



Together
we will end
homelessness

Housing-led Feasibility Study for Oxfordshire

Full Report

Authors: Imogen Blood, Mark Goldup, Anita Birchall,
Shelly Dulson and Chloë Hands

November 2020

Imogen Blood &
Associates

Housing-led Feasibility Study for Oxfordshire

The study investigated the feasibility of Oxfordshire moving to and implementing a housing-led response to homelessness in its county. It was commissioned and funded by Crisis and the Oxfordshire district councils of Cherwell, West Oxfordshire, Oxford City, South Oxfordshire and the Vale of White Horse. It was overseen by a steering group made up of representatives from those councils and was conducted by Imogen Blood & Associates.



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Commissioned by Crisis, with funding from Crisis and the Oxfordshire councils

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1. Introduction to the study

1.1. This commission

This report presents the findings of a study exploring the feasibility of moving to a housing-led approach to tackling single homelessness across Oxfordshire. It was commissioned by Crisis and the Oxfordshire Countywide Homelessness Steering Group and conducted by a team of independent research consultants at Imogen Blood & Associates (IBA) (www.imogenblood.co.uk). The study was funded by Crisis, Oxford City Council, Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire District Councils.

The research was commissioned to cover the following main elements:

- Construction of an operational model to consult with local stakeholders for the delivery of a housing-led approach across Oxfordshire;
- Consultation and peer research with people with lived experience of homelessness in the area;
- Analysis of the policy and practice implications of the model to understand how it would work across Oxfordshire;
- Analysis on the costs of implementing a new housing-led model and transitional arrangements needed;

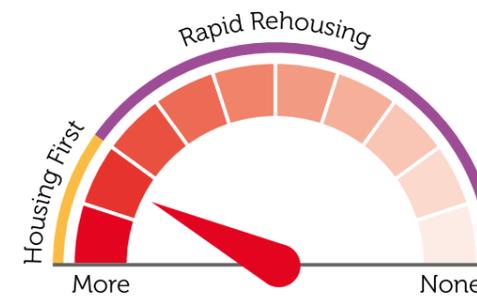
- Collaboration with the steering group to advise on research design, findings and implications for operationalising the conclusions from the study.

The study ran from January to October 2020 and was delivered by Imogen Blood, Mark Goldup, Anita Birchall, Shelly Dulson and Chloë Hands at IBA, supported by Kate Farrell and Lewis Haines at Crisis.

1.2. What is a 'housing-led approach'?

A **Housing-Led** or Rapid Rehousing approach to ending homelessness aims to move people into their own homes as quickly as possible and provide them with the support they need to make it work¹. The approach seeks to minimise the amount of time spent in temporary accommodation and the number of transitions a person has to make before they move into a permanent home.

Housing First is one type of housing-led model, and this is specifically designed for those with the highest and most complex needs. As the following graphic – developed by Homeless Network Scotland² – shows, Housing First is one type of housing-led solution, aimed at those with the most complex needs.



Housing First works best when it functions as part of an integrated, multi-agency homelessness strategy, alongside prevention, and low intensity emergency accommodation services:³

“An integrated homelessness strategy, characterised by extensive interagency working, uses preventative services and a range of homelessness services (of which Housing First services are one group) to effectively meet the diverse needs of single homeless people”. (p.iii)⁴

Only a relatively small number of single people experiencing homelessness need Housing First; however, a housing-led approach recognises that the *principles* underlying the Housing First model can and should benefit all those who are experiencing or at risk of homelessness.

The Principles behind a Housing-Led (Housing First) approach

- People have a right to a home
- Flexible support is provided for as long as it is needed
- Housing and support are separated
- Individuals have choice and control
- The service is based on people's strengths, goals and aspirations
- An active engagement approach is used
- A harm reduction approach is used

Housing First England: The Principles of Housing First 2017

Housing-led is a whole system approach, which seeks to apply the principles of Housing First model to all those experiencing or at risk of homelessness.

The following table suggests what it might mean to apply each of the Housing First *principles* to the whole homelessness system.

1 Downie, M. (2017). Plan to end homelessness. London: Crisis UK. [Online]. Available at: <https://www.crisis.org.uk/ending-homelessness/the-plan-to-end-homelessness-full-version/executive-summary/>

2 Scotland Rapid Rehousing Guidance <https://homelessnetwork.scot/wp-content/uploads/2019/11/rapid-rehousing-guidance.pdf>

3 Blood, I., Copeman, I., Goldup, M., Pleace, N., Bretherton, J. and Dulson, S. (2017). *Housing First Feasibility Study for the Liverpool City Region*. London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/237545/housing_first_feasibility_study_for_the_liverpool_city_region_2017.pdf

4 Pleace, N. (2018). *Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence*. York: University of York. [Online]. Available at: https://www.mungos.org/app/uploads/2018/02/ST_Mungos_HousingFirst_Report_2018.pdf.

A whole system approach

Housing First principle

People have a right to a home	Bolstering the supply of affordable housing options and keeping any evictions to an absolute minimum. Removing the conditionality from the system, e.g. so people do not have to <i>first</i> prove they are tenancy ready, thereby <i>earning</i> the right to a home. The system views housing as a human right.
Flexible support is provided for as long as it is needed	Our need for support naturally fluctuates; it is almost impossible to predict exactly how much support an individual will need, around which issues and for how long. Yet support for those experiencing homelessness tends to be commissioned in time-limited blocks; some people experience 'cliff-edges' where support suddenly ends, some may be over-supported at times. Instead, a housing-led system allows for support to flex around a person in their own home when they need it.
Housing and support are separated	This separation means that the housing offer is not dependent on the support offer; so if the support comes to an end, the person does not have to move. Conversely, a person does not have to move into a buildings-based project in order to access support; and the support relationship can stay with a person where they want or need to move. Separating the support from the landlord function can also help to clarify the role of different workers, thereby building better relationships (in our research with people using the system, some felt staff are more interested in the building than the people).
Individuals have choice and control	Choice is often designed out of the service response to single homeless people: people are 'placed', 'sent', 'signposted' and, if very lucky, 'housed'. Research suggests that increasing a person's sense of choice and control improves their outcomes ⁵ and that services are less effective when they are "done to people". Instead, a housing-led system treats people experiencing homelessness as adults and citizens.
The service is based on people's strengths, goals and aspirations	Seeing the person as a survivor, as an individual, as a person, rather than a problem to be managed, and recognising that everyone has strengths. In a housing-led approach, we move from assessments which focus on risks, needs and eligibility to more creative assessments which recognise the strengths, resources and relationships the person brings to the situation and works with them to consider how they can build on these.
An active engagement approach is used	Recognising that services are often 'hard-to-reach', and that closing the case of a person who is experiencing homelessness, substance use or mental health challenges because they behave in a way we find challenging is often counter-productive. Instead, <i>professionals</i> are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service. ⁶
A harm reduction approach is used	Recognising that abstinence from substance use and other potentially harmful behaviours is not desirable and/or realistic for many at this point in time, and that these individuals may disengage if pressured into abstinence by professionals. Instead, workers support individuals to set their own goals and develop their own strategies to manage risk. A housing-led approach recognises the harm that comes from all forms of homelessness (especially rough sleeping) and seeks to reduce this by avoiding homelessness or by supporting a person to exit homelessness as quickly as possible.

⁵ Manning, R.M. and Greenwood, R.M. (2019). Recovery in Homelessness: The Influence of Choice and Mastery on Physical Health, Psychiatric Symptoms, Alcohol and Drug Use, and Community Integration. *Psychiatric Rehabilitation Journal*, 42(2), pp. 1-11. DOI: 10.1037/prj0000350

⁶ Homeless Link. (2017). *Housing First in England: The Principles*. London: Homeless Link. [Online]. Available at: <https://hfe.homeless.org.uk/sites/default/files/attachments/The%20Principles%20for%20Housing%20First.pdf>

1.3 Single people and families facing homelessness

Our brief was to focus on single households. Single people made up 51% of all homelessness presentations across Oxfordshire in 2018/19 (rising to 60% in Oxford city). Although family homelessness is also a key challenge in Oxfordshire, the responses to the homelessness experienced by single households and those with dependent children are somewhat different, not least because of the stronger duties which local authorities have to accommodate households with dependent children. This means that families with dependent children and pregnant women who are homeless tend to be placed in self-contained temporary or permanent accommodation (rather than in settings with shared facilities) as quickly as possible, and should not be at risk of rough sleeping. The response to homeless families is, at least in terms of the recognition of housing as a human right, more 'housing led' than the response to single households, since there is a consensus that getting a family into their own stable home as quickly as possible should be the priority. However, the response to homeless families is often not consistent with the remaining Housing First *principles*, e.g. promoting choice and control and offering flexible, strengths-based support for as long as is needed.

Although our study did not consider the data, lived experience, policies or practice in relation to family homelessness in Oxfordshire, we are aware of a recent service redesign in Children's Services, which aims to improve housing solutions to vulnerable families. We believe that some of the key messages from this report can inform the Oxfordshire authorities' ongoing improvement of how they prevent and respond to

family homelessness. A fully housing-led approach can benefit all those facing homelessness, regardless of their household composition.

1.4 Our approach

Key data collection activities have included:

- Development and population of a **model showing flows** of single homeless households through the homelessness system across Oxfordshire.
- **Peer research** co-produced with the LEAF (Lived Experience Advisory Forum); **30 interviews** with people (6 of whom were women and 2 of whom were from BAME backgrounds, with ages ranging from 20s to 70s) in Oxford city experiencing homelessness were conducted, transcribed and analysed during July and August 2020.
- Analysis of quantitative and qualitative data contained in the **86 Strengths-based Needs Assessments** collected and shared with us by Oxfordshire councils with those placed in emergency accommodation during 'Everyone In'⁷.
- **Stakeholder engagement** to consider the provision of **support**, involving a total of 60 professionals and citizens:
 - a workshop including all commissioned providers;
 - a series of 3 x 2-hour online group discussions;
 - an online survey (collecting qualitative views) to which a further 33 responded,
 - supplementary 'phone interviews

⁷ 'Everyone In' is the term given to the government-funded initiative to ensure all rough sleepers and those with shared air space in homelessness accommodation were given 'safe harbour' during the Covid-19 outbreak in spring 2020.

- An exercise to **map** and bring together basic data about units, type of provision, cost, provider, referrals and outcomes for all **homelessness support services commissioned across the county** (including mental health and young people's pathways).
- A review of Oxfordshire councils' social housing **allocation policies and move-on protocols**, benchmarked nationally using CORE data, national research findings and review of a selection of policies from other authorities.
- Review of relevant documents and a series of interviews and meetings to understand issues and opportunities in relation to **housing supply**.
- A review of **housing data** (including social rented/affordable lettings, Local Housing Allowance (LHA) rates, analysis of house sale prices).
- Review of **prevention** activities undertaken by each district/city council, analysis of H-CLIC and other outcome, research and audit data relevant to prevention; desk-based benchmarking with other authorities nationally to identify best practice.
- Alignment with **health, social care and safeguarding**: interviews/meetings with public health, Oxfordshire Clinical Commissioning Group, Oxford Health, Vale Adult Social care, and substance use services and a review of relevant local research and strategies.
- **Action learning from Everyone In** and rapid rehousing: attending meetings, working closely with local authorities, interviews or group sessions with each council to capture action learning, structured sessions to record action learning from Crisis' work to support Strengths-based Needs Assessment and triage processes.
- A **financial narrative** based on running on a hypothetical scenario to compare flows of homeless people through the system during 2018/19 with what might have happened if a different set of service configurations had been in place.
- Sharing and gathering **feedback on the emerging headlines and initial recommendations** during October. This included:
 - Producing a high level summary document and circulating this for comments from the Countywide Homelessness Steering Group;
 - Presentations and discussions at: Providers' Forum; Lived Experience Advisory Forum; a session on Workforce Transformation held by the County Council; Oxford's Housing & Homelessness group meeting; a webinar hosted by Oxfordshire Homelessness Forum; a short radio interview for JACKfm Oxfordshire; Mental Health Housing, Care and Support project commissioning workstream; and an additional session with commissioned providers following the Providers' Forum.

We recognise a few limitations in our engagement. Regrettably, we were not able within the time and resources of the study and given the impact of Covid-19, to engage:

- Elected members;
- Colleagues from the criminal justice system; and
- People with lived experience of homelessness outside of Oxford city (though the analysis of forms completed during Everyone In mitigated this to a degree).

1.5 Structure of this report

A summary version of this report is also available at https://www.crisis.org.uk/media/243746/crisis_oxfordshire_report_summary.pdf

This full report includes the following chapters:

Chapter 2: in which we summarise the key recommendations for Oxfordshire

Chapter 3: in which we give an overview of the current provision of housing-related support to single households facing homelessness across the county;

Chapter 4: in which we present the case for changing the system, based on the lived experience research findings, overall system performance, and wider evidence about the costs of homelessness to public services.

Chapter 5: in which we consider people's experiences and aspirations in relation to accessing housing, and present the findings of our review of Oxfordshire's social housing allocations and a summary of the key opportunities and risks to bolstering housing options.

Chapter 6: in which consider what 'good support' looks like, from the perspectives of people receiving it, professionals and research evidence.

Chapter 7: in which we present our vision for a housing-led approach, looking both at the prevention of and the response to homelessness.

Chapter 8: in which we discuss in more detail how Oxfordshire might transition to a housing-led approach and the recommended next steps for the authorities and their partners.

Appendix 1: Provision of existing housing support services

Appendix 2: Glossary

Appendix 3: Financial narrative

2. Summary of recommendations

In a successful housing-led system:

- All opportunities are maximised to prevent people from becoming homeless in the first place.
- Those who do become homeless are supported into stable, ordinary housing as quickly as possible, recognising that the longer a person is without a home, the more negative the impacts for both the individual and society.
- Those with more complex needs who have experienced or are at risk of long term homelessness and housing instability are actively engaged through multi-agency casework, including, for some, a Housing First approach. Agencies work together to minimise the numbers of people who drop out of the system.
- Support is provided to those who need it in a flexible, person-centred and strengths-based way, regardless of where they are currently living.
- All those working in the relevant services recognise the impact of trauma on individuals and recognise that maximising choice and control is key to recovery.
- Data and feedback from people with lived experience is used to monitor and improve the performance of the whole system.

Long-term fundamental priorities

Prevention

Increasing investment in evidence-based prevention, underpinned by a countywide and multi-agency homelessness prevention strategy.

Our recommendations are detailed in section 7.1 and include:

- Encouraging a **consistent tenancy sustainment** offer from social landlords, and looking at whether and how tenancy sustainment might be extended to private rented sector and their landlords.
- **Better use of data**, underpinned by effective data-sharing protocols, to proactively target individuals, maintain higher levels of contact, and evaluate outcomes.
- Sustained or ideally increased investment by councils **to keep people in their homes where safe and possible** to do so, e.g. through mediation with landlords, financial assistance, housing advice and community navigators: this is likely to become even more important as a result of the pandemic.
- Linking the current countywide **floating support** contract more clearly to Housing Options prevention activity and outcomes.
- Using the existing Homelessness Champions Network as an asset from which to build a **countywide prevention strategy**.

Housing supply

Develop a countywide strategy to increase the supply of a range of affordable housing options for single homeless households across the county. We have highlighted some of the opportunities and risks in section 5.4. As part of this strategy:

- Promote more consistent access to and sustainment of tenancies in the **Private Rented Sector** for this group, working in partnership with the Social Enterprise sector and the Oxfordshire Homelessness Movement.
- Review the designation of 1-bed properties for older people; consider within or alongside this the feasibility of creating a scheme of **long-term but 'own front door' supported housing** for those whose needs are currently not well-met by either homelessness or adult social care services.
- Work with housing and support providers to roll out and develop a **consistent and high fidelity model of Housing First** across the county (see section 3.2).
- Bring together and explore ways to scale up and/or replicate the wide range of options and activities to promote housing supply within the **community, faith and voluntary sectors**.
- Ensure that the housing-led approach informs the **countywide programme of housing and spatial development**.

