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homeless link

Evaluation of the Rapid Response Outreach Team

Report for the Greater London Authority

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Introduction

The Greater London Authority (GLA) commissioned Homeless Link to evaluate the Rapid Response Outreach team (RROT).

The RROT was first commissioned in 2019. This pan-London service, operating in 25 London boroughs, seeks to reach people new to the streets quickly – with rapid contact, on-street assessment, and an immediate accommodation offer. The team receives StreetLink alerts and has a target to respond within a short timeframe, typically less than 24 hours. Where immediate accommodation isn't successful, referrals are passed to the team responsible for outreach in that borough.

The evaluation assessed RROT against its overall aim that:

1. People referred to StreetLink are found and supported to end their rough sleeping.

It also looked at delivery against wider aims of:

2. Increased consistency of referral response and service offer across the London region.
3. Faster referral response.
4. Increased successful referral outcomes.
5. Increased capacity of other outreach team to complete casework by reducing referral numbers to local teams.

As well as a comparison of RROT with previous arrangements to establish if:

6. More people in need of support received it.
7. People sleeping rough who sought support received it more quickly.
8. People sleeping rough who are already known received more dedicated and intensive casework.

Alongside assessing the efficacy of the RROT itself, the evaluation looked for related improvements in the capacity of other outreach teams and considered the extent to which the RROT might complement and integrate with local commissioned outreach teams and has built effective relationships with local authority homelessness service and commissioners.

The evaluation took place between September and December 2021.

Methodology: Our Approach

The evaluation used both quantitative and qualitative methods. The aims of the RROT interact with the delivery of rough sleeping and homelessness services that are not within the remit of this evaluation, and whose data could not be included in the analysis. As a result, some aims have been evaluated using only qualitative feedback from local authority rough sleeping leads and outreach teams.

Data analysis: Analysis of CHAIN reports created for this evaluation, and review of RROT quarterly monitoring reports to the GLA.

Online stakeholder survey: An online survey circulated to local authority rough sleeping leads and local outreach teams.

Focus groups and interviews:

- 2 focus groups and 1 interview – 11 Rapid Response Outreach Team members
- 2 focus groups and 3 interviews – 13 local authority rough sleeping leads
- 3 focus groups and 3 interviews – 9 local outreach staff
- 1 interview with a No Second Night Out (NSNO)/Turnaround Hub manager

Borough participation: The evaluation included feedback from 22 of the 25 RROT boroughs and with at least one representative from the four outreach providers across these boroughs. This means that either the local authority and/or the outreach team responded via at least one method (survey, focus group, interview). Some boroughs and providers have been represented by multiple stakeholders across the different engagement methods. Two survey respondents did not state their borough. See Appendix 1 for a summary of participation by borough.

Involving people met on the streets by RROT: The GLA were keen to include feedback from people with lived experience of being contacted by the RROT while sleeping rough. Planning interviews proved challenging due to the brief nature of RROT contact – which can be 30 minutes or less – at a time when people are likely to be stressed and anxious at finding themselves sleeping rough for the first time. Following conversations with the RROT, local outreach, and a NSNO manager, we concluded that interviewing people at point of contact, or at a Turnaround Hub the next day, would be unethical due to the level of stress people would be under at this crisis point and the lack of time and/or energy to reflect on their experience.

Instead, one of the researchers shadowed an RROT shift to observe how RROT workers communicate with people on the streets. We also interviewed people who had moved from

the streets into accommodation at the Waterloo Hub Hotel, run by St Mungo's. Five interviews took place in January 2022. Participants were identified by the CHAIN team, who cross-referenced RROT contact with hotel residency. The St Mungo's hotel team asked those residents if they were happy to be interviewed and made introductions during the morning that the researcher was on-site. The researcher provided an information sheet and explained the scope of the evaluation, in particular the narrow focus on their initial contact with outreach. Signed consent was given. Interviewees were given a supermarket voucher as thanks for participation.

The sample was limited by convenience – who was available and happy to take part on the day – and is not representative in terms of demographics (for example, all interviewees were men). There was also no representation from people who met RROT and then remained on the streets – plans to interview people sleeping rough and attending Turnaround Hub appointments without a RAFTS offer were abandoned due to changes in delivery as a result of the impact of Omicron on the Hub.

Some information shared in the interviews shows that people subsequently met with local outreach teams and may not recall the initial contact with RROT specifically. There was also a lot of positive feedback about the hotel, both accommodation and support, which was excluded as it falls beyond the scope of this evaluation. Feedback on StreetLink has been included as it is relevant to RROT making contact.

The research plan originally included client journey mapping, however the interviewees struggled to remember how much time passed between different stages of leaving the streets, so instead a narrative approach has been used in the relevant section below.

Findings

Data Analysis

Summary of Headline Figures: The following figures relate to all Boroughs where the Rapid Response service has been working and covers the period from Quarter 2 2019/20 – Quarter 2 2021/22 inclusively.

Table 1

Measure	Total Number	Relevant %
StreetLink Referrals	41679	
People Looked For	37731	RROT actively looked for 91% of people referred.
People Found	10772	RROT found 29% of the people that they looked for.
People Engaged With	8132	75% of people found after StreetLink referral actively engaged with services.
Average Hours to Find		The average time from referral being logged to person being found was 24.11 hours.
First Bedded-Down Contact	5034	47% of those found by RROT were "bedded down", and this was the first bedded-down contact on CHAIN.
Engaged with RROT	4164	83% of these "new" rough sleepers engaged with the RROT.
RAFTS[1] Offer Made	1499	36% of those who engaged with RROT were made a RAFTS offer.
RAFTS Offer Accepted	1302	87% of those receiving a RAFTS offer accepted it.
Seen rough sleeping again within 6 months after first contact	1377	23% of those first-time rough sleepers contacted by RROT were seen bedded down at least once more in the succeeding 6 months.[2]

We looked at the equivalent percentages for each of these key figures for different time periods to identify any underlying trends. The different periods were:

- Quarter 2 – 4 2019/20
- Quarter 4 2019/20[3]
- 2020/21

[1] RAFTS: Routes Away From The Street

[2] This is a percentage of a different total – 5943 people who were dealt with by the RROT – this is different to the number of people used for previous calculations and includes 909 people not linked to a StreetLink referral.

[3] We looked at this specific quarter separately because this was thought to be the point at which the RROT was fully established, and when the pandemic did not hit under near the end of the quarter.

- Quarter 1 – 2 2021/22

Table 2

Indicator	**Q2 – 4 2019/20**	**Q4 2019/20**	**2020/21**	**Q1 – 2 2021/22**
Total no of referrals	9477	4299	24322	7910
No of referrals per quarter	3149	4299	6081	3955
Proportion of referrals looked for by RROT	88%	87%	91%	92%
Proportion found by RROT	34%	35%	27%	26%
Average time for person to be found [hours]	21.54	17.9	19.82	18.87
Proportion of people found who were found bedded down for the first time	40%	43%	50%	48%
Proportion of first time rough sleepers who engaged with RROT	78%	75%	85%	83%
Proportion of people engaging with RROT who were made a RAFTS offer	57%	47%	35%	13%
Proportion of people being made a RAFTS offer who accepted it	79%	79%	90%	91%
Proportion of new bedded down contacts that are then recorded as bedded down again over the next 6 months	26%	25%	22%	21%[4]

We were also able to compare the proportion of StreetLink referrals that were looked for, found, and engaged with – as well as the average time to find someone and the proportion that were seen subsequently bedded down on the streets, to the results in 2018/19 (the year before that Rapid Response Outreach Team started operations). It was not however possible to compare performance in terms of RAFTS offers etc, as this system was only introduced during 2018/19.

The comparison for the RROT boroughs only between 2018/19 and the period from Quarter 2 in 2019/20 and Quarter 2 in 2021/22 was as follows:

[4] This is inevitably lower, as for the majority of contracts 6 months has not elapsed, but the majority of repeat sightings do happen in the first 3 months.

Table 3

Indicator	% in 2018/19	% between Q2 2019/20 – Q2 2021/22
Total Referrals	13,465	41,679
Referrals Per Quarter	3.366	4,631
Proportion of referrals looked for	11,023 (82%)	37,708 (91%)
Proportion found	5,805 (35%)	10,772 (29%)
Proportion engaging	4,574 (68%)	8,079 (75%)

A higher proportion of referrals were looked for and a higher proportion of those found engaged with services, but a lower proportion were found at all. The result is that in 2018/19, 19.5% of StreetLink referrals ended up engaging with Outreach services, whereas in subsequent years 19.8% ended up engaging with the Rapid Response Outreach Team – which effectively is no change.

