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Closed doors:

The challenges of finding face-to-face help with homelessness applications, and the impact on hospitals in London

Published October 2025

How to cite this report:
Closed doors: The challenges of finding face-to-face help with homelessness applications, and the impact on hospitals in London. King's Legal Clinic, The Disckson Poon School of Law and The Policy Institute, King's College London.

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Closed doors:
The challenges of finding face-to-face help with homelessness applications, and the impact on hospitals in London

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Acknowledgements

We are grateful to The Dickson Poon School of Law Research Impact Fund for their support and funding for this research. We would like to thank the participants of this study for agreeing to take part, including:

- **Cecilia Magalheal Smith**, Care Navigator, St George's Hospital
- **Christa Maciver**, Director of Campaigns and Social Change, Justlife Foundation
- **Deborah Garvie**, Policy Manager, Shelter
- **Demelza Haghayeghi**, Service Development Manager, St Mungo's
- **Don Boyle**, Senior Social Worker, King's College Hospital
- **Elouise Morrice**, Advanced Mental Health Practitioner, South London and Maudsley Hospital
- **Jane Cook**, Complex Case Manager, Groundswell
- **Oliver James**, Homeless Health Specialist Nurse, King's College Hospital
- **Shaun Kidd**, Homeless Team Lead, Princess Royal University Hospital
- **Ruth Mercer**, Southwark Law Centre
- Representative from Homelessness and Rough Sleeping Directorate, Ministry of Housing, Communities and Local Government)
- Homeless advisor, health policy, Homelessness / Rough Sleeping Directorate, Ministry of Housing, Communities and Local Government)
- **Debra Hertzberg**, Senior Research Manager, Homeless Link

Thanks also go to King's College London students Shameem Hanif and Phoebe Wirick for their valuable contributions towards this research and the report, as well as our reviewers Professor Michelle Cornes, Dr Andrew Guise, John Gallagher, and Florin and Bilal from the lived experience standing advisory group.

Contents

Glosssary

Bed blocking – also referred to as delayed transfers of care, describes a situation where patients are medically fit to leave hospital but are unable to be discharged due to a lack of appropriate aftercare arrangements, such as a lack of suitable accommodation.

Closed doors – for the purposes of this report, 'closed doors' refers to local authority practices of requiring homeless applications to be made online or via the phone, rather than offering people a face-to-face appointment on their first approach for help.

Discharge to the street – a practice where patients are released from a hospital without stable accommodation, which is likely to mean they will have no choice but to sleep rough.

Duty to refer – a legal obligation requiring specified public authorities to notify a housing authority when someone is homeless or at risk of homelessness within 56 days.

Gatekeeping – in the context of the homeless application process, this term is used to refer to the practice of local authorities delaying or refusing to accept a homeless application when they have a legal duty to do so.

Hidden homelessness – refers to people who are experiencing homelessness but may not be accessing local authority services as they are dealing with their situation informally. This can include staying temporarily with family and friends, sofa surfing, or living in unsuitable accommodation such as squats or 'beds in sheds'.[1]

Homeless application – Part 7 of the Housing Act 1996, as amended by the Homelessness Reduction Act 2017, outlines the duties of local housing authorities in England towards those who are homeless or threatened with homelessness. This legislation mandates a thorough assessment of the applicant's situation, including their housing needs, support requirements, and the circumstances leading to their homelessness, to develop a personalised housing plan aimed at preventing or relieving homelessness.

Hospital discharge policy – refers to the procedures and guidelines that hospitals follow when a patient no longer requires inpatient care. Each hospital sets its own discharge policy; however, national guidance is provided by the Department of Health and Social Care.

Hospital homeless teams (HHTs) – sometimes known by other names including Pathway teams, these are interdisciplinary units in hospitals supporting (amongst other work) patients experiencing homelessness. Team members vary between hospitals but can include housing workers, specialist nurses, occupational therapists, social workers and GPs.

Homelessness officer – also referred to as 'Housing Officers'. These are members of staff working in a Local Authority Housing Department who are responsible for processing and assessing homelessness applications and managing the supply of temporary accommodation.

Local authority housing team – the department within a local authority which manages social housing and provides assistance to residents with housing needs.

Temporary accommodation – housing provided by local authorities to individuals or families who are experiencing homelessness or in need of urgent housing support, while they wait for permanent accommodation.

1 Crisis (2025). Types of Homelessness.

1.

Executive summary

Executive summary

London is facing a growing homelessness crisis: the number of people recorded rough sleeping in London in 2024-25 is the highest ever recorded[2]. In this context, London's Local Authorities (LAs) are struggling to provide support to everyone in need. They are processing thousands of applications for housing support each day, with housing stock, budgets and capacity all stretched to keep up with demand. In response LAs have adapted the processes they use to handle homeless applications, often switching from in-person support to 'closed-door' models that focus on online first, email, and phone support to reach more people at a lower cost. Despite the potential benefits of these approaches for LAs and some applicants, it is becoming clear that closed-door policies create additional barriers for others. When unable to access LA support, some instead turn to alternative spaces where they might get assistance, such as hospitals.

In this report, we investigate the impact that 'closed-door' practices have on people experiencing homelessness who turn to London's healthcare sector for support. As part of this research project the team carried out:

- Freedom of Information Requests (FOIs)
- A policy roundtable
- Informal consultations and semi-structured interviews

Our findings confirm that a majority of London's LAs no longer offer a walk-in, in-person service where people can make a homeless application. Out of all 33 London LAs, only three offer a publicly advertised service where people experiencing homelessness can visit, under any circumstances to make a homelessness application without first booking an appointment. Instead, at least 10 LAs ask people to first contact them by completing an online application form, while most others ask people to first reach out by telephone or email. Once someone has contacted their LA to ask for help, some face-to-face support is available, but this is often limited. Only 14 LAs told us that someone can arrange a face-to-face appointment to discuss their homeless application once they have got in touch.

There are several reasons why LAs are thought to be shifting away from face-to-face support. Participants in the research recognised that LAs are under immense pressure, and the closed-door policies are seen as a response to reduced funding. They also noted changes to working practices since the COVID-19 pandemic, with LA staff more regularly working from home.

Closed-door polices, however, create several barriers for people who need to apply for help. Participants told us that people with limited access to technology (such as a working mobile phone or access to data), and those who struggle to complete complex applications, are not getting the support they need.

Closed-door policies were also reported as one of the reasons why London's hospitals are seeing more patients who are experiencing homelessness. Hospital staff told us that many of the patients they see have tried to contact their LA for help in the past. But often, they have not been able to speak to a Housing Officer, or they find that they are unable to access homeless support. In the past, people could visit their LA and get help to complete their application, but a lack of face-to-face services is now making it harder for people to access support.

Patients experiencing homelessness most often presented at hospitals with serious physical or mental health conditions, though often related to or exacerbated by their experiences of homelessness. However, some visited with the main goal of finding support related to their homelessness. This creates a serious problem for staff working in A&E, as they are meant to support people who have a serious or life-threatening health condition. In these cases, patients can be turned away from A&E, receiving signposting back to their LA or other local services.

2 Combined Homeless and Information Network (CHAIN), 2025. Greater London bulletin 2024-25.pdf

Closed-door policies also caused difficulty for hospital staff when trying to refer their patients for support. In the past hospital staff told us they could visit the LA with their patient to make a homeless application in person. The new approach is creating additional administrative work for hospital staff, who are frequently chasing emails or phone calls on an application rather than helping patients. This also causes delays when a patient is ready to be discharged, leading to bed blockages within hospitals, where patients are medically fit to be discharged but do not have suitable accommodation to go to. In the worst cases, hospital staff told us some patients are being discharged from hospitals back to the streets.

Participants made several recommendations that could help to address the challenges closed-door polices create in hospitals, allowing them to better support patients experiencing homelessness:

- Reintroducing LA face-to-face services where homeless patients can make an application.
- Where LAs do still need to communicate via telephone or email, set clear timeframes to respond.
- Create dedicated lines of communication and direct referral pathways between LA housing teams and hospitals.

Hospital discharge policies need to be addressed, to make sure that patients are quickly and safely discharged into suitable accommodation more frequently.

2.

Introduction

Introduction

London is facing a homelessness crisis

In 2024-25 13,231 people were seen rough sleeping by Homeless Outreach Teams in London.[3] However, it is thought that up to 13 times more experience 'hidden homelessness', living in precarious situations which are hidden from official statistics.[4] This can include people who are sofa surfing with friends or family, squatting, or living in conditions of severe overcrowding.[5]

LAs in England are required to provide homelessness services to anyone impacted by homelessness under the Homeless Reduction Act 2017.[6,7]

The Housing Act (1996), as amended by the Homelessness Reduction Act (2017), places statutory duties on LAs to support people who are at risk of homelessness.[8] This includes:

- **Prevention Duty** – owed when a LA is satisfied that an applicant is threatened with homelessness and eligible for homelessness assistance.[9] It is required to take 'reasonable steps to help the applicant secure that accommodation does not cease to be available for their occupation' (s4 Homelessness Reduction Act 2017).