Housing allocations

Reducing the additional barriers to accessing social housing faced by those in acute housing need especially those who have additional support needs. Our recommendations are detailed in Section 5.3 and include:

- Introducing effective systems to monitor exclusions from the register, and any nominations refused by Registered Providers;
- Using this data to review allocations policies and nominations agreements;
- Working with social landlords to find alternatives to blanket bans to manage risk;
- Establishing a reasonable preference group for those with a history of/at risk of rough sleeping; and
- Adopting targets in the Annual Lettings Plan for the number of allocations made to those with additional support needs.

Shorter-term practical actions

Governance

Effective countywide and multi-agency governance to oversee the transition and to ensure a whole system approach, linking for example to the Primary Care Networks, work to promote financial inclusion, neighbourhood community development and the Development Plan.

In section 9.8, we recommend:

- A senior and multi-agency Homelessness Reduction Board – or similar model – operating at county-level to drive this forward.
- Strong project management to ensure that actions are followed through.

Re-thinking commissioning

In order to transition to a housing-led system, it will be necessary to replace a significant proportion of congregate with dispersed supported housing. As discussed in section 9, to achieve this in a positive way which builds on existing assets and relationships between commissioners and providers

locally, it will be important to:

- Engage in dialogue with providers and involve with providers and the involvement of people with lived experience and community providers;
- Move away from a competitive, traditional contracts model, to an alliance-style model, where a range of providers are incentivised to work together and are collectively accountable for results;
- Build into the contract the required transition to a housing-led model and the flexibility to review and adapt regularly, and ensuring the contract is long enough to enable this;
- Develop performance management which focuses on the quality of service users' experience; case management via the By Name List; and 'whole system indicators' (such as successful referrals to support, managed moves rather than evictions, moves to settled accommodation)
- Strategically align the adults', young people's and mental health pathways, so all are operating consistently within housing-led principles

System-wide case management

This is core recommendation if people are to be supported into, and within, a stable housing solution, and in order to reduce the current high level of 'dropout' from the system. It will be important to:

- Develop effective multi-agency case management throughout the system, with Personal Housing Plans at the prevention stage, and the By Name List approach to case management for those experiencing homelessness. We describe this approach in more detail in section 7.2.3.

- Develop a new countywide Assessment Hub model to coordinate the By Name List approach and provide an accessible and inclusive gateway into services for those who are homeless. We describe this in more detail in section 7.2.4.
- Review data collection in relation to single homelessness, setting up countywide systems which can support the By Name list, and strategic information to inform continuous improvement, through a set of whole-system performance indicators. Gather feedback regularly from people with lived experience as well as quantitative data. We describe this in more detail in section 9.7.

Workforce

Workforce development will be key to creating and sustaining a culture of positive risk, giving back choice and control to individuals, and supporting them to exit homelessness. This needs to include strengths-based, trauma- and psychologically-informed approaches and should be informed by lived experience.

We propose an initial skills matrix for further development in section 9.6, and recommend that each commissioned provider be required to train staff to this level, and participate in communities of practice to share and further develop good practice.

3. The current provision of housing-related support to those experiencing or at risk of homelessness in Oxfordshire

Understanding the existing resources is a necessary first step to system re-design. Our countywide mapping identified a considerable amount of activity – both commissioned by the councils and delivered independently by charities, social enterprises and faith groups - to both prevent and respond to homelessness across Oxfordshire. We sought to gather data on as much of this provision as possible. This exercise was complex because:

- The two-tier authority structure, combined with additional layers of services commissioned a) jointly by the districts and b) with Rough Sleeper Initiative funding, makes it challenging – but also particularly important - to understand the whole, countywide picture.

There are separately commissioned 'pathways' for mental health, young people, and adult homelessness. Each pathway and authority is collecting slightly different data under different categories, so there is no consistent approach to understanding the scale of the problem. Provision is ever-changing, with additional capacity being added/services being decommissioned or re-designed in some way, generally in response to either cuts or short-term central government, a point to which we return in the next chapter. Even within this, 2020 has been highly atypical, with the pandemic forcing changes and closures to existing and planned services, and giving rise to new funding streams from central government.

Overview of service provision in Oxfordshire

The mapping activity identified:

- Over 1110 units or bed spaces of what might best be described as ‘transitional’ supported housing⁸ across Oxfordshire, targeted at adults and young people experiencing homelessness and/or mental health challenges. This includes a number of hostels, including a large hostel in the centre of Oxford with more than 50 beds, and many shared house projects (especially in the mental health pathway). Just 8% of ‘units’ involve floating support i.e. support which could be provided independently of housing.
 - Several ‘Housing First’ pilots and projects, offering up to 30 tenancies in total at the time of writing, with more planned. We discuss these in more detail in section 3.2.
 - A number of schemes to support access to the private rented sector, run both by councils and by charities;
 - A range of daytime services offering food and both practical and emotional support;
 - Prior to Covid-19, a number of initiatives to provide emergency accommodation, mostly during winter months;
 - Housing Advice services, commissioned by all the district councils and provided by Shelter, CAB and the Wantage Advice Centre;
 - At least 18 services which provide assistance around income maximisation, debt management, education, employment, skills development, mental health; substance use, family mediation, or countering social isolation, with a particular focus on those at risk of or experiencing homelessness;
 - Four street outreach services (one of which is run by the Police);
 - Two exemplar tenancy sustainment services, offered by Oxford City Council (as landlord) and Soha housing association
 - A number of services offering additional (or ‘floating’) support, including Aspire’s countywide Community Navigators and Connection Support who offer mental health support services as part of the Oxfordshire Mental Health Partnership as well as more general housing support.
 - Health also fund a number of relevant initiatives, including the Luther Street Medical Practice, offering primary health services to those experiencing homelessness in the centre of Oxford; two short-term step-down houses (for those who are homeless on discharge from general or psychiatric hospitals) and embedded housing workers.
 - Oxfordshire Homelessness Movement is a countywide partnership of public, private and charitable organisations with the vision that nobody should have to sleep rough on our streets. The movement aims to coordinate efforts across sector and to supplement statutory provision in a strategic way, for example responding to those with No Recourse to Public Funds.
- The different types of service provision are summarised in the following diagram; key terms are defined in the glossary (Appendix 2), and further detail about the current provision of each of these types of service is supplied in Appendix 1. It should be noted that not all of these services are available across the county, for example street outreach.



There is clearly a lot of positive work across the county, and there are many assets to build on. However, this is hampered by a high level of silo-based working – geographically, between agencies, and even within larger organisations – and by a lack of consistent data collection against which outcomes and progress can be monitored across the whole system. There has been a lot of incremental development of provision across the county to in response to central government funding programmes. But until now, there does not appear to have been a meaningful attempt to look at the entire system.

3.1. Transitional supported housing

There is considerable activity in Oxfordshire to prevent people becoming homeless. However, far greater focus and investment goes into responding to homelessness, usually through the default of transitional supported housing (a hostel or other congregate setting) In 2018/19, there were 1420 placements in supported housing of people who would otherwise be homeless⁹ across the county (830 of whom were already living in supported housing at the start of the year).

This is not unusual and can be a natural reaction to high levels of homelessness; however, a key message of this report is that a move to a housing-led approach will require a more coherent focus on both preventing and supporting single people out of homelessness and into stable housing.

The adult homeless pathway is a partnership between the county council, city council, district councils and the Clinical Commissioning Group to jointly fund 140 units of supported housing, for those with a connection to an Oxfordshire council. Around half of these units are in hostels, with the remainder in smaller shared settings or with floating support.

Although the pooling of budgets across the county in this way is a positive step, there appears to be an emerging consensus that change is needed within this pathway. Issues highlighted through our engagement included: the concentration of pathway provision in a large hostel in Oxford city and the impact of this on the movement of people experiencing homelessness away from their local areas; and challenges for providers and commissioners operating a

⁸ Johns, M. and Longlands, S. (2020). *At a Crossroads: The Future of Transitional Supported Housing*. London: IPPR North. [Online]. Available at: <https://www.ippr.org/files/2020-10/supported-housing-oct20.pdf>

⁹ For the purposes of the research, we have included 75% of the placements and people in the mental health pathway; there is clearly significant (though not complete) overlap between the mental health and homelessness pathway. This is based on data from Oxfordshire mental health services estimating that 75% of those coming through their pathway are at risk of homelessness/ would otherwise be homeless.

number of different contracts for the same project. Moreover, the pathway operates on a very traditional 'staircase' model¹⁰: people are required to remain in the pathway for at least 6 months to prove tenancy readiness before they can apply for assistance to move-on¹¹. As one professional attending a focus group commented:

"Why are we designing services which we know people will fail in, because of the inevitably chaotic and messy nature of change and recovery?"

As the following chart shows, much of the commissioned support is effectively 'tied' to either congregate (e.g. hostel or shared house) settings.

In the mental health pathway in particular, there appears to be a lack of diversity, with all provision being in shared houses.

The following chart shows the type of housing-related support being commissioned in each pathway. 'Supported housing other' includes supported housing commissioned by city and districts outside of the adult homelessness pathway, and the supported housing projects we identified which are run by charities, faith groups or social enterprises and do not receive any council funding for support. The numbers behind this chart are included in the table below. See Appendix 1 for further definitions and explanations.

Types of units/bedspaces identified by service type



Service category	Hostel/Cluster	Shared flat/house	Floating support to individuals	Type not noted
Adult homeless pathway (AHP)	70	20	50	0
Mental health pathway (MHP)	0	486	0	0
Supported housing other	138	125	15	0
TOTAL	208	631	65	0

¹⁰ Johnsen, S. and Teixeira, L. (2010). *Staircases, Elevators and Cycles of Change: 'Housing First' and other Housing Models for Homeless People with Complex Support Needs*. London: Crisis UK/ University of York. [Online]. Available at: https://www.crisis.org.uk/media/20498/staircases_elevators_and_cycles_of_change_es2010.pdf.

¹¹ Oxfordshire Adult Homeless Pathway Common Operational Document

One of the limitations of the congregate model is that trying to support multiple individuals within the same building requires rules and eligibility criteria in order to manage risk. As one professional in a focus group explained:

"Lots of supported housing projects will only take people who meet certain criteria 'we can't find the right kind of person for the house'"

A housing-led model hinges on being able to provide flexible support for as long as is needed, separate to housing, and at scale. By 'separate to housing', we mean that the tenancy should not come to an end just because the support is no longer needed, offered or wanted, because in this instance, there is a need for further move-on, with all the disruption, delay and need for further support which this incurs.

"A lot of our supported housing projects are time-limited (e.g. 6-9 months) – this is strict and process-laden – it's often not long enough"

(Professional, in focus group)

Whilst there is undoubtedly a role to be played in the system for supported housing as a package this should be a much smaller and specialist part of the system, including for example refuges, therapeutic communities, or tenancy-based models for those with long term care and support needs. To move to a housing-led system, it will be important to re-configure commissioned support, so that more of it can be offered flexibly and separately to housing, in a range of tenures and settings.

"We need to develop a process which really takes into account strengths, needs and preferences rather than lumping everyone together – understanding what people are good at, what they are interested in, where they want to be and with whom"

3.2. Housing First

Housing First is emerging across Oxfordshire – at the time of writing, there were 5 schemes offering somewhere between 25 and 30 tenancies in total, but with more in development. As with many early or new Housing First services, these deliver promising indications; however, when viewed strategically they are piecemeal. Moreover, because of the way in which they are commissioned, many offer insecure or short term funding, time limited support (connected to funding) or are available only to those already within the supported housing pathway: all of which jeopardise fidelity with the model and risk its dilution.

As these early pilots mature, it would be helpful to have an overarching strategy for Housing First, informed by a community of practice and people with experience of receiving a Housing First service. Harnessing the experiences and learning from these disparate services will build capacity, and ensure that this expensive and specialist intervention is focused in the right places, and consistently delivers the outcomes we have come to expect from this model.

What is Housing First?

Housing First is a well-established model, which aims to support people facing multiple and complex issues out of homelessness, for good. The model is supported by a substantial international evidence base; for example, 85% of those housed in the *Pathways to Housing* project in the US sustained their tenancies over a 5 year period; evaluation of the French *Un Chez Soi d'abord* also found 85% tenancy sustainment after 2 years¹². There are two fundamental aspects of the model, both of which differ significantly from our typical service response to this cohort of people: the housing and the support.

The housing

In the current 'staircase model' operating in Oxfordshire, this acts as a barrier for many with complex needs, for whom hostel settings can be very stressful. Some find it difficult to conform to the rules, so they either avoid 'the system' or experience multiple evictions from projects, getting stuck in what is often described as a 'revolving door'.

Housing First was developed as an alternative to the 'staircase model' in which people need to demonstrate their 'tenancy readiness' by staying successfully in hostel or shared accommodation for a period of time and engaging with support to change behaviours such as substance use before they are considered for a permanent tenancy. **Housing First** was developed out of recognition that many of those with long term experiences of homelessness, mental health challenges and substance use have experienced significant trauma in their lives – often as both cause and effect of their homelessness. For example, the vast majority of women in this cohort have experienced domestic and/or sexual violence. For many, the use of substances has become a way of dealing with past trauma and with the extremely stressful experience of being homeless, including rough sleeping. Housing First is based on the premise that a person

must have a private, safe, secure place to live **before** they can engage with support services to address other needs they may have. The model therefore seeks to remove the *conditionality* or the barriers to accessing a tenancy as a first step to making recovery possible. At present, the allocation policies in Oxfordshire act as a barrier to this happening – as we discuss in more detail in Chapter 5.

The support

Supporting a person to find an ordinary property where they want to and can live might be a necessary first step, but clearly this alone will not be sufficient where a person has long-standing multiple challenges with substances, mental health, etc. Without the right level of support, the individual – and their neighbours – could be set up to fail.

In the current homelessness system in Oxfordshire, floating support services are available but these are not suitable for a person who has high and complex needs, since they are time-limited (typically up to 6 months' support, albeit with a degree of flexibility around the end-point); and workers support a significant number of individuals at any given time.

In contrast, Housing First recognises that a person with long-standing multiple issues is likely to need support that is highly flexible, does not come with a time limit, can be more intensive and holistic, and with the continuity of relationship which is key to building trust. A Housing First support offer is not time-limited and the worker typically supports between 5 and 7 active cases at any one time. Perhaps the greatest challenge in implementing a high fidelity Housing First model, is the shift towards support which promotes self-determination, and places people back in control of their own lives.

3.3. Estimated current spending

For the purposes of our modelling, we have tried to estimate total spend on single homelessness services across the county. This raises huge challenges in relation to what should be included and what should not. We have not, for example, included local authority staff costs to manage and oversee the statutory system and the commissioning of services. Furthermore, the budgets come from different sources, including local authorities, central government, housing associations and charities. The different funding streams are linked to different contracts, statutory frameworks and priorities, and driven by different timescales and decision-making processes.

The Countywide Homelessness Coordinator undertook an exercise to estimate total spending across the county on single homelessness services. This produced a **total of £6.5M annually across Oxfordshire** in 2018/19, with further annual spending on the **young person's pathway**, of **£2.5M**.

This does not seem to include some of the wider services identified in our housing support mapping exercise, such as the city and districts' access to private rented sector services, tenancy sustainment, housing advice contracts, or the use of Discretionary Housing Payments (DHP) for homelessness prevention. We estimate there may be around an additional **£0.5M** of funding countywide on these further activities, though this is a very rough estimate, since it is hard to work out exactly what was included and what was not, and we do not have costings for some of these services.