In terms of comparable lengths of time, we have only two quarters in which RROT was fully operational in the different years:

Table 4

Quarter	No of referrals	No looked for	%	No found	%
Q2 2020-21	5055	4744	94%	1309	28%
Q2 2021-22	3999	3765	92%	930	25%

It is more difficult to make an exact comparison of the length of time on average that it took to make contact, as this was not monitored in hours on CHAIN prior to 2019/20, but in days. Nevertheless, the difference in result is clear as the average number of days from referral to making contact in 2018/19 was much longer.

Table 5

Indicator	2018/19	Q2 2019/20 – Q2 2021/22
Average length of time to make contact	4.2 days	0.84 days

There was also a noticeable difference in terms of the likelihood that new rough sleepers would be seen bedded down on the streets again in the following 6 months. In 2018/19 this

amounted to 29% of rough sleepers seen newly bedded-down, whereas between Q2 2019/20 and Q4 2020/21[5] the percentage was 23%.

Even where a subsequent incident of bedding-down is recorded on CHAIN, then a higher proportion of rough sleepers only have one more incident than had been the case in 2018/19. Between Q2 2019/20 and Q4 2020/21, 68% of people seen bedded down more than once were only seen bedding down twice. The equivalent figures for 2018/19 was 48% of people seen bedded down more than once were only seen bedding down twice.

Detailed Analysis: We provide some detailed analysis that helps explain and put into context the headline figures provided above.

a. StreetLink Referrals

Table 6

Financial Year	Number of Referrals Per Quarter
2019/20	3149
2020/21	6080
2021/22	3955

Number of referrals per Quarter

The main distinction recorded in terms of referrals is between whether the referral was a self-referral or from a member of the public. The breakdown in Rapid Response boroughs across the whole period was as follows:

Table 7

Source of Referrals	Number of Referrals	% of Total
Member of Public	28019	67%
Self-Referral	13660	33%
Total:	41679	

Source of referrals

The percentage represented by self-referrals has increased over time. In 2019/20, self-referrals were only 22% - but in the first 2 Quarters of 2021/22 it had risen to 38%.

[5] This comparator period avoids the problem that the majority of people seen in 2021/22 will not yet have reached a point six months after being first recorded as bedding-down.

b. Number of Referrals Looked For

Table 8

Reason as to why referral was not looked for	Number	% of Total
Well known street activity/begging location/identified hotspot	1734	46%
Person already known	1670	45%
Not enough information provided	129	3%
Other reason	217	6%
Total	3750	

Reasons as to why referral was not looked for

It is more likely that the RROT will not actually look for the referral if it was a referral from a member of the public – 80% of those not followed up are from member of the public referrals.

c. Number of Referrals Found

Reasons as to why person was not found: Over the whole period there was a total of 26,959 cases where the person could not be found. In 93% of cases, no specific reason was recorded. In 208 cases the site could not be located, and in 560 cases the site was not accessible – but in 1031 cases the person was known to be no longer rough sleeping.

We also comparted the proportion of referrals that were found bedded down in the Rapid Response Boroughs to those Boroughs where Rapid Response did not operate.

Table 9

	RROT boroughs	Non-RROT boroughs
Referrals found 1/7/19 – 31/12/21	28.2%	31.2%

Total referrals found RROT/non-RROT

Number of attempts to find person: 81% of people found were found at the first attempt. 16% were found on the second attempt, and 3% on the third.

d. Length of Time to Find People

The Rapid Response Outreach Team met their target times for making contact with referrals in 67% of cases across the period. Performance in this respect has varied over time however, as shown by the quarterly results below:

Table 10

Quarter	% meeting target time for contact
Q2 2019/20	49%
Q3 2019/20	42%
Q4 2019/20	62%
Q1 2020/21	66%
Q2 2020/21	76%
Q3 2020/21	72%
Q4 2020/21	70%
Q1 2021/22	77%
Q2 2021/22	75%

Meeting RROT target times

We were able to compare the proportion of people found within the first 24 or 48 hours after a referral between those boroughs where RROT was working, and those boroughs with their own equivalent teams. The results were as follows:

Table 11

Period and Performance Measure	RROT Boroughs [% Achieving This Result]	Other Boroughs [% Achieving This Result]
2019/20		
% found in first 24 hours	61%	28%
% found in first 48 hours	80%	48%
Q4 2019/20		
% found in first 24 hours	69%	26%
% found in first 48 hours	88%	50%
2020/21		
% found in first 24 hours	69%	27%
% found in first 48 hours	89%	49%
Q1 – 2 2021/22		
% found in first 24 hours	71%	31%
% found in first 48 hours	89%	57%

Comparison to non-RROT boroughs

e. RAFTS Offer Made

Reason as to why no offer was possible: In 80% of cases this was because there was no interim accommodation available at that point. In a further 262 cases, the NSNO Hub was full. Other reasons included:

- Client rejected by provider/banned/eligibility not demonstrated – 56 cases.
- Client not eligible for benefits – 26 cases.
- Client intoxicated – 18 cases.
- Service not accessible at this time of day – 36 cases.

f. RAFTS Offer Rejected

The principal reason that the RAFTS offer was rejected by the client is summarised below:

Table 12

Reason for Rejection	Total Number of Cases Over Whole Period
Too far from current location	76
Does not want to move once bedded down	24
Does not want to be with other people	30
Does not want to leave partner, pet, or belongings	18
Other reasons	49
Total:	197

g. Discussion

Data analysis has been affected by the changes in the context of RROT due to the pandemic, which means that time periods are less directly comparable. Comparison with teams in non-RROT boroughs is limited by a lack of data on specific performance indicators for each borough, although the overall data on response times shows the difference made by having a Rapid Response Outreach Team to focus on reaching people quickly.

Overall, the data shows a consistent pattern in the majority of StreetLink referrals not being found. While a higher proportion of referrals are looked for under RROT than previously in these boroughs, a lower proportion are found. This effectively means the same proportion of referrals overall are being found. This is within the context of an increase overall in the number of referrals per quarter.

While the RROT has tended to find it increasingly hard to find people referred, those they do find are found much quicker than in non-RROT boroughs and compared to pre-RROT response times.

The ability to make a realistic offer to help people leave the streets has been dramatically curtailed and this became considerably worse in this financial year, although the proportion accepting any offer that can be made has gone up in the last two years. It isn't possible to quantify the impact of rapid contact on people's willingness and capacity to find a route away from the streets (either with or without a RAFTS offer). Nevertheless, the main parameter of the number of people remaining on the streets, particularly for a significant period of time, seems to have gone down.

Online Survey

An online survey was circulated via contact lists provided by the GLA for local authority rough sleeping leads and outreach team managers. The full question list can be found in Appendix 2. The survey asked about the relationship between RROT and respondents to evaluate performance against these aims:

- Related improvements in the capacity of other outreach teams
- The extent to which RROT complements and integrate with local commissioned outreach teams
- The extent to which RROT has built effective relationships with local authority homelessness service and commissioners.

The survey also asked for respondents' views of RROT's delivery relating to its aims:

- Faster referral response
- Increased consistency of referral response and service offer across the London region
- Increased capacity of other outreach team to complete casework by reducing referral numbers to local teams

Four questions with free text responses covered strengths and weaknesses of the RROT model, the impact of the pandemic, and general comments and suggestions. These responses are combined with other qualitative findings, below.

26 responses were analysed. 1 set of responses was excluded as the respondent's free text answers stated that they had no experience working with RROT. An additional 6 respondents started the survey but did not enter any answers and so were excluded.

Relationships and Integration:

I'm aware of how the Rapid Response Outreach Team works (e.g., shift patterns, coverage, the process for responding to referrals, and passing referrals on to local outreach teams).	
Strongly Agree	19
Agree	7
Neither Agree nor Disagree	0
Disagree	0
Strongly Disagree	0
Not Applicable	0

I know who to contact at the Rapid Response Outreach Team to discuss a case	
Strongly Agree	16
Agree	8
Neither Agree nor Disagree	1
Disagree	1
Strongly Disagree	0
Not Applicable	0

There is effective communication between the Rapid Response Outreach Team and me/my team/local partners	
Strongly Agree	12
Agree	12
Neither Agree nor Disagree	1
Disagree	1
Strongly Disagree	0
Not Applicable	0

There is an efficient process to hand over referrals from the Rapid Response Outreach Team to local outreach or other partners	
Strongly Agree	9
Agree	12
Neither Agree nor Disagree	2
Disagree	3
Strongly Disagree	0
Not Applicable	0

Speed and Quality of Response:

There is a faster response to StreetLink referrals since the Rapid Response Outreach Team was introduced	
Strongly Agree	10
Agree	8
Neither Agree nor Disagree	7
Disagree	0
Strongly Disagree	0
Not Applicable	1

The introduction of the Rapid Response Outreach Team has improved the quality of response to people new to the streets	
Strongly Agree	12
Agree	6
Neither Agree nor Disagree	5
Disagree	3
Strongly Disagree	0
Not Applicable	0

Increased Capacity for Local Teams:

The Rapid Response Outreach Team's response to people new to the streets has increased capacity for local outreach teams to work with people who are sleeping rough over a longer period.	
Strongly Agree	9
Agree	8
Neither Agree nor Disagree	4
Disagree	4
Strongly Disagree	1
Not Applicable	0

Online Survey Discussion: Survey responses show high levels of agreement with areas directly within respondents' experience of working with RROT – there's confidence about how the team works and how to communicate, albeit with room for improvement, in particular around handover.