- **Relief Duty** – owed when the LA is satisfied an applicant is homeless and eligible for support. 'It must take reasonable steps to help the applicant secure that suitable accommodation becomes available for at least six months' (s5 Homelessness Reduction Act, 2017).[10]

- **Rehousing Duty** – if the LA accepts that an applicant satisfies all the tests to make a successful homeless application (they are homeless, eligible for assistance, did not become homeless intentionally and are in priority need), then they must secure that accommodation is available for occupation by the applicant (s193 Housing Act 1996).

The homelessness legislation places a general duty on every LA to ensure that advice and information about homelessness, and preventing homelessness, is available to everyone in their district free of charge.[11] (see Appendix 2 for more information on how LAs are required to support people experiencing homelessness).

With the rise of homelessness, London's LAs face a challenge to provide support to everyone in need. LAs have a legal duty to prevent and relieve homelessness, depending on what support someone is eligible for under statutory guidelines. According to official statistics, 65,350 households were owed either a homeless prevention or relief duty in London in 2023-24, while 72,020 households had a homeless application assessed by their local authority.[12] LAs in London, therefore, are processing thousands of applications for housing support each day, with housing stock, budgets and capacity all stretched to keep up with demand.

Faced by increasing demand, LAs have adapted the processes they use to handle homeless applications, often switching to 'closed-door' models. It is thought that LAs have reduced the amount of in-person support they offer when someone first contacts them for help, instead focusing more resources on providing initial services online, over email, or by phone. This has been part of a wider strategy in the past 10 years, encouraged by central government, aimed at enabling local authorities to reach more people.

3 Combined Homeless and Information Network (CHAIN), 2025. Greater London bulletin 2024-25.
4 London Assembly Housing Committee, 2017. Hidden Homelessness in London.
5 Streets of London, 2025. Hidden Homelessness.
6 https://www.legislation.gov.uk/ukpga/2017/13/contents
7 https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/overview-of-the-homelessness-legislation
8 Garvie, 2018. Homelessness Reduction Act 2017: Policy and Practice Briefing.
9 https://england.shelter.org.uk/professional_resources/legal/homelessness_applications/local_authority_homelessness_duties/local_authority_duty_to_prevent_homelessness
10 https://england.shelter.org.uk/professional_resources/legal/homelessness_applications/local_authority_homelessness_duties/local_authority_duty_to_relieve_homelessness
11 s.179 Housing Act 1996 as substituted by s.2 Homelessness Reduction Act 2017
12 Ministry of Housing, Communities and Local Government, 2024. Detailed local authority level tables: financial year 2023-24 (table A1).

Providing more services remotely, and reducing the amount of face-to-face support offered, might also bring other benefits to LA housing teams. Providing initial advice over the phone is thought to be more cost-effective than in-person services, and can also allow staff to work more flexibly, such as working from home. Some people experiencing homelessness might also prefer to first contact their LA online, by email or over the phone, rather than having to access services in person.

Despite the potential benefits, it is becoming clear that closed-door policies create additional barriers for some people who need to contact their LAs for help and instead turn to alternative spaces where they might get support, such as hospitals. However, more needs to be done to understand this problem further. Research from Shelter in 2012 showed that certain groups tend to prefer different means of communication, and that people with the most urgent cases tend to prefer face-to-face services.[13] Yet the impact that closed-door policies are having on people experiencing homelessness, especially those who have health needs and visit hospitals, has not been researched thoroughly.

In this report, we investigate the impact that 'closed-door' practices have on people experiencing homelessness who turn to London's healthcare sector for support. Across 2024 and 2025, a team of researchers at King's Legal Clinic and The Policy Institute, King's College London, undertook research to investigate the problem further:

- **Freedom of Information Requests (FOIs)** – We submitted a FOI to each of London's LAs, asking them to provide information on how they process homeless applications, and what in-person services they offer to people who need to make a homeless application.

- **Informal consultations and semi-structured interviews** – Over 12 months, we conducted informal consultations and in-depth interviews with staff based in Homeless Health Teams (HHTs) based in five South London Hospitals. We did this to understand how hospitals support people experiencing homelessness, and what impact closed-door practices have on hospitals' ability to support people experiencing homelessness.

- **Policy Roundtable** – We also held a policy roundtable with 13 people working within the healthcare sector, on housing and homeless policy, and within the homeless charity sector. We did this to understand why closed-door practices are being used by LAs, and the impact closed-door policies have on organisations supporting people through homelessness, particularly hospitals. We also discussed how the situation could be improved in the future, such as by making changes to policy and local practice, or by developing community-based solutions tailored to each LA area.

Our findings confirm that a majority of London's LAs no longer offer a walk-in, in-person service where people can make a homeless application. Out of all 33 of London LAs, only three offer a publicly advertised service where people experiencing homelessness can visit, under any circumstances, to make a homeless application without first needing to book an appointment. Instead, at least 10 LAs ask people to first contact them by completing an online application form, while most others ask people to first reach out by telephone or email. Once someone has contacted their LA authority to ask for help, some face-to-face support is available, but this is often limited. Only 14 LAs told us that someone can arrange a face-to-face appointment to discuss their homeless application once they have got in touch.

There are several reasons why LAs are thought to be shifting away from face-to-face support. Participants in this research recognised that LAs are under immense pressure, facing cuts to funding for homeless services and housing, that reduce their capacity to support people. The shift to closed-door practices was seen as a response to reduced funding, allowing LAs to 'gatekeep' their services, manage demand and shift away from more expensive face-to-face services.

However, participants also felt there are other reasons why LAs are shifting away from face-to-face services. Participants told us there has been a shift in working practices since the COVID-19 pandemic, with LA staff more regularly working from home. One participant also told us that the shift to online services was a strategic decision made over 10 years ago, with the intention of allowing LAs to reach more people.

13 Elizabeth O'Hara, Shelter, 2012. Briefing: Shifting Channels.

Closed-door polices, however, create several barriers for people who need to apply for help. Participants told us that people with limited access to technology (such as a working mobile phone or access to data), and those who struggle to complete complex applications, are not getting the support they need. Participants said the characteristics of people they see are usually reflective of the wider street homeless population. However, given the lack of publicly available data on those who are homeless who visit A&E, it remains uncertain if people with specific characteristics face greater barriers than others.

Closed-door policies are seen as one of the reasons why London's hospitals are seeing more patients who are experiencing homelessness. Hospital staff told us that many of the patients they see have tried to contact their LA for help in the past. But often, they have not been able to speak to a Housing Officer, or they find that they are unable to access homeless support. In the past, people could visit their LA and get help to complete their application, but a lack of face-to-face services is now making it harder for these people to apply for support.

Patients most often present at hospitals with serious physical or mental health conditions; however, some are visiting with the main goal of finding homeless support. Hospital staff told us that most patients' visit A&E with serious health conditions, either taking themselves to hospital or being brought in by other services. For some patients, their poor health is related to their homelessness, and usually worsened by an ongoing lack of suitable accommodation. In other cases, people are visiting hospitals intending to secure homeless support rather than with a medical reason, telling hospital staff they have nowhere else to turn. This creates a serious problem for staff working in A&E, as they are meant to support people who have a serious or life-threatening health condition. In these cases, patients can be turned away from A&E, receiving signposting back to their LA or other local services, who they are told can provide support.

Closed-door policies are seen as a major challenge for staff working in hospitals. The lack of an in-person service creates problems for hospital staff who are trying to refer people to their LAs for help. In the past, hospital staff told us they could visit the LA with their patient to make a homeless application in person, which made it easy to resolve any issues with the patient's application that day. This meant hospital teams could speak directly with the housing department and find quicker solutions.

Respondents told us that difficulty contacting the LA is leading to significant delays. This is made worse by the fact that the current application process is often complex, even for hospital staff. This is creating additional administrative work for hospital staff, with time being spent chasing emails or phone calls on an application rather than helping patients. As one healthcare worker told us, decisions are now taking 'weeks or months' rather than 'hours or days.'

The challenges closed-door policies create for hospital staff supporting patients to make a homeless application also leads to problems when a patient is ready to be discharged. The inability to contact housing teams directly and quickly, and the delays this can cause to a patient's homeless application, is resulting in bed blockages within hospitals; where patients are medically fit to be discharged from the hospital but do not have suitable accommodation to go to. This puts an added strain on hospitals, both in terms of available bed space and the financial cost associated with keeping patients in the hospital who don't need medical support.