Spending on the **mental health pathway in 2018/19**, was approximately £3.3M. mental health commissioners estimated that 75% of those in the mental health pathway would otherwise be homeless, so we will assume that there is an

overlap with single homelessness of approximately **£2.5M**.

Apart from the investment by mental health in housing support, this does not include health and substance use services commissioned specifically for this cohort.

This would bring total spend to somewhere in the region of **£12M per annum** across the county. This does not include additional government funding prompted by Covid-19.

¹² For more details, see Downie, M., Gousy, H., Basran, J., Jacob, R., Rowe, S., Hancock, C., Albanese, F., Pritchard, R., Nightingale, K. and Davies, T. (2018). *Everybody In: How to end homelessness in Great Britain*. London: Crisis UK. [Online]. Available at: <https://www.crisis.org.uk/ending-homelessness/the-plan-to-end-homelessness-full-version/solutions/chapter-9-the-role-of-housing-first-in-ending-homelessness/>

4. The case for change

4.1. The traumatised system

The national context for this study is ever more inconsistent and uncertain financing of revenue costs for housing-related support, a decline in dedicated budgets, and very deep expenditure cuts from 2008 onwards¹³. These cuts have taken place against a backdrop of wider funding reductions; other changes to mental health, addiction, social care, criminal justice, and alongside rising demand for social and affordable housing outstripping supply and the introduction of welfare reform. The last decade has seen more demand for homelessness services, including from increasing numbers of people with high and complex needs, alongside spikes in rough sleeping¹⁴. The government response has been to provide short-term, competitively accessed and prescriptive funding, focused on reducing rough sleeping.

Our research earlier this year with University of York¹⁵ for Riverside Housing Group explored the impact of these changes in government policy over the last decade on local authority commissioning of homelessness services. Although we found evidence

of adaptation and even innovation in the face of this challenging context, we also described a 'traumatised' system in which everyone is trying to do 'more with less', with results that can be re-traumatising for those we are trying to help.

Our study in Oxfordshire recognises this context, whilst arguing that what is needed is a bold re-focusing of efforts and resources on ending homelessness, rather than simply managing, containing and fire-fighting. There are substantial assets to support this across the county – not least, a highly energised and confident community sector, as demonstrated during *Everyone In*. However, transformation will require bold yet dispersed leadership, opening up honest dialogue about what is working, what is not working and what needs to happen to improve outcomes. This needs to capitalise on the human assets across the county and enable providers to develop new solutions, with a co-ordinated approach to ending homelessness.

¹³ Jarrett, T. (2012). *The Supporting People Programme: Research Paper*. House of Commons Library. 12/40. London: The Stationery Office. [Online]. Available at: <https://commonslibrary.parliament.uk/research-briefings/rp12-40/> and Oakley, M. and Bovill Rose, C. (2020). *Local authority spending on homelessness 2020 update*. London: St. Mungo's / Homeless Link. [Online]. Available at: <https://www.mungos.org/publication/local-authority-spending-on-homelessness-2020-update/>

¹⁴ Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. and Blenkinsopp, J. (2019). *The homelessness monitor: England 2019*. London: Crisis UK. [Online]. Available at:

¹⁵ Blood, I., Pleace, N., Alden, S. and Dulson, S. (2020). *A Traumatised System: Research into the commissioning of homeless services in the last 10 years*. Liverpool: The Riverside Group Limited. [Online]. Available at: http://eprints.whiterose.ac.uk/165214/1/A_Traumatised_System_FULL_REPORT_v8_webFINAL.pdf

4.2. How is the homelessness system across Oxfordshire performing?

In order to explore this question, we constructed a model and populated it with data from the official Homelessness Case Level Collection (H-CLIC) returns to central government from each of the Oxfordshire councils, supplemented with data from councils and providers. Given the huge operational challenges for services resulting from the pandemic, some gaps in data remain. It should also be noted that the modelling was also done using 2018-19 data (since the full set for 2019-20 was not available at the time).

This is a limitation; however, even if more recent data had been used, 2020-21 will almost certainly generate a very different set of figures, given the impact of Covid-19. More detail regarding the methodology used for this modelling exercise, a commentary on its results and a copy of the spreadsheet are found on the report website. Headline findings are presented here:

People coming into contact with the homelessness system

According to the data, just under 4200 single households came into contact with the homelessness system across Oxfordshire in 2018-19. This includes both those already 'in' the system and those who joined it at different stages over the course of the year. We have rounded all the figures to reflect the incompleteness of the data, and made some allowances to avoid double-counting, though the inability of current systems to track individuals

impedes this.

People already 'in or known to the system'

280 long-term rough sleepers, already known to the system
830 people already staying in supported accommodation at the start of the year¹⁶

People who enter the system

1370 who first present at an early stage¹⁷, as being at risk of homeless¹⁸
560 who first present to the council and are accepted under the prevention duty¹⁹
280 who first present to the council and are accepted under the relief duty²⁰
260 newly identified rough sleepers (of whom 26 are known to have come from out-of-county)
660 people referred directly to supported accommodation (with a further 125 referred through Housing Options or Street Outreach teams); 590 actually moved in.

Outcomes

1530 people (around 36% of the total 'at risk' group) are known to have achieved a successful outcome from their contact with the system. In other words, the data suggests that they have either avoided or effectively exited homelessness, by either retaining, securing alternative, or moving on from supported accommodation into, stable housing. We have also included the small number who have been successfully reconnected with another local authority.

¹⁶ This includes the Young People's and all Adults' homelessness services, and we have also included 75% of the placements in the Mental Health pathway: there is considerable, but not total overlap between the Mental Health and Homelessness systems, so we have worked with colleagues in mental health services to estimate that around 75% of those in mental health services would otherwise be homeless.

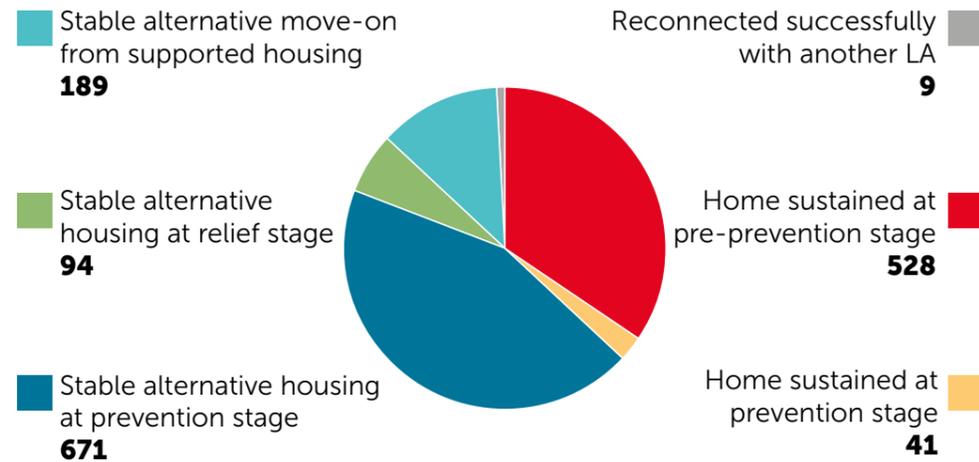
¹⁷ Under the Prevention Duty of the Homelessness Reduction Act, housing authorities are required to assist those who are threatened with homelessness within the next 56 days. By 'early stage', we refer to those who present ahead of the 56 days.

¹⁸ This will be an under-estimate, as clients of the Tenancy Sustainment and Floating Support services – who did not come via Housing Options are not included in this figure.

¹⁹ It should, however, be noted that the approach to recording prevention cases varies across the Oxfordshire authorities.

²⁰ Note that the actual total of relief duty acceptances is 430, since 60 of which were previously accepted under the Prevention Duty; and 90 of which were rough sleepers

Successful outcomes 2018/2019

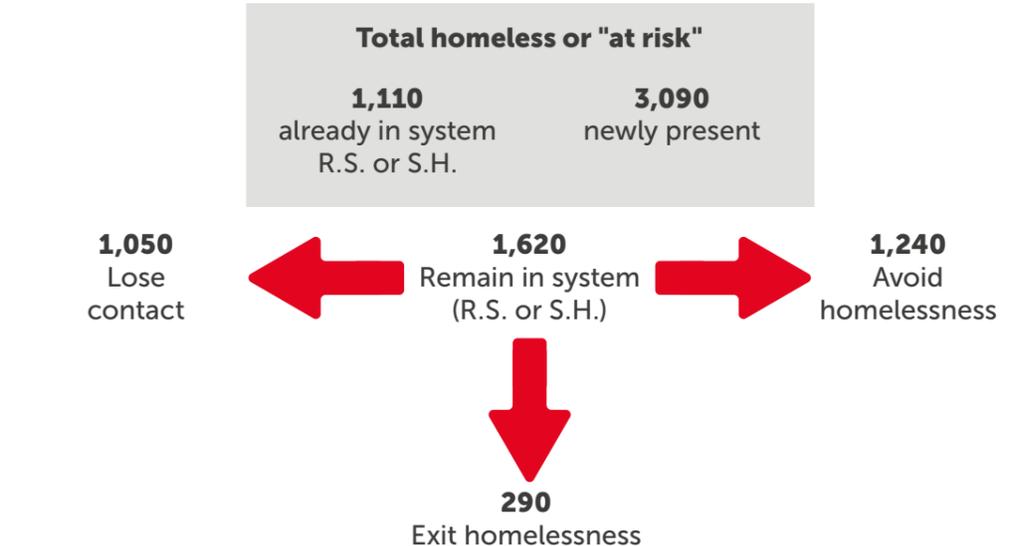
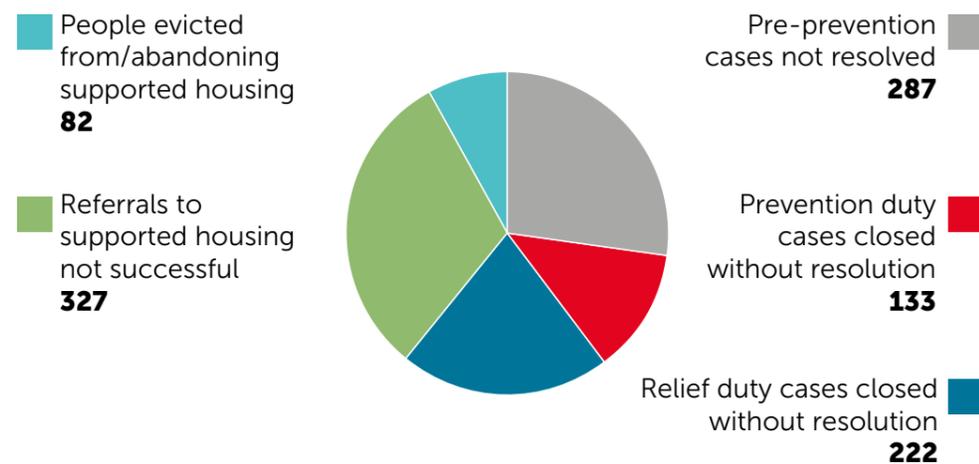


A quarter of the total group (1050) – lose contact with the system. Many of these will make their own arrangements, some suitable and sustainable, but many probably not. It is likely that a significant number of this group will go on to 'sofa-surf', live as a 'concealed household', squat or sleep rough 'off radar'. Although it was not possible to quantify or match individuals to their statutory records, many of the individuals we interviewed through the street-based peer research.

The following chart shows where these individuals drop out of the system. Note that an unsuccessful referral to supported housing means that the person was either not accepted by or refused supported housing or did not present at the project to which they were referred.

The remainder of the total 'at risk' population remain within the system, either staying in, mostly short-term, supported housing placements, or living on the streets.

People who lost contact with the system 2018/2019



N.B.
In the system means either in supported housing or a known rough sleeper
EXIT / avoid homelessness refers moving into or retaining stable accommodation

4.3. Lived experiences of the homelessness system

The lived experience research was conducted with people who were out on the streets of Oxford (many, but not all of whom were rough sleeping) during July and August. The findings from this strand of the study gives further insight into how some of this cohort experience the system and why they either drop out of it, or avoid it altogether.

Many people described barriers linked to eligibility. Not having a local area connection was a common barrier; and those who had previously been told they did not have a connection tended not to bother with the council. One woman explained that she had been staying on her boyfriend's sofa (with periods of rough sleeping during arguments) on and off for a decade:

"this was a couple of years ago [when I last went to the council]. Basically, I don't have a local connection to the area and I don't have a local connection to anywhere, even though I've been here like 20 odd years, so..."

Others struggled to prove their identity:

*"They don't want to see me unless I have photo ID. Where am I ***** getting photo ID from, so you know what I mean?"*

Rough sleepers need to be 'verified' in order to receive an adult homeless pathway placement. One person described substantial delays within this process:

"I've been there 'n that and I've been waiting. It took 'em 4 months, yeah, to verify me, to find where I was staying, yeah...Now they have, they still aren't putting me on the list".

Some people told us that they tried to avoid outreach services, because they did not want to be woken up or otherwise disturbed. Although some praised individual workers, some had lost trust in the overall approach:

"The way street services, they go along, they find out where you live then they tell the owner of the land where you're living and then basically get you evicted from there. That's what they do though".

Negative experiences had resulted in some people avoiding statutory or commissioned services altogether:

"I don't use none of them. I don't use anyone in authority".

Specifically, the lack of available housing and the length of time they would need to wait to be offered a tenancy put some off bothering to register:

"I'm a single man with no medical needs or priorities like so basically, it's 10 years. (he laughs)... Do you know what, I walked out..."

Some found the interactions with services too stressful and preferred to withdraw:

"Do you know what, the reason I haven't [been to the council to tell them I am homeless] is because I think I've had so much pushed into me at the moment. I'm like, basically I'm done for, you know what I mean".

Others had adapted to their current way of living:

"Just used to being on the streets".

Another interviewee explained that he had not approached the council because they had heard from others that it was difficult to get housed with a dog.

Other people told us that they avoid 'the system' because they do not want to be placed in congregate supported housing. As one person explained:

"you go there [nightshelters/hostels] and you've got loads of people around you that have also got problems and that and they make your life pretty hell like 'cos you're homeless but you don't wanna be homeless but gets you involved in everything don't it that you don't want to be involved in".

One of the women interviewed explained that she felt safer sleeping rough than being in hostels which were full of drug users.

Other quotes highlight the unsuitability of the current pathway offer for those with complex needs, especially where they are currently drinking or using drugs or indeed trying to stop. Some are trapped because they feel unable to stop before accessing, or on arrival in, supported housing:

"it's like I'm banging on a door and no one's answering....You know what I mean. I says to 'em I want to go, put me in rehab they says oh no. And I'm going well how can I do that right if I'm *** living rough, yeah. And alcohol dependent right".**

"Yeah, I done the night shelters a couple of times but I've always been still using drugs, got caught, ended up in jail".

Others are trying to stay away from drink and drugs and feel that there will be too much temptation from others in hostel settings:

"they said to me would I be interested in moving into shared housing but I've said, no, I'm really not. I think I'd go backwards, especially if it's full of ex users and that".

This is the classic double-bind which the Housing First model has been designed to counter.

Despite many positive interactions reported with individual workers and volunteers within services, the overall experience of the system is disempowering for many: a common theme was that there are many hoops to jump through for little tangible gain:

"Because there's just no point. It don't get you nowhere. They just give you the same flannel they give you every time...The same, yeah, the

flannel of 'yeah, yeah, yeah, yeah, we can help you, we can help you, we can help you' and then it's just, you just spend the next six months chasing your tail."

The following exchange between a peer researcher and an interviewee sums this up:

Interviewer: Okay. Were any of them [list of homelessness support services the person has said they've used] helpful?

Interviewee: Well, I wouldn't still be in this predicament would I, you know what I mean?