The higher number of neutral responses to the question on "faster response to StreetLink referrals since the Rapid Response Outreach Team was introduced" may indicate that people are too new in their post to make the comparison, or that they have not seen relevant data.

There is a mixed picture on improvements in the quality of response. Neutral responses were from local authority leads – which may indicate that they are not close enough to the outreach response to judge quality from the perspective of people sleeping rough. Two out of three respondents who disagreed that quality has improved indicated in free text responses that they had concerns over people being located and about verification (the third gave no further information). These issues are discussed further in the section on qualitative findings, below.

Views on the capacity of local outreach teams were also mixed. No further information was shared by the respondent (an outreach worker) who strongly disagreed. Of those who disagreed, free text comments refer to a lack of rapid access to accommodation. This may indicate that people found by RROT are handed over to local outreach without a solution being found – which might then affect that team's capacity for working with people experiencing homelessness.

Qualitative Findings

Findings from focus groups, interviews, and free text survey responses are combined here. Key themes emerged consistently across these methods (with lone working and verification by far the most frequently raised), with additional themes noted where raised by a smaller number of participants. These key themes are explored below:

Positive feedback about RROT: The majority of stakeholders were positive about RROT, both the rapid response model and the team itself: “I have always admired the efforts; compassion [RROT] have had for our rough sleepers in borough.” While all stakeholders shared constructive or critical feedback, this was alongside praise for how the team has worked, especially through the pandemic and during SWEP. They are seen as hardworking and proactive: “they’re doing a cracking job.” Their willingness to make changes in response to feedback and the improvements they have made during RROT’s existence were highlighted by multiple stakeholders, who were keen that any critique of the model is not seen as criticism of the team itself.

Verification – Quality/Validity: All stakeholders discussed issues with verification, although most also said this was an area where improvements have been made.

The criticism is that the RROT are too quick to verify people who are not sleeping rough i.e., bedded down. This became more of an issue during ‘Everyone In’. With NSNO Hubs being closed, the RROT lost the majority of their RAFTS offers and started handing over most people to local outreach. At the same time, a high number of new people were presenting as homeless and becoming aware of StreetLink as a possible route to hotel accommodation. Both RROT and stakeholders have said this resulted in a high number of “chancers” and “bogus” or “dodgy” referrals. Examples included people who were hidden homeless coming out of buildings to their supposed sleep site when RROT called, multiple individuals giving the same sleep site where no hotspot had existed previously, or individuals giving locations that were unlikely to be sleep sites e.g., a bus stop.

This context has highlighted the difference between verification approaches. The RROT operate with a pragmatic approach and some discretion around what constitutes ‘bedded down’. Their experience is that not everyone on the streets will be bedded down on their first night, such as the example of a woman who has fled domestic violence carrying only a small bag and taking shelter in a 24-hour McDonalds. Local authority teams, on the other hand, often take a far more traditional view of rough sleeping and expect people to be bedded down in one fixed location where outreach can find them. An RROT worker summed this up as: “A lot of the procedural things are based on an outdated idea of what constitutes a rough

sleeper – someone bedded down and static who can be re-verified by local outreach, truth is people are mobile and will go where they feel safe and supported."

Before 'Everyone In', these approaches seem to have co-existed as there were fewer referrals, the RROT would be taking more people to NSNO Hubs, and stakeholders appreciated that picking up people on the margins of becoming "real" rough sleepers is legitimate homelessness prevention: "the grey area of verification and prevention." However, once the RROT were verifying more cases who remained in-borough, local authorities and outreach teams became increasingly concerned about the quality of verification as people became their responsibility. RROT report that some of these issues have been exacerbated by local authority Housing teams including 'get verified by StreetLink' on people's Personal Housing Plans (it isn't clear if this is an ongoing issue or associated with the Everyone In period).

Several boroughs have met with RROT to address these issues and reported improvements in the quality and validity of verifications as a result. However, questions over practice remain (especially pre-midnight verification and calling people ahead of arrival), and this has damaged trust. There is some continuing tension between the RROT, some of whom think local authorities want to use them as a form of gatekeeping, and local teams who think the RROT are chasing targets and/or avoiding conflict by verifying too many people (especially those with no recourse to public funds and/or no local connection). Some local authorities require their local teams to re-verify people handed over by the RROT. A few examples were mentioned of verification being reversed.

Lone Working: Pre-pandemic, the RROT relied on a combination of outreach staff and volunteers, or sometimes two outreach staff, on shift. During lockdown, lone working had "become the norm" in order to meet Covid requirements. Since the fieldwork for this evaluation was completed, the research team understands that the model has returned to double cover. Thames Reach are matching volunteers with RROT shifts again, although some challenges are ongoing until volunteer numbers return to pre-pandemic levels.

As a result, the perception among stakeholders during fieldwork was of RROT as a primarily lone working service. Given the continuing pandemic situation, these findings are included here as relevant to future service design, but with the caveat that many of the concerns raised should be addressed by the return to double cover.

Stakeholders consistently raised concerns about this aspect of delivery, citing three concerns:

1. Risk to staff
2. Impact on ability to locate and verify people sleeping in riskier locations such as parks
3. Contributes to pressure to verify and lower quality of verification

Only one stakeholder was positive about lone working – on the grounds that it might offer a precedent to commission more cost-effective lone worker outreach.

Risk to staff: The majority of stakeholders were firm in their view that lone working is unsafe, especially during the night. Local outreach workers said that they would not take risks such as going to check an unknown referral in a dark location, and it troubled them that the RROT are expected to do this. A few people (RROT and non-RROT) shared the same example of an RROT worker who responded to an unknown referral and found it was someone previously flagged as high risk on CHAIN, who had a weapon and showed it to the worker – luckily the situation did not escalate. One stakeholder said: “they’re doing a good job under the circumstances but it’s not safe. One of them is going to get assaulted, something’s going to happen” and this sums up the feeling across multiple conversations.

RROT workers have mixed views on lone working. Some are happy with this model and find having a volunteer on shift is less efficient as they need guidance and could even create risk if they’re inexperienced. However, other staff feel unsafe. A female worker said that “since Sarah Everard, I wouldn’t go into a park [now]… my risk levels have changed”. This had led to a problem when she phoned someone to walk out of the park in order to assess and verify, as the Council then didn’t want to accept the verification because she hadn’t entered the park to see the person bedded down. This points to a tension between the expectations on staff to verify to a certain standard and the need for staff to keep themselves safe.

RROT uses a lone working system that checks them out at the end of a shift and prompts a safety call if they don’t check out. But staff have concerns that, if there’s an accident or injury during the shift, there’s no one else to raise the alarm. The team uses WhatsApp to provide contact and support during shifts but say that this can’t replace having someone there with you. An example was given of a drunk man (a member of the public) being sexually inappropriate towards a female worker. The worker left the area but felt she would have had more options had a colleague or volunteer been there too.

Being able to match anonymous StreetLink referrals with CHAIN (e.g., using location data for known sleep sites) was suggested as one way to improve intelligence checks before the RROT go to find someone unknown. However, there will always be an element of uncertainty and risk in RROT's work because of the range of people making referrals.

Impact on ability to locate and verify people sleeping in riskier locations such as parks: Some stakeholders observed that lone working means RROT locate fewer referrals as they can't go into riskier locations such as parks (as per example above). There were also questions raised (by RROT and non-RROT) about whether having two staff makes much difference as the risk level might be unchanged in pair, depending on the location.

RROT hand these referrals over to local outreach, who arrange to attend with police or other agencies, sometimes early morning when there is visibility. This is more of an issue for certain boroughs where StreetLink referrals are regularly for inaccessible sites.

