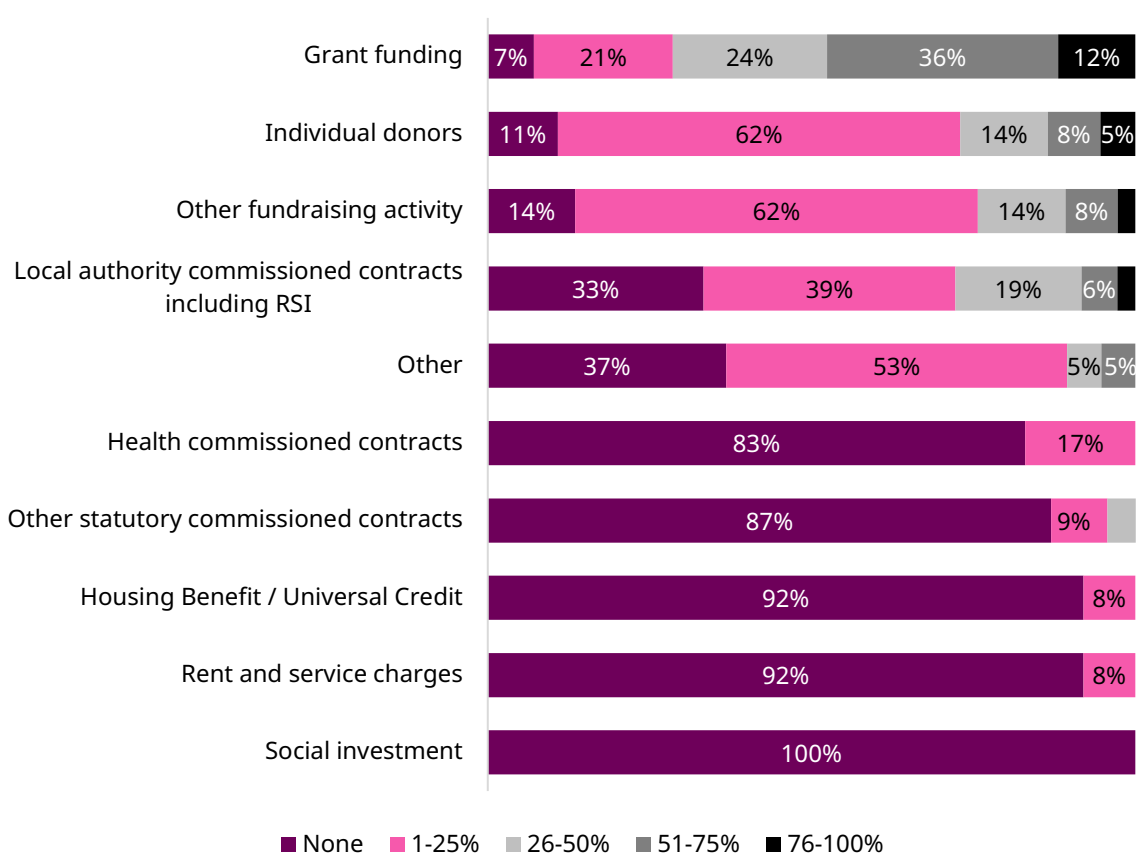
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centres was grant funding. Of respondents, 92.9% (39) received some funding from grants (average 46.9%, 42), with nearly one-half (47.6%, 20) stating that more than 50% of their funding came from this source.

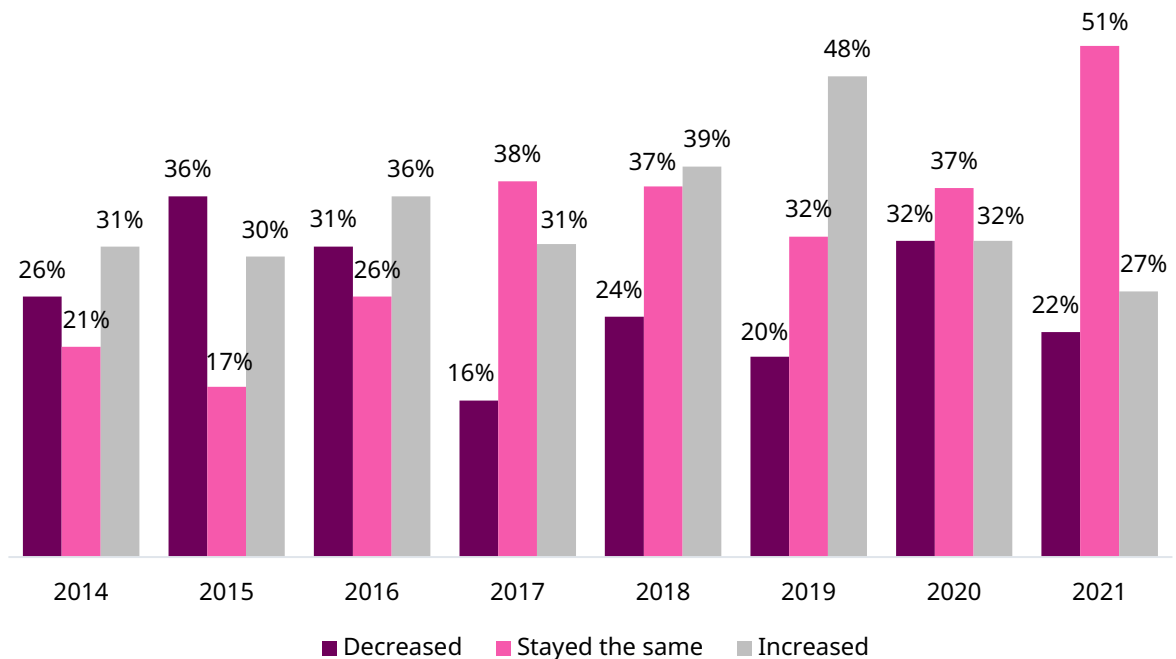
Individual donors and other fundraising activity were the next most popular responses, with 89.2% (33) receiving some funding from the former and 86.5% (32) receiving some funding from the latter. As with accommodation providers, no respondents indicated that they received funding from social investment.

Figure 16. Source of funding for day centres



As with accommodation providers, day centres were somewhat more likely to say that they had experienced an increase in funding (26.5%, 13) compared to the previous year than they were to say that they had experienced a decrease (22.5%, 11). Most (51.0%, 25) indicated that their funding was the same as it had been in 2020. While across accommodation providers there is a historical tendency toward stating funding had decreased or stayed the same, day centres have been more likely to report an increase than a decrease for 6 of the last 8 years.

Figure 17. Day centre changes in funding compared to previous year

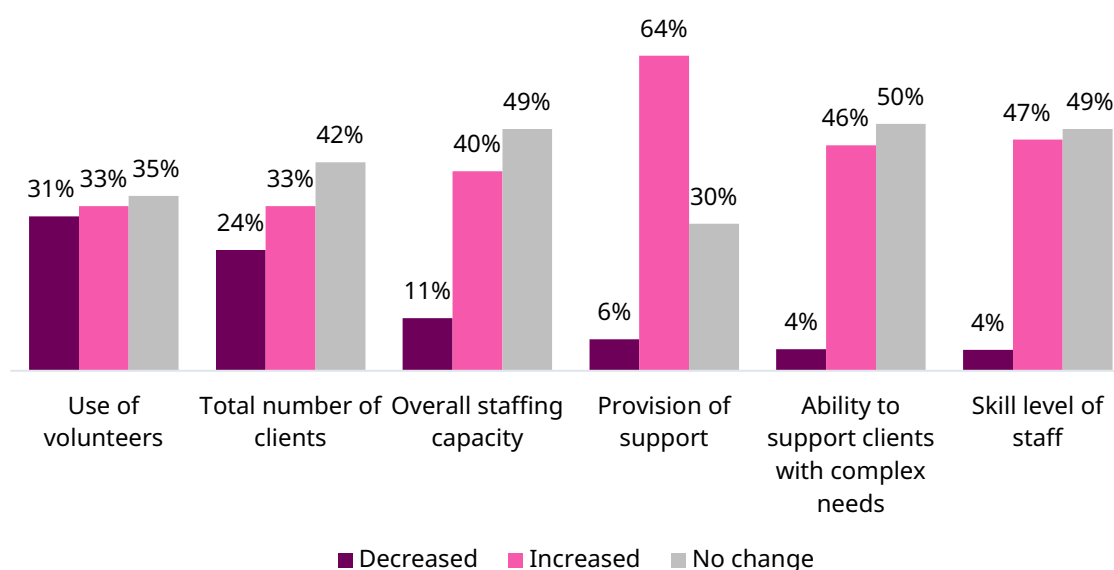


When asked about the impact of this funding change on their services, as with accommodation providers the use of volunteers was the area where respondents were most likely to report an increase, with one more respondent (35.4%, 16) stating that their reliance on volunteers had increased than those who reported a decrease (31.3%, 15).

Most respondents also reported a change in the total number of clients they serve due to funding changes, with 33.3% (15) indicating an increase and 24.4% (11) a decrease. A majority of respondents also indicated that their provision of support had increased due to funding changes (63.8%, 30).