During the *Everyone In* initiative, voluntary providers operating on behalf of the Oxfordshire councils were able to complete a simple 'strengths-based needs assessment' form with a sample of 86 of those who were accommodated in hotels across the county during the first lockdown. This represents around 40-45% of the total; we had hoped to achieve a full snap-shot of the whole cohort but this did not prove possible. Nevertheless, the exercise gave some useful insights: it suggests that the majority of people had been homeless for a long time, with over a third having been homeless for over 5 years. At the same time, the exercise also confirms that **the cohort of rough sleepers – or those at imminent risk of rough sleeping – is being regularly refreshed with new people**. 23% of the sample had been homeless for less than six months.

This emphasises the importance of finding effective ways to reduce the flow of newly homeless people. The comments on the forms also give some insight into the circumstances and aspirations of this cohort of people who had recently become homeless. In particular, we were struck by:

- Their optimism, and sense of self-efficacy

'Is an independent person and would ideally like his own flat where he can call home and get on with his life and move on with his life and climb up the career ladder'.

- The importance of proximity to work

'Would want to live in [town] or nearby, as can return to work as skilled labourer as soon as company restarts after coronavirus'

- The high value placed on support networks

'Important to be in [town] or surrounding villages as is carer to elderly mother'

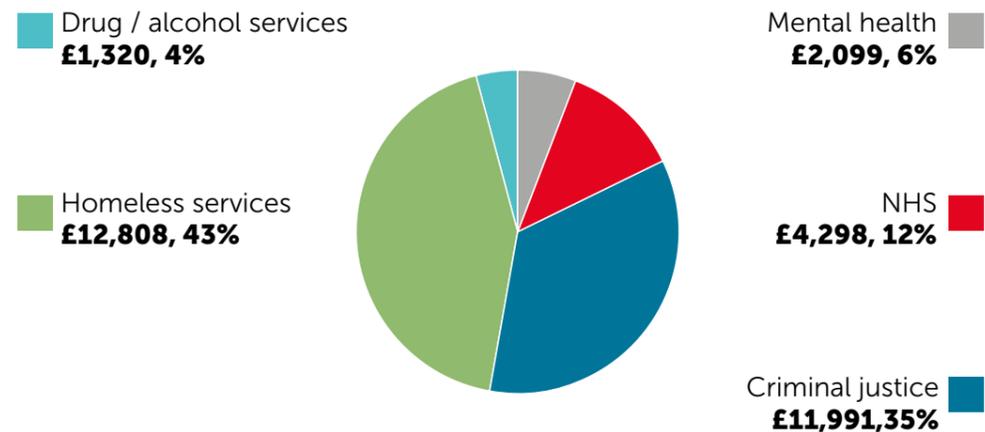
The longer people remain homeless or insecurely housed, the greater the risks to their mental and physical health, including the risk of further trauma and erosion of trust, especially of those in authority. In addition to the human cost, this also creates further financial impacts on a range of public services.

4.4. The cost benefits of preventing ending homelessness

Pleace and Culhane²¹ have estimated that the average combined costs to public services of single homelessness are around £35K per person per year. By comparison, the average estimated cost of the preventative services that homeless people said would have stopped their homelessness was £2,263 per person. The pie chart below shows where the costs of single homelessness typically fall according to Pleace and Culhane's analysis and hence where the savings might accrue from successful prevention. Whilst there are significant potential savings for health and criminal justice services, it should be noted that the greatest

21 Pleace, N. and Culhane, D. (2016). *Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England*. London: Crisis UK. [Online]. Available at: http://eprints.whiterose.ac.uk/106641/1/Better_than_cure_Testing_the_case_for_enhancing_prevention_of_single_homelessness_in_England_FINAL_FULL_REPORT_2.pdf

Estimated average per person costs of single homelessness over one year



savings accrue from a reduction in spend on homelessness services themselves.

If the funds currently being invested in the system can be used to secure an exit from homelessness into stable housing for more people, it follows that significant savings can be generated for criminal justice, NHS and local authority spending.

The negative impact of homelessness on individuals' and public health, and on NHS expenditure has been well-documented. For example:

- Homeless populations experience extreme health inequalities and high levels of mortality and morbidity, particularly in relation to: infections, mental health, cardiovascular and respiratory conditions²².

- Attendance at accident and emergency by rough sleepers is at least eight times higher than the housed population²³.
- Even being homeless for a short period of time increases long term health risks²⁴.
- Homeless people have higher rates of hospital admissions and also have longer stays (2 days longer for acute admissions) once admitted than the general population²⁵.
- Rough sleepers are vulnerable to high levels of abuse and attack, which may result in physical injury and can also lead to anxiety, fear and trauma²⁶.

There are also clear links between homelessness and the criminal justice system:

- Many prisoners face homelessness on release; meanwhile a lack of accommodation increases the risk of reoffending²⁷;
- People with no fixed abode are more likely to be remanded in custody or to face custodial rather than community sentences; there has been a sharp increase in the proportion of women sentenced to custodial sentences who are homeless²⁸;
- Those experiencing homelessness may face enforcement for activities such as begging or street drinking²⁹.

The longer someone is homeless, the more they will cost the taxpayer³⁰. The costs to public services do not end just

because a person is in stable housing; However there are cost off-sets for all sectors where people are successfully rehoused. For example,³¹ :

- **For local authorities**, a reduction in homelessness presentations, and a decline in spending on housing and support offers that prove ineffective
- **For the NHS**, there is an increase in planned and preventative use of healthcare, instead of emergency presentations, ambulance call-outs and avoidable admissions;
- **For the criminal justice system**, there is a reduction in repeat offending, short term custodial sentences and frequent arrest/ overnight detention.

“As soon as I come out of prison, I went to [the council]. They said there’s nothing they could do. They didn’t give no reason and I was out, I was only out a couple of days, well went to the council the first day I got out... then within a couple of days, I got pneumonia, ended up in [hospital]. I was in there for 7 weeks, then I went to a respite place and I got kicked out of there. Someone said I was nicking their food and that, which it weren’t me, it was [someone else] but I got the blame. I got kicked out”.

Lived experience interview

22 Aldridge, R.W., Story, A., Hwang, S., Nordentoft, M., Luchenski, S., Hartwell, G., Tweed, E., Lewer, D., Katikireddi, S.V. and Hayward, A.C. (2018) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *The Lancet*, 391,10117,241-250. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext)

23 Leng, G. (2017). *The impact of homeless on health – a guide for local authorities*. London: Local Government Association. [Online]. Available at: https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

24 Bradley, J. S. (2018). Rapid response to: There is no excuse for homelessness in Britain in 2018. *BMJ*, 2018; 360, K902. [Online]. Available at: <https://www.bmj.com/content/360/bmj.k902/rr>

25 Fazel, J., Geddes, J., and Kushel, M. (2014). The Health of Homeless People in High-Income Countries: Descriptive Epidemiology, Health Consequences, and Clinical and Policy Recommendations. *The Lancet*, (384), pp. 1529-1540.

26 Sanders, B. and Albanese, F. (2016). *“It’s no life at all”: Rough sleepers’ experiences of violence and abuse on the streets of England and Wales*. London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/20502/crisis_its_no_life_at_all2016.pdf

27 Dore, E. (2015). Prison leavers and homelessness. *Insights*, 29, April 2015. Glasgow: IRISS. [Online]. Available at: https://www.iriss.org.uk/sites/default/files/insight29_prisonleavers.pdf

28 https://www.theguardian.com/society/2019/jul/03/number-female-prisoners-recorded-homeless-doubles-since-2015?CMP=share_btn_tw

29 Sanders, B. and Albanese, F. (2017). *An examination of the scale and impact of enforcement interventions on street homeless people in England and Wales*. London: Crisis UK. [Online]. Available at: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/an-examination-of-the-scale-and-impact-of-enforcement-interventions-on-street-homeless-people-in-england-and-wales-2017/>

30 Pleace, N. (2015). *At what cost? An estimation of the financial costs of single homelessness in the UK*. London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/237022/costsofhomelessness_finalweb.pdf

31 Leng, G. (2017). *The impact of homeless on health – a guide for local authorities*. London: Local Government Association. [Online]. Available at: https://www.local.gov.uk/sites/default/files/documents/22.7%20HEALTH%20AND%20HOMELESSNESS_v08_WEB_0.PDF

5. Access to housing

5.1. Where do people want to live?

When asked what they needed to end their homelessness, almost everyone interviewed talked first and foremost about housing.

The lived experience interviews and strengths-based needs assessment forms confirm the diversity of people's circumstances, aspirations and the trade-offs they might – or might not – be willing to make. Privacy and stability were prized most highly – most people wanted a 1-bed flat, ideally with some security of tenure, but some said they would realistically need to share. People had diverse aspirations in terms of location, depending on where family and friends were, whether and where they hoped to work or continue working; and whether they wanted to get away from or stay close to their current networks.

We asked those we interviewed on the streets of Oxford how they might feel about moving out to another town in Oxfordshire – such as Didcot or Banbury. The majority stated a strong preference to remain in Oxford. But some were certainly interested in exploring moving out the city, and others said they would not rule it out:

"Yeah, if there was a good network for me to get to a job, to get to work because as soon as I get my flat and I get clean, I'm going back to work".

"Yeah. To be honest, I'd love to relocate"

**"Yeah, yeah of course. Cos it's only a bus ride away to get to anywhere".
"As long as I've got a secure home...**

I'd take it, you know I'm not gonna be a snob about it. ...It's just like, ** it, if they offered me a place, I'd take it".**

Others were unsure, or saw it as a last resort:

"Well I would if it was the last like, do you know what I mean, like...the last option. But I like it round here [Oxford]".

"I mean you can always exchange after a year, do you know what I mean. Once you've got somewhere, you've got somewhere".

Some were clear that they either wanted to stay in Oxford – or move farther afield:

"No – I'd want to stay around Cowley.....Because this is where I've most been happiest and felt safest".

"It's, just yeah, it's too far and I don't drive. If I drove it'd probably be alright but I don't drive and buses, I'd be like 2 buses..."

"No, because I'd be isolated again and that's what plays havoc with my mental health".

"To be honest, I was thinking a bit further down South..... Just get me away from... I can't trust myself to remove myself from my, some, affiliations so yeah..... I just want somewhere to live out of the way now, that'd be nice".

Some might be interested, but would need more information to make a decision:

"I don't know because I've never been to any of the little areas round Oxford.....I've always been in Oxford centre".

"Well, I mean, I might do, it depends on what support there'd be, know what I mean?"

This very quick data collection exercise is not generalisable; and people's views about whether or not they want to get away from current social circles is likely to fluctuate, especially for those with substance use and/or mental health challenges. Nevertheless, it shows the potential for and importance of a truly person-centred approach; for honest adult conversations about what is possible and where trade-offs may need to be made.

What's clear from these comments is that people cannot simply be 'placed'; they need to make the decision to move, and receive appropriate support to sustain that move. In the Liverpool City Region Housing First scheme, individuals who thought they did (or did not) want to move to a particular part of Merseyside were accompanied on the bus by a Housing First worker or volunteer to go and walk around the area in question to help inform that decision.

5.2. What barriers and challenges do people currently face in accessing housing?

This cohort faces a number of barriers to accessing social housing, primarily:

- Past rent arrears
- Past evictions (e.g. for anti-social behaviour, crime, or rent arrears)
- Assumptions by them and/or by professionals that it is not worth applying because they will not be

accepted and/or will have to wait too long

"I'm a single man with no medical needs or priorities like so basically, it's 10 years. (he laughs)... Do you know what, I walked out..."

- Demonstrating a local connection, which is not just an issue for those coming from out-of-area, but also for many of those we interviewed from Oxfordshire. They are either not able to evidence a connection, or several had been told – or believed – they had lost their local connection to an Oxfordshire council as a result of a supported housing placement in a different part of the county. A member of the steering group pointed out that this should not be the case.

"[Supported housing project] is out of the Oxford jurisdiction, you go to what they call Vale of White Horse and I didn't know, so I lost my local connection of all the years I was there so..."

"I'm not connected in Oxford because I've been in supported housing for 10 years and my past borough, where I owned a property and paid the mortgage and all the council tax etc., doesn't recognise me as a local connection so I'm screwed basically"

The inability to demonstrate a local connection led to a feeling of displacement and exclusion for many who were 'born and bred' in Oxfordshire; some said they felt aggrieved that others had moved into the area and been able to access housing where they had not.

"Even though I've lived in Oxford all my life, I'm 42, I've never lived anywhere else, but I'm not entitled to an Oxford flat"

They also face a number of barriers to accessing private rented sector housing, primarily:

- Affordability of rents, compared to the Local Housing Allowance rates
- Difficulties finding, viewing and securing a property given the competition for properties, even where the council has offered to help financially if they can find a property

“They [the council] said just, if I could get myself somewhere to go private then they’ll help me pay the rent and that was basically it”.

- Many of the properties which are affordable (especially in Oxford) are of poor quality. As one interviewee explained:

“I think the council should help us a lot more...try and help us out being housed in a better place because our landlord’s a scum landlord.”

- There is no consistent and ongoing tenancy sustainment offer to single households in the private rented sector, though there are pockets of good practice. Crisis Skylight offers ongoing support to its members where it is able to support them to find properties. Both Cherwell and South & Vale councils offer some support to tenants and landlords, but this tends to focus on setting up benefits during the first few months of the tenancy.

From 2013/14 to 2018/19	Nationally	In Oxfordshire
Number of social housing lettings	Down by 27%	Up by 26%
The proportion of social housing lettings that were ‘affordable’ rather than ‘social’	Up from 13% to 17%	Up from 22% to 41%
Number of people on local authority social housing registers	Down by 15%	Down by 15%
The number within a reasonable preference category	Down by 13% to 44%	Down by 34% to 32%
The proportion let to those in a reasonable preference category due to homelessness	13% in 2018/19	12% in 2018/19
The proportion of lettings made to people sleeping	1.4%	0.4%

Local Authority Housing Statistics Dataset

The current private rented sector ‘offer’ is – for many – not providing a sustainable exit from homelessness; it is merely extending the experience of precarious and uncertain housing.

We met several interviewees who had been, or were currently housed in private rented sector properties which were unsuitable, over-crowded or of very poor quality. People reported feeling trapped: they did not believe they could apply for social housing whilst living in the private rented sector (or thought they would not have any realistic chance of being made an offer). Tenants worried that if they challenged their landlord, or left the property, they would be deemed ‘intentionally homeless’. People gravitated back to the streets: one man was sleeping rough when we met him because of an infestation in his private rented flat which the landlord would not tackle.

5.3. Access to social housing allocations

Given the importance of social housing as a potentially stable exit from homelessness, and the widely-reported barriers in accessing allocations, we decided to focus some attention on this topic within the study. We present here the headlines of our short paper on Social Housing Allocations in Oxfordshire (see report webpage for further details).

The following table shows the trends in social housing allocations, and how the picture in Oxfordshire differs from that across England.

We looked at the published allocations policies and the move-on protocols for the five Oxfordshire districts, and compared them against the different headings set out by the Social Housing Allocation Policy Guidance produced by MHCLG³².

The headings are:

- Qualification for joining the Social Housing Register
- Groups given Reasonable Preference
- Priorities within Reasonable Preference Groups
- Promotion of choice

The key findings from our analysis are as follows:

- All districts actively restrict access to the social housing register based on the applicants’ previous behaviour as tenants and these are generally framed as blanket bans. There are however differences in terms of the defined triggers, the length of time that any “suspension” may last, and the arrangements for making exceptions
- Local authorities are empowered to create their own additional preference categories, but with the exception of domestic abuse cases in Cherwell and South & Vale, this has not been done in Oxfordshire.

- Definitions of priority rely heavily on the interpretation of officers in the way that they are implemented.