Contributes to pressure to verify and lower quality of verification: The issue of quality is explored in more detail below. Lone working is seen by some stakeholders as a factor in RROT staff feeling under pressure to assess and verify referrals quickly in order to meet targets. Some stakeholders believe lone working leads to cutting corners – for example calling people in advance to arrange to meet them or verifying people who are not physically at their sleep site (cited as concerns by multiple stakeholders) – in order to resolve referrals in the required time, rather than handing over to the local team or returning in a pair at another time. There is also a suggestion that lone working removes some of the checks and balances in decision-making between colleagues, as a lone worker is more likely to verify someone rather than risk their anger. However, lone working became standard practice in RROT during 'Everyone In', which also saw a rise in referrals, so it's hard to gauge the impact of lone working as distinct from the impact of the wider pandemic context on verifications.

Speed of Response: All stakeholders gave positive feedback on the speed of response by RROT, and people are impressed by the coverage and responsiveness of the team. The ability of the RROT to reach referrals quickly is seen as the main strength of the service. Stakeholders expressed relief that the team exists, as previously StreetLink response times were much slower, and their local capacity was insufficient – especially when there might be multiple referrals for someone with a higher public profile. The improved response times have given local authorities more confidence in promoting StreetLink to the public.

Impact on Local Outreach Capacity: There are mixed views on whether the RROT improves the capacity of local teams to work with people who have been sleeping rough for longer. In part, this is due to the number of additional new services commissioned over the

past few years, through ‘Everyone In’ and the RSI, that have increased outreach capacity through extra emergency beds or additional staff such as navigators. Some stakeholders are therefore hesitant to credit the RROT with creating capacity when there are other explanations.

There is also an issue with the changes to NSNO and communal shelters as a result of the pandemic. This means that more people are handed over from RROT to local teams, which is placing greater strain on their capacity, as time is spent looking for RROT clients and caseloads increase.

However, there are also people from both local authorities and outreach teams who are enthusiastic in crediting the RROT with releasing capacity to do more intensive casework: “[RROT] responding to referrals quickly has enabled the day outreach team to have capacity and focus on the case progression/case working. Because of this the [local] team has achieved great outcomes around housing/reconnection.” For some stakeholders, this is the strength of the RROT model, enabling local teams to work primarily during weekdays when other services are open in order to make referrals and address people’s wider needs. This is described as a key part of moving people off the streets, and outreach workers spoke about their role being “fuller” and “more rounded”, since the introduction of RROT meant they could focus on casework instead of reacting to new referrals. One stakeholder said that it also improved their ability to recruit and retain staff, because they don’t have to cover nights.

Stakeholder Views of the Experience and Expectations of People Sleeping Rough:
Each stakeholder group believes that another group is raising unrealistic expectations with people on the streets: RROT think StreetLink and Police tell people that RROT will house them; local outreach teams think RROT tell people that local outreach will house them, etc. A possible explanation is that people on the street assume it is someone’s job to house them, and that they are being referred to the next service for this purpose.

All stakeholders agree that there is confusion amongst the public and people sleeping rough about the roles of StreetLink and the RROT, “everyone calls us StreetLink.” People found by the RROT and local outreach teams are often confused about why there are two teams, especially if they are left on the streets waiting for contact from local outreach. Language barriers add to this confusion.

Stakeholders are often of the view that, on balance, being found quickly by RROT is the most important thing as it helps people “feel important and that their case is dealt with.” Some people also commented on the value of having a team outside the local authority structure, which can build trust if people have had a bad experience with their Council.

A few outreach stakeholders are frustrated by the impact of RROT on clients and believe that the confusion caused is detrimental to people's well-being and has a negative effect on local outreach building trust. This view seems to arise from the lack of RAFTS during the period when NSNO closed, for example one outreach worker asked "without NSNO, what's the point of Rapid Response?" This suggests that the integration of RROT and local outreach teams could be improved by giving RROT access to local borough emergency accommodation where possible, as this would give those clients alternatives at times when NSNO is not available. Other stakeholders gave positive examples of how these referral pathways have helped get people off the streets quickly even while NSNO was closed. There was also praise for RROT's tenacity in trying to reach local authority 'out of hours' services when relevant (only a small number of clients meet out of hours thresholds).

Local Borough Knowledge: RROT workers are usually flexible in which boroughs they cover, so that the team can respond to referrals within target time. This is seen as positive in terms of a rapid response, but it does create some challenges where RROT don't know the borough well. Local outreach teams can be frustrated that people are verified in locations that are not plausible sleep sites. RROT find it difficult to navigate changing traffic regulations, road works, and parking restrictions across multiple boroughs. It makes it harder to find people and to work safely, e.g. having to park at a distance from the site being checked.

Stakeholders suggested that the RROT could be commissioned sub-regionally to create teams with better knowledge of a smaller number of boroughs, or that RROT staff could be assigned to specific boroughs and shadow the local outreach teams to get familiar with geography, hotspots, and less obvious sleep sites.

RROT note that there are recruitment challenges as they can't require someone to live in a specific area, so travel time can be an issue if assigning people to set patches, and regular staff turnover makes it harder to maintain consistent borough knowledge.

In addition to geography, RROT are expected to get to grips with borough-specific information such as out of hours provision, COVID-19 protocols, SWEP arrangements, and handover processes. These vary between each borough. Stakeholders and RROT identified this as a big ask of the team, with plenty of scope for getting things wrong, especially for new starters working alone.

Communication Between RROT and Local Teams/Local Authority: Most boroughs have developed their handover processes in discussion with the RROT, so that the team logs on CHAIN but also sends a concise handover email at the end of each shift. This is appreciated by local teams and local authority leads as it keeps everyone in the loop. RROT can find it

frustrating working out who to copy in and the multiple emails for different teams in the council, as this varies between each borough.

A small number of local authority stakeholders are unhappy with the level of contact from the RROT and are unsure on who to contact in the daytime to follow up or escalate issues. This may be an issue of individual working styles, as there was a lot of positive feedback for how responsive the RROT daytime staff are, as well as for the handover from night staff (across multiple providers, not only within Thames Reach). There were multiple examples of meetings to improve joint working, including a few examples of shadowing between teams. There is occasional joint work where a local team will ask the RROT to look out for someone to pass on a message or do a welfare check however RROT aren't commissioned with capacity to do this on a more regular basis.

One borough has an agreement that RROT email their Housing team to start Part 7 homelessness assessments for anyone verified overnight, to speed up the process and provide a more joined-up service to people sleeping rough.

RROT appreciate local teams who take the time to respond to their emails, so that they know clients will be followed up and that action has been taken. They find it frustrating that some boroughs do not acknowledge handover emails and there's no sense of joint working to benefit people on the streets. This appears more likely to be an issue where outreach is in-house, possibly reflecting differences in charity and council working cultures (some local authority stakeholders were also critical of their borough's unwieldy internal processes and communication). RROT describe some boroughs as 'a mystery' and 'a black hole of information' despite efforts to develop communication via handover emails.

Impact of COVID-19 and NSNO Closure: Most feedback about the pandemic centered on the closure of NSNO, and the impact of 'Everyone In' on verifications (see above). Some stakeholders were full of praise for the way that the RROT responded during 'Everyone In', going above and beyond to locate people and to support local outreach teams when their staffing cover was very low: "RROT were able to hold things together remarkably well throughout the pandemic, and it would have been impossible to do 'Everyone In' without RROT there to respond at an initial stage."

A few people said that the RROT "wasn't visible" during the pandemic (stated as fact rather than criticism). Without NSNO, stakeholders did not necessarily see a value in RROT operating in their borough. This was associated with boroughs with a smaller number of people sleeping rough and where clients typically have a local connection and recourse to public funds, so demand during Everyone In didn't require the input from RROT valued by stakeholders in other boroughs. The GLA has confirmed that RROT placed 600 people into

emergency accommodation between March and June 2020, so the lack of visibility in some boroughs was balanced by increased activity in boroughs with high demand.

Feedback suggests that RROT is returning to something close to its original model now that NSNO restructured as Turnaround Hubs, albeit without shelter. People, both RROT and non-RROT, have been surprised that the appointment-only system is having a positive impact and that people are making their way to the Hub. Additional support with transport has been mentioned as a potential improvement, although with one Hub now open 24-hours, RROT should be able to take people in the night again.

Access to Accommodation: The RROT have found it hard to work without NSNO, with the data on RAFTS offers reflecting the lack of options during this period. A few boroughs have emergency beds that RROT can access, but these are limited, and concerns about verification means that some boroughs won't allow RROT to make referrals to avoid filling beds, e.g., with people who have no local connection, or have housing elsewhere, or have no recourse to public funds.

RROT will use councils' out of hours (OOH) numbers – but sometimes struggle to get a response and waiting over 45 minutes for a response is common (which means remaining on site or in the car as their next referral might be a long drive away). There are mixed feelings about whether this is a good use of time: "unless they're pregnant or Type 2 diabetic with no access to medication it will be a no [from OOH] so I wouldn't normally bother, but if they're vulnerable you feel you have to try, even though you know it will probably be a no".