In the worst cases, hospital staff told us some patients are being discharged from hospitals back to the streets. Hospitals don't want to do this, but with a high demand for bed spaces and limited alternatives, hospital staff often need to make tough decisions about who needs to stay in hospital overnight.

While closed-door practices are making it harder for hospital staff to provide support to homeless patients, they are one part of a wider set of issues with the current system. Participants felt the issues they face with closed-door policies represent a wider set of problems that exist between London's healthcare services and LA homeless teams. Participants felt there is a lack of accountability from LAs when processing homeless applications, and that closed-door policies are just one example of gatekeeping strategies being used by LAs to avoid receiving more applications. Participants also told us that the quality of current services varies across parts of the capital. Some hospital staff told us they have good relations with the LAs in their area, having direct lines of communication where they can discuss and resolve challenging cases with the LA quickly. Others, however, told us they experience a range of issues, with some giving examples where LA departments had been rude or turned away patients who should be eligible for support.

The issues closed-door policies create in hospitals must be seen in the context of the wider homeless crisis in London. There was a recognition from participants that services across the sector face an uphill battle to provide support for those in need. The people we spoke to made it clear that the demand for homeless support and the lack of affordable housing, make it challenging to support everyone in need. They told us that until central government can help resolve the wider national housing crisis, such as increasing the availability of affordable housing and giving greater protection to renters, both LAs and hospitals face a serious challenge in supporting everyone out of homelessness. Other recommendations for change included having a greater focus on policies for preventing homelessness in the first place and encouraging a more human-centred approach among services that support those facing and experiencing homelessness.

However, our results highlight specific recommendations that could address the challenges closed-door polices create in hospitals, helping them to better support patients experiencing homelessness. Some of the recommendations we put forward are actions for LAs, such as improving access to in-person support and creating stronger lines of communication between hospitals and housing teams. Others relate to hospitals and how they discharge homeless patients.

Participants strongly felt that reintroducing LA face-to-face services would improve their ability to support homeless patients. Reintroducing dedicated in-person services where homeless patients can make an application would make it easier for hospital staff to help find solutions. This would enable hospitals to better signpost people to support who cannot be seen by A&E, but who also might not be able to contact the LAs using other forms of communication. In-person services would also allow hospital homeless teams to arrange visits with their patients, allowing them to help patients make an application that day rather than having to chase emails and phone calls over a matter of weeks.

Where LAs do still need to communicate via telephone or email, participants said they should set clear timeframes on when they will respond and communicate these timeframes with hospitals so they know what to expect. Participants recognised that a return to fully in-person services might not be possible. However, where LAs do need to communicate over the phone or email, setting clear response times would help hospital staff to understand how long it might take for an application to be reviewed, in turn helping them to better manage and discharge patients safely from the hospital.

LA housing teams and hospitals should also create dedicated lines of communication and direct referral pathways for hospitals to request that patients receive housing support. These, it was felt, would facilitate a more collaborative, problem-solving approach between hospitals and LA housing teams, reduce the administrative burden and delays in applications linked to poor communication between teams, and improve discharge planning and continuity of care when homeless patients are ready to be discharged from hospital.

Participants also felt that hospital discharge policies need to be addressed, to make sure that patients are quickly and safely discharged into suitable accommodation more frequently. Participants told us more needs to be done around pre-planning and communication, so that hospitals and LAs can agree on a suitable strategy before a patient is due to be discharged. Others told us a national mandate should be put in place, to stop discharging homeless patients back onto the streets. However, one participant autioned that this might increase issues of bed blocking, at least in the short term, if there is not enough suitable temporary accommodation to discharge patients into.

3.

About the research

About the research

This report outlines the results from a research project conducted by King's Legal Clinic and the Policy Institute, based at King's College London. The project examined how LAs in London support individuals who need to make a homeless application, and the barriers that closed-door practices present. The project also explored the knock-on effects that closed-door practices have in particular for hospitals, and their ability to support homeless patients to make a homeless application.

The project set out four key research questions:

1. How do local authorities support homeless applicants who need face-to-face assistance to make a homeless application?

2. When homeless applicants cannot access support to make a homeless application, do they visit A&E departments as an alternative source of support?

3. What impact do closed-door practices have on patients visiting hospital who are also experiencing homelessness?

4. What impact do closed-door practices have on hospital staff who support homeless patients?

To examine these questions further, we completed three stages of research between April 2024 and June 2025:

1. Informal consultation interviews and Freedom of Information requests (FoIs). *April 24 – August 24*

2. A policy roundtable. *November 24*

3. In-depth semi-structured interviews. *June 25*

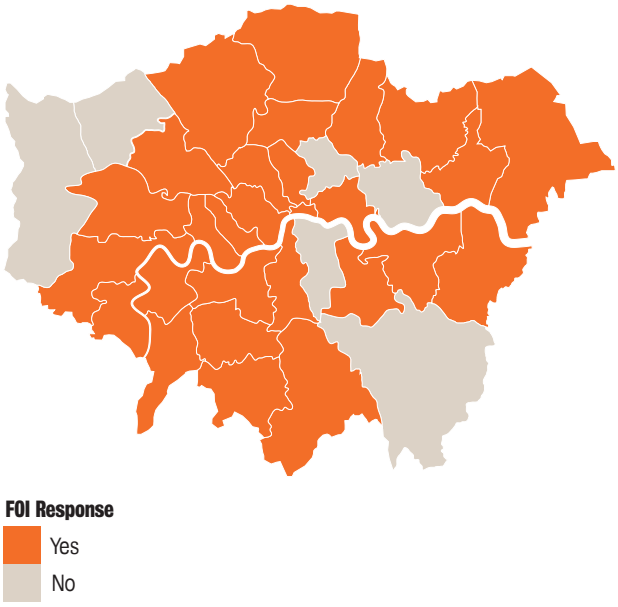
3.1 Informal consultations and Freedom of Information requests

Informal consultations

King's Legal Clinic learned about the closed-doors problem from local housing advice organisations. After hearing that the problem seemed to be becoming worse, the team conducted six informal consultations with Homeless Health Teams (HHTs) based in 5 South London hospitals. These consultations helped us to learn more about closed-door practices, how they impact people seeking homeless support, and the impact they might be having in London's hospitals. While consultation interviews confirmed that closed-door policies are having a detrimental impact on both homeless patients and the ability of hospital staff to support them, they also confirmed that further investigation was needed to explore the problem in more depth.

Freedom of Information requests

Alongside the informal consultations, we sent FoI requests to every London Council. We asked them to share their internal policy and practice documents on how people should contact them to make a homeless application when they need in-person support.[14] Out of the 33 London Councils, 27 replied to us.



14 The FOI request is set out in full at Appendix 1

To verify the information LAs provided us, we also checked what information was available on each LAs website. We looked at the information LAs provide to people needing to make a homeless application, such as how they should contact LA housing teams, and what in-person support they offer. We did this twice, first between June and July 2024, and again in May 2025.

To summarise the information we gathered, we focused on answering three questions that someone facing homelessness might ask their LA housing team:

1. Is there somewhere I can visit to make a homeless application?

2. Do I have to go online to make a homeless application?

3. Can I book an appointment to talk to somebody face-to-face about my homeless application?

3.2 Policy roundtable

In November 2024, we held a policy roundtable at King's College London to talk about the problem of closed-door practices. We invited participants with knowledge of homelessness and healthcare policy in the UK, including staff from London's hospitals. In total, 13 people attended the roundtable. This included national and local policymakers, housing lawyers, social care and homeless health workers, and policy and research managers from homelessness charities. The roundtable was conducted using Chatham House Rules[15] encouraging participants to be open in their discussions under the agreement that no one should identify who said what.

We started by giving a summary of what our research had found so far. Based on the information we presented, participants were asked to share their thoughts and experiences on closed-door practices and how they impact people experiencing homelessness and staff trying to support them. Andrew Grinnell, Co-Director of the Poverty Truth Commission, then gave a presentation about how Truth Commissions could potentially help local areas find solutions to the problem. Truth commissions are a form of collaborative engagement in policy decision-making, where commissioners comprise of both those with direct lived experience of an issue, and leaders and decision-makers within a local area. The session ended with a discussion on whether housing Truth Commissions could be used in the future to improve homeless support within London's local communities, and what changes are needed to address closed-door practices.