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Figure 18. Impact of funding change on day centre services



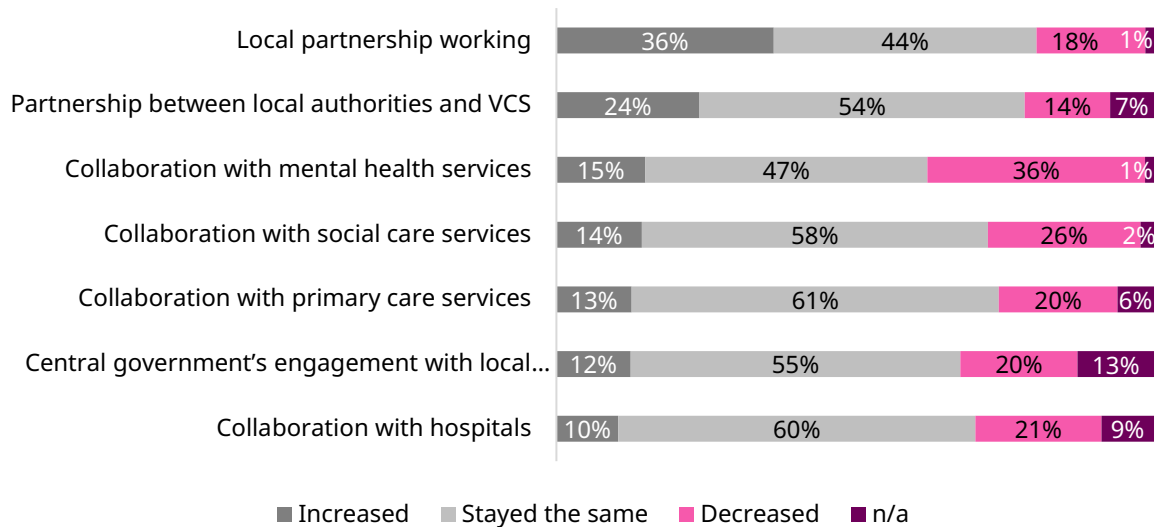
COVID-19 services

At the time of responding, accommodation providers and day centres indicated that a range of COVID-19 related interventions were still in place in their local areas. The use of socially distanced / self-contained winter night shelter accommodation was the most commonly mentioned by accommodation providers (30.3%, 70), while being the second most frequently mentioned by day centres (56.8%, 25).

The closure of shelters and other forms of communal accommodation was stated to still be in place by 70.5% (31) of day centre and 23.4% (54) of accommodation provider respondents. Everyone In emergency accommodation was reported to still be in place locally by 23.8% (55) of accommodation provider and 34.1% (15) of day centre respondents. Lifting of NRPF restrictions to support people through Everyone In was the least likely to still be in place, mentioned by 10.8% (25) of accommodation providers and 15.9% (7) of day centres.

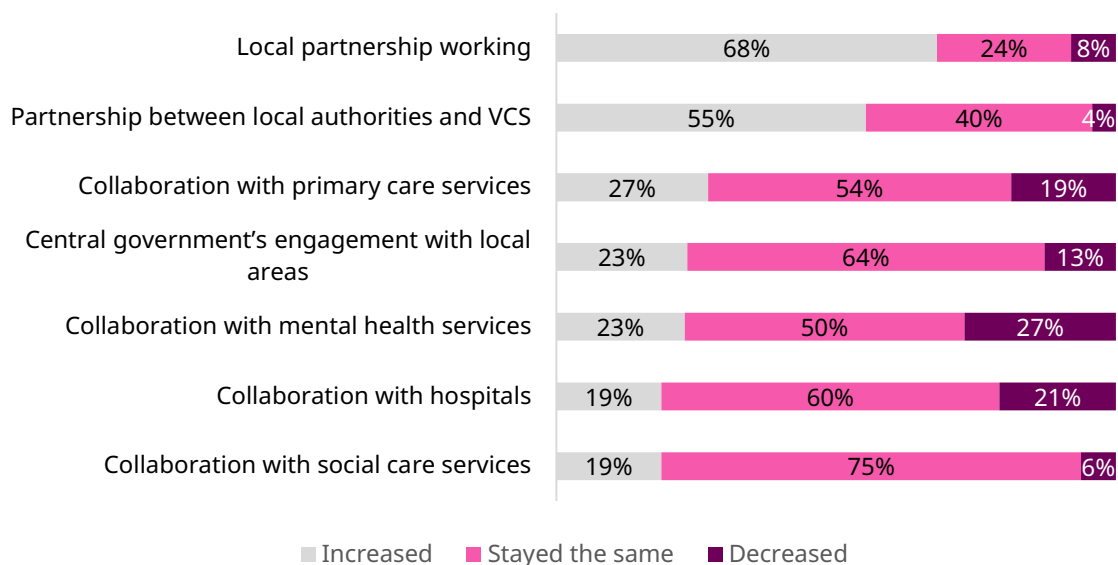
When asked about changes since the start of the pandemic (i.e., April 2020), accommodation providers (36.4%, 100) and day centres (68.0%, 34) were most likely to report an increase in local partnership working and partnership between local authorities and the VCS (23.9% of accommodation providers and 55.3% of day centres).

Figure 19. Changes since April 2020 reported by accommodation providers



Decreases were most commonly reported by both accommodation providers (36.4%, 98) and day centres (27.1%, 13) in collaboration with mental health services. Accommodation providers were also more likely to report decreases in collaboration with social care services (25.6%, 68) than they were to report increases (14.3%, 38).

Figure 20. Changes since April 2020 reported by day centres



Day centres were also asked if they had changed their delivery model between April 2020 and March 2021. Some described having to restrict their services or client base, including reducing numbers in order to maintain social distancing and scaling back

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services while they responded to pandemic-related urgent needs. For instance, one respondent stated: *“Yes our drop in is only for rough sleepers. Those vulnerably housed or needed support to maintain a tenancy are seen by appointment only either on the phone or in person.”*

Many described having added new services, such as a food delivery service, or extending availability to meet the gaps left by other services (e.g., one stated they had moved from five to seven days a week and have extended their opening hours, changes they plan to maintain into the future). Others described needing to adapt service provision, such as by offering remote support.

Chapter 4: Use and delivery of services

Key findings

- Providers are likely to support people from a range of groups, including:
 - 84.8% of accommodation providers (273) and 94.9% of day centres (56) supported women;
 - 74.5% of accommodation providers (240) and 93.2% of day centres (55) supported people over 50;
 - 73.9% of accommodation providers (238) and 93.2% of day centres (55) supported Black and minority ethnic (BAME) people;
 - 74.8% of accommodation providers (241) and 88.1% of day centres (52) supported young people who are 18 to 24; and
 - 53.1% of accommodation providers (171) and 88.1% of day centres (52) supported LGBTQIA+ people.
- For all groups asked about, respondents were more than twice as likely to indicate there has been an increase over the past year than a decrease. This includes increases noted by:
 - 42.9% of accommodation providers (124) for people experiencing homelessness for the first time;
 - 30.7% (85) for people currently in low paid jobs (including zero hour contracts); and
 - 29.5% (81) for people who had recently lost their job.
- Service providers were likely to offer a wide range of support services, with more than 50% of accommodation providers offering 14 out of 16 services asked about, including support around basic needs, life skills, housing and welfare, and access to training and employment.
- While 11.8% of accommodation providers (34) had dropped a new service since the start of the pandemic, 12.8% (37) had added a new service.
- Barriers for accessing services were most common for:
 - mental services (10.0% / 28 said they had no problem accessing these services); and
 - drug and alcohol services (37.2%, 100).
- More than 70% of accommodation providers (70.3%) said that their project being full (i.e., a lack of bed space) was a reason for refusing access or referrals, most of whom said this was a main reason.

Single people experiencing homelessness: characteristics

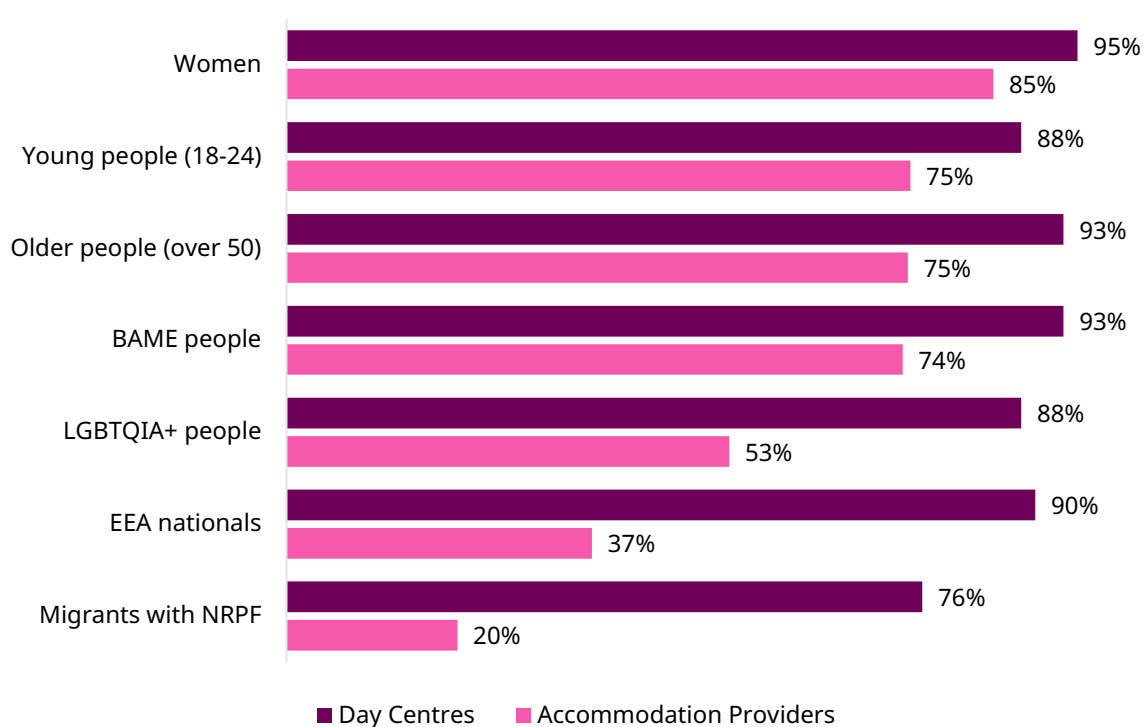
We know that, while there is a huge diversity in people experiencing homelessness, some groups are likely to be at a higher risk of homelessness. It is important to

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understand the diversity of people supported by homelessness services, including trends amongst groups that may be more likely to have particular vulnerabilities.