Some local authority stakeholders voiced frustration that RROT place people using OOH who don't have local connection, because this slows down the housing process for the individual as they have to be reconnected with the relevant local authority. They criticise RROT for 'taking as gospel' what people tell them at assessment as this ends up with people placed with a local authority without local connection.

Assessments by RROT: There was mixed feedback on the quality of RROT assessments. Some stakeholders want the RROT to be delivering more in-depth assessments that include verifying local connection and housing status. Others have praised the quality of RROT assessments, especially given that they are done on the street, during the night, on first contact, and in all weathers. And a small number criticised RROT assessment as too detailed without the time to gain trust, preferring this to be left to the local team. RROT's CHAIN recording is seen as comprehensive.

Additional themes also emerged:

Managing RROT and Local Outreach Expectations: Both RROT and local outreach teams have high expectations about what each other's model should achieve.

For example, RROT expect that clients they refer will be picked up by local outreach promptly and find it frustrating when CHAIN shows no further engagement and/or a client is re-referred via StreetLink because the local team hasn't made contact. As RROT are the only contact that person has, they find it demoralising when the local team is unresponsive, and they have to tell the person to keep waiting. On the other hand, local teams say that the RROT expect too much of them, and don't allow for the fact that some teams are part-time and only work in the day, so they might struggle to contact someone the RROT has seen at night.

Some local teams place high expectations on RROT to do more in-depth assessments and to check information such as local connection and housing status. They find it frustrating that people are placed in emergency beds out of hours when they don't fit the local criteria, as this blocks access for the local outreach team to house people who are eligible. The RROT say that they are assessing people on the street in the night, in all weather, and under time pressure to reach referrals quickly over large areas and can't be expected to verify information in these circumstances.

RROT feel that local outreach teams don't understand the rapid response model and how hard it can be to tell someone they won't be verified, or that there's no RAFTS available. This is both due to receiving people's anger and frustration while lone working, and also the feeling of having failed someone if they are left on the street. One RROT worker described it as "a life-or-death service". RROT question if local outreach teams understand what it's like to only have perhaps 30-60 minutes to offer help and then have to walk away without knowing if that person will be safe. They also worry about vulnerability and "needing to do enough in case something happens, to cover the paper trail."

There was positive feedback about the value of shadowing shifts between RROT and local outreach to understand how each service works and to get to know teams as individuals.

NSNO Criteria: RROT have been frustrated by having to apply NSNO criteria to some cases where a person has one CHAIN contact from years before, and was helped off the streets at the time, but is now prevented from accessing NSNO again. This was felt to be too strict, especially where NSNO was a successful intervention for that person previously.

Access to accommodation: Several stakeholders said that RROT should have access to its own 'mini pathway' of emergency beds.[6] Some RROT staff would like to see each borough making a few emergency beds available each night. However, feedback from local authorities shows that access to local beds is associated with higher expectations that RROT will do an extensive assessment of vulnerability, local connection and eligibility for public funds.

Geography and Transport (Staff): The lack of local borough knowledge means that the RROT staff regularly end up with fines for parking or other traffic issues. It can be difficult to find legal parking close enough to some referral locations.

Contact and Transport (Clients): There are gaps in communication with people who do not have mobile phones for daytime outreach to follow up for casework. Where people are referred to a Turnaround Hub, they don't always have the means to travel there.

Data and reporting: A few local authority stakeholders said that they do not get any data from RROT and are unclear of who to approach for regular reports. As a result, they found it hard to understand the role of RROT and what difference they might be making locally.

Qualitative Findings – Discussion: The Rapid Response Outreach Team is well regarded by the majority of local authority and local outreach stakeholders who took part in this evaluation, with some describing the service as 'invaluable'. Stakeholders identify strengths of the team as their ability to respond quickly to StreetLink referrals, to filter out street activity and other inappropriate referrals, to connect some people with NSNO/Turnaround Hubs, and to identify highly vulnerable people for out of hours placement. Stakeholders think RROT works less well when it comes to verification of people not fully bedded down, and that lone working undermines the quality of response and the safety of the Rapid Response Outreach Team.

These findings illustrate the difference in the understanding of what constitutes rough sleeping. Local authorities and their commissioned teams follow a definition of rough sleeping closer to the Government definition used for annual snapshot statistics, where the person is passive and static, physically bedded down in one location late at night, where they wait until found by outreach. At times, workers in the RROT take a more flexible case-by-case approach, for example not expecting people new to the streets to be fully bedded down and accepting that people are likely to be mobile for safety and as they navigate their new circumstances sleeping rough. The RROT approach appears more person-centred and responsive to individual

[6] Where this theme was developed, it became more about the role/format of NSNO, which is outside the scope of this evaluation

circumstances, as they accept that people have agency and will often be actively seeking solutions and safety, rather than passively waiting to be found.

RROT shift observation

One of the associates joined an RROT outreach shift to observe their work in practice, and in particular their contact with people sleeping rough. No personal data was collected by the associate during this observation.

The RROT worker had been to an online team meeting and then collected the rental car prior to picking up the associate, with shadowing from 9pm - 1.30am on a December weeknight. The shift covered Bromley and Lambeth, but there were no referrals for Bromley. It was a busy night for Lambeth, so the worker used WhatsApp to check in with a colleague who was able to cover some of Lambeth after responding to referrals in their own assigned boroughs.

The worker attempted to contact seven individuals during the shift, with a range of outcomes:

- Found, already known to local outreach (repeat referral)
- Found, not verified as no evidence of rough sleeping and reason to suspect they were indoors when contacted
- Found, verified, appointment scheduled at Turnaround Hub in 2 days' time (no options available on the night)
- Not found, no contact number
- Not found, voicemail left (2 people)
- Not found, phone conversation, had moved sites, was asked to update their StreetLink referral with an accurate location to be looked for again the next night

The RROT worker explained clearly to each person what decision had been made and what the next steps would be. Two of the three people found had enough English to communicate easily with the worker, and their responses showed that they understood what was happening and what they needed to do next. The third was offered Language Line for translation but declined.

Two people were given the name and address of local day centres. This, along with the appointment and CHAIN details of the person verified, was shared in hard copy. The RROT worker had access to a comprehensive online document with borough-specific information to check local details.

One sleep site was in a locked and unlit park. The worker left a voicemail telling the person that they could not be verified at this site. This was a situation where working in pairs would not have helped, as even unlocked the park was still unsafe to enter at night.

The worker updated CHAIN and local teams after each contact. They had quick access via smartphone to the StreetLink referrals, CHAIN, Google maps, the borough document, and the Turnaround Hub appointment scheduling system. All of these were accessed and updated with ease.

Shift Observation Discussion: This shift observation showed RROT working effectively to cover as many referrals as possible with the resources available on the night, and being flexible within the team to do this efficiently. Self-referrals were prioritised and there were regular checks for any new referrals coming in during the shift. The contact with individuals was respectful, calm and in plain English. Information was kept to a minimum and focused on what was relevant to that individual.

While further evaluation is need with RROT clients to hear their direct experience, we observed:

- Disappointment not to be found on the first night after sending a StreetLink referral – one person said they had been 'let down'.
- Uncertainty about what outreach is e.g. 'are you from the council?'
- Frustration at being refused verification and not understanding why they have to bed down.
- A few people changed locations between one night and the next.

There may be opportunities to increase the use of technology with people sleeping rough. Five of the seven referrals had phones, but all information was shared verbally and/or in hard copy (luckily in dry weather). It might help people on the streets if key information such as appointment details and day centre opening times could be sent via no-reply texts as well. While this would add to the admin for RROT staff, it might be better for clients and increase the chances of people attending appointments and engaging quickly with services.

The observation also brought home how much ground RROT staff cover during a shift, from collecting and returning the rental car; from covering what can be very large borough patches; and sometimes returning volunteers to their homes at a distance. If self-referrals come in, RROT say they will nearly always try to respond if they can, but this means it can be hard to finish within allocated hours.

Interviews with People Experiencing Homelessness

Participants were interviewed at the St Mungo's Waterloo Hub Hotel in January 2022. These five case studies present each interviewee's experience as they remember it, as described to the researcher, and using their own words where possible. Identifying details have been excluded as far as possible. Please see the discussion section below for analysis of themes.

1. **Case study: A** – Approximately seven months since leaving the streets.

'A' had been sleeping rough for about a week when he got talking to some other people on the streets, who told him about StreetLink. He had a phone with him and made a self-referral.

"I got a call; I missed the first one…the message was [from] people who were working with StreetLink and were trying to find me. It was a difficult spot I had chosen…under a bridge…I explained where to find it. Two chaps came out to meet me and I helped direct them how to get there."