3.3 Interviews with HHT workers

As a final stage of research, we carried out semi-structured interviews with 3 members of HHTs based in 3 different South London Hospitals. These interviews gave us a chance to have a detailed conversation with people who directly support homeless patients in South London's hospitals. The interviews focused on how closed-door practices impact homeless patients who visit the hospital, as well as the impacts on their day-to-day work. We also asked frontline workers what they think should be done to reduce the impact of closed-door practices in the future, and what role hospitals can and should play in supporting people who are experiencing homeless. Interviews were held in June 2025, lasting around 45 minutes and held via video call.

15 Chatham House, 2025. Chatham House Rule.

4.

The rise of closed-door practices

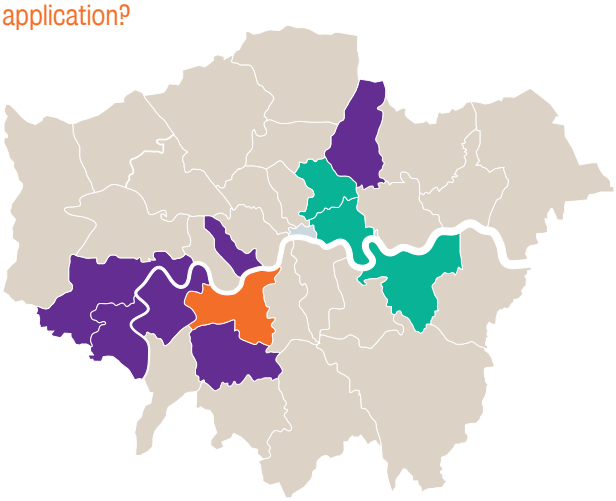
4. The rise of closed-door practices

4.1 The shift away from face-to-face services

The FOI results revealed that most people experiencing homelessness in London cannot visit their Local Authority (LA) in person to make a homeless application. Instead, most LAs ask people to first get in touch with them by phone, email, or using an online application form.

Even after people have made first contact, our results show that access to face-to-face support is inconsistent across London. The approach to supporting homeless applications varies across London's LAs, with each having different policies and procedures. Participants of our study told us this leads to mixed results, with staff working in hospitals and the third sector giving us examples when supporting someone to make an application had been easy, and extremely difficult, depending on the LA. The result is an uneven system of support in the capital, where somebody's ability to apply for help varies depending on where they are based.

Is there somewhere I can visit to make a homeless application?



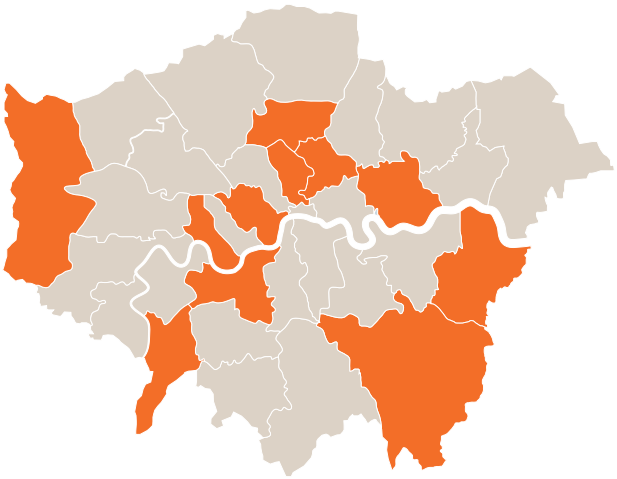
Walk-in application service provision by London Borough

- Domestic violence only
- Yes
- Unclear
- No

In response to our FOIs, 24 of London's 33 LAs said they do not offer a walk-in, in-person service where people can make a homeless application. Only three LAs clearly stated that individuals can present in person and make a homeless application that day, under any circumstances, without needing an appointment.

One LA advertises that they have a walk-in service, but that this is only available for people who are at immediate risk of domestic abuse or violence and have nowhere safe to stay that night. In five LA areas, it was unclear whether an in-person walk-in service is available. In these cases, there was often an inconsistency between what the LA told us in response to our FOIs, and the information they provide to applicants on their websites.

Do I have to go online to make a homeless application?

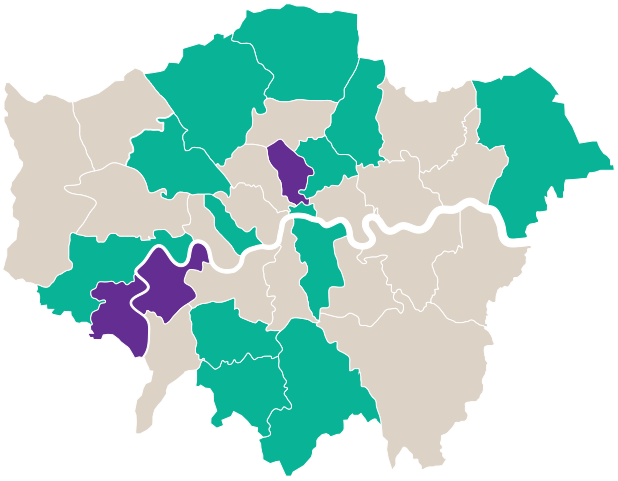


Is an online application form mandatory?

- Yes
- No

We also looked at the initial steps applicants must take to apply for support, and whether an online application is required in the first instance. Our research found that 10 LAs in London require people to complete an online application before they can receive further help. Where LAs do not ask applicants to complete an online form in the first instance, most provide a phone number or email address for people to contact who are seeking homelessness support. However, in these cases, it was unclear from the information provided to us if applicants would be asked to complete an online form after making first contact, or if they could complete the application through another method, such as in-person or over the phone with a housing officer, or by completing a paper form returned by post.

Can I book an appointment to talk to somebody face-to-face about my homeless application?



Availability of face-to-face appointments by London borough

- No/Not specified
- Some situations
- Yes

We also looked at whether people can request to make a face-to-face appointment to discuss their application, after they have first contacted their local council to ask for help. **In 14 London boroughs**, we were told individuals can arrange an in-person meeting to discuss their homelessness application. Two LAs said face-to-face appointments are available, but only in specific situations. For example, one LA told us that they can arrange in-person appointments if someone needs emergency advice, requires an interpreter, or doesn't have a phone number.

One LA told us they **do not currently offer any face-to-face services**. For the remaining **16 LAs**, it was unclear whether in-person appointments are available. In these cases, the response to our FOIs was often inconsistent with the information they provided on their website, or the response to our FOI requests did not provide us with enough information to answer our question.

4.2 Why Local Authorities are shifting to closed-door practices

Participants gave us several reasons why they felt LAs are adopting closed-door practices and moving away from in-person services. Most often, participants told us the shift was a response to a lack of funding, and that the shift from providing more expensive in-person services to cheaper online and telephone-based support was aimed at saving money. However, participants also felt that closed-door practices are a form of gatekeeping, with the additional barriers created by using closed-door practices a way for LAs to manage the number of applications they receive. Participants gave other reasons why they felt LAs are shifting away from in-person services, too, reflecting wider change to working practices since the COVID-19 pandemic, and as a misplaced strategic attempt to improve access to services.

A lack of funding and cuts to services

The most cited reason participants gave to explain the shift to closed-door practices was the ongoing lack of funding faced by LAs. Participants viewed the shift to closed-door practices as a method of saving costs in response to significant budget cuts, with one participant noting that budgets for health, housing, and social care have been reduced by as much as 30 per cent in recent years. Another, working in national homelessness policy, highlighted the uneven distribution of funding across different regions and sectors, telling us that some areas and departments are more severely impacted by financial restraints than others. Participants recognised that financial pressures have forced LAs to make tough decisions on how to allocate their limited resources. In this context, closed-door policies were seen as a strategy used to reduce costs, limiting the need for costly physical infrastructure and in-person staffing.

However, not all participants believed these financial decisions were necessary cuts. A member of one HHT described the system as driven by a 'harsh and cold' philosophy, focused on saving money. In response, another participant acknowledged that decision-makers are under pressure to meet financial targets, even when doing so may conflict with the needs of service users. This tension reflects a broader concern from our participants; that while funding constraints might be used by LAs to explain a shift to closed-door practices, not all agreed with the rationale behind the decision, or the consequences.