- Access to tenancies for supported housing residents is largely based on evidence of “tenancy readiness”; where Shelter³³ argues that the focus should instead be on demonstrating that they are “tenancy supported” rather than “tenancy ready”.

- Choice-based lettings is the primary method of implementing allocations. Failure to bid can however lead to the choice being taken out of the applicant’s hands. Little use, relatively, is made of direct offers.

One of the other key conclusions from this analysis is the importance of monitoring the impact of these policies. In order to review policy and how it is being implemented, it is important to monitor how many people are actually denied access to the Social Housing Register and why, as well as the numbers affected by other “sanctions”. Equally, any review of nominations agreements with registered providers needs clear evidence regarding the pattern of any refusals to accept nominations. As far as we know, this type of monitoring and analysis is not routinely undertaken in the Oxfordshire districts.

According to CORE data³⁴, there were 2723 lettings to social (including affordable) properties in Oxfordshire in 2018/19. (This was slightly higher, at 10.01 per thousand households than 9.56 nationally). Of these lettings:

³² MHCLG (2012). *Allocation of accommodation: guidance for local housing authorities*. London: The Stationery Office. [Online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/5918/2171391.pdf

³³ Bevan, P. (2020). *Allocation of Social Housing in Swansea*. Swansea: Shelter Cymru. [Online]. Available at: <https://sheltercymru.org.uk/wp-content/uploads/2020/07/Allocation-of-Social-Housing-Report.pdf>

³⁴ MHCLG (2019). *Social Housing Lettings in England – Local Authority Live Tables 2018-19*. [Online]. Available at: <https://www.gov.uk/government/statistics/social-housing-lettings-in-england-april-2018-to-march-2019>

Lettings to social housing in 2018/19 (CORE data)	Oxfordshire	England
First lets (i.e. of new builds)	32%	13%
On waiting list for <2 years	64%	70%
Lettings to single households	35%	45%
Nominated by local authority	77%	35%
Households moving in were on Housing Register	50%	28%
Households were in a Reasonable Preference category	44%	42%
Overcrowding as the main reason for housing need	33%	17%
Moved from supported housing/hostel/rough sleeping	3%	6%

A much higher proportion of social housing allocations in Oxfordshire go to households nominated by local authorities to Registered Providers than is the case nationally (even if we allow for the fact that Oxford City Council is itself a landlord). This suggests that local nomination agreements are working well, but the Chartered Institute of Housing (CiH)³⁵ argues that more attention to reviewing these agreements (ideally supported by analysis of rejections and acceptances) helps to realise their maximum value in relation to local strategic priorities.

One of the social landlords we spoke to reported that a key challenge was a *lack* of local authority nominations, leading to a need to advertise hard-to-let properties elsewhere. Conversations with social landlords to scope potential properties for move-on from emergency hotels during Covid-19 lockdown highlights the importance of a person being supported at the right level for as long as is necessary: landlords understandably fear that statutory organisations will withdraw once a tenancy has been offered, leaving them to support a tenant with complex needs. One council officer confirmed that the biggest obstacle to resettling single homeless people is not the availability of properties (especially

where there are supportive housing associations), but rather the availability of support funding.

The high proportion of lettings in Oxfordshire via the Housing Register suggests that the rules for these are particularly important. Local authorities have the freedom to determine who should be allowed to join the register, and this is frequently used to block those who are considered high-risk tenants. However, Oxfordshire authorities seem to take a fairly restrictive approach; for example, during the planning of move-on from emergency hotel placements during *Everyone In*, we observed that many people seemed to get referred to the adult homelessness pathway because they were barred from the Housing Register. Information about previous negative behaviours was often used as a reason not to pursue an application for either a social or – in some cases – a private rented sector tenancy. Officers seemed to have a clear sense of who would not be suitable; yet the reasons for rejection, or what the person could do to overcome the exclusion did not seem to be routinely recorded or fed back to the individual.

According to the Local Authority Housing Statistics return, although

many authorities (including all in Oxfordshire) disqualify some or all households with outstanding rent arrears from accessing social housing, 123 out of the 323 do not. CiH suggest a number of other ways in which authorities and social landlords can manage the potential risks posed by those with a history of tenancy problems. These focus on more active support and information being provided to enable tenants to demonstrate their willingness and capacity to behave reasonably, and applying restrictions in a more a targeted way. There is emerging good practice from the Homes for Cathy³⁶ group of housing associations, which has come together to share good practice and lobby for solutions to end homelessness.

In Oxfordshire, the most frequently used reasonable preference category

was 'insanitary conditions', where nationally it was 'homelessness'. The figures show that single people, and those moving directly from supported housing, hostels or rough sleeping were under-represented in Oxfordshire, compared to in England as a whole. Just 74 people in Oxfordshire moved directly from supported housing in that year, 2 directly from a direct access hostel and 6 directly from rough sleeping.

We ranked all the 323 English local authorities according to the proportion of social lettings made to people moving out of supported housing, direct access hostels or rough sleeping.

The following table shows the top 5 authorities and the 5 Oxfordshire councils.

Local authority	% of social housing lettings to supported housing/hostel move-on or rough sleepers	Ranking (out of 323)
Hull	21.4%	1st
Southend	19.5%	2nd
Coventry	18.3%	3rd
Milton Keynes	15.9%	4th
Broxbourne	14.2%	5th
West Oxfordshire	6.0%	107th
Oxford City	4.5%	163rd
Vale of White Horse	2.6%	256th
South Oxfordshire	2.1%	283rd
Cherwell	1.8%	292nd

³⁵ Greaves, S. (2019). *Rethinking allocations*. Coventry: CIH. [Online]. Available at: <http://www.cih.org/resources/Rethinking%20allocations.pdf>

³⁶ See <https://homesforcathy.org.uk/commitments/> for details of the initiative, its members and the 9 commitments

The housing market is undoubtedly driving this pattern to an extent, and the higher proportion of affordable rent lettings in Oxfordshire no doubt influences this, but it is only a partial explanation. Nationally, social rent lettings are more likely than affordable lettings to be to people into one of these homeless categories, but the difference is not that significant: 5.8% of social rent lettings compared to 4.3% of affordable rent lettings.

In Scotland, where local authorities have developed Rapid Re-housing Transition Plans (RRTPs) to take a housing-led approach to ending homelessness, many are working to much more ambitious targets. For example, City of Edinburgh Council (which has probably the most comparable housing market to Oxford's out of the Scottish authorities) met with all the housing associations on the Edindex Common Housing Register, and agreed that both the Council and partner Registered Social Landlords will commit to allocating a minimum of 50% and a maximum of 70% of stock to statutorily homeless people throughout the term of the RRTP³⁷

A comparison between the published policies of the top three performing authorities with those of the Oxfordshire authorities shows small but significant differences in terms of language and approach.

- If anything, these authorities were even tougher in terms of any level of arrears being a barrier to a social housing allocation. Southend however made the key criteria the existence of a regular repayment record rather than thresholds in terms of levels of arrears. One interesting difference was in Milton

Keynes, where they required arrears to be cleared before an allocation, but not before going on the register. As a result, if the applicant succeeded in doing this then their time on the list counted in their favour – thus providing a stronger incentive for dealing with the arrears problem.

- In relation to move-on from supported housing, the emphasis was different – more around how to ensure that the support framework was in place rather than to put the emphasis on the individual demonstrating their “tenancy readiness”. In Southend, move-on is put in the highest band.
- There is more of an emphasis on allowing people sufficient time periods to find suitable properties rather than strict limits on the number of “offers”. In Southend, this is very strict however – applicants tend to be only given 4 weeks before their circumstances are then reviewed again.
- Hull and Milton Keynes provide a much longer list of cases where direct offers will be made. In Milton Keynes, where auto-bidding applies, applicants can still initiate their own bids as well.

5.4 Recommendations

There is the potential for social housing to assist in the development of a more housing-led response to homelessness. However, at present there is something of a disconnect between the homelessness system and the routes into ordinary and/or permanent housing. In order to fully exploit the opportunity created by the increase in availability of social housing in Oxfordshire, however, authorities should consider the following actions:

- Introduce effective systems to monitor exclusions from the

register, and any nominations refused by Registered Providers;

- Use the findings of this data to:
 - review the current allocations policies in order to minimise the barriers created for those single households in greatest housing need;
 - review all nomination agreements with Registered Providers.
- Change the criteria applied to those applicants with additional support needs from “tenancy ready” to “tenancy supported”. Investigate other ways of minimising the risk involved aside from blanket bans.
- Adopt targets as part of the Annual Lettings Plan for the number of allocations made to those with additional support needs. One possibility might be to mirror the 20% target from the Approved Development Programme for dedicated supported housing.
- As part of the strategic commitment to ending rough sleeping for good, establish an additional preference group, targeting those with a history of rough sleeping or whose needs put them at higher risk of rough sleeping.

“People aren’t getting put on the Housing Register because people are getting classed as bad tenants – but why aren’t we giving people a second chance – with the right support, they could maintain a tenancy”.

Peer support worker

Move-on from supported housing is clearly challenging in Oxfordshire as elsewhere in the country. However, some people with lived experience reported feeling there is a lack of focus on move-on by some staff and in some projects. Several reported being put forward for or promised move-on, only to be told that staff did not think they were ready, or that opportunities had been missed due to staff turnover or failure to contact landlords or chase up applications.

Council officers also reported that applications for social housing sometimes come too late in the day from supported housing projects (when, for example, rent arrears repayment plans could have been running for some time), or are made via the register when they should be made via the move-on protocol. We heard various comments from different sources about ‘filtering by professionals’ throughout the homelessness system regarding who is “ready” to move on’ and who is not. Whilst we argue that supported housing projects should not be held solely accountable for securing move-on and rehousing; they would clearly have a key role to play in advocating for their clients within a housing-led system.

³⁷ Dunn, L. (2020). *Rapid Rehousing Transition Plans: A Scottish Overview*. Edinburgh: Crisis Scotland. [Online]. Available at: https://www.crisis.org.uk/media/241640/crisis_rapid-rehousing-report_web_spreads_v2.pdf

5.4. An assessment of housing supply for single homeless people

In order for a housing-led system to be feasible, we need to reduce the barriers to allocation of social housing we need to reduce the barriers to allocating social housing and bolster supply of a

wide range of all types of affordable housing. In the following table, we present the headlines of our SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis of housing supply for single households experiencing or at risk of homelessness in Oxfordshire.

Strengths/Opportunities

Weaknesses/Threats

Social rented/development

There are around 20K 1-bed/studio properties in all tenures across the county. Oxford CC still owns approximately 1.7K x 1-bed properties (around 100 lettings each year) (though this includes older people's housing). Across the county, there are 10K studio/1-bed properties in the social rented/(including affordable) sector, excluding 'older people's housing'. We estimate that this might generate approx. 1K lettings p.a.

51 flats p.a. (75% council; 25% RP) are earmarked for move-on from supported housing by Oxford CC.

A relatively small number of RPs with significant stock in the area, each with strong relationships to their district council. An emerging local network of providers signed up to the Homes for Cathy initiative, led by Soha.

Soha as a trailblazer RP, offering comprehensive tenancy sustainment; funding and properties for Housing First; affordable housing capped at LHA rates, and hardship funding.

Oxfordshire councils have been successful in securing MHCLG Next Steps Accommodation Programme longer term/capital funding; which should increase the volume and pace of housing-led solutions.

Apparent growing appetite amongst RPs to provide Housing First and/or increased tenancy sustainment.

Oxfordshire Development Plan: there is a strong countywide commitment to housing development, there has been some success negotiating for proportions of affordable/social properties in new developments

Potential development opportunities in partnership between councils and NHS, using publicly-owned land.

Demand for 1-bed properties outstrips supply across the county. Many of the 1-bedroom properties for social rent – especially in Oxford City and Cherwell – are age designated, and the pace of reviewing with a view to re-designating these has been slow.

Many of those in the most extreme housing need are not even on the Housing Register (and their exclusion is not routinely recorded or monitored). This can even result in difficulties for RPs letting through councils' allocation policies.

The 51 Oxford CC move-on flats are not all taken up, due to rent arrears and other barriers and challenges in the process: there is an opportunity to link these to Housing First support.

There are 27 RPs operating across the county who own <500 properties each: the size of their stock may make it harder to build strategic relationships and provide local tenancy sustainment services

There is no consistent model/minimum standard for both 'Housing First' and 'tenancy sustainment' across the county.

Access to land and the power of land-owners can be a barrier. Meanwhile, the government's white paper *Planning for the Future* proposes an end to S106 (the primary mechanism for agreeing quota of affordable/social housing in new developments and it is not clear what this will mean for the future.

There can be particular challenges negotiating for and allocating 1-bed (as opposed to other sized) social rented properties: often these are mixed in with 2-bed flats (so need careful allocation/management); and developers are keen to offer shared ownership at this size.

Complexity of land ownership and legal arrangements requires determined leadership to push these developments through.

Some creative thinking around use of low demand older people's schemes, e.g. Soha's partnership with DotDotDot to pilot younger property guardians in such a scheme in Henley. This type of scheme can provide only temporary accommodation for those with no/low support needs; however, it could form one of a number of options in a housing-led system

There is need for clustered flats for people with long-term health/mental health/cognitive impairments and there have been challenges letting some extra care/sheltered developments: could there be scope for a change of use?

There seems to be increased interest from the councils in exploring the feasibility of joint housing registers and allocation policies/processes.

Private rented sector

We estimate there are over 12.1K studio/1-bed properties in Oxfordshire's private rented sector (PRS), generating an estimated 5.8K lettings p.a.

There are a number of schemes, run by Crisis and St Mungo's, as well as by the local authorities, which have been successful at placing single households in the PRS.

In March 2020, the government increased LHA rates to match 'the 30th percentile' of rents in each local area. This should make more properties affordable to those dependent on benefits.

Aspire has secured a grant from Homeless Link to conduct a feasibility study for a countywide social enterprise-led scheme to improve access and quality in the PRS. This will explore the scope for cross-subsidisation (geographically, by tenure, via market as well as social rentals) and the potential of attracting smaller, 'accidental' landlords.

There are a number of different allocations policies, systems and processes in operation in Oxfordshire: this creates barriers to movement across the county and cost inefficiencies for the councils.

Many parts of the county, especially the city are high demand and many of the 1-beds in the PRS will be unaffordable to those on benefits (who are limited to LHA rates).

The 'lower end' of the rented market is dominated by some large landlords offering very poor quality properties; could this be more effectively enforced?

The focus on local authority procurement schemes has tended to be strongly on families rather than singles. A tenancy sustainment offer for singles in the PRS is much needed (there is such an offer in Cherwell). There is scope for better coordination of the currently rather fragmented PRS access work.

The increase in LHA rate has definitely helped; but there are still only a small number of 1-bed self-contained properties in Oxford which fit within the LHA rate; we found 7 (around 3% of those advertised on Rightmove on 19/10/20). LHA won't drop back to pre-COVID rates but won't keep up with CPI.

Reassuring landlords about ongoing revenue funding for support is a challenge, but one which could be addressed by the strategic and commissioning shifts proposed by this study.

Strengths/Opportunities**Weaknesses/Threats****Private rented sector continued**

The government has put in place and extended restrictions on evictions by private landlords for rent arrears, given the impact of Covid. This is positive, though in the short term, it has reduced new lettings becoming available and there is likely to be a huge surge in evictions once courts do resume eviction hearings.

The impact of Covid, combined with changes to tax rules and proposed changes to Section 21 eviction powers, may lead to smaller landlords deciding to exit the market; but it may equally increase the appetite for a hassle-free guaranteed rent offer – or increase the potential for acquisitions.

Other

Oxford CC, working with Resonance and St Mungo's have acquired 69 (mostly 2-bed) properties and are letting them out at LHA

A burgeoning community-led housing sector, with over 250 affordable units developed to date, and potential to expand. Significant housing activity by charitable/community/faith organisations.