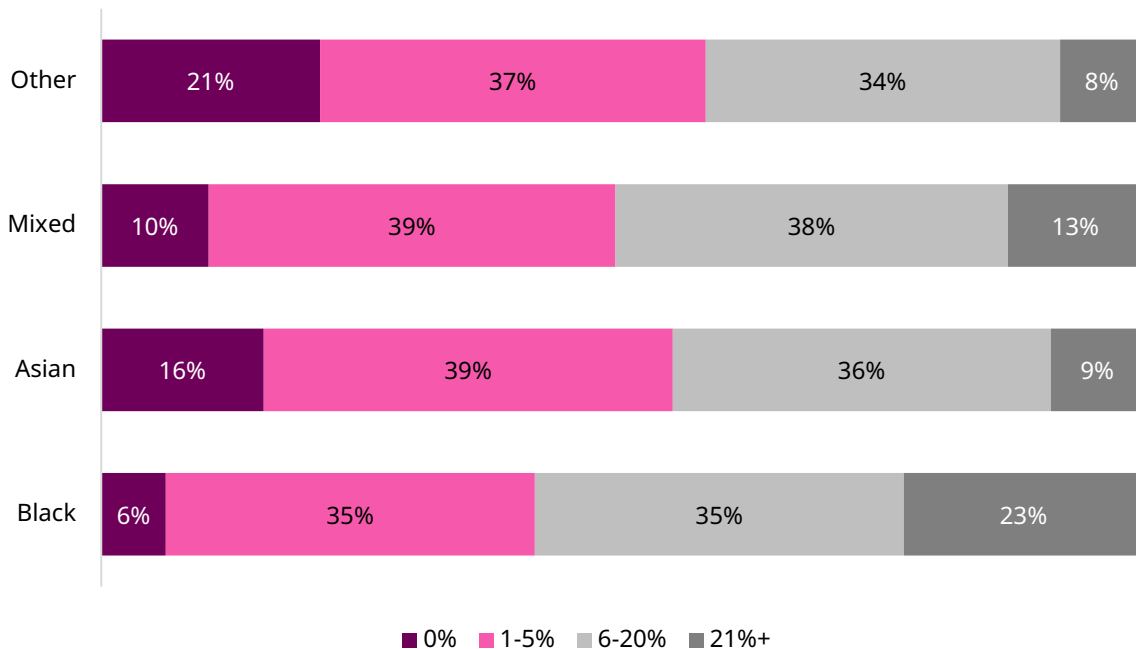
As such, our survey asked about clients who were supported from April 2020 to March 2021. Across respondents, 84.8% (273) of accommodation providers and 94.9% (56) of day centres stated that they had supported women. Young people (18 to 24 years old) and older people (over 50) were the next most common groups for accommodation providers to support, with 74.8% (241) having supported the former and 74.5% (240) the latter. Day centres were slightly more likely to report having supported older people (93.2%, 55) than young people (88.1%, 52).

Figure 21. Groups supported by providers in 2020-2021



The majority of accommodation providers and day centres also reported supporting Black and minority ethnic (BAME) people (73.9% of accommodation providers and 93.2% of day centres) and LGBTQIA+ people (53.1% of accommodation providers and 88.1% of day centres). Only 9.0% (20) of accommodation providers indicated that all of their clients were white, with just under one-half of respondents (45.5%, 112) indicating that 20% or more of their clients were BAME.

Figure 22. Proportion of accommodation provider clients from BAME groups

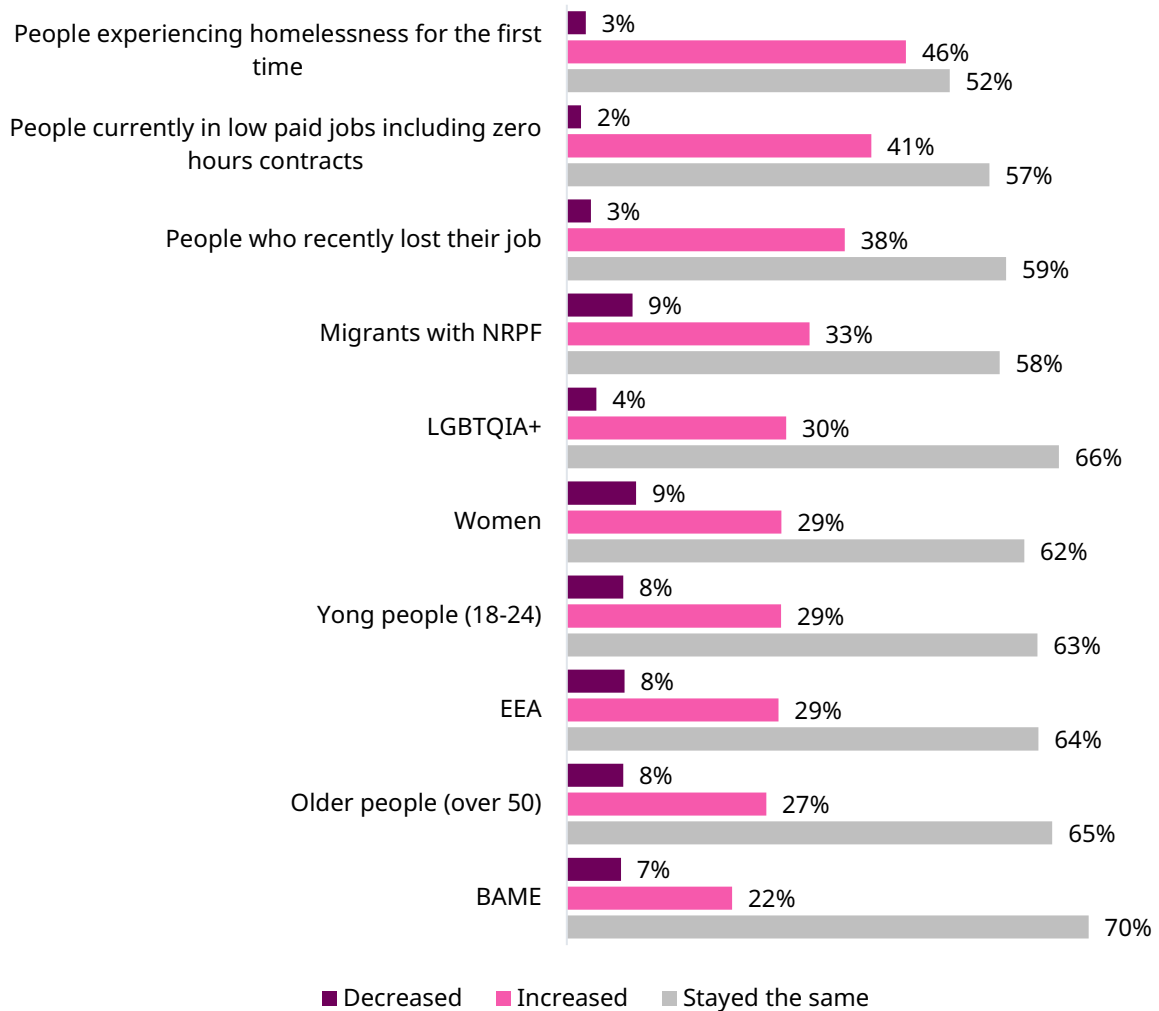


Respondents were likely to have clients from a range of ethnic groups, with just 15.6% (21) indicating they had no clients from Asian or Asian British backgrounds, 10.3% (15) none from mixed racial backgrounds, 6.2% (10) from Black or Black British backgrounds, and 21.0% (21) from other ethnic groups. On average, the ethnicity of respondents' clients included: 75.3% (222) from a white background, 9.8% (146) from a mixed racial background, 9.2% (135) from an Asian or Asian British background, 15.0% (161) from a Black or Black British background, 7.2% (100) from an 'other' ethnic background, and 4.7% (61) from an unknown racial background.

When asked about changes compared to the previous year (i.e. April 2020 to March 2021), accommodation providers were most likely to report increases in: people experiencing homelessness for the first time (42.9%, 124);¹⁹ people currently in low paid jobs, including zero hour contracts (30.7%, 85); and people who recently lost their job (29.5%, 81).

¹⁹ These proportions exclude those who responded 'n/a'.

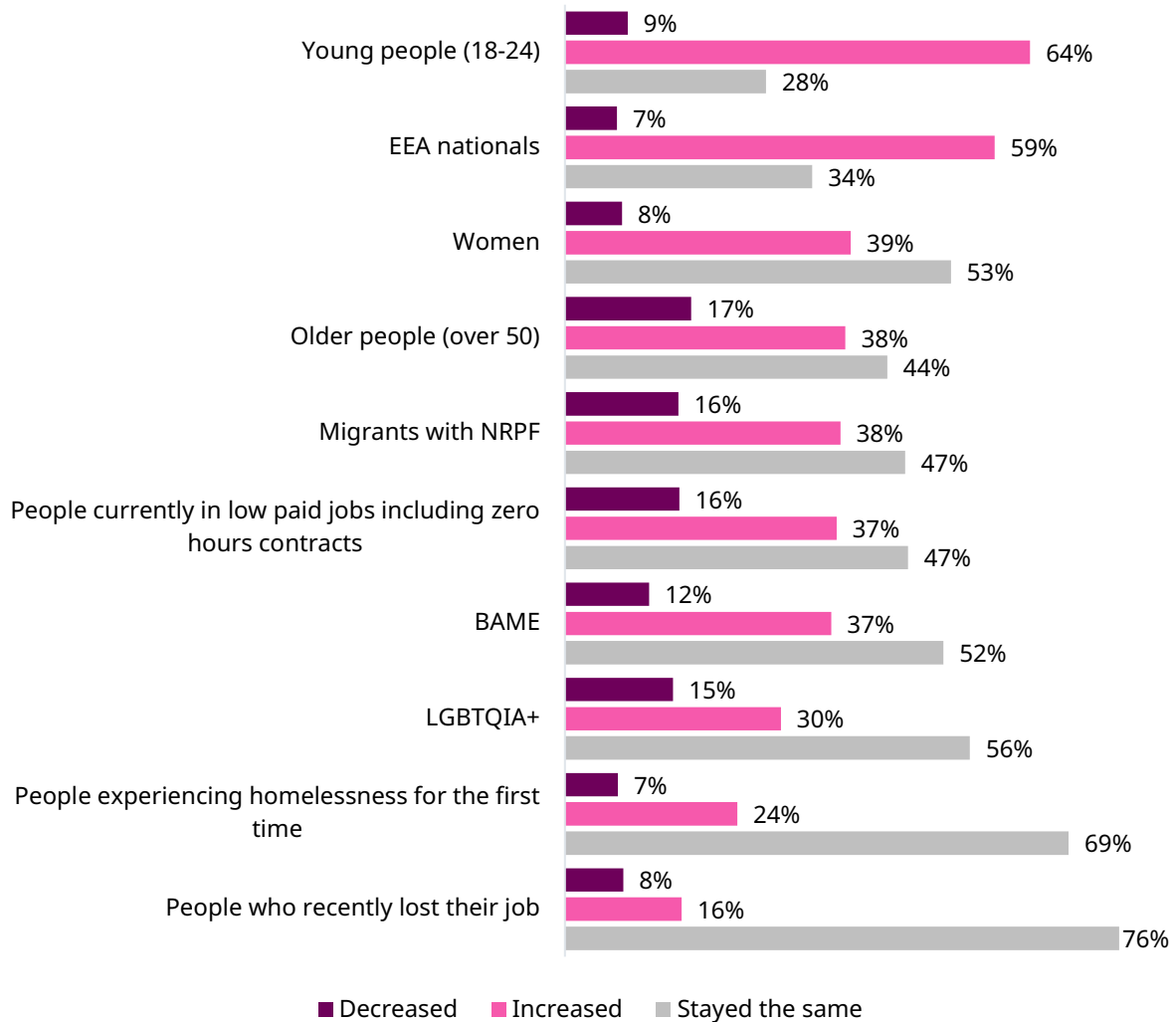
Figure 23. Changes in groups supported by accommodation providers compared to previous year