Gatekeeping

Several participants also felt that closed-door practices are being used as a form of gatekeeping. In an initial consultation with a HHT, two participants suggested that the complexity of online applicant forms is an intentional strategy being used to delay or deter applications for temporary accommodation. This, they argued, helps LAs manage demand and control budgets. Another roundtable participant went further, suggesting that the role of homelessness officers has fundamentally changed to manage demand for services:

> *The job of the homeless officer has become, 'How can I find ways to say no to you?' where it should be the job of the officer to represent and support the interests of the applicant. It is now a gatekeeping service.*
>
> **Policy Manager, UK Homeless Charity**

A shift in working practices post-COVID

Participants also pointed to changes in working practices following the COVID-19 pandemic as a contributing factor. During the pandemic, many LAs were forced to close their offices and shift to remote working, and since then, the model of remote working has persisted. This, they felt, persisted to keep LA housing staff happy, noting that recruitment and retention remain ongoing challenges for local authorities. Participants told us that many staff now prefer working from home, and there is concern among LAs that reintroducing face-to-face services could lead to resistance or staff attrition. One participant also noted that while face-to-face work can be 'very rewarding', it is also 'complicated' and 'very distressing', which may make staff reluctant to return to in-person roles. Others mentioned the financial benefits that remote working can bring as another reason why staff might prefer this arrangement, such as reduced commuting costs.

An attempt to reach more people

One participant, working in homelessness policy, offered a different perspective. They explained the move to closed-door policies was originally intended as a strategic effort to reach more people. Around a decade ago, as central government began developing digital services, local authorities started moving applications online, aiming to increase accessibility[16]

However, the participant acknowledged that this approach has had unintended consequences. While digital systems may have expanded access for some, they have also excluded significant segments of the homeless population, particularly those without access to technology or digital literacy.

4.3 The barriers closed-door practices create

Participants told us that closed-door practices create significant barriers for people who need to apply for homelessness and housing support, despite recognising the various reasons why closed-door policies have become more common. Some of the main barriers participants told us about include:

- **Access to a working mobile, data and/or Wi-Fi** – necessary to complete applications online or over the telephone, but something many people experiencing homelessness do not have consistent access to.
- **Navigating a complex application process without additional assistance.**
- **Language and communication barriers** – particularly where an applicant requires translation or additional communication support.

Alongside the direct barriers caused by closed-door practices, we were told that closed-door practices add to the broader, systemic barriers faced by people seeking homelessness support. Participants were concerned that closed-door policies further deter people from seeking help, who are already unlikely to reach out for support. This was linked to a sense that many people experiencing homelessness feel repeatedly let down by services and have a wider lack of trust in the system. Participants worried that creating additional barriers means especially vulnerable groups are excluded from applying for help entirely, such as individuals experiencing hidden homelessness, those with substance use issues, people facing severe isolation, and victims of trafficking or grooming. Closed-door practices were also seen as a major obstacle for people who cannot access statutory support (due to ineligibility, or having no recourse to public funds), but still need advice on where they might be able to go for help.

16 Elizabeth O'Hara, Shelter, 2012. Briefing: Shifting Channels.

Limited access to technology

Participants told us that accessing the technology needed to engage with digital homelessness services is a major barrier linked to closed-door practices. A recurring issue was the lack of a working mobile phone, essential for accessing online systems. Participants told us that phones are frequently lost, stolen, or damaged while individuals are sleeping rough, and that access to charging facilities is extremely limited. Even when someone does have a functioning phone, the cost of mobile data presents another barrier, and many facing housing exclusion cannot afford data plans, or struggle to find reliable free Wi-Fi. These limitations severely hinder the ability of many people experiencing homelessness to complete essential tasks such as submitting online applications, sending and receiving emails or telephone calls, or finding the contact information for local authority housing teams.

Difficulty navigating the system

Participants also highlighted how closed-door practices make an already complex system even harder to navigate. Participants told us that the shift to remote applications has made basic tasks extremely difficult, such as uploading ID documents, providing address histories, or providing immigration paperwork and medical records. Hospital staff reflected on their own personal difficulty navigating complex online systems, and questioned how individuals without training or support are expected to manage. One participant, working with homeless patients across London, described how multiple public services are becoming increasingly unnavigable, including LA housing options:

> *Confusing, unnavigable, I would describe it as. I think that's a word that I would use to describe public services in general over the change over the last 15 years. From systems that were navigable and where it doesn't matter whether you look at health or housing or social care or education or special educational needs. It's just totally ******* unnavigable, literally. And I'm not the only person that says that.*
>
> **Clinical Fellow, Hospital Homeless Team**

Communication challenges

Closed-door practices also create additional barriers for individuals who face communication challenges. A particular concern was raised for people with limited English proficiency, who can struggle to understand information and complete tasks online without translation support available. One participant told us that online application forms are often only available in English, and applicants might be unable to complete the process themselves if LAs do not provide language assistance remotely. One support worker working within a hospital shared an example of the barriers closed-door policies can create for those needing language assistance. They told us about a case involving an Eritrean family, who were not offered translation support when they first needed to make an application with their LA. They told us that this meant they had to assist the patient via Language Line (a telephone translation service) to help them complete their application.

Participants also pointed out that communication challenges extend beyond language barriers. For example, telling us that individuals with learning difficulties or disabilities can struggle to communicate effectively without in-person contact. Others told us that many of the people they work with can become frustrated when communicating over the phone or feel unable to probably express their needs without having an in-person conversation. Closed-door practices were therefore seen to disadvantage a range of people who need to apply for help, including people who might require language support.

5.

The impact of closed-door practices on London's hospitals

5. The impact of closed-door practices on London's hospitals

Participants made clear that closed-door policies create significant barriers for people looking for homeless support. However, the challenges posed by closed-door policies also extend into London's hospitals. Hospital staff we spoke to told us that closed-door policies are contributing to an increase in the number of people attending hospitals who need homelessness support, many of whom have been unable to access help through their LA in the past.

HHTs told us that closed-door policies are also making it more difficult for them to assist patients in making a homelessness application. Staff told us that the availability of walk-in face-to-face appointments made it easier for them to resolve issues quickly, sometimes on the same day. However, a shift to remote services has created additional barriers for HHTs who need to contact LA housing services, telling us that they spend an increasing amount of time chasing emails and phone calls to hear about the outcome of applications.

The problems faced by hospital staff trying to secure housing support for patients create a series of knock-on effects, including issues of bed blocking and unsafe discharges when suitable accommodation cannot be secured.

5.1 How hospitals try to support people facing homelessness

We were told that the level of support that hospitals can offer to homeless patients depends on the presence and capacity of dedicated support teams. Each of the hospitals we spoke with in this study has a designated HHT, an interdisciplinary unit made up of professionals with a range of different expertise, including social workers, nurses, occupational therapists, and housing advisers. Given the complex and often overlapping challenges faced by people experiencing homelessness, these teams aim to provide holistic, person-centred care that addresses patients' biopsychosocial needs.

However, staff noted that the type and level of care they can provide depends on whether the patient presents with a medical or non-medical issue. Practices also varied across the HHTs we spoke to, shaped by differences in their funding, staffing, and organisational capacity.

Below, we describe the role that the HHTs we spoke to play in supporting patients experiencing homelessness who present at the hospital (usually through A&E), either with or without a medical issue. However, it is important to note that this model of care might not be the same in every hospital in London (or indeed the UK), and that the extent to which a given hospital can support homeless patients is likely to vary depending on whether they have a dedicated HHT, and if so, the team's size, structure, and available resources to them.

Presenting with a medical issue

When a patient experiencing homelessness presents at A&E with a medical issue, triage nurses assess the patient and, where appropriate, will refer them to the HHT. At this point, the teams we spoke to told us they will usually then conduct a holistic assessment of the patient's health, social, and housing needs.

After initial assessment, HHTs will then typically make a referral to the LA for temporary housing support, under their statutory duty to refer[17], and may also connect the patient with additional services such as adult social care. A personalised health plan is also developed to address any ongoing medical needs.

HHTs consistently emphasised that the health issues of the patients they work with are closely linked to their housing deprivation. While many patients experiencing homelessness who present at A&E may not initially attend looking for specific housing support, HHTs told us that it usually becomes quite clear that housing instability is a key driver of the patient's health problems, and vital to resolve if they are to improve the patient's long-term health.

17 s.213B Housing Act 1996 as inserted by s.10 Homelessness Reduction Act 2017

Presenting with a non-medical issue

Patients who present at A&E without a medical issue may receive limited support from a HHT depending on several factors, including the capacity of the Homeless Health Team, the hospital's triage and signposting policies, and the time of day the patient arrives.

In many cases, individuals who present as homeless without a health concern may be turned away by triage nurses after an initial assessment, as A&E is intended for emergencies and life-threatening conditions. Triage nurses may still refer the individual to the HHT (if capacity allows), otherwise they might provide information leaflets and signpost them to contact the LA for housing support, or to other local community-based homelessness support.

One HHT worker noted that it can be difficult for HHTs to monitor how many homeless individuals attend A&E and are not referred to their team. As most HHTs operate during standard working hours (eg 9am to 5pm, weekdays), it can be difficult for these teams to follow up with patients who attend out of hours, particularly if they do not have a working or accurate phone number.