In their first meeting, they covered "a few subjects…how to help me to get to an appointment that was needed to get potential accommodation. They were helping prompt me on how to find it and get to it as it wasn't local and required taking a bus. They provided reassurance [about getting accommodation]. I asked them what they had experienced in doing their work. They shared brief information about their work. It was maybe 20 minutes that we spoke."

The appointment was about a week later, and A received a call from someone to say she "was providing me with funding to get a bus to be able to get to the appointment. We arranged to meet locally to where I was visiting regularly to find work or study at the local library. She talked to me about the meeting, and I got advice about what would happen."

"I can't imagine how long I'd have been out there for [if they hadn't found me]"

"Everyone did everything they could to help me and I'm really happy and thankful for it … I was happy with StreetLink as first point of help. I've tried to help people by directing them to StreetLink since then."

2. **Case study: B** – Approximately one month since leaving the streets.

'B' was sleeping rough for a few months in different locations across London. He was found while "just on the floor" at London Bridge and wasn't sure who made the referral.

"I was under a bridge, they approached me on a Monday morning and asked to go for a coffee and went back to office. Gave me some clothes…felt nice to be in new clothes. About

a week later, got the hotel. I was sent to the place in Lewisham to try and sort out Universal Credit. First meeting filled out a form with them – said they'd be in touch [then] they rang my sister and contacted me with a hotel space…Think it's a rapid response…10/10, rate it the highest. Over the moon with it."

3. Case study C – Approximately two months since leaving the streets.

'C' was discharged from hospital after major surgery. "StreetLink were supposed to meet me at the hospital…nurses contacted StreetLink. They said to meet them outside. I slept overnight and next morning they still didn't turn up and I was in a lot of pain."

"They kept promising to turn up, I was in the park and waiting for them to turn up but then I had to leave out of the rain and find a building to get out of the rain. They called twice but they didn't turn up after [I waited] hours, I was in pain and couldn't stand it, my fingers were so cold I couldn't use my phone, so I found a building to get warm. I'm on lots of medication."

"They said 'we're busy right now and we can't get to you'. You have to be sleeping rough for 3 nights before they turn up, that's what StreetLink said."

"I was in the park at nighttime. One person came, I was sitting by the tennis court, that's where I told them so when the lights are off, I could sleep on the bench but when it's raining, I can't stay there. She did an interview on her phone with my details. She had on her ID. She said she'd give me a number – a request number or something, told me to get to St Mungo's and they would start processing me right away as long as they'd done the form. I couldn't walk there from the park, couldn't get to Lewisham. I called and told them I'd be an hour late as only had enough for one bus fare." They referred C to day centres for food and showers, but he found it hard walking to different places as he has to keep stopping due to the pain.

"They gave me something to eat and tickets back, they said they'd get in touch and when they called about a week or two weeks after and told me to come back, gave me food and offered a place."

"They [StreetLink] promised me when I left hospital and nobody turned up. And I'm sitting up here and the weather is changing and I don't have no bus fare or nothing, I don't have anywhere to sleep and don't want to go to a building and the police come and take me out for trespassing. I went back to hospital where the ambulance is and waited for StreetLink and they didn't turn up."

“When she gave me the interview and gave me that form, things started moving. Within a week they called for interview and then a week and then to the shelter.”

“I'm really thankful for the help because I was still walking around. I was in some much pain when I was found.”

4. Case study: D – Approximately two months since leaving the streets.

‘D’ was sleeping rough and had been told by a few people to go to day centres for breakfast and showers. He spoke to a few people in the same circumstances.

“I spoke to StreetLink and got through. Spoke to them on the phone, they found me maybe a day later…I don't really remember what we spoke about. Didn't expect much of it. Been let down a lot of times…They asked some questions, I don't remember, I was pretty tired. I remember taking down some information [from them].”

“I went somewhere where they could find me easily, stayed in view.” Before that D was more hidden as "you get no sleep otherwise, London doesn't sleep it's always on the move.”

D was given information about attending an appointment and bus tickets.

“They went through the whole process, very helpful…Not long, maybe a day and a half between meeting them and coming to the hotel after an assessment…11/10 it was amazing.”

5. Case study: E – Approximately seven weeks since leaving the streets.

‘E’ was living in a van for more than to year, using food banks and cooking in the van.

“There was a knock on the window of the van, and it was someone from a charity and they drove me to Notting Hill, I spent a few days and nights [in a shelter] there and then came to the hotel.”

“I hadn't made a StreetLink referral, they just knocked. They had ID. Explained I could stay in one place with a bed until we find somewhere suitable...couple of nights and then drove me to the hotel…Just really kind and fantastic.”

Lived Experience Interviews – Discussion

Positive bias: The interview sample only included people who had a successful outcome from their contact with outreach. They should not be seen as representative of the client experience of RROT in the absence of interviews with people who remain on the streets. Where people accessed accommodation from the street, it's possible that this positive outcome might affect their view of the experiences leading up to it when viewed with hindsight. The case studies show a strong emphasis on praise for the service received, for example when asked to rate the service received on the streets, everyone was positive, and when asked to suggest improvements, there were no suggestions. Interviewees tended to answer questions about quality by describing how happy they were with their current hotel situation, rather than the earlier experience with outreach.

A continuous process off the streets: The five people interviewed did not make a distinction between their contact with different outreach teams – they gave a coherent timeline and described having a clear plan once initial RROT contact was made. Initial contact from RROT followed by contact from local outreach (in case studies A and B) was described as if it were a single joined-up process. This was the case even with breaks in contact, e.g., 'A' was given an appointment by RROT and it was a week before someone in local outreach provided the travel fare to enable him to get there. There were no descriptions of confusion or frustration once RROT made contact, despite delays featuring in some interviews. Again, this may be the effect of hindsight and people's relief at being in the hotel putting a positive spin on their recollections.

The sense of a coherent process contrasts with some of the concerns raised during the evaluation that clients might find the RROT/local team structures confusing – there was no feedback on confusion in the interviews. People seemed to accept that they were passed from outreach to hub appointment to hotel and didn't offer criticism of the process. People who are on the streets part way through that same process may well have a different perspective.

Gaps in recall: Some interviewees did not remember their initial RROT contact. Case studies B and E only described the subsequent work of the local outreach team. Contact with RROT is often brief, and factors such as fatigue, intoxication, and stress may affect people's ability to recall that first meeting (and also be a reason for RROT to hand over to local outreach without having made a plan). Case study D gives some illustration of this, with

the interviewee struggling to remember much about the RROT meeting, explaining that he was tired, with low expectations of outreach, and so wasn't fully engaged with the process.

Being found: Within this small sample, the issues of hidden sleep sites and difficulty locating people came up in four of the case studies. Both A and D had to help RROT find their site, while E was in a van and not known to outreach for two years.

Case study C is the most detailed, presenting rich information about location challenges similar to those described elsewhere in this evaluation. 'C' waited for RROT at the hospital, when nobody came he moved to some tennis courts in a park, but whenever it rained he had to find a building for shelter, and this made him anxious about being moved on by police for trespass. He described mixed messages from StreetLink – thinking they would come to him at the hospital when first presenting as experiencing homelessness, repeated 'promises' to turn up, and being told that he had to be sleeping rough for three nights before they would come out. This interview bears out the potential for confusion when people are trying to navigate rough sleeping and associated services for the first time, especially when in vulnerable situations like C with his post-surgical pain and mobility issues. His story points to the pivotal role of StreetLink (and of people acting as intermediary between StreetLink and the client) in sharing accurate information at first contact, as well as the sense of being let down and unsure what to do when this information doesn't match up with experience.

Talking with RROT: Where people remember meeting RROT, there are indications that it is a positive experience – in case study A, he asked about the work of RROT as well as them asking him assessment questions, so there was more of a conversation, and he appreciated that they offered him reassurance. In case studies C and D, RROT gave them appointment information and they described understanding clearly what they had to do next and where they'd have to go.

Travel to appointments: The interviews highlight the importance of ensuring people have travelcards to reach Hub appointments, which are often at a distance. For example, 'C' used his last money to get part of the way and then walked, arriving an hour late. Meanwhile 'A' could only go to the appointment after a follow-up call and meeting with local outreach for bus fare.

Conclusion

Most stakeholders who took part in this evaluation see the Rapid Response Outreach Team as providing a valuable service in their ability to respond quickly to StreetLink referrals and removing this time pressure from local teams around people new to the streets. The data analysis supports this view, showing that boroughs covered by the RROT find people more quickly than those without the RROT – in the first two Quarters of 2021-22, 71% of people located by RROT were found within 24 hours, compared to 31% in non-RROT boroughs.