For all groups, respondents were more than twice as likely to report an increase than a decrease, though – excluding those who responded ‘not applicable’ – in all cases 50% or more reported that numbers had stayed the same. This includes 26.0% (74) reporting an increase in LGBTQIA+ individuals, compared to 3.5% (10) who reported a decrease.

The smaller sample of day centres presented a somewhat different picture, reporting increases to be most prominent amongst young people aged 18-24 (63.8%, 27) and EEA nationals (58.9%, 19). This compares to 25.8% and 17.1% of accommodation providers, respectively.

Figure 24. Changes in groups supported by day centres compared to previous year



Service provision

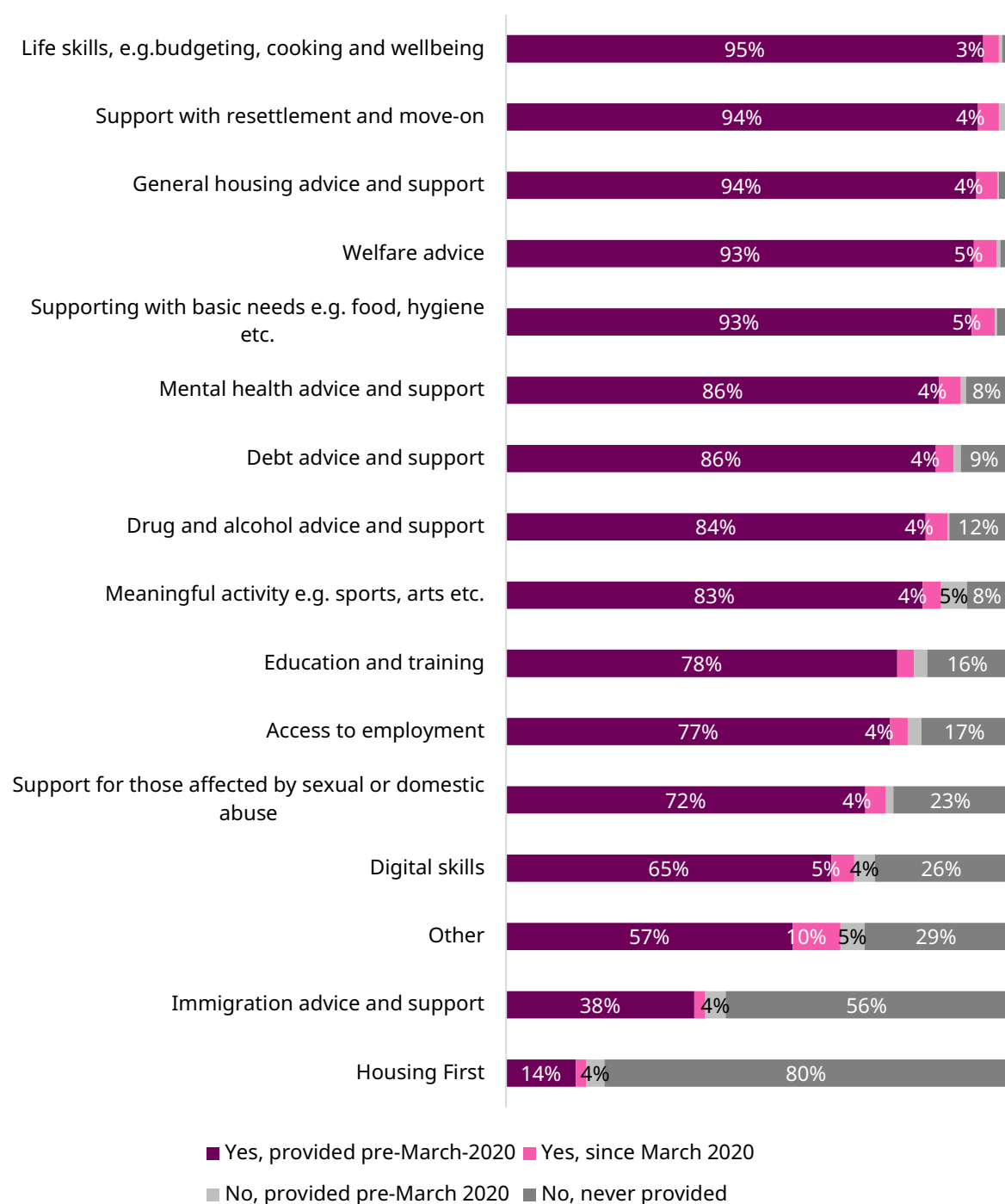
In addition to responding about the diversity exhibited across those supported by accommodation providers and day centres, survey responses also demonstrated the huge diversity in the types of services offered to meet these individuals’ wide ranging needs. Respondents also indicated whether they provided these before and/or after the start of the pandemic to help us understand how changes made during COVID-19 are continuing beyond the emergency provision.

Responses from accommodation providers clearly indicate the huge range of services offered to residents, with 14 of 16 services asked about having more than 50% of respondents stating they provide them, 12 of whom had more than 75%. The only

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services where this was not the case were Housing First, which 80.4% (156) of respondents indicated they had never provided, and immigration advice and support (56.3%, 126).

Figure 25. Services delivered by accommodation providers



The most common services for accommodation providers to offer at the time of survey completion included: support with resettlement and move on (98.3%, 281), life skills (98.3%, 281), general housing advice and support (98.2%, 282), welfare advice (97.9%, 276), support with basic needs (97.5%, 271), mental health advice and support (90.7%, 252), debt advice and support (89.3%, 249), drug and alcohol advice and support (88.0%, 242), meaningful activities (86.7%, 235), education and training (81.4%, 218), access to employment (80.1%, 205), support for those affected by sexual or domestic abuse (75.6%, 189), and digital skills (69.4%, 168).

Other activities included counselling / wellbeing services, social activities, mediation, and support with accessing other services. For instance, one respondent stated: *"We support those who have mental health, drug/alcohol concerns, and have been victims of abuse. We do not provide direct support or advice on those subjects but refer to the services that offer the appropriate support"*.

While 12.8% of accommodation providers (37) had added new services since the start of the pandemic, 11.8% had dropped services (344). In most areas, providers were more likely to have added a new type of support since March 2020 than to have reduced their service offer. For instance, while 4.7% (13) stated that they had started offering support with basic needs (e.g., food, hygiene, etc.) since March 2020, only 0.4% (1) had stopped offering this service at that time.