There were also notable differences between the HHTs we spoke to in how they support individuals presenting without a medical issue. One well-resourced team reported that they aim to meet with anyone who presents at A&E requiring homelessness support, regardless of whether they present with a health concern or not. A member of this team explained that patients may be asked to wait overnight in the A&E waiting room to be seen the next day. This team can also provide basic items for people who engage with their service, such as clothing or basic mobile phones. However, they acknowledged this level of provision is rare, and not representative of most hospitals, who might not have the same resources as them.

5.2 Closed doors make it harder for hospitals to support people experiencing homelessness

Closed-door policies create significant challenges for hospitals working to support homeless patients. As one participant explained, these challenges arise both at the *front end* of hospitals (where individuals present at A&E), and at the *back end* of hospitals (where patients have received medical care and are being prepared for discharge).

5.2.1 Problems at the 'front-end' of hospitals

The hospital teams we spoke to told us that a growing number of patients who are visiting hospitals (usually presenting at A&E), also need homelessness support. Often, teams told us that patients have been unable to contact their LA for help before they reach the hospital. This, we were told, is resulting in more and more patients needing to access help, while many patients are experiencing a deterioration in their health due to the lack of timely support:

> *If you look at the pattern of referrals, that's only going up, which implies that people are not able to access the support they need or redress the problems before coming into hospital. So, the inpatient and front doors of hospitals are increasingly overwhelmed by really sick people who shouldn't have got that sick in the first place. People are seeking help because they can't get help anywhere else. And people whose mental and physical health are deteriorating rapidly.*
>
> **Clinical Fellow, Hospital Homeless Team**

This rise of individuals needing health and homeless support from hospitals is contributing to an increase in patient cases for HHTs. One HHT, during an initial consultation, told us that they receive at least two to three daily referrals from the emergency department, and at times as many as five referrals each day.

The rising demand is further compounded by the limited support that hospitals are often able to offer at the front end of hospitals, despite their responsibility to remain open to all. As one HHT member put it:

> *Closed doors at LAs are causing widespread challenges for the health system, which cannot close its doors.*
>
> **Mental Health Practitioner, Hospital Homeless Team**

When a patient presents at A&E with a non-urgent health issue, or specifically seeking homeless support, triage nurses and HHTs are constrained in what support they can provide. Given the high threshold for hospital admission, the concerns of some patients, though experiencing poor health, are considered too 'minor' to be admitted. In these cases, often the most teams can often do is signpost patients back to their LA to make a homelessness application.

However, staff recognise that this approach is frequently ineffective, especially due to the barriers that closed-door policies create. Many of the homeless patients turned away by A&E will have already attempted to contact their local authority without success; often, it is the very reason they turn to hospitals in the first place. Simply directing them back to the same services they have already struggled to access does little to resolve their situation:

> *They face a battle even trying to get help in a hospital that ethically wants to be open and accessible to everyone 24 hours a day, but just doesn't have the means to be providing that statutory support that the local authority should be providing.*
>
> **Homeless Health Worker, Hospital Homeless Team**

One hospital team also raised concerns around the impact of hospital banning policies for patients experiencing homelessness who are unable to access housing support from their LA. Patients who exhibit aggressive behaviour can be banned from emergency departments, limiting their access to only lifesaving or emergency care. Yet these individuals are often among the most vulnerable and in greatest need of support. Without the ability for triage nurses to redirect them to LAs or other services, one HHT told us that they worry these patients may fall through the cracks entirely.

5.2.2 Problems at the 'back end' of hospitals

In addition to challenges at the point of hospital admission, HHTs highlighted how closed-door policies hinder efforts to secure a safe and timely discharge for patients after they have received care.

A key issue raised by HHTs was the difficulties they face in referring patients for LA housing support when they are medically fit enough to be discharged from hospital. Previously, HHTs told us they could work with patients to gather essential documentation while they received medical care (such as identification, address history, or evidence of rough sleeping) then accompany the individual in person to the local authority to make a homelessness application when they were ready. HHTs told us that this walk-in and face-to-face approach enabled patients to receive same-day decisions, and to get faster placements into suitable temporary accommodation.

However, the shift to closed-door practices has disrupted this pathway. HHTs told us that they now spend a considerable time attempting to contact housing teams via phone or email, often receiving delayed or no responses:

> *It used to be that you could go with the patient on the day of discharge to the housing department. You'd probably be sitting there for most of the day, but by the end of the day, you'd get seen and you'd get to speak to someone, and you would get an outcome. And hopefully somewhere to stay that night. But I'm not sure why it's not possible to get that service on the day anymore... Now we've got so much more removed from housing options, because none of it's in person. So, we're often waiting for a response on an email.*
>
> **Nurse Practitioner, Hospital Homeless Team**

These delays create significant challenges for hospitals, particularly when patients are medically fit, but cannot be safely discharged from the hospital due to unresolved housing needs. Two major consequences emerged from participant accounts: *bed blocking* and *unsafe discharges*.

Bed blocking

Bed blocking is when a medically fit patient remains in a hospital bed, sometimes for days or weeks, because there is no safe discharge option available. Staff described how they support patients through the process of preparing for a homeless application, which determines eligibility for housing support. However, the removal of in-person referral routes has removed this mechanism for escalation, and HHT staff told us this is reducing accountability from the LA and slowing response times. As a result, patients who are ready for discharge remain in the hospital, contributing to bed shortages and increasing pressure on emergency departments. Hospital staff sometimes felt that hospital beds were being treated by LAs as a form of temporary accommodation, so the LA were not rushing to take over and provide emergency accommodation:

> *It puts the hospital in a bind. Because they can't discharge the patients, they have nowhere to go. But also there's a building pressure for beds of people, sick people coming in through the doors of A&E. [It] ties our hands behind our backs in terms of how we're able to escalate when situations become urgent.*
>
> **Homeless Health Specialist Nurse, Hospital Homeless Team**

We asked participants about the financial implications of delayed discharges, and HHTs estimated that each additional night a patient remains in hospital costs the NHS between £500 and £600. Given the high financial costs, HHTs told us that in some cases, hospitals resort to booking patients into step-down accommodation, unsuitable mental health beds, or paying for hotel or hostel rooms themselves in order to free up ward space. These are typically short-term fixes, with patients often required to leave within a few days, rather than being suitable long-term options.

Alongside bed blocking, participants throughout the study raised concerns about the practice of unsafe discharges, where patients are released to unsuitable or unsafe environments, including, in the most severe cases, back to the street. While staff emphasised that this is always a last resort, they acknowledged that it could occur when all other options have been exhausted, particularly for patients with no recourse to public funds or those unwilling to engage with support services:

> *I like to think that in our Trust, people aren't very comfortable with doing that [discharge to the street]. Unless all options really have been exhausted, they would rarely do that without getting to speak to our team first. And being very sure that we've explored all options. Maybe there really is no option because of an immigration issue or because the patient's lack of wanting to work with us on a plan. Then that might be a last resort. But [the hospital] isn't so keen for an admitted patient from A&E [to be discharged to the street].*
>
> **Nurse Practitioner, Hospital Homeless Team**

5.3 The wider challenges faced by hospitals

Participants further highlighted how closed-door policies sit among a range of systemic challenges which impact the ability of organisations supporting homeless clients to work alongside LA housing departments. Not all these issues directly relate to issues associated with closed-door practices. Rather, participants told us how closed-door practices represent one of several problems that organisations face when supporting homeless patients under the current system.

A lack of accountability

A recurring set of issues mentioned by participants related to a sense that there is a lack of accountability from LA housing teams during the application process. For example, participants told us there are frequent procedural delays under the current system, with LA housing teams often not providing any justification as to why applications are being delayed. Participants also told us that it is difficult to contact the same member of a housing team multiple times, which they felt hindered the ability of applicants and staff to understand how their case is progressing. Several participants also told us that there is an inconsistency between the official guidance given by some LA housing teams and the reality of how applications are processed, and expressed concern that some cases are not being handled in line with central government guidance. Some participants also made references to situations where they believed other legal duties, such as those under the Equality Act 2010, were not being fully upheld, further adding to a sense that there is a lack of accountability under the current system.

Service quality

Participants also raised concerns with the overall quality of service provided by LA housing teams, and the impact this has on their ability to support people through the system. Delayed responses to phone calls and emails were frequently cited, with participants relating these delays to the absence of in-person services, which they felt previously allowed for the same-day resolution of issues. Beyond response times, participants described instances where applicants had been turned away at the door, denied entry by security staff, or were unable to speak with anyone due to staff unavailability. The use of call centres was also criticised by one participant, with reports of long wait times and limited access to meaningful advice.