The Oxford colleges have vast assets, both in terms of endowments (potential scope for social investment) and land/buildings.

A fast-paced move away from congregate supported housing in the young people's pathway has shown what is possible (though providers are keen to build on learning about lead-in time and planning)

Reducing demand from students for HMOs in Oxford (especially, but not solely resulting from Covid), creates opportunities for new models of leasing/housing management; there is an appetite from a number of providers to test this out.

1,745 long-term (> 6 months) empty properties across the county (in 2019, reduced from 2,324 in 2011): a recent report recommended community-led use. Transition by Design is working on a study of empty and under-used spaces in Oxford.

Significant opportunities for "meanwhile" lease or guardianship of properties in Oxford. Covid has prompted colleges, hoteliers, Airbnb owners, etc to find alternative uses and consistent (if below market) sources of income.

It has proved very difficult to make acquisitions (using social investment/LHA rates) stack up for 1-beds in the city; it can be done out of the city, but it is harder to find people willing and able to move out.

This model may require additional funding in order to be delivered sustainably and to a good quality, especially where people with higher support needs/younger people are placed.

The process of releasing empty properties for community/council use is complex, slow and labour-intensive

By definition, these cannot provide stable housing; but, if managed well can provide a vital springboard for individuals and groups of sharers, and build trust for future initiatives with property owners.

If a housing-led approach is to be rolled out across the county, it will be essential to bring together and maximise all the possible sources of housing, potentially including: acquisitions, community-led housing initiatives, bringing empty properties back into use, property guardianship and Home Share, as well as access to social housing and the PRS. We provide more detail about these sources of housing in our sub-paper on housing supply (see report website for more details). Some of these options offer little if any housing rights and/or short tenure: careful match-making between individuals and housing options, based on their preferences and needs will be key, along with ongoing case management to provide support as needed, and assistance to coordinate a further move to more permanent housing.

A housing-led model will require an integrated strategy to coordinate and maximise the supply of housing (and other assets, such as land and social investment) from a wide range of sources – from commercial and community sectors, as well as statutory and registered providers. Operationally, it will require those working throughout the homelessness system to understand the full range of housing options and be able to have honest adult conversations with people about them to enable them to make choices.

There is already strong political commitment to a countywide programme of housing and spatial development, which provides a strong starting point for a housing-led approach to tackling homelessness. However, it is not clear whether and how the data and insight from the county's homelessness sector is being used to inform this programme strategically – in terms of the number and mix of properties built, the processes by which they will be

allocated and a consideration of the social infrastructure needed to sustain tenancies for single households as well as families.

6. What is 'good support'?

Thinking about what support means and what it should look and feel like is important, not least because this is the face to face contact with individuals; it is where the workforce become the 'face' and 'voice' of any strategy or policy. How we interact, and what drives our behaviours is critical to helping people develop self-worth, wellbeing and success. However, it is hard to get this right all the time, and even harder to measure. It is also costly to commissioners, so important to allocate resources wisely – to achieve the best results with the resources available.

6.1. The lived experience

We begin this chapter by presenting the findings from the lived experience research, and from the earlier Homelessness in Oxford research³⁸ on what people value and want from support. The following themes emerged, and align well with the ethos of the Housing First principles.

Privacy and space

Garratt & Flaherty (2020) found that people experiencing homelessness placed considerable value on having their own space, being able to close the door and control whether, and with whom they mixed. During Covid-19, this has become a basic and public health need in terms of the ability to social distance.

Privacy and space – in both Garratt and Flaherty's study and in ours, sometimes informed people's decisions to stay out and sleep rough, for example, away from everyone in a tent, rather than move into a hostel setting.

People wanted support on their own terms, from support workers who respected their personal boundaries. By contrast, one of our interviewees explained:

'they just searched your room, they told you what you can and can't do, they tried to get involved in your personal life'

Safety and stability

Being and feeling safe – both

physically and emotionally – is important to all of us, but is particularly important to those who have experienced trauma in their lives. This includes:

- Mediation and protection from other residents/people on the streets;

'they installed this guy in the [shared] house who basically attacked me for no reason and that put me back on the drink and I'd been dry for 3 months'

- Understanding the impact of autism, learning disability or mental health on how you behave, or how you experience others' behaviour – this can be particularly challenging in congregate settings.

- Women face different types of risks from men: we explore the need for a gendered approach in more detail below.

- Not being able to 'be yourself' for fear of homophobia, racism or sexism: feeling confident that staff will challenge harassment from other residents.

- Being able to trust in professionals was a recurring theme – trust grows where workers 'do what they say they will' and seem to care about you as a person, not just about the process or the property; where there is continuity of relationships, transparency, and people are not given 'false hope' or misinformation.

- Workers that individuals connected with the most were those who were felt to be 'doing their best', care and want to help, are 'good people to talk to'.

Control and choice

In our peer interviews as in Garratt and Flaherty's, people wanted to exert as much choice and agency over their circumstances as possible. They wanted staff to explain what their

options and rights were and give them 'clearer information about the steps they need to take'. People wanted flexibility and personalised support for as long as they need it, rather than:

'the old one size fits all bloody rigid adherence to bloody dogma, which just doesn't work'

Garratt and Flaherty contrasted this with the rigid rules, lack of freedom and choice, conditionality, verification, and eligibility within the homeless pathway. For professionals to genuinely promote choice, there needs to be an underlying belief that people have a right to make decisions about their own lives, and that they are capable of making those decisions.

Lack of stigma and judgement

Several interviewees referred to feeling that workers 'are looking down on you'; one said that they wanted people to stop 'bringing up my past' as a reason to lecture or exclude. Some felt aggrieved where professionals had used their power and discretion in ways they did not find fair they did not feel were fair. They particularly welcomed support from people who had experienced homelessness themselves, because this reduced the stigma.

Routes out of homelessness: housing, education, work, community

People told us they particularly valued practical help: food or vouchers, bus passes, access to computers; and help to move forward in their lives – with employment, education or training. Missed opportunities for move-on had been a huge blow to several interviewees.

If they got the chance to move into their own property, most people said they would want some support:

- Help with bills, money management, practical aspects of independent living

³⁸ Garratt E. and Flaherty, J. (2020). *Homelessness in Oxford: Risks and opportunities across housing and homeless transitions*. Oxford: Nuffield College, Centre for Social Investigation. [Online]. Available at: <http://csi.nuff.ox.ac.uk/wp-content/uploads/2020/08/Homeless-in-Oxford-26-August-2020.pdf>

- Making sure I am 'keeping on track' and 'functioning'
- Access to furniture, white goods and household items

"I moved off the streets so I haven't got like a cooker and stuff like that or a fridge or anything...I've got stuff in there like a TV and a settee and that but the main big appliances, 'cos I only get like £200 a month"

- Maintaining positive relationships with staff

"I'd still like to like keep in contact with them, have a coffee with them and that, tell them, let them know how I'm getting on"

- Most people felt they would probably need regular (but flexible!) support for around six months; however, being able to access support that is not time limited was very important for some people.

- Support needs to be on people's own terms:

"I don't do well with people interfering and wanting to, do you know what I mean, come and see how I'm doing"

- Strengthening wider support networks and finding positive ways to counter boredom, e.g. different activities, access to volunteering/work opportunities

"...yeah, I'd need help. Someone to come round to make sure I was alright. It'd be hard, it'd be different it's a new experience, you know... Yeah, a job. Get off the streets, get a job. Get off the methadone script. Stop drinking... A bit of normality. I don't know what that is"

"A job would be nice or some kind of like, I'd say, voluntary work just to

get me back into the, you know, into the..."

Although the vast majority of people wanted their own flat; many were also very aware of how difficult the transition from homelessness to being settled can be. An awareness of the risk of isolation "I'm going from hanging around with loads of people to being on my own. That's the worst thing, why I worry" as well as understanding the risks to their mental health. When asked about support, comments such as 'making sure I'm up' or 'just checking in on me' were expressed. There was a delicate balance to be struck here, since at the same time people wanted independence so could 'see how they go on' with support in the background. One interviewee expressed a fear that they could just withdraw, stop eating, stay in bed and "log off". The same person reported that in the past they had been in a tenancy but would "just walk away from it all".

Emotional and psychological recovery

A recognition of the impact of life events which combine to force a route into homelessness; the actual experience of homelessness; and the experience of 'help' is critical to any forward planning. Several people mentioned the need to access psychological support, counselling or 'therapy; though getting the timing of this right is key. One person explained that they had found it hard accessing support services:

"It was hard work because they wanted to go from day one from when I was a child and it's like having a bit of counselling basically and then it just upsets you and then I just walk off in a huff and then..."

A peer worker explained:

"What people want is someone who will really listen to what is going

on for them. Need to look at the trauma before you can support someone, but you can't support someone with their trauma when they are out on the streets and they don't know whether they are coming or going"

6.2. The need for a gendered approach

According to H-CLIC data for the financial year 2019-2020³⁹:

- Of the 1417 households owed a prevention duty across Oxfordshire, 294 were single adult women (21%).
- Of the 559 households owed a relief duty, 74 were single adult women (13%)
- 7% of those owed a prevention duty were by reason of domestic abuse (96)
- 10% of those owed a relief duty were by reason of domestic abuse (54)

It is not possible to break these down by gender; however, given that 67% of all domestic abuse cases recorded in England and Wales in the year ending March 2019⁴⁰ were experienced by women, it is reasonable to assume that the majority of households presenting for homeless support on grounds of domestic abuse are also likely to be women.

In Oxfordshire, the lack of refuge places was highlighted to us as a challenge, and we observed a disconnect between statutory homelessness and domestic violence services, with examples of women survivors of domestic violence missing

out on specialist support and priority need status within the homelessness system.

Exploitation and sexual assault are also experienced within shared and congregate housing, with some women telling us they would avoid accessing help if it meant that they would have to live in hostels.

Although there is now one small, 4-bed women's-only shared house supported accommodation project in Oxford, the rest of the supported housing provision is mixed-gender. Shops, gyms and restaurants usually have separate male and female facilities, yet in service provision for people experiencing homelessness, this is given a much lower priority.

How women's needs differ from men's

- Women tend to ask for help or present to homelessness services later than men, and when they do, their problems are more numerous and complex.
- Women are more likely than men to find alternatives to sleeping rough – or to hide themselves a way as much as possible, therefore they are seen less often on the streets, which are even more dangerous for women than they are for men⁴¹. There were examples of women coming into the emergency hotels during Covid-19 in Oxfordshire who had been sleeping in garages, or other empty buildings.
- Women typically explain their (often poly-) drug use as serving two purposes - managing fear and emotional distress, plus a stimulant

³⁹ MHCLG (2020) *Statutory homelessness: Detailed local authority-level tables April 2019 to March 2020*. [Online]. Available at: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

⁴⁰ ONS (2019) *Domestic abuse in England and Wales overview: November 2019*. [Online]. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019>

⁴¹ Bretherton, J. and Pleace, N. (2018). *Women and Rough Sleeping: A Critical Review of Current Research and Methodology*. York: Centre for Housing Policy, University of York. [Online]. Available at: <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

to keep them awake because if they fall asleep they are at risk of rape. Women experiencing homelessness often make transactional arrangements in exchange for a bed for the night; they are targeted and exploited, and report numerous sexual assaults.

- Homeless women often allow themselves to become attached to men who will protect them from other potential aggressors. The women report that these men will then force them into prostitution or drug dealing on their behalf.
- Women are often held accountable within the criminal justice, child protection and housing systems for the actions of abusive partners, ex-partners and others who coerce them. We came across a number of examples of this during the study.
- Women are more likely to become homeless as a direct result of domestic violence.
- It is common for women experiencing homelessness to be repeatedly targeted by former partners or associates when they try to leave or resettle.
- There are additional health needs unique to women such as managing menstruation or pregnancy whilst rough sleeping or in precarious housing situations.⁴²

Why the systems should be better for women

We live in an unequal society, and women commonly experience higher levels of disadvantage because they are women. More women are likely to be in part time or low paid jobs, living as single parents and struggling to afford childcare. Women are more likely to have experienced abuse or other

trauma in their past, and more likely to be harshly judged by professionals for their strategies to manage their personal safety. We still hear women being described as having 'made poor choices' or 'engaged in risk taking behaviours' without recognising that the alternatives available to her mean she isn't really making a choice at all. Services and systems can therefore further marginalise women because there is often little understanding or recognition of trauma, or the impact of trauma over the longer term. A gender informed system is therefore linked to being trauma informed which seeks to 'do no harm' i.e. to make every intervention healing, not harmful.

Many policies (and resultant processes) are developed to be 'gender neutral', assuming that everyone has equal access to services on offer. Services described as gender neutral are often based on evidence which is most visible, and is typically gathered from observations or data about men, who make up the larger proportion of the visible, rough sleeper cohort.

Provision for women is not widely recognised or prioritised. It is often considered an 'extra' implemented only when there is specific, additional funding allocated. During lockdown, for example, we know of only one local authority in England (and it was not in Oxfordshire) who offered hotel provision which was women only. Women reported being placed with their aggressors, or in rooms which effectively trapped them as they had to walk past known perpetrators to access bathroom or kitchen facilities.

In many areas, support pathways are split into either 'homeless' or 'domestic violence'. It is assumed that women's needs are being met because there is a domestic violence offer. However, this does not recognise, or provide

for, women who experience other forms of gender-based violence and exploitation or women who haven't had any of these experiences. Refuges are not equipped to provide the specialist support to women with a much greater complexity of need.

Over the course of the study, we observed cases in Oxfordshire where women had become homeless because of domestic violence but did not appear to have been assessed as being in 'priority need' under the homelessness legislation as a result. They had not been offered specialist support in relation to domestic violence (e.g. referral to an Independent Domestic Violence Advocate or Women's Aid service) or accommodated with safety considerations in mind. There is an urgent need for training and better coordination between the homelessness and domestic violence pathways.

Workers supporting women in Oxfordshire also expressed concerns about their safety within mixed hostel environments. One peer worker who had been supporting women explained the importance of specialist, gendered support:

'These women need a lot of support around sex, relationships, sexual exploitation, boundaries, self-esteem, safety, privacy, including online. Needs to be gendered support – have to build trust'.

It is important to note/reiterate that making services better for women does not imply that there needs to be more provision.

What a gendered approach looks like

There are two ways of considering better provision for women:

- **Gender informed:** As a minimum, services should have an awareness of the different needs of women

and be aware that existing structures may not work for them. They need mechanisms and systems in place to understand, assess and respond to women's different needs and risks, and to keep women safe.

- **Gender specific:** A separate, women's only space, staffed by women. Staff should have a good understanding of women's needs and how the different types of inequality intersect to compound their problems. As well as practical tools for supporting women, such as developing specific needs assessments and risk management/safety plans, services should adopt a focus on advocacy and challenge to practices and processes which disadvantage them because they are female.

6.3. Access to healthcare

On the whole, most of the homeless cohort in Oxford reported good access to healthcare services, if and when they chose to use them. Most use the specialist homeless healthcare practice at Luther Street in the town centre. There were a few comments about feeling looked down on by staff who assumed that everyone just wants drugs, and some avoided it because of its location next to O'Hanlon House, but most people value the service greatly.

"....at the end of the day, most doctor's surgeries you try and get an appointment and you're waiting like 3 weeks, you know what I mean. You can pitch up there in the morning and say I wanna see a doctor and people whinge about it".

A few people have continued to access ordinary GPs services in their original community in Oxfordshire:

"I still use the [x] surgery from when was in Barton at my nan's house..... They've been really good throughout the time that I've moved down away from their area, they

42 Milaney, K., Williams, N., Lockerbie, S. L., Dutton, D. J. and Hyshka, E. (2020). Recognizing and responding to women experiencing homelessness with gendered and trauma-informed care. *BMC Public Health*, 20, 397. [Online]. Available at: <https://bmcpubhealth.biomedcentral.com/articles/10.1186/s12889-020-8353-1>

were really good and when I was homeless they were like, yeah, well you're still one of our patients no matter whether you've got somewhere to live".