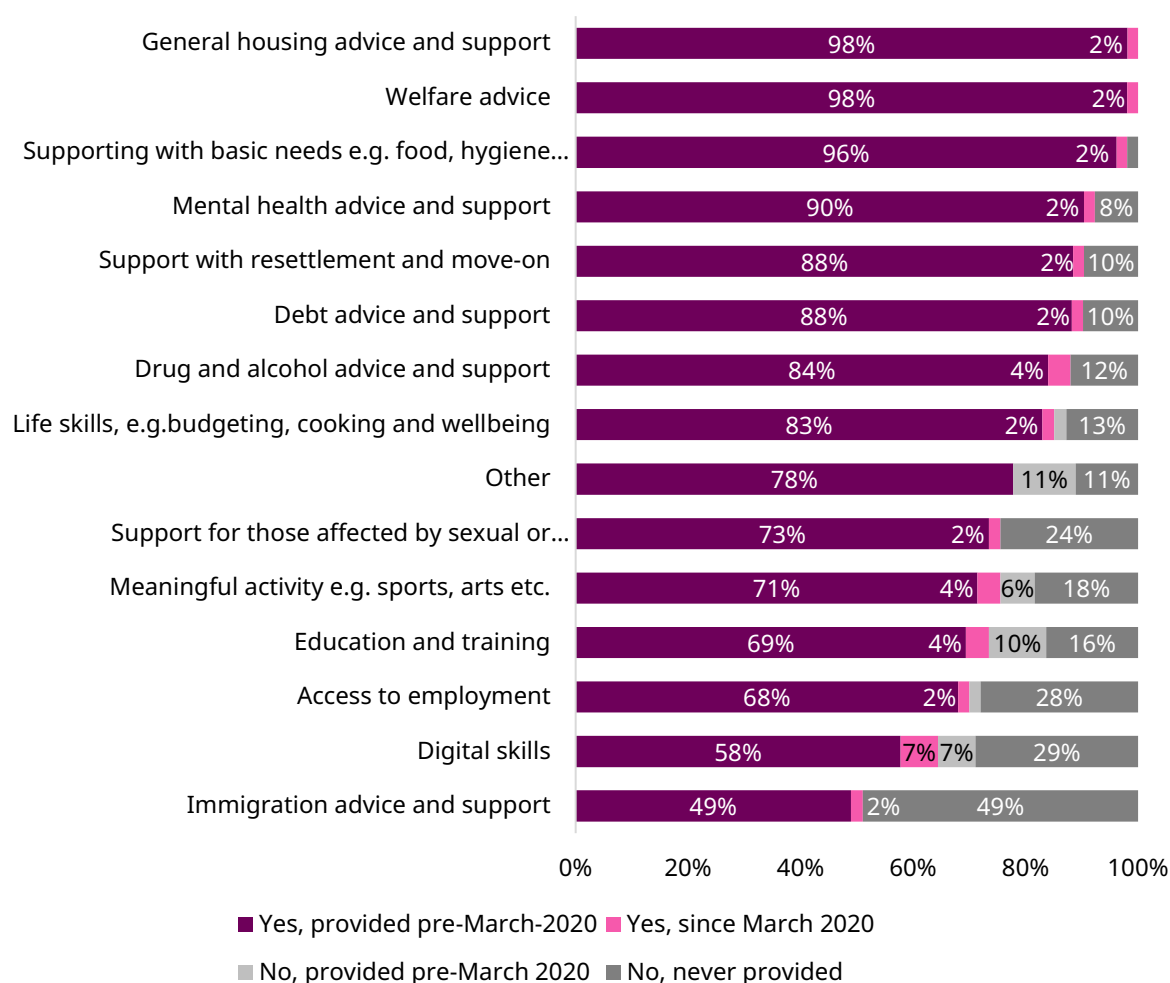
The reverse was only true for two services – meaningful activities, with 3.7% (10) starting to offer this since March 2020 and 5.2% (14) stopping it at this time and immigration advice and support, where 2.2% (5) were newly offering this service and 3.6% (9) had stopped offering it.

After meaningful activities, the other most common services to have been provided pre- (but not post-) March 2020 were: digital skills (4.1%, 10), immigration advice and support (4.0%, 9), and Housing First (3.6%, 7).

It may be that during the pandemic providers had to adopt other types of support to meet clients' needs when other services were no longer available, while areas like meaningful activities may have had to stop due to COVID-19 restrictions.²⁰

²⁰ Grassian, T., & Boobis, S. (2021). Homelessness Provision for the Future: Best practice from the homelessness sector during the COVID-19 pandemic. Available: <https://www.homeless.org.uk/sites/default/files/site-attachments/Homeless%20Link%20-%20Homeless%20Provision%20for%20the%20Future%20v3.pdf>. Homeless Link 2022. All rights reserved.

Figure 26. Services delivered by day centres



Responses from day centres also indicate the wide range of services they offer, with all 14 services asked about having more than 50% of respondents stating they offer them and more than 75% for 11 service areas. Both general housing advice and support and welfare advice were offered by 100% of respondents (53 and 52, respectively).

This was followed by support with basic needs (98.1%, 40), mental health advice and support (92.3%, 48), support with resettlement and move on (90.4%, 47), debt advice and support (90.2%, 46), drug and alcohol advice and support (88.0%, 44), life skills (85.1%, 40), support for those affected by sexual or domestic abuse (75.5%, 37), meaningful activities (75.5%, 37), education and training (73.5%, 36), access to employment (70.0%, 35), digital skills (64.4%, 29), and immigration advice and support (51.1%, 24).

As with accommodation providers, day centres were more likely to indicate that they had added a service in March 2020 than that they had stopped one. For instance, 4.0% (2) of respondents stated that they had started providing drug and alcohol support and advice in March 2020, while none stated that they had stopped providing this service. However, more indicated that they had previously offered education and training (10.2%, 5) than that they had added this service (4.1%, 2), while the same was true for meaningful activities (6.1% / 3 had previously offered and 4.1% / 2 had added the service).

For services day centres had provided pre- (but not post-) March 2022, the most common response was 'other' (11.1%, 1), followed by education and training, digital skills (6.7%, 3), meaningful activities, life skills (2.1%, 1), and access to employment (2.0%, 1).

Barriers to accessing services

In addition to providing services in-house, providers also help clients access external services. Responses show that there can be a range of barriers that may make it difficult for clients to access services they need.

Table 3. Barriers to accessing services for accommodation provider clients

	Waiting lists	High thresholds	Distance to travel	Not provided in local area	No problem accessing	Other
Mental health services	74.0%	41.3%	7.1%	2.1%	10.0%	6.8%
Drug and alcohol services	45.0%	17.5%	12.6%	3.7%	37.2%	7.8%
Physical health services including primary care	33.3%	9.1%	4.8%	2.0%	54.4%	4.8%
Support for those affected by sexual or domestic abuse	23.8%	9.0%	4.5%	6.3%	60.5%	2.7%
Immigration advice	13.9%	6.6%	8.8%	13.9%	62.0%	2.9%
Access to employment	5.7%	5.7%	7.1%	2.8%	70.3%	10.8%
Welfare advice	13.9%	4.2%	3.4%	1.7%	77.3%	2.5%
Education and training	7.0%	2.2%	8.3%	3.9%	77.6%	5.3%

Accommodation providers were most likely to indicate barriers for accessing health services, particularly mental health services and just 10.0%²¹ of respondents (28)

²¹ n/a responses removed

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indicated they had no problem accessing these services for their clients. Waiting lists were the most common issue cited across nearly all areas, including 74.0% (208) of responses about mental health services and 33.3% (84) of responses about access to physical health services, including primary care. High thresholds also appear to be a substantial barrier for clients' abilities to access mental health services (41.3%, 116).

Drug and alcohol services also seem to be an area where clients may face barriers, with 37.2% (21) of respondents indicating their clients had no problems accessing these services. The most common barrier was waiting lists (45.0%, 121), followed by high thresholds (17.5%, 47).

When asked to provide more information about the challenges clients' face due to these barriers, issues related to mental health were the most common (63, 42%), followed by challenges related to substance use (20, 13%) and ability to engage with residents (20, 13%). One respondent described accessing mental health services as "*virtually impossible to access even with referrals to crisis teams and assessments taking place*".

Challenges discussed related to clients not being able to meet high thresholds to access services, having dual diagnoses, and/or not being able to meet engagement requirements. For instance, one respondent stated:

A big problem that impacts our clients [is] lack of funding for drugs/alcohol service and mental health services. They also tend to get passed back and forth by drug and alcohol services who say they can't help until the mental health issues are sorted and mental health who say that the drugs/[alcohol] have to be addressed first.

Many respondents discussed a range of challenges in accessing necessary services, with some discussing either needing to start delivering the service in-house (particularly as many services shut or went entirely remote during times of high COVID-19 restriction) or needing funding so that they could do so. Challenges included residents needing to travel long distances (13, 9.0%) or overcome long wait times (13, 9.0%) to access services, with some describing waiting lists of well over a year.

Drug/alcohol services - very few places locally, getting access is exceptionally difficult. Not enough people in mental health services to cope with dramatically increasing demand, availability is becoming more and more of an issue - one support worker for the entire county

When asked about strategies that might help accommodation providers support clients more effectively, respondents again most frequently referred to issues related to accessing mental health services (40, 28.0%). Some specifically mentioned a need

for more training (6, 4.2%) to fill in service provision gaps and adequately support residents with mental health, substance use, disabilities, and other support needs. One respondent explained:

More joined up working with services who are involved with the care of residents. We're often their only support function and we're not trained rehab or mental health workers. Clinical support prior to them getting here to help with their trauma and neglect. Cuts in the area also really undermine our service, more funding would help a lot.

Mental health services were also the most common area for day centres to cite barriers (11.3%, 6), along with access to accommodation providers (11.3%, 6). As with accommodation providers, the primary barriers were waiting lists, including 62.3% (37) of responses about accommodation providers and 62.3% (33) of responses about mental health services. Barriers were also frequently mentioned for access to drug and alcohol services, with 41.5% (22) stating that waiting lists were a barrier to accessing these, and for support with resettlement and move on (34.0%, 9).

In addition to waiting lists, high thresholds were another commonly mentioned barrier, with 47.2% (25) of respondents indicating that these were a barrier for clients to access accommodation providers, 43.4% (23) for mental health services, 18.9% (10) for drug and alcohol services, and 17.0% (9) for support with resettlement and move on.