Trust and transparency

Participants further described their growing sense of mistrust in LA housing departments. Many felt the shift away from face-to-face services was one of several contributing factors leading to a loss of empathy and understanding within the decision-making process. Many also described how they view housing officers as gatekeepers rather than partners, noting how housing officers operate within a system constrained by limited resources and procedures set by managers which results in a system where they feel housing officers are often 'looking for ways to say no' as an immediate response.

Some participants also raised concerns about the role of private contractors in housing provision. Questions were asked about the transparency and oversight of these arrangements, particularly where profit motives were seen to conflict with the needs of vulnerable individuals. For some, this shift signalled a departure from a public service ethos, further undermining trust in the system among both service users and frontline staff.

6.

Recommendations and reflections

6. Recommendations and reflections

Our research highlights the challenges closed-door practices present to individuals navigating the homeless application process, and the knock-on consequences these barriers have for patients seeking support from London's hospitals. Respondents consistently described the current system as 'broken', pointing to the need for LA practices to change, and for hospitals to re-examine how they can best support patients facing or experiencing homelessness.

Participants acknowledged that reforming the current system of 'closed door' practices alone would not serve as a 'magic solution', and changes must be seen within the context of the homelessness crisis in London. There was recognition that until housing supply increases, national funding for homelessness support improves, and rental legislation is reformed to strengthen tenants' rights, LAs and frontline services will continue to face an uphill struggle to provide support to everyone in housing need.

However, despite the wider constraints, participants identified meaningful opportunities to improve access to homeless support at the local level. Here, we present four core recommendations that were consistently put forward by participants during the research. Each could help HHTs meet their vision of how hospitals might best support patients experiencing homelessness in the future, offering a multidisciplinary, health-focused service to patients experiencing homelessness without being hindered by administrative complexities created by the current housing system.

> *I would like to see hospitals having more of a focus on health in terms of homeless care and being able to offer good quality health interventions for people [who] are homeless or faced with homelessness. That should really be my role. But unfortunately, our time gets swallowed up by the admin and the bureaucracy of the housing process.*
>
> **Homeless Health Specialist Nurse, Hospital Homeless Team**

> *We are clinical teams; we should be there to resolve the clinical holistic health issues in which housing and benefits and things are part of. And working with our partners – our benefits, welfare teams, etc – to do that and then discharge people rapidly into the community with the care and support in place that they need.*
>
> **Clinical Fellow, Hospital Homeless Team**

Recommendation 1:

Reintroduce face-to-face appointments for homeless applications

The most consistent recommendation was the reintroduction of face-to-face, walk-in appointments for people seeking to make a homeless application. As discussed throughout this report, in-person services were viewed by participants as having several overlapping benefits compared to the current closed-door system:

- **Improved access for excluded groups:** Walk-in services were perceived as significantly more accessible for those who struggle with digital applications, or who might otherwise be excluded under the current system. Reintroducing these services could improve access and, in turn, reduce the number of people attending A&E who are in need of homelessness support.

- **Clearer hospital signposting:** Hospital staff felt they would be better equipped to direct patients to appropriate support when walk-in services were available, particularly for patients who present as homeless at A&E. This was viewed as especially important for individuals who might not get admitted to hospital but are still in urgent need of housing assistance.

- **Reduced duplication and confusion:** Participants highlighted that the current application system often leads to miscommunication and duplicated efforts between applicants and housing teams. In contrast, applications made where face-to-face interaction is involved were viewed as more efficient and easier to navigate for both applicants and staff.

- **Faster resolution of urgent cases:** HHTs explained that in the past, walk-in services led to faster responses to urgent cases compared to the current system. Participants noted how walk-in appointments made it easier to arrange help for someone with same-day housing needs, and to arrange support for patients who are due to be discharged without suitable accommodation.

Recommendation 2:

Set clear timeframes for LAs to respond to emails and phone calls

While walk-in, face-to-face services were seen as crucial, participants acknowledged that digital and phone-based communication would likely continue to be the main method that LA housing teams use to communicate with applicants and staff supporting them.

To improve the effectiveness of digital and phone-based communication, participants recommended that LAs set clear timeframes for when they will respond to emails and phone calls, and importantly, clearly communicate these timeframes with applicants and the organisations supporting them.

This, they suggested, would allow hospital staff to better anticipate when important decisions would be made by LA housing teams, such as when patients might be able to access temporary accommodation. This, in turn, could improve discharge planning within hospitals, allowing them to plan around clear timeframes and reducing the risk of bed blocking and unsafe discharges.[18]

Recommendation 3:

Create dedicated communication channels and referral pathways between LAs and hospitals

Participants from HHTs strongly recommended that LA housing teams and hospitals set up dedicated lines of communication, such as sharing named contacts, and create specialist referral pathways.

Creating stronger and more direct communication channels was seen as important to:

- Facilitate a more collaborative, problem-solving approach between hospitals and LA housing teams.

- Reduce administrative burden and delays to applications which are linked to poor communication between teams.

- Improve discharge planning and the continuity of care when homeless patients are ready to be discharged from hospital.

18 Home First Discharge to Assess and homelessness.

HHTs spoke positively about the impact these changes can have, with one citing the positive impact they already have in boroughs where these arrangements have been made:

> *A more streamlined process of obtaining accommodation via the hospital, whether that's a specialist pathway that the hospital can have with housing departments. We've attempted to create a more streamlined process with our local boroughs… and we have some agreed protocols. And it does improve some working [practices] when we have a named contact that we can speak to, and we've got a fortnightly meeting with [our local LA] where we can actually discuss cases that we've referred. It's really helpful just to even speak to someone on a Teams meeting to get an update on patients, even that is so much more helpful than what we have with a lot of the other boroughs.*
>
> **Nurse Practitioner, Hospital Homeless Team**

While participants didn't expect these changes to reduce the number of homeless individuals presenting at hospitals, they believed that improved communication could lead to more effective collaboration between hospitals and LAs, and in turn, result in better outcomes for patients.

Recommendation 4:

Review hospital discharge policy to address bed blocking and street discharges

Participants also called for a review of hospital discharge policy, again highlighting the need for improved coordination between hospitals and LAs supporting homeless patients. This recommendation was particularly aimed at reducing bed blocking, and ensuring individuals are not discharged back into street homelessness.

A review of hospital discharge policy links closely with the previous recommendation, highlighting the need for stronger pre-discharge planning and established referral pathways between hospitals and LA housing units. However, in addition to improved communication and referral pathways, participants noted that internal hospital procedures require additional scrutiny to ensure no one is discharged to the street, something which hospital staff noted does happen when accommodation options are unavailable.

Participants spoke of two ways in which hospital discharge policy could be addressed:

1. Updating the Code of Guidance for discharging people at risk of experiencing homelessness[19], to reflect current best practice for supporting patients at risk of homelessness.

2. Introduce a national mandate preventing hospitals from discharging people into street homelessness.

Participants consistently supported improved guidance; however, views were more mixed towards a national mandate. One participant advocated for a legal requirement to end discharge-to-the-street practices, recognising that discharge to the street is not a suitable alternative to long stays in hospitals, despite the negative impact they can have on a patient's health:

> *Long stays in hospital can impact someone's health. That can dramatically worsen someone's mental health, dramatically after improvement. We've seen that time and time again. And it can put people at risk of other physical health problems. Or even, for example, cognitive decline, because they're not going back into a setting where they're applying all of their cognitive skills. Being as independent as they can, et cetera. So, we're disenabling people through long stays in hospital, therefore adding to the housing and social care burden. It makes no sense. [But] I think what we should also be saying, is that no person should be discharged to the streets. There should not be a homelessness-to-homelessness situation. But that said, thousands of people are discharged every day to the to the streets, and that needs to be kind of mandated. That needs to be mandated nationally.*
>
> **Clinical Fellow, Hospital Homeless Team**

In contrast, a member of a different HHT warned of the practical challenges a national mandate could bring. While they agreed with the principles behind a national mandate, they raised concerns about the practical impact a national mandate would have on the NHS without additional financial and housing support. Without this in place, they felt that hospitals should continue balancing the needs of both medically sick patients and those requiring housing assistance; although they recognised this means hospitals would continue to have to make challenging decisions.

19 Ministry of Housing, Communities and Local Government; Department of Health and Social Care (2024). Discharging people at risk of or experiencing homelessness.