Locating people from StreetLink referrals continues to be a challenge, with only 26% found in the first two Quarters of 2021-22. In 2018-19, prior to the RROT, 19.5% of StreetLink referrals found engaged with outreach – compared to 19.8% engaging with RROT. This was not a source of criticism from stakeholders, however, as StreetLink referrals are seen as varying greatly in quality and reliability, especially those from members of the public. The focus, among both RROT and non-RROT participants, is on looking for referrals within the target times – as this is within the control of the team. Targets for contact are seen as achievable, albeit with scope for adjustment to reflect that people are more often found later in the night.[7] In 2018-19, the average time between referral and contact was 4.2 days, so the RROT has made significant improvements to response times – with 89% found within 48 hours for the first two Quarters of 2021-22.

The pandemic has greatly affected the ability of the RROT to make RAFTS offers – with the data showing the proportion of people made an offer dropping from 57% in Q2-4 of 2019-20, to just 13% in the first two Quarters of 2021-22. This reduction in options to end people's rough sleeping has significantly disrupted RROT's ability to meet aims around consistency of response and successful referral outcomes, as the service was commissioned with NSNO integration as a key element. Where RAFTS have been made in this financial year, 91% of people accepted the offer. With ongoing challenges such as the Omicron variant and the reduction in winter shelter spaces, it is likely that the RROT will continue to be hampered by these external factors in their ability to secure outcomes that move people off the streets.

The higher number of people being referred during the pandemic, the reduction in RAFTS, and the increase in cases handed over by the RROT to local teams, has led to tensions with local outreach about the difference in approach to verification. Most stakeholders accept that this difference was constructive when RROT had access to NSNO, to prevent further rough sleeping for people new to the streets who might not yet be fully bedding down. However,

[7] There are concerns from stakeholders about referrals giving bedded down times earlier in the evening, however as this arises from the format of StreetLink referrals it is outside the scope of this evaluation.

local teams work on a narrower definition of rough sleeping where they expect people to be static and fully bedded down. This has led to differences of opinion about the validity of some RROT verifications, eroding trust where local teams have objected to the increase in their caseload from RROT verifications, e.g., for people who move between sleep sites and/or don't have bedding. Most of these issues appear to have been resolved through discussion between local teams and the RROT; discussion of practice within RROT; a reduction in inappropriate referrals since the end of lockdown and 'Everyone In'; and the opening of Turnaround Hubs. It is our assessment that RROT's approach is more person-centred and responsive to what the initial experience of sleeping rough might look like, while also taking a critical/questioning approach to what they hear at first contact. We note that it would be counter-productive to expect people to acquire bedding in order to be verified.

There are gaps in the available data, including the ability to compare local team casework capacity before and after the introduction of the RROT. While stakeholders agree that responding to StreetLink referrals used to take up a lot of capacity for local outreach teams, they don't all agree that this capacity has been released for casework. Some are of the view that the increase in caseload from the RROT handing over cases since the closure of NSNO has off-set any other increase in capacity. Others are clear that they have benefitted from RROT's work and are able to do more intensive and consistent casework with people who are on the streets for longer, which StreetLink responses had previously fragmented.

Another gap in data for RROT and non-RROT responses is the improvement in referral outcomes, as there isn't comparable data for 2018-19 with RAFTS only introduced during that year. The proportion of people found sleeping rough within six months could be used as a proxy indicator – and there was a reduction from 29% in 2018-19, to 23% across Q2 19-20 and Q4 20-21. This raises a question about why fewer people return to the streets despite the lower number of RAFTS in recent periods. The pause on evictions may be one factor, and data for Q3-4 2021-22 will indicate if this trend is reversed as evictions go ahead.

The qualitative findings show that relationships with local authority stakeholders and local outreach teams are generally constructive. Communication has been developed, with the use of handover emails well received by stakeholders. RROT's willingness to listen and adapt was praised by multiple stakeholders, and feedback suggested an overall positive trend, with joint working improving over time. In a handful of boroughs there appears to be a lack of regular communication and less clarity about the RROT model, so there is scope for greater engagement here. Staff turnover is a complicated factor for all teams and regular opportunities around shadowing and induction would help to maintain consistency in joint working.

Qualitative findings from observation and interviews with people with lived experience align with the findings described above, in particular the challenge of locating people who are themselves trying to navigate being on the streets. People's brief contact with RROT does not always leave a lasting impression, but when it does, the team are described positively, with clear communication that leads to outcomes. The people we spoke to had experienced a smooth process even where multiple teams and services were involved. However, this element of the evaluation was limited by the small sample size and biased to people who had been given a route away from the streets.

In summary, we have found that:

- A higher proportion of people referred by StreetLink are looked for by the RROT than the previous service model.
- A higher proportion of people who are found engage with support from the RROT.
- The proportion of people found and supported is unchanged.
- The proportion of people who are found bedded down again within six months has reduced under RROT.
- People referred to StreetLink are found more quickly by RROT than by teams in non-RROT boroughs.
- There is insufficient evidence to compare referral outcomes.
- There is anecdotal evidence that capacity for some other local teams has increased since the introduction of the RROT.
- RROT has improved the extent to which it complements and integrates with local commissioned outreach teams, and there remains scope for improvement in some boroughs.
- RROT has effective relationships with statutory homelessness services and local authority commissioners in some boroughs, and there remains scope for improvement in some boroughs.

Recommendations

Recommendations for the GLA:

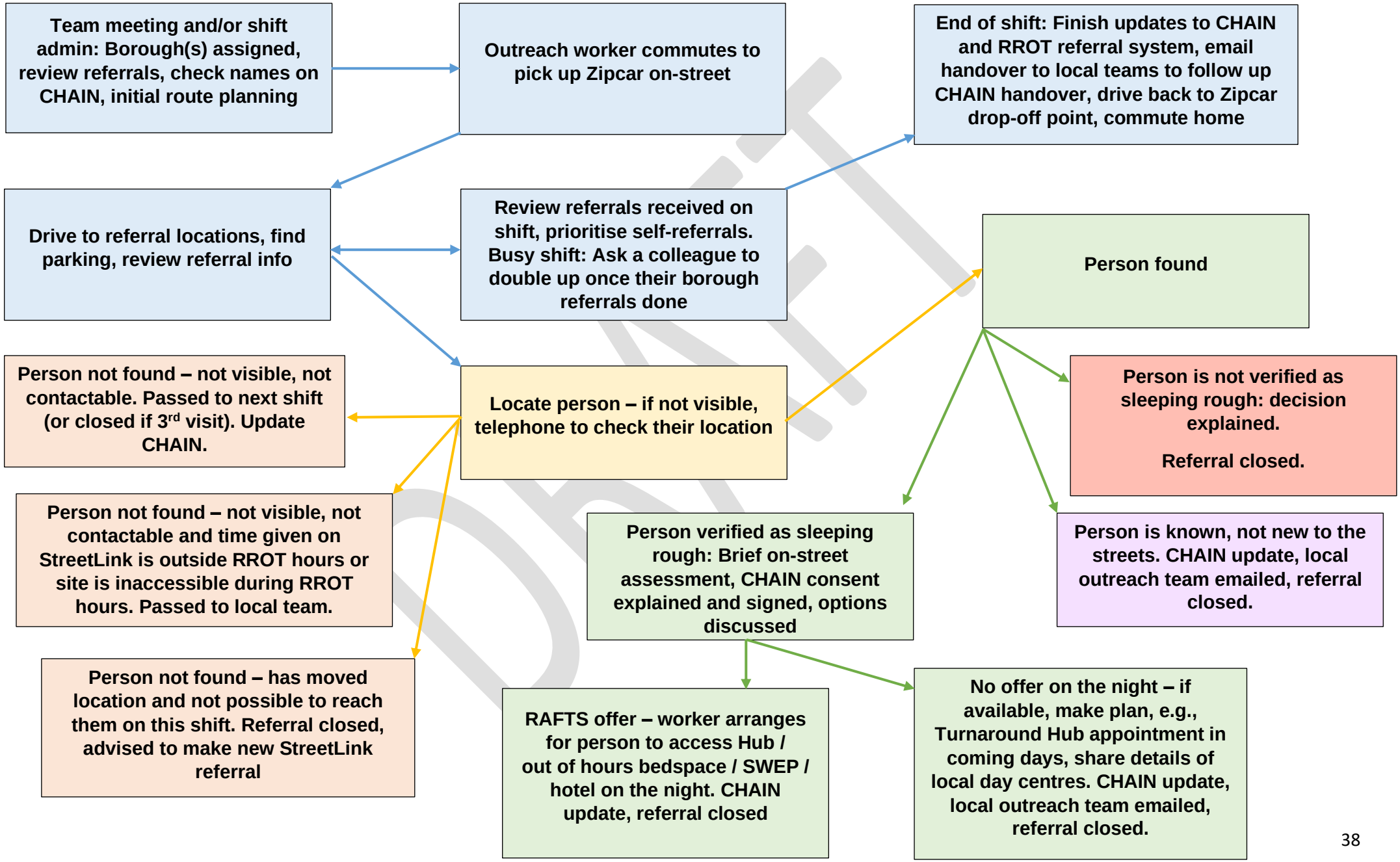
- Review the alignment between NSNO and RROT services to ensure they work together effectively.