Table 4. Barriers to accessing services for day centre clients

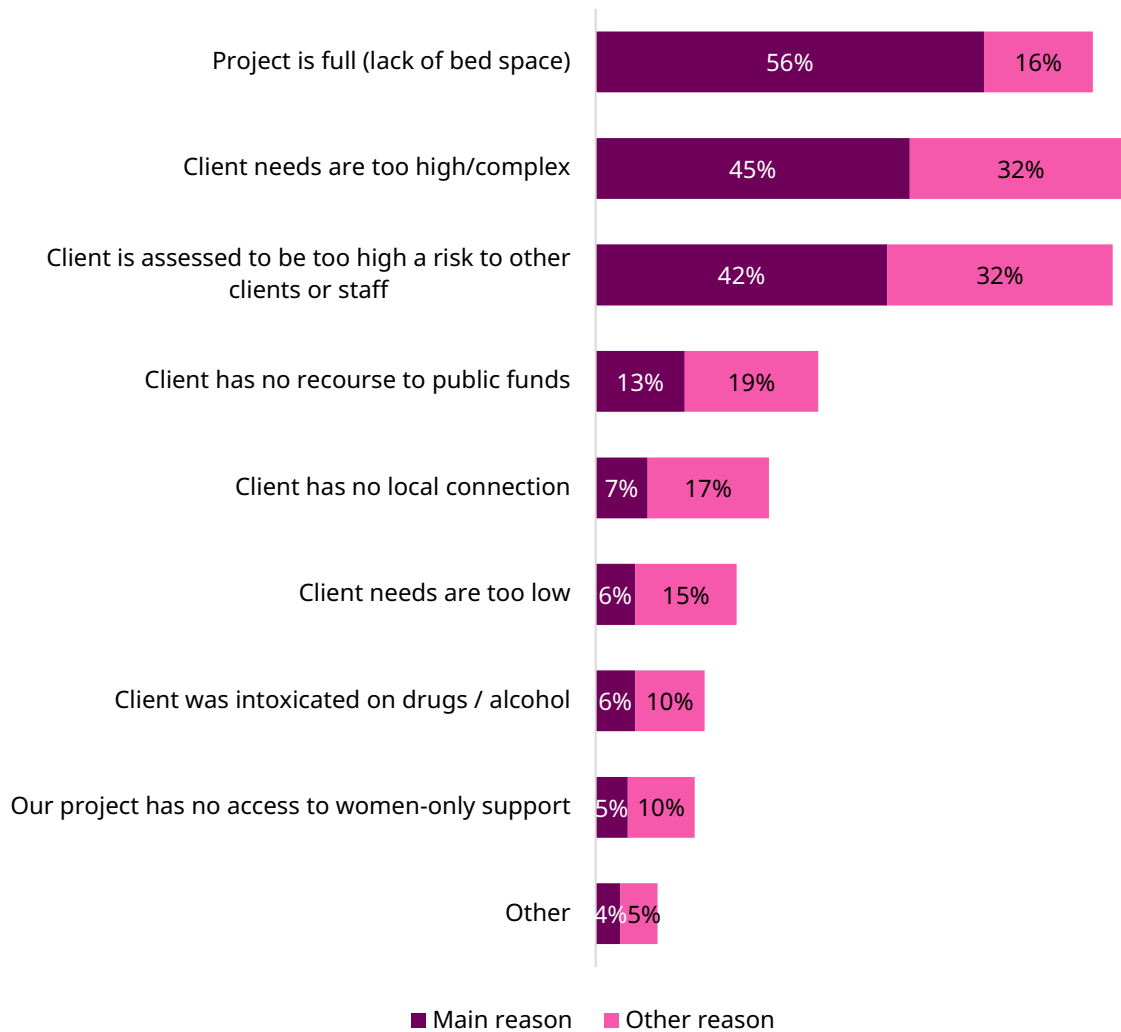
	Waiting lists	High thresholds	Distance to travel	Not provided in local area	No problem accessing	Other
Accommodation providers	69.8%	47.2%	9.4%	7.5%	11.3%	0.1%
Mental health services	62.3%	43.4%	1.9%	1.9%	11.3%	9.4%
Drug and alcohol services	41.5%	18.9%	3.8%	0.0%	43.4%	9.4%
Support with resettlement and move-on	34.0%	17.0%	7.5%	11.3%	17.0%	18.9%
Physical health services including primary care	32.1%	9.4%	3.8%	0.0%	35.8%	18.9%
Support for those affected by sexual or domestic abuse	20.8%	3.8%	5.7%	0.0%	43.4%	11.3%
Welfare advice	17.0%	1.9%	0.0%	1.9%	54.7%	11.3%
Immigration advice	15.1%	13.2%	3.8%	9.4%	34.0%	15.1%
Education and training	3.8%	5.7%	0.0%	1.9%	56.6%	11.3%
Access to employment	3.8%	11.3%	3.8%	1.9%	47.2%	18.9%

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More than one-half of respondents indicated that there was 'no problem' accessing a service for only two out of ten services asked about – education and training (56.6%, 30) and welfare advice (54.7%, 29).

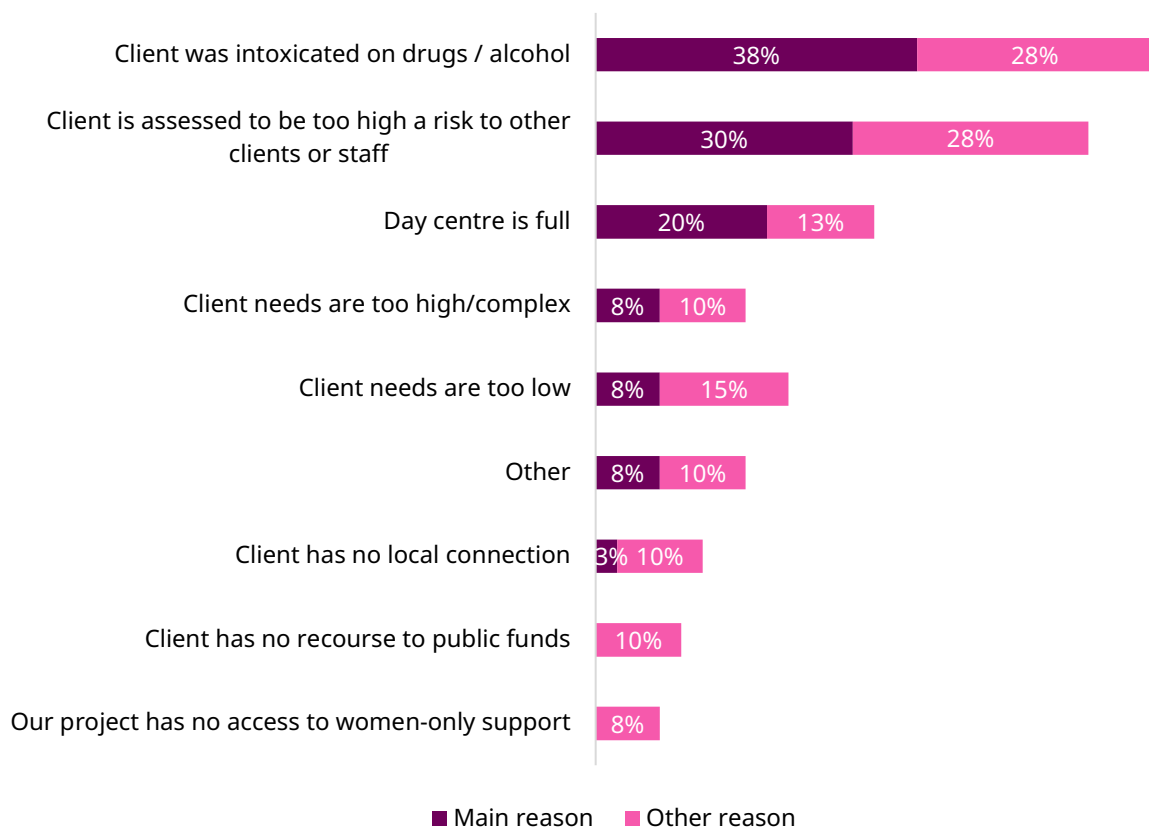
When asked why they were refusing access or referrals, projects being full was the most common reason cited by accommodation providers, with 54.7% (157) describing this as the main barrier and a further 15.6% (44) including this as an additional barrier. This was followed by clients' needs being too high / complex (45.0% as a main reason and 31.9% as another barrier) and clients being deemed too high risk to other clients or staff (41.8% as a main barrier and 32.3% as an additional barrier). A few respondents clarified that they never refuse referrals / access but may place individuals on a waiting list.

Figure 27. Reasons accommodation providers refused access or referrals



Day centres, instead, indicated, that clients being intoxicated on drugs or alcohol was the most common reason for refusing access or referrals, with 37.5% (15) stating this was their main reason and 27.5% (11) indicating that this was an additional reason. Clients being assessed to be too high risk was the next most common reason (30.0% as a main reason and 27.5% as an additional reason), followed by the project being full (20.0% as a main reason and 12.5% as an additional reason).