> *I'm aware of a petition Pathway are trying to take to the government to make discharge to the street illegal. Which I think as an aim I agree with. [But] the practicality of it, I think if that was made law today, it would cripple the NHS if it became illegal to discharge someone to the street. You would have every man and his wife turning up to hospital saying 'I've got nowhere to go. I'm going to wait here until I've got some accommodation'. So, I think there has to be a balance, and there has to be an element of positive risk-taking when you are balancing very sick people coming into a hospital who need medical care versus homeless people who are facing eviction to the street. You know, you're balancing risk and you're balancing lives, aren't you. But sadly, ultimately, it's sometimes that a discharge to the street is the only option or is inevitable. And we just have to do what we can to safeguard and mitigate against the worst sort of outcome.*
>
> **Homeless Health Specialist Nurse, Hospital Homeless Team**

Additional reflections

Alongside the four primary recommendations we put forward in this report, participants shared broader reflections on how systemic issues with homeless services and the housing application process could be improved. These insights didn't always focus on the specific changes created by closed-door practices at a local hospital level, however, they highlight important areas for wider policy and practice reform. We group these reflections into three key themes:

Challenging the Narrative of Homelessness

Participants emphasised the need to shift public and institutional narratives around homelessness, to reflect a more human-centred and preventative focus, and one built upon the knowledge of those with lived experiences of homeless services.

Many called for a more human-centred approach within housing and support services, which better takes into account the lived realities for people experiencing homelessness. One HHT member stressed the importance of training frontline staff, such as A&E triage nurses, to better understand and respond to the needs of homeless patients and create an environment where all hospital staff are 'champions' for homeless patients.

A policy manager from a large UK homeless charity also highlighted how assumptions, such as universal access to smartphones and data, may have led to exclusionary, closed-door policies becoming common in the first place. They suggested that if decision-makers had lived experience of homelessness, or better took these into account when designing policy, they might have been able to design more accessible services in the first place.

In response to these concerns, there was a strong call from participants to involve people with lived experience in decision-making processes, and to foster a more collaborative, community-centred approach which takes account of a wider range of perspectives when designing and implementing services.

Participants also advocated for a shift from reactive to preventive policy, suggesting, for example, that GPs could be resourced to intervene early when housing-related mental health issues arise. Others pointed to the long-term impact that underfunded public services have on increasing homelessness risk.

Strengthening Accountability in Housing Services

A recurring concern was the perceived lack of accountability from LA housing teams in how they handle homelessness applications. One hospital staff member highlighted their perception that LA housing teams lack accountability in the application process, criticising the reliance on inaccessible communication channels as a way to 'hide behind' inaccessible communication, and calling for a return to pre-COVID models with more accessible forms of communication:

> *The way that housing options units operate needs to be reviewed and needs to go back to how it was pre-COVID, where there were publicly available housing options units that were accessible for everyone, that don't hide behind phone lines and e-mail addresses, [that] don't discriminate against people who are technologically disadvantaged.*
>
> **Homeless Health Specialist Nurse**

Participants also suggested that accountability could be improved by increasing the visibility of senior LA leaders, such as by attending local homelessness forums. Another highlighted how accountability could be improved by reviving practices like 'mystery shopper' evaluations to assess service delivery.

While caution was advised against using false identities, there was consensus that stronger accountability mechanisms are needed to ensure services align with stated policies and remain accessible for the wider homeless population.

Promoting a Multidisciplinary Approach

Finally, participants stressed the importance of developing a more integrated, multidisciplinary response to homelessness. Several noted the inefficiencies and costs that are created by a lack of coordination across services, such as prolonged hospital stays due to housing delays. One participant remarked that:

> *The world isn't collaborating as required.*
>
> **Homeless Team Lead**

Others questioned the effectiveness of the current model of integrated care systems and highlighted the need for better alignment between health, housing, and social services. Strikingly, one roundtable participant noted this was the first time they had engaged directly with both healthcare and homelessness professionals, underscoring the need for more cross-sector collaboration to improve community care and outcomes.

'Home Truth' Commissions

At the roundtable discussion, participants explored what local, multi-disciplinary working groups might look like as a solution to some of the problems caused by 'closed door' practices, based on similar work carried out with Poverty Truth Commissions. The idea of creating similar groups in relation to homelessness and health issues ('Home Truth Commissions') would be to bring local housing policy decision makers and leaders into regular contact with those with lived experience as well as local hospitals HHTs, other community health workers and housing advice organisations. This work would help to shape local homelessness policy and practice to create a person-centred approach appropriate for each LA area. Participants were keen to follow up on this idea as a potential solution and it is hoped that Home Truth Commissions could be one of the next steps for further research and development.

7.

Appendices

Appendix 1
Freedom of Information requests

A Freedom of Information request (FOIs) was sent to each of London's 33 LAs, requesting policy and practice documents concerning in-person homeless applications. FOIs were made by Joanna Underwood, Supervising Solicitor & Lecturer in Law the King's Legal Clinic at the Dickson Poon School of Law, King's College London. Requests were made in accordance with the Freedom of Information Act 2000. Requests were sent to each LA in accordance with the guidance set out on their website.

The written request sent to each LA is given below:

Dear Sir/Madam

Request for information under the Freedom of Information Act 2000
Policy and practice documents concerning in person homelessness applications

King's College London Legal Clinic would like to request information from your authority's housing department, under the provisions of the above Act. We would like to request copies of all your authority's documents currently in use relating to how housing officers will initially assess applicants who present in person (not on the phone or by email/ online) when they need to make an urgent homeless application under the provisions of the Housing Act 1996 Part VII.

Please can you send us copies of all policy and practice documents currently used or relied upon by your housing officers to manage the initial approach of homeless applicants and how they are required to make their homeless application. Such documents could include, but not be limited to:

- guidance notes
- briefings
- training sessions
- reports
- recent homelessness reviews
- internal policy/practice documents

We are looking in particular, for documents that will relate to whether applicants can be seen face to face upon initial presentation and if not, how your authority will require them to make their homeless application (eg online, over the phone, by appointment only).

If any of these documents are already in the public domain, please can you send a link to where we can retrieve these exact documents?

Please can you send us your response electronically to: jo.underwood@kcl.ac.uk

We believe that the information requested does not fall under any of the exemptions set out in the Freedom of Information Act. We therefore hope that the information can be provided within the 20 working days stipulated in the Act and be provided by no later than close of business on **Monday 3 June**.

We do not believe any exemptions apply to this request, so there is no reason to consider public interest arguments for or against publication of the information requested. We are grateful for your support in responding to this request.

Yours faithfully
Jo Underwood
Solicitor/lecturer, King's Legal Clinic

Appendix 2
How Local Authorities are required to support homeless people

The Homelessness Code of Guidance for Local Authorities gives further guidance to LAs on the procedural requirements relating to homeless applications, and how they should notify applicants of their decisions. Some of the most relevant paragraphs for this research are:

- **3.1** Housing authorities have a duty to provide or secure the provision of advice and information about homelessness and the prevention of homelessness, free of charge. These services will form part of the offer to applicants who are also owed other duties under Part 7, for example the prevention and relief duties. They must also be available to any other person in their district, including people who are not eligible for further homelessness services as a result of their immigration status.

- **3.6** Housing authorities will need to work with other relevant statutory and non-statutory service providers to identify groups who are at particular risk and to develop appropriate provision that is accessible to those who are likely to need it. In some circumstances tailored advice and information will be best delivered in a targeted and planned way when it is most likely to be needed – for example, in preparation for leaving care, being discharged from hospital or being released from custody, but it should also be widely accessible as a universal service. Appropriate provision will need to be made to ensure accessibility for people with particular needs, including those with mobility difficulties, sight or hearing loss and learning difficulties, as well as those for whom English is not their first language.

- **18.2** A need for accommodation, or assistance in obtaining accommodation, can arise at any time. Housing authorities will therefore need to provide access to advice and assistance at all times during normal office hours, and have arrangements in place for 24 hour emergency cover, eg by enabling telephone access to an appropriate duty officer. The police and other relevant services should be provided with details of how to access the service outside normal office hours.

- **18.3** It is recommended that housing authorities should give proper consideration to the location of, and accessibility to, advice and information about homelessness and the prevention of homelessness, including the need to ensure privacy during interviews.

- **18.4** Housing authorities should publicise their opening hours, address, and the 24 hour contact details. For example, this information could be accessible on the housing authority's website. Translated information and interpreting services should be made available to applicants for who English is not a first language, and the availability of these services publicised to residents and community organisations.

- **18.5** Applications can be made to any department of the local authority and expressed in any particular form; they need not be expressed as explicitly seeking assistance under Part 7. As long as the communication seeks accommodation or assistance in obtaining accommodation and includes details that give the housing authority reason to believe that they might be homeless or threatened with homelessness, this will constitute an application.

Design: **Day 1, day1.org.uk** | Approved by **brand@kcl.ac.uk**, October 2025

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