- Work with local authorities to increase provision of immediate routes off the streets available out of hours
- Consider the findings of this evaluation in relation to lone working in updating the specification to recommission the RROT.
- Explore how the GLA might support Thames Reach to restore volunteer numbers.
- Review the target time for second visits so that the RROT can look for people later on the second night than the initial referral.
- Consider introducing scope for discretion on NSNO criteria where there has been a single contact years previously.
- Monitor data on bedded down contact after six months of RAFTS offer to assess impact evictions resuming.
- Explore options for adding location data to CHAIN to help match unknown StreetLink referrals with known rough sleepers where risk has been flagged.
- Support RROT's use of discretion in assessing what constitutes 'bedded down'.
- Explore the scope for local boroughs to exempt the RROT from some parking/traffic restrictions.
- Consider commissioning qualitative research on the lived experience of people sleeping rough in London as a whole, including those still on the streets (as opposed to applying a service-specific frame to the research design).

Recommendations for Thames Reach as the Current Provider:

- Continue to recruit volunteers and maintain double cover on RROT shifts.
- Circulate information about RROT process and how boroughs can access RROT data, along with daytime contact details, to all borough rough sleeping leads/homelessness commissioners.
- Hold regular online Rapid Response information sessions to create a point of contact and explain the model to new starters from boroughs and outreach teams.
- Continue to arrange shadowing between RROT and local teams.
- Create borough-specific signposting leaflets to help people locate day services.
- Explore equipping the RROT with better technology to navigate parking/traffic restrictions.
- Explore options for sending key information to clients by text
- Review scope to create email groups for each borough to save time when staff send handover notes.
- Review scope for the RROT to carry some mobile phones and travel tickets to help increase engagement of people sleeping rough with Turnaround Hubs or local outreach.

Rapid Respond Outreach Team Process Map – January 2022. Shift = 6pm-2am



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Appendix 1: Borough Participation Summary

Method	Brough Served by Rapid Response Outreach Team	Local Outreach Provider
S, FG	Barking and Dagenham Borough Council	Thames Reach (LSR)
FG	Barnet Borough Council	In-House
S, FG	Bexley Borough Council	Thames Reach (LSR)
FG	Brent Borough Council	St. Mungos
	Bromley Council	Thames Reach (LSR)
S, FG	Croydon Borough Council	Thames Reach
FG	Ealing Borough Council	St. Mungos
	Enfield Borough Council	Thames Reach
S	Greenwich Borough Council	Thames Reach (LSR)
S, FG	Hackney Borough Council	Thames Reach
S	Hammersmith and Fulham Borough Council	St. Mungos
S	Haringey Borough Council	Thames Reach
I	Harrow Borough Council	In-House
S, FG	Havering Borough Council	Thames Reach (LSR)
S, FG	Hillingdon Borough Council	Thames Reach
S	Hounslow Borough Council	St. Mungos
S, FG	Islington Borough Council	St. Mungos
S, I	Kensington and Chelsea Borough Council	St. Mungos
I	Lewisham Borough Council	Thames Reach (LSR)
S, FG	Merton Borough Council	In-House
S, I	Newham Borough Council	CGL
S, FG	Redbridge Borough Council	SHP
I	Southwark Borough Council	St. Mungos
S, FG	Waltham Forest Borough Council	St. Mungos

Key:

S = Survey I = Interview FG = Focus Group

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Appendix 2: Online Survey Questions

1. **Name and email** [optional]
2. **Role** [required]
3. **Local authority** [optional]
4. **Please rate the following statements based on your experience:**
   On a scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, plus n/a.
   All questions optional.
   a. I'm aware of how the Rapid Response Outreach Team works (e.g. shift patterns, coverage, the process for responding to referrals and passing referrals on to local outreach teams)
   b. I know who to contact at the Rapid Response Outreach Team to discuss a case
   c. There is effective communication between the Rapid Response Outreach Team and me / my team / local partners
   d. There is a faster response to StreetLink referrals since the Rapid Response Outreach Team was introduced
   e. The Rapid Response Outreach Team's response to people new to the streets has increased capacity for local outreach teams to work with people who are sleeping rough over a longer period
   f. The introduction of the Rapid Response Outreach Team has improved the quality of response to people new to the streets
   g. There is an efficient process to hand over referrals from the Rapid Response Outreach Team to local outreach or other partners
5. **In your view, what are the strengths of the Rapid Response Outreach model?** [free text]
6. **In your view, what are the weaknesses of the Rapid Response Outreach model?** [free text]
7. **How has the pandemic affected the Rapid Response Outreach Team's work in your borough?** [free text]
8. **Additional comments or suggestions** [free text]

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Appendix 3: Topic Guides

Partners:

1. What is your borough's outreach provision apart from RROT?
2. How would you describe the RROT?
   How is it different from local outreach teams?
3. What are the advantages of having a rapid response model?
4. What are the challenges of this model?
5. In your view, how effective is communication between the RROT, the local outreach and/or LA?
6. What problems arise between the RROT and local borough teams?
7. What improves joint working?
8. What impact did the pandemic have on service delivery? To what extent are these issues ongoing?
9. If you could make one change to the RROT, what would it be?
10. What feedback, if any, have you heard from people on the streets? What are the pros and cons from their perspective?

RROT:

1. How would you describe the RROT?
2. How is it different from other outreach teams?
3. What are the advantages of having a rapid response?
4. What are the challenges of this model?
5. How do you pass referrals to local teams?
6. In your view, how effective is this handover?
7. What problems arise in working with local borough teams?
8. What improves joint working?
9. What impact did the pandemic have on service delivery? To what extent are these issues ongoing?
10. What happens when the process works really well? What needs to happen at each stage for it to go smoothly?
11. What about when it hasn't gone well? What might happen at each stage that creates a delay or problem?
12. If you could make one change to the RROT, what would it be?
13. What feedback have you heard from people on the streets? What are the pros and cons from their perspective?

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People with lived experience:

1. How long have you been at the hotel?
2. Where were you immediately before coming here?
3. Can you tell me about the first time you met someone from outreach?

   Prompts:

   a. How long were you sleeping rough before they contacted you?

   b. How did they find you? Did you make a StreetLink referral?

   c. Where were you when they made contact?

   d. How did they first contact you e.g. by phone, in person?

   e. What happened in that first meeting?

   f. What happened next – did they help you off the street?

   g. Did you meet other outreach workers? Do you remember which organisation they were from?
4. How would you rate the service you received from outreach?

   a. What did you like about it?

   b. What didn't you like?

   c. How easy was it to understand their role?

   d. How clear were you about next steps after speaking to the outreach worker? e.g. did you know who to call/where to go
5. What feedback would you like to give the GLA and Thames Reach about the Rapid Response Outreach Team?

   a. Any suggestions for improving the service?
6. Are there any other comments that you would like to share?

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Appendix 4: About Homeless Link

Homeless Link is the national membership charity for services working directly with people experiencing homelessness and those at risk of homelessness with housing, health, care and support needs.

Representing over 700 organisations across England, we work to improve services through research, guidance and learning, and to promote policy change that will ensure everyone has a place to call home and the support they need to keep it.

We aim to bring about positive policy change as well as providing practical support to individual organisations. Our Innovation and Good Practice (IGP) Team runs a range of special projects including focuses on welfare reform; the future of supported housing rents; the Homelessness Reduction Act; Housing First; Ending Women's Homelessness and Youth Homelessness.

We are a leading training provider delivering both public and in-house courses around the country to local authorities, registered housing providers, third sector and charitable organisations and service user groups across housing, homelessness, support, health & social care and criminal justice services

We have a strong consultancy service; our staff and bank of associates nationwide support members across the spectrum of their activities from the strategic - strategy development, business planning, service evaluation, commissioning and workforce development - through to the operational, such as policies and procedures and rent setting. Our team brings many years' operational and consultancy experience as well as a strong understanding of the sectors in which we work, and an empathy with the daily challenges that staff face. We have experience of working with large and small providers from local authorities to the smallest charities, and with commissioners and service providers.

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What we do

Homeless Link is the national membership charity for services working directly with people experiencing homelessness, and those at risk of homelessness with housing, health, care, and support needs. We work to improve services and campaign for policy change that will help end homelessness.

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