Figure 28. Reasons day centres refused access or referrals



Chapter 5: Outcomes

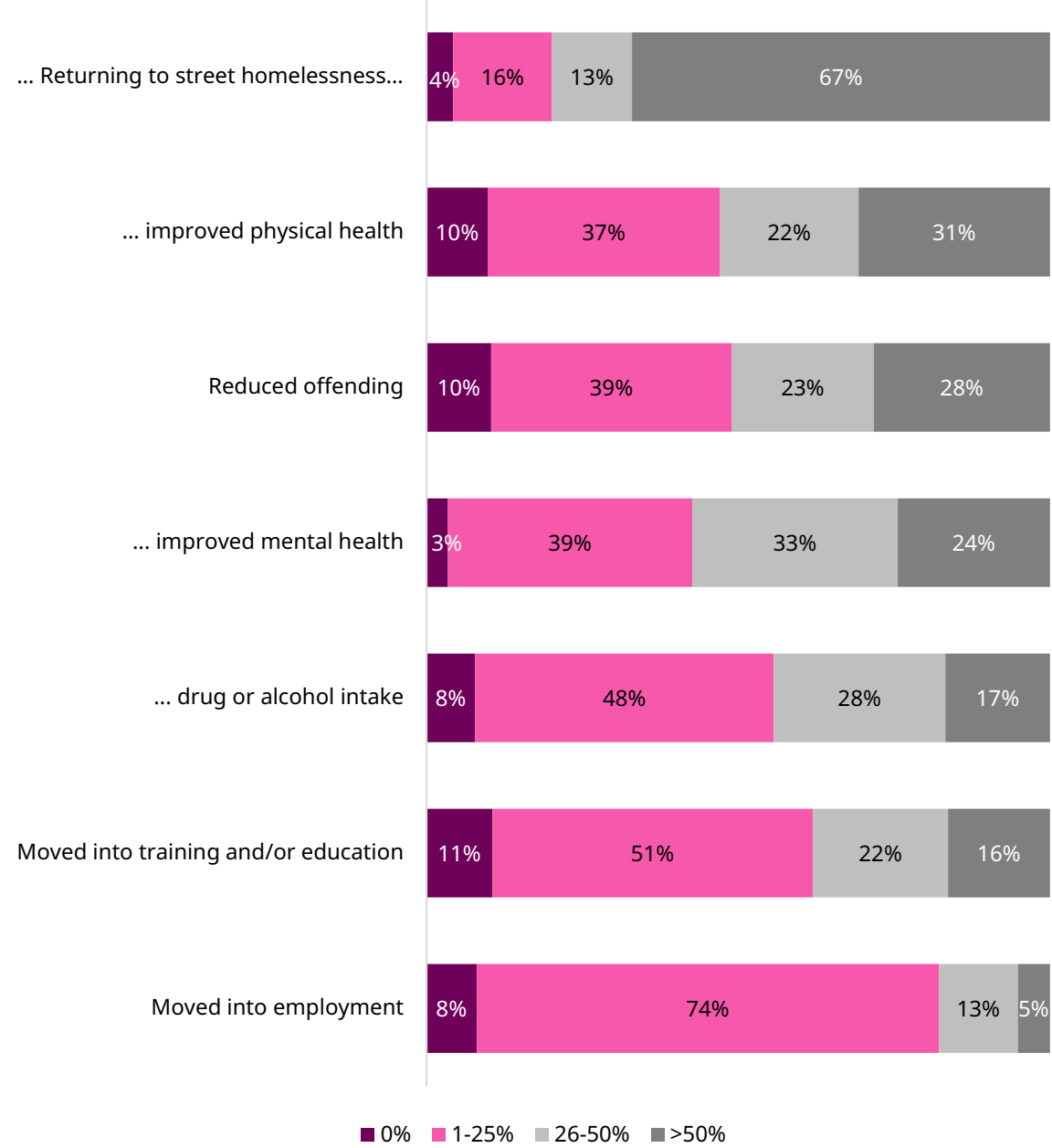
Key findings

- Other than preventing a return to street homelessness, there was less consistency on other outcomes achieved for residents. This includes:
 - 67.1% of respondents (110) stating that more than 50% of clients had been prevented from returning to homelessness;
 - 5.2% (9) indicating that more than 50% had been moved into employment; and
 - 16.4% (28) stating that more than 50% had been moved into training or education.
- The most common move on outcomes for accommodation providers' residents were social housing (average 39.6%, 168) or supported housing (23.0%, 227), followed by staying with family or friends (16.4%, 98).
- 56.0% (94) of accommodation providers had more than 25% of residents waiting more than 6 months to move-on, with 42.9% (72) having more than 50% waiting this long.
- The most commonly reported barrier to moving on was a lack of social housing, including 63.3% (179) as a main barrier and 23.7% (78) as an additional barrier.

Respondents were asked about a range of outcomes for residents, of which accommodation providers were most likely to indicate that clients had been prevented from returning to street homelessness, sofa surfing, sleeping in cars, tents, public transport, etc. (average 66.2%, 164). 67.1% indicated that more than 50% of their clients had been prevented from doing so.

Other outcomes were less likely, with 42.0% (72) indicating that up to 10% of clients had moved into training or education and 10.5% (18) indicating that none had. Similarly, 54.7% (95) stated that less than 10% of clients had moved into employment, including 8.1% (14) who said none had.

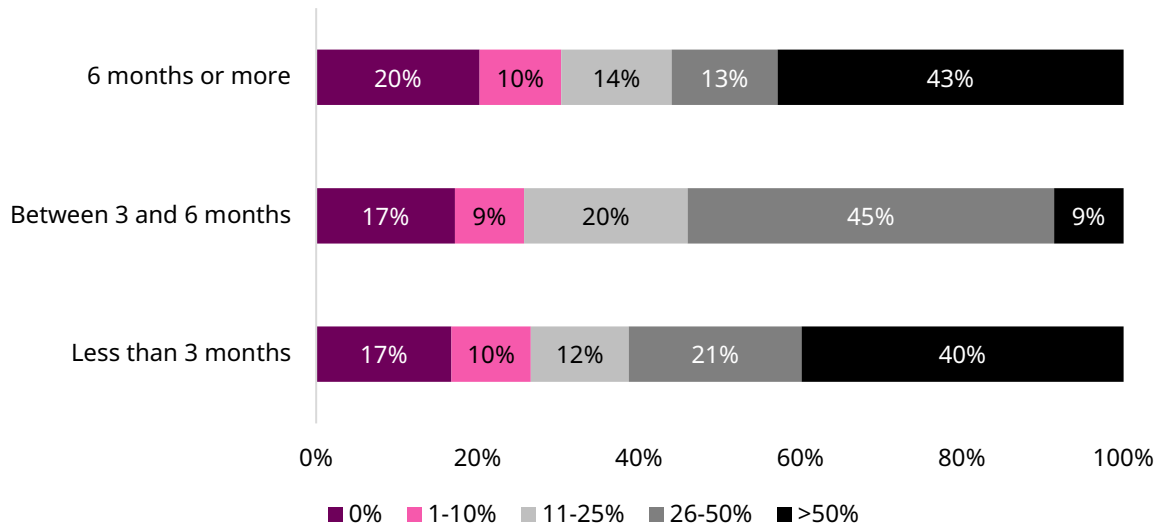
Figure 29. Outcomes for accommodation residents over past 12 months



Move on

Across 284 accommodation providers, 8,078 clients had an unplanned move on (e.g., eviction, abandonment, or return to rough sleeping) from April 2020 to March 2021.

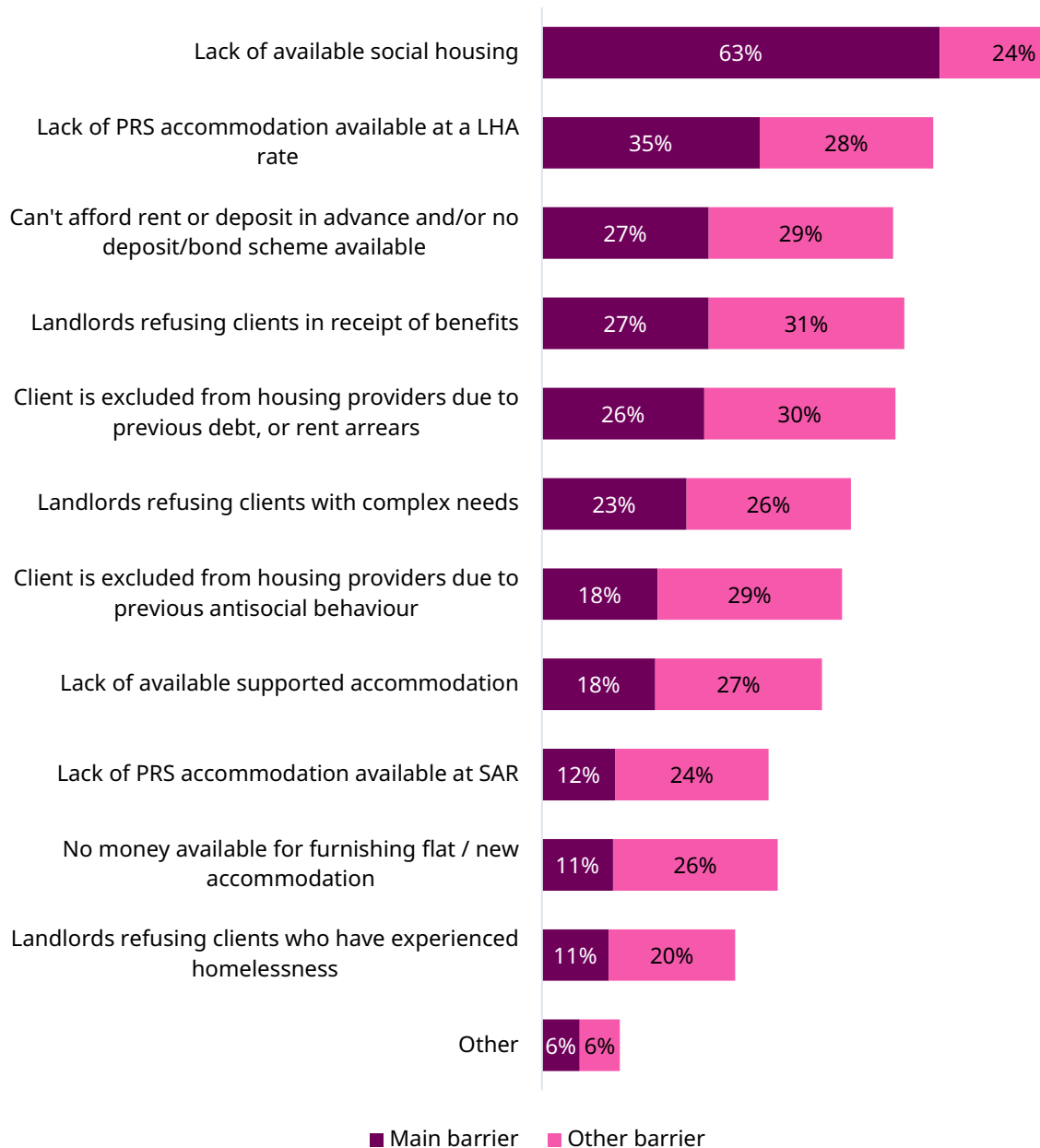
Figure 30. Accommodation provider residents' wait time to move on



Many respondents indicated that a large portion of clients were waiting 3 to 6 months to move on or even 6 months or more. Specifically, 54.0% (88) of respondents stated that more than 25% of residents had waited 3 to 6 months to move on after they were ready to do so, while 56.0% (94) stated that more than 25% had waited for six months or more. For 42.9% (72) of respondents, more than 50% of residents had waited six months or more.