A few people who are registered at practices other than Luther Street reported issues with high turnover of doctors, rushed appointments and long waiting times to get an appointment, but these all seem fairly typical of mainstream primary care services.

Some found it generally hard to access services due to their lifestyles and needs:

"That's it, full stop, I struggle to make appointments, to keep to appointments".

"my healthcare, I don't really like bother with at the moment. I should do and then I would probably get more help with my housing and stuff, you know"

"Everything's out there if you look for it, I suppose"

Access to talking therapies came up as an issue for several people:

"the one thing I was trying to sort out was counselling. That's taken ages to get into.....because I've got bipolar, so to talk to someone to do with that and that it is just taking ages to get me anywhere with that".

Challenges accessing psychological support were confirmed by a number of professionals interviewed from housing associations, Housing First and other support projects. Some felt that services needed more "coaches who can work compassionately with this cohort and focus on people's psychological needs". One focus group participant, with lived experience of local mental health services argued:

"Homeless people are seen

as homeless rather than as having mental health needs – discrimination in terms of access to services. You are offered a lot more mental health support as a housed person than as someone who is homeless with similar mental health needs"

6.4. Professionals' views about support

"Lots of people do care in the system – so why when our actions are all combined within the system together does it feel like we don't?"

Focus group participant (professional)

In our interviews and workshops with professionals, we certainly picked up on an appetite for change – for more person-centred practice which was more psychologically-informed, more compassionate – and less about processes. However, we also observed how it is easy to flip into an operational management lens, where we see people as problems to be managed, numbers to be moved through a system.

Despite an appetite for change, many of the support providers we spoke to as part of the study found it difficult to articulate the primary objectives and theory of change for 'support'. There is a link here with the idea described above – a coherent focus on ending homelessness rather than managing it. The emphasis pushes the notion of support away from addressing or managing problems presented in the here and now and towards a self-determined life after someone has exited the pathway.

As part of the study, we reviewed and shared a number of evidence based models of support and, although each prompted discussion, the idea of 'good help' seemed to be the most useful. Nesta's (2018) report: *Good and Bad Help: How purpose and*

confidence transform lives proposes a model for 'good help', based on an extensive review of the evidence base. They argue that 'good help' involves understanding what matters to each person; what they care about, what they are confident at doing. It is about supporting people to build the confidence they need to take action.

Nesta has identified the following aspects of 'good help':

1. **Power sharing:** building the person's influence and control
2. **Enabling** people to feel safe and ready to take action for themselves
3. **Tailoring:** Helping people define their own purpose, plans and needs
4. **Scaffolding:** practical & emotional support, but also 'stepping back'
5. Helping people find **good role models and peer support**
6. **Making opportunities** for people to take action
7. **Transparency:** sharing information appropriately

Nesta (2018) Good and Bad Help: How purpose and confidence transform lives

This model fits well with the Housing First principles and responds to the findings about 'good support' from the lived experience research, since it places the individual's agency and choice at the very heart of any process of change and recovery. It also has the advantage of being less theoretical and prescriptive than some of the models we explored.

However, models of support are not embedded just because they are written in document.

As one participant commented:

"We can't just say, 'this is how we are going to work' and off we go – it does require continuous learning and improvement".

Changing culture, partnerships and practice is hugely challenging: the instinct to retreat to the 'way we have always done things' is strong and we saw much evidence of this, and of the 'othering' of homeless people over the course of the study. Being person-centred requires thought, planning and reflection. It needs a shared aspiration and a strategy. It needs leading, co-ordinating, and training; it needs to be built into the way services are commissioned and quality assured.

There are already a number of solid foundations in place to support this process in Oxfordshire, which are, compared to our experience of other areas, extremely positive. These include:

- A rich and diverse local homelessness sector: embracing the variety of skills and perspectives of different types of provider will help to create an offer which supports people throughout their lives - focusing on the importance of a non-service (community) based support network to help people before and after formal intervention. It also enriches the professional community of practice.

"No one ever got well through an hour a week with a keyworker. It's what they do in the rest of the week..."

Focus group participant

- An emerging, but highly effective group of people with lived experience: harnessing the growing appreciation of the value that people with lived experience bring to the debate will be key to change
- A focus for partnership through the Oxfordshire Homelessness Movement, which draws in citizens, faith groups, businesses and colleges, as well as support providers
- A recognition that there is need

for and potential for a countywide approach to workforce development, and a willingness to listen to frontline and lived experience in order to design and deliver this.

- A willingness from commissioned providers to find ways to work with each other and with commissioners to transform the way services are delivered; and a recognition that competitive tendering processes risk damaging these relationships.
- Commissioners and senior managers who understand the need for change and are keen to find a way to get there.

In the following sections, we set out how we believe these ambitious principles might be achieved within Oxfordshire.

7. What might a 'housing-led' approach look like in Oxfordshire?

"It's all very well saying you want to end homelessness – but you're evicting people for rent arrears – people are losing their properties as a result of domestic violence. You've got to work on the prevention".

Lived experience volunteer

An integrated strategy to end homelessness needs to cover both the prevention of, and the response to, homelessness. It should include each of the following core types of activity, as proposed by the UK Collaborative Centre for Housing Evidence⁴³.

- 1. Universal prevention:** preventing or minimising the risk of homelessness across the population at large, by strengthening people's own resources and knowledge, and helping them to maximise their income
- 2. Targeted prevention:** upstream prevention focused on groups at high risk of homelessness, such as care leavers or other vulnerable young people, or prisoners
- 3. Crisis prevention:** preventing homelessness likely to occur within 56 days, in line with legislation

across Great Britain on 'threatened with homelessness' – this might include both:

- a. Targeted interventions to help a person remain in their current home
- b. Rapid rehousing where staying in existing accommodation is not safe or desirable

- 4. Emergency prevention:** rapid re-housing for those who have become or are on the brink of becoming homeless, including rough sleepers
- 5. Recovery Prevention:** strengthening the resources of those who have experienced homelessness (or the risk of it) to reduce the risk of *repeat* homelessness

A housing-led approach involves shifting investment and focus from the crisis response to these preventative activities so as to maximise the chances of people exiting homelessness sustainably, and – ideally – to prevent as many as possible from becoming homeless in the first place.

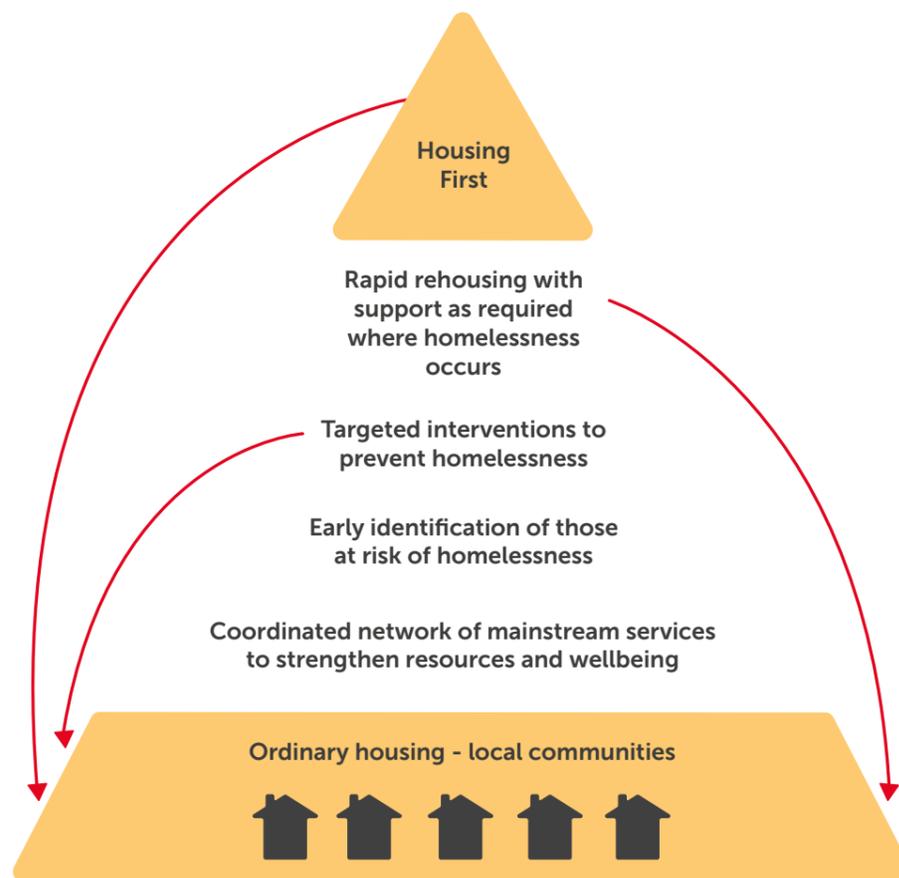
In the first part of this chapter, we describe the vision for what is

⁴³ Fitzpatrick, S., Mackie, P. and Wood, J. (2019). *Homelessness prevention in the UK: Policy briefing*. Glasgow: UK Collaborative Centre for Housing Evidence. [Online]. Available at: <https://housingevidence.ac.uk/wp-content/uploads/2019/07/Homelessness-Prevention-in-the-UK-Policy-Brief-July-2019-final.pdf>

effectively the foundation layer of the housing-led system: universal resource-building, and primary prevention. The aim of this part of the system is to prevent as many people as possible becoming homeless. Since the target groups for these activities are housed, these services need to cover local communities across the county.

In the second part of the chapter, we describe a housing-led approach

to responding to those who are homeless. Whilst much of this activity will inevitably be focused in the centre of Oxford and, to a lesser extent, towns such as Banbury, Bicester and Didcot, the aim of this part of the system is to facilitate as swift and sustainable a return to 'ordinary' local communities as possible. At this point, people are effectively (re-)connected with the foundation layer we describe at the start of the chapter.



7.1. Prevention

An effective, multi-agency, strategic approach to prevention across the county must be the cornerstone of a housing-led approach. Not only can this infrastructure reduce the risk of homelessness happening, it can also prevent homelessness recurring, thereby facilitating the resettlement and re-integration of those who have been homeless back into 'normal' communities and mainstream services.

The first phase of Finland's successful implementation of a housing-led strategy focused on capital development: building, acquiring and reconfiguring flats to rehouse people who are homeless. By the second phase of the strategy, there was a realisation that rapid rehousing would only work to end functional homelessness if it was part of an integrated strategy with a strong focus on prevention. The Finns focused in

particular on the 'hidden' homeless those sofa-surfing or insecurely housed⁴⁴.

Analysis of the lived experience interviews conducted in Oxford suggests that homelessness is often triggered by the combination of personal challenges, such as relationship breakdown or bereavement, and financial or legal challenges, such as loss of a job, changes to benefits, or not being able to inherit a tenancy. Worsening drinking, drug use and/or mental health challenges sometimes precipitate, and often follow, the loss of home. These findings reflect the wider literature which suggests that homelessness tends to be triggered by an inter-relationship of structural and personal factors, but that people remain homeless because of structural barriers and policy decisions⁴⁵.

Although there is a huge diversity in individual stories, it's possible to identify a common theme: that agencies such as DWP, social landlords, health, and in some cases, where families were already known to them, social care, may be well-placed to identify and prevent homelessness from occurring.

Rent arrears are most frequently mentioned as the immediate trigger for loss of home. This supports our argument for more tenancy sustainment and financial assistance, and emphasises the need to speed up the process of rehousing where eviction has already occurred and before homelessness has the opportunity to impact on health, mental health and relationships.

"Because it was a 2 bed bungalow... they was still charging me bedroom tax for one of them... I was just sort of trying to hold my job down at the time as well, and um, even though I messed up on the drugs yeah, and I tried to get a couple of people in to help me pay it yeah, ...they said I weren't allowed... And then after that as I said I got too much arrears. They took me to court."

"I had a ...council flat, but what happened was they were firing loads of money into my account for me to pay the rent. I didn't realise that I was having to pay my rent out of it, cos I was getting Industrial Injuries and Income Support and I thought that was my money and they didn't tell me that I had to pay my rent out of it and it was only months later when they come knocking on my door and said I was like 3 month behind in my rent, 4 month behind in my rent, that they just come out of the blue and said and the next thing they give me an eviction notice... and then, do you know what, by the time I like realised, I was too far in debt to sort it out. I went court, I offered 'em so much a week and they just said no, you're too much in debt, kicked me out...They didn't want to know".

We know that prevention activity is most effective before the 56 day threshold required by the Homelessness Reduction Act. However, in most cases, recording of outcomes from these activities in Oxfordshire is not as comprehensive as it might be. Rolling out a consistent approach to monitoring of pre-prevention activity across the county should help to make the case for sustained – or even increased –

44 Pleace, N. (2017). The Action Plan for Preventing Homelessness in Finland 2016-2019: The Culmination of an Integrated Strategy to End Homelessness? *European Journal of Homelessness*, 11(02), 95-115. [Online]. Available at: <https://www.feantsaresearch.org/download/strategy-review-19029039682682325644.pdf>

45 Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. and Blenkinsopp, J. (2019). The homelessness monitor: England 2019. London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/240419/the_homelessness_monitor_england_2019.pdf

investment in this key area. In our separate sub-report on Prevention (see report website), we highlight the opportunity to build on existing good practice at city and district level. There is good practice in each authority, and across the county. Some of the highlights include:

- The commitment to undertake effective pre-prevention work across all districts
- The community navigators employed by Aspire
- The work of Homelessness Prevention Officers in West Oxon and the Single Homelessness Specialist Officer in South and Vale
- The web portal and self-assessment form provided by South and Vale
- The tenancy sustainment service for Oxford City tenants
- Cherwell's tenancy support officer service
- Oxford City's approach to DHPs
- The Homelessness Champions Network as established by the Homelessness Prevention Trailblazer
- Oxford's attempts to promote a change of culture in their Housing Options service

Learning from each other, pooling resources and coordinating the approach could lead to a highly effective countywide approach to prevention moving forwards.

Key recommendations focus on:

- Encouraging a **consistent tenancy sustainment** offer from social landlords, and looking at whether and how tenancy sustainment might be extended to private rented sector tenants.

- **Better use of data**, underpinned by effective data-sharing protocols, both to proactively target individuals, to maintain higher levels of contact, and to evaluate outcomes: these are the key characteristics of the highest performing English authorities.
- Sustained or ideally increased investment by the council **to keep people in their homes where safe and possible** to do so, e.g. mediation with landlords, financial assistance: this is likely to become even more important as a result of the pandemic.
- Linking the current countywide **floating support** contract more clearly to Housing Options activity and outcomes.
- Using the existing Homelessness Champions Network as an asset from which to build a countywide prevention strategy. A priority will be to agree how the impact from prevention activity is monitored, and which services and activities should trigger a referral to statutory prevention.

A comprehensive Homelessness Prevention Strategy should look to intervene at various points in people's pathway towards homelessness, along the lines of 'the earlier the intervention, the better'. The following diagram provides a basic structure for considering this.



Across Oxfordshire much progress has been made in providing effective interventions at these different levels. Each authority, and a number of agencies individually, has something to contribute in terms of successful approaches, but equally there are numerous gaps as identified in this summary. A countywide approach has to be based on a mutual consideration of what works (and what works less well) so that respective strengths from different areas can be brought together into a coherent whole.

Some of the key issues to consider might be:

- How to identify the at-risk groups where resilience-building is most appropriate?
- How to ensure advice is accessible to all?
- How to proactively deliver advice and support to "target" groups before the situation becomes difficult to resolve without moving to alternative accommodation?
- How to promote tenancy sustainment across all sectors?
- How to enable other agencies to provide front-line support to those at risk (building on the Trailblazer project)?
- How to get best value from floating

support and other specialist housing-support services?