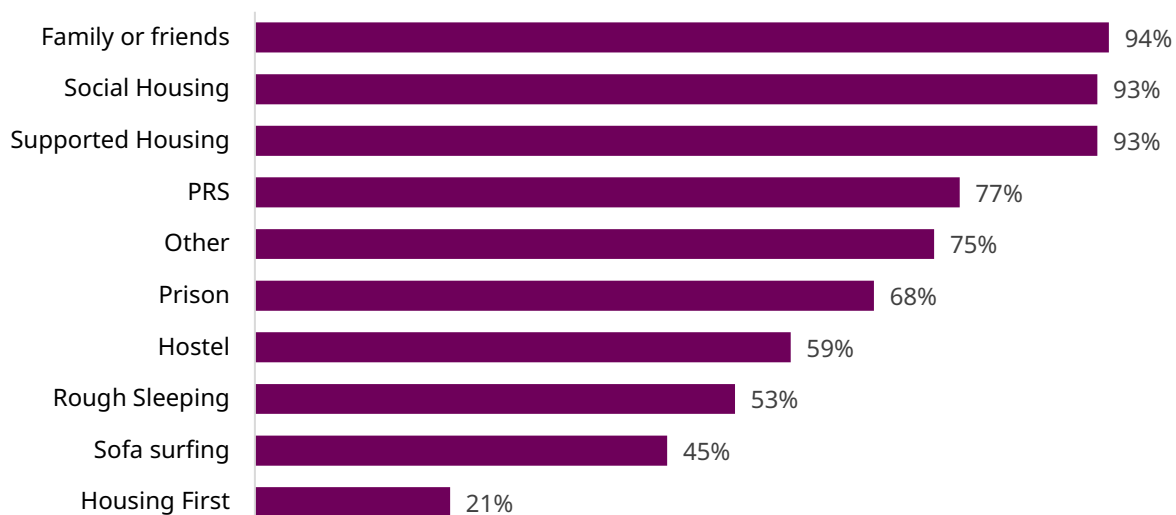
When asked about barriers to clients' ability to move on when they were ready, a lack of available social housing was the most commonly reported barrier for accommodation providers, with 63.3% (179) indicating that this was a main barrier and 23.7% (78) stating that it was an additional barrier. Other common barriers included a lack of PRS accommodation available at an LHA rate (34.6% / 33 stated that was a main barrier and 27.6% / 69 that it was an additional barrier).

Figure 31. Reported barriers to clients moving on when ready



In terms of all outcomes for residents during this period, social housing was the most common (average 39.6%, 168), followed by supported housing (23.0%, 227), and staying with family or friends (16.4%, 98). Housing First was the least common outcome (average 2.1%, 128), with 78.6% (77) of respondents having no residents that moved on to Housing First.

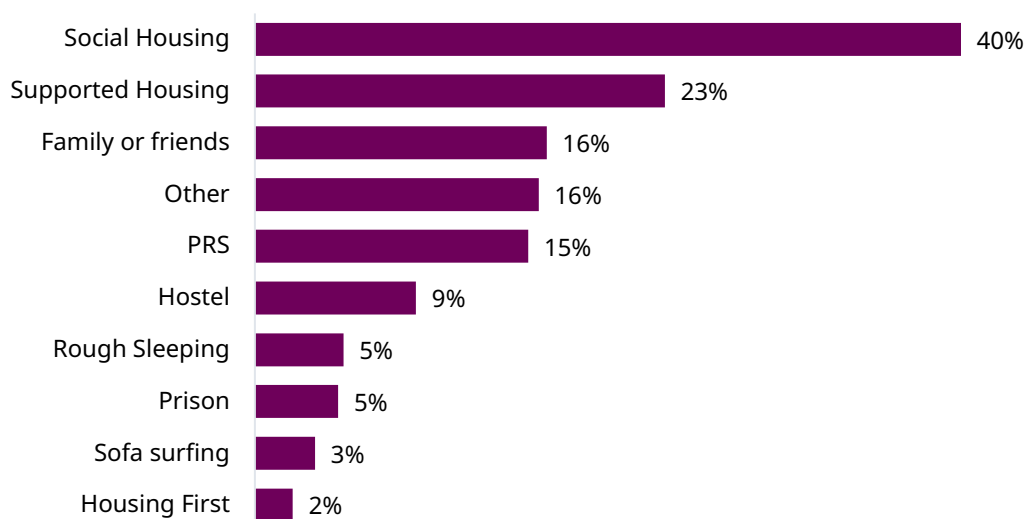
Figure 32. Move on outcomes reported by providers for accommodation provider residents*



* Proportion of respondents who indicated that at least 1 client moved on to each outcome

Other outcomes included abandonment / unknown destination, death, hospital, temporary / emergency accommodation, private rented accommodation, Sheltered accommodation, university, and moving out of the area.

Figure 33. Average proportion of clients moved on to each destination



Chapter 6: Conclusion

Over the course of 2021, the steps taken by Government and the non-profit sector were instrumental in reducing risk and saving lives of those experiencing homelessness, particularly through Everyone In and the many preventative measures taken to stop people from becoming homeless.

However, at the close of the year the end of many of these initiatives was already evident, with providers reporting seeing increases in those experiencing homelessness for the first time, people in low paid jobs, and those who had recently lost their jobs.

At the same time, we are continuing to see the number of accommodation providers, day centres, and bed spaces decrease, with 26.3% fewer bed spaces available, 38.9% fewer accommodation providers, and 5.9% fewer day centres than there were in 2010. During that period, rough sleeping estimates went up by 37.9%.²²

With decreasing provision and bed spaces, more than 70.3% of accommodation providers stated they had refused access or referrals due to their project being full.

Challenges are also evident in trying to find accommodation to move clients on when they are ready. More than one-half of providers (56.0%, 94) stated they had over 25% of clients waiting for more than six months, with most of these having more than 50% of clients waiting this long (42.9%, 72).

As the most common type of move on accommodation, the need for more social housing is evident across our review, with 87.0% (257) reporting this as a barrier for moving on clients.

Despite providers being more likely to have added than to have dropped services over the year, providers are unlikely to report having increased funding compared to the previous year. Our reviews repeatedly find that, despite the influx of funding through RSI and COVID-19 emergency measures, many have had a relatively stagnant level of funding since 2014.

²² DLUHC. (2022). *Rough sleeping snapshot in England: autumn 2021*. Available at: <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021#:~:text=Across%20the%20Rest%20of%20England,a%2033%20%25%20increase%20since%202010.>

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It is clear that, while much was done during the course of the pandemic to prevent and relieve homelessness, much more needs to be done to ensure there is sufficient funding, housing, and placements for individuals moving on from homelessness.

Appendix

The findings featured in this report are drawn from the following four key data sources:

Telephone and online survey from 335 accommodation projects (38% response rate)

A combination of telephone and online surveys were conducted between December 2021 and January 2022. Of a total of 1,212 services, 335 (38%) accommodation projects responded and were included for analysis. There were 420 total responses, with 85% meeting the inclusion criteria. Responses were excluded if they were a) a duplicate or b) incomplete (answering less than 25% of the survey).

Telephone and online survey from 59 day centres (34% response rate)

A combination of telephone and online surveys were conducted between December 2021 and January 2022. Of a total of 184 services, 72 (39.12%) day centres responded. There were 137 total responses, with 53% meeting the inclusion criteria. Responses were excluded if they were a) a duplicate or b) incomplete (answering less than 25% of the survey).

For both accommodation providers and day centres we achieved 95% confidence intervals of $\pm 5\%$ and stratified each project type by region and local authority. This in turn allowed us to generalise the findings to the wider sector.

Homeless England database

This database is managed by Homeless Link and covers information about homelessness services in England. Although the data is not live, it is updated regularly and is the only data source on the number of homelessness services in England. Data on the availability of services and bed spaces were extracted from the Homeless England database, allowing a comparative analysis with previous publications of the Annual Review.²³

Existing data on homelessness trends

Existing data on homelessness trends, including national statutory homelessness and rough sleeping figures as published by the Department for Levelling Up, Communities and Housing.

²³ All Homeless Link Annual Review reports are available at: <https://www.homeless.org.uk/facts/our-research/annual-review-of-single-homelessness-support-in-england>
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Sampling approach

The sample structure was a vital part of this survey. Homeless Link ensured that the profile of the projects interviewed closely represented the profile of the sector's projects (accommodation or day centre) as a whole. For this survey, we achieved 95% confidence intervals of $\pm 5\%$ for the survey results from accommodation providers as a discrete group, and from the aggregated grouping of accommodation providers and day centres.

Providers were contacted initially by email, with follow up by phone and email. Surveys were conducted over the phone and online according to individual preference and we attempted phone contact with each provider three times in addition to the email invitations to invite response.

For accommodation providers only, the available sample numbers 904 projects. This required 270 interviews to be completed to achieve the confidence interval of $\pm 5\%$. We achieved significantly above this with **335** respondents.

For accommodation providers and day centres combined, the available sample size of 1,081 projects required 284 interviews to be completed to achieve the confidence interval of $\pm 5\%$. We achieved considerably higher with 59 day centres and 335 accommodation providers resulting in a **394** overall sample.

Within each of the two project types, we stratified by region to ensure that there were no unexpected skews in the data which can at times occur within a purely random unstratified sample. Using the original sample, we calculated regional quotas which were set to ensure that the samples from each project type reflected the actual distribution of projects across England.

In addition to achieving a reliable overall evidence base, we also wish to ensure – as far as practical – that we secure a representative sample across all regions of England. However, due to the significantly smaller samples size for each region, it is necessary to accept a higher confidence interval.

For each region a minimum expected target with a margin of error of $\pm 15\%$ has been calculated, along with an aspirational target of $\pm 10\%$. The table below summarises the numbers required for each region based on the available sample size.

Region	AP + DC	Target at $\pm 15\%$	Target at $\pm 10\%$	Total AP	Total DC	Total	MoE ($\pm \%$)
East	141	33	58	38	3	41	13%

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East Midlands	66	27	40	30	5	35	11%
London	202	36	66	47	13	60	11%
North East	55	25	36	34	2	36	10%
North West	144	34	58	38	8	46	12%
South East	150	34	59	38	12	50	11%
South West	157	34	60	39	7	46	12%
West Midlands	82	29	45	41	4	45	10%
Yorkshire and Humber	84	29	46	30	5	35	13%
Total	1,081	281	468	335	59	394	4%

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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Let's End Homelessness Together