- How to facilitate better case management by Housing Options?

Our separate report on Prevention presents the learning from our detailed review of good prevention practice in Oxfordshire and nationally.

The Active Inclusion Newcastle partnership provides a framework to improve the coordination and consistency of information, advice and support, helping partners to increase residents' financial inclusion and to prevent homelessness. The partnership makes the link between homeless prevention and financial inclusion explicit, working across welfare benefits, DWP, homelessness and housing services and uses data to identify and proactively target individuals at risk of homelessness and gathers evidence of outcomes.

Reading MBC has recently recommissioned their floating support provision, so it operates on a tiered basis. The traditional ongoing support model is still available to those who need it, but there is an increasing emphasis on offering 'short sharp interventions', where someone might see a support officer a couple of times.

They simply ask what is needed (rather than completing a lengthy assessment process) and might provide a furniture voucher, help with a UC claim, etc.

Commissioned voluntary sector provider, Launchpad provides a range of services to prevent homelessness. This includes:

- 3 x 4 hour weekly drop-in surgeries at their offices for people experiencing housing problems;
- The two-tier floating support to help maintain a tenancy and/or find and set up another (accessed via referral from the council, Probation, social work, or potentially through self-referral at the drop-in);
- A jointly-funded housing solicitor who can provide advice and advocacy for those at risk of eviction, needing to challenge disrepair, rent increases, etc.

7.2. The response to those experiencing homelessness

7.2.1 The 'hidden' homeless

It is important to recognise that only a minority of single people who become homeless become rough sleepers: Crisis has estimated that for every rough sleeper, four more people are 'hidden homeless', mostly sofa-surfing or squatting⁴⁶. One of the key findings from the homeless flows data modelling is that contact is lost with a quarter (just over a thousand) of people who come into contact with all stages of the homelessness 'system' over the course of a year. We must assume that some of these people will draw on existing resources and find sustainable alternative solutions, but, given the challenges with finding affordable accommodation in Oxfordshire, we must also assume that many will end up in unsustainable and

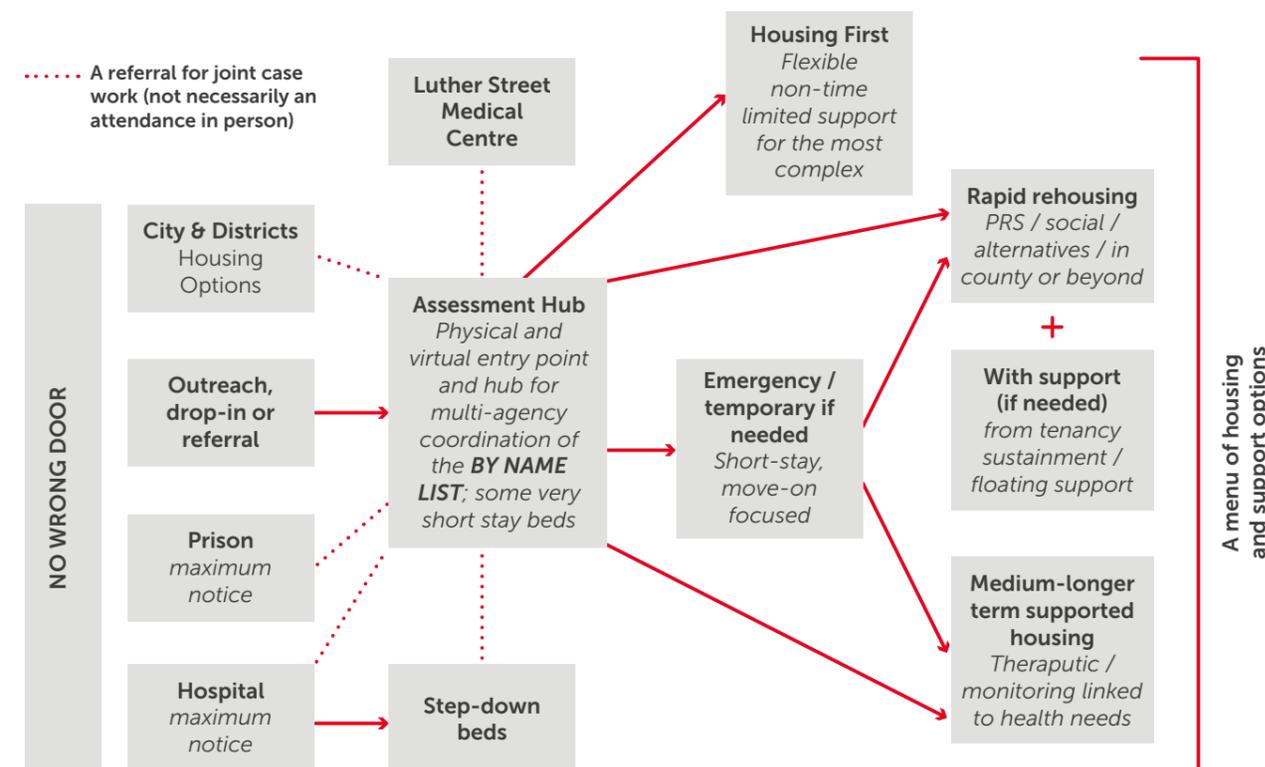
unsuitable living arrangements, hidden from formal systems. The pandemic has created significant challenges for sofa-surfers, and may prompt questions on the viability of some of these very temporary solutions moving forwards.

The focus of this section is on how the system responds to those who are homeless and 'present' to services in a range of different ways – whether within health or criminal justice systems (often at the point of discharge), through contact on outreach, or through presentation to the council or another homelessness agency.

Yet, if we are to also engage effectively with the substantial hidden population, we need to make sure that there is a 'way in' for those who are not verified rough sleepers to access advice, assistance and support, even if this does not involve a full housing and support 'package'. Verification can – as we saw in the feedback from people with lived experience in Section 4.3 – create delays and barriers, both for rough sleepers and for the 'hidden homeless' and we would argue that this additional 'hoop' be removed or significantly reviewed. We also need to make sure that our prevention strategy – as outlined in the previous chapter – seizes every opportunity to identify and proactively remain in contact with this wider cohort.

7.2.2. Overview of the housing-led response to homelessness

The following diagram presents our vision for a housing-led response in Oxfordshire. In the remainder of this section, we describe each of the core elements and how they interact.



7.2.3. Multi-agency casework: 'the By Name List approach'

Built for Zero is a movement to end homelessness in US communities. It originated in New York, where there was growing awareness that, despite good outcomes from homelessness

They create a successful rehousing programme; but then realised over time that if they were not able to ramp up their prevention efforts, they could not reduce the overall number of homeless people. They developed the By Name method for tracking individuals in order to better understand and learn from the 'flow' through the system.

"You can have good programme outcomes but not reduce homelessness: to solve a problem for a community, you need to be able to account for everyone individually AND draw system learning from their journeys".

Rosanne Haggerty 's (CEO of Community Solutions, which launched the movement) inspiring seminar for Crisis (from which these quotes are taken): <https://youtu.be/CiFsjb0ADqs>

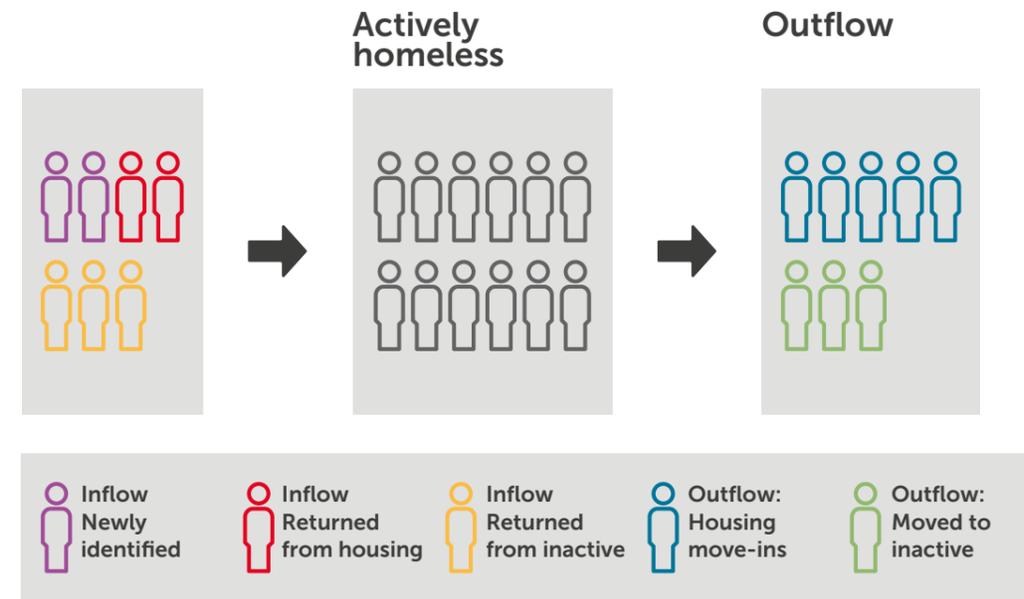
⁴⁶ Bramley, G. (2017). Homelessness projections: Core homelessness in Great Britain London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/237582/crisis_homelessness_projections_2017.pdf

A **By Name List** is a tool used to systematically change how we help those who are homeless within an area. Traditionally, service success is measured through performance indicators of contracts and supplemented by statutory data sets. This means that data is aggregated – so it tells us about the *levels* of homelessness – and it is retrospective – so it tells us what happened last quarter or last year. If it is to inform where and how we target our support we need live data at an individual level. The focus of the By Name List is on coordinating a multi-agency approach so together we provide the support a person needs to end their homelessness. In the current system, the responsibility tends to be moved around between different organisations, as cases are opened and closed and people ‘drop off the radar’.

A key part of the cost effectiveness of moving to housing-led system hinges on the system’s ability to hold onto people better– in other words, reduce the frequency of people losing contact at different stages of the pathway. The By Name List gives us a simple tool to promote shared accountability for case management. A key part of this approach is the identification of a named lead agency contact for each individual on the list (and this may change over time), who is responsible for coordinating the multi-agency approach and maintaining the focus on achieving a housing solution. Compiling the data and committing to ongoing data sharing is necessary but not in itself sufficient: we also need the right governance, structures and shared governance in place to make this work.

We know that many people experiencing homelessness are tired of having to tell their story repeatedly to different agencies; yet at the same time they need to be in control of who knows what and how this information is used. Identifying information should never be added to a By-Name List without a person’s consent. People would be asked to share their name, basic information about their homeless experience, and some indication of the support they need. This information is shared (with the person’s consent) with identified service providers (on a need-to-know basis only) to support prioritised access to housing support options. A protocol is established so that clients are identified in discussions at meetings, but stored data contains as little identifiable information as possible; it uses a personal identifier ID (rather than the person’s name/date of birth) and contains factual information about status, demographics, housing and support needs rather than case notes (which open up the possibility for subjective judgements). Further information about the typical fields is found on Crisis’ website.

The data is updated regularly, at least monthly and as status and, perhaps, the lead agency changes. All agencies and projects are included; all individuals in temporary accommodation and those sleeping rough are included. Individuals can be tracked through the system, and at system level, flows of people into and out of homelessness can be monitored – this creates the possibility for system-wide performance indicators, and also supports evidence-based prevention interventions, where we identify trends driving newcomers and/or returners to the list.



7.2.4. Assessment Hub: ‘the way in’

The Assessment Hub function is the focal point for multi-agency coordination of the response to homelessness. We envisage this being both a physical and a virtual hub: a building containing a drop-in space for accessing services and support by day; a 24-7 point of respite to which people can be brought by outreach workers or police officers out of hours. Separated from the drop-in to ensure security and privacy, a number of very short-stay assessment beds (where people might stay for a few nights, but ideally no longer than a week) whilst they are assessed by a professional team, including people with psychological training and expertise, and matched with the right housing, support and healthcare.

The pandemic has hopefully challenged for good the ‘sit-up’ model, in which people – often men and women – bed down on mats in a shared space. Private space is crucial both to maintain social distancing and to allow dignity. Nevertheless it is important to avoid hard-wiring in a fixed number of permanent bedrooms (experience suggests these will quickly fill to and remain at capacity). The flexibility to re-configure the space

would allow for the accommodation of women as well as men, couples, disabled people, or those with dogs. Promoting the safety of staff and other residents must be paramount in this setting, and we believe that a ‘modern ward’ style configuration – with a staff station at the centre monitoring of a mix of private rooms and partitioned spaces – would be one way to achieve this. Whilst the space should be psychologically informed, safe and homely, it should not give the impression of being ‘home’ – this is about very short-term respite and assessment.

Having reviewed photographs and floor plans of the existing Floyd’s Row building, it seems that there is potential to use this building, though changes to the upstairs accommodation provision will be needed (both to ensure Covid safety and to realise the vision set out here). However, the main changes required will be on the organisation of multi-agency staffing and the implementation of the By Name Approach.

Whilst we envisage the co-location of statutory, provider and peer delivered services within the hub, we also propose that ‘the hub’ also

exists as a **virtual multi-agency and countywide team**, which effectively holds the case management of those experiencing homelessness, without necessarily requiring them to present physically in order to access its case management services. This is indicated by the dotted lines in the above diagram: hospital discharge (in some cases, via the step-down service), prison release, the city and district councils' Housing Options teams, and Luther Street Medical Centre can refer into the hub and work together as a virtual team; whilst avoiding wherever possible people being required to attend the actual building on discharge/release or from other parts of the county. This approach could be particularly beneficial to those who need or want to move between the Oxfordshire districts.

This fits with the need to maintain social distancing and with new ways of professional working prompted by the pandemic; but also recognises that, whilst the city centre will always be the focal point for many of this cohort, it is important that our systems avoid reinforcing centralising tendencies. The aim is to realise a 'No Wrong Door' philosophy of multiple entry points for customers into the homelessness system, whilst ensuring a central point – an engine-room – for multi-agency coordination.

We have had initial conversations with the Clinical Commissioning Group, Oxford Health and the mental health supported housing pathway commissioners at county level about how their existing structures could potentially align with the proposed hub. There is potential synergy here with a recognised need to find a more accessible 'way in' for those experiencing homelessness and/or those with complex needs to the NHS IAPT (Improving Access to Psychological Therapies) service. It was recognised that some people coming via the homelessness route (e.g. via outreach) may have unmet

mental health needs, so access to psychological support and assessment will be important; others may come from psychiatric pathways with a need to engage with housing services.

The purpose of the Assessment Hub would be:

- To provide a single point of access, where people can get onto the Housing Register, and where Housing Options are present and accessible; where they can access a range of support provision, and connect to healthcare, psychological support and social care for any unmet needs or safeguarding issues.
- To understand people's needs, circumstances and preferences; advise them of the options available to them; and seek to match these together, using a strength-based format.
- To develop a plan with each individual for their route to permanent housing (ideally this would form the statutory requirement for a Personal Housing Plan under the Homelessness Reduction Act), including both short- and longer-term housing and support.
- To co-ordinate the casework related to the 'By name list', the hub effectively holds and reviews the list and escalates as necessary in order to challenge and remove barriers.

The principles underlying the Hub

- A 'way-in' – welcoming, inclusive and informal, not a gate to be kept:
 - Design and layout (e.g. an open plan space like a lounge or cafe where people can come in to look at visual wall displays of housing and support options (more like an estate agency) and have informal conversations: peers and staff circulating – 'can I help you?' rather than a feeling of being sent from one desk to another; but also some

private spaces for confidential conversations);

- Presence and influence of workers and volunteers with lived experience.
- A place of decompression, recovery, and planning; rather than a place to contain people or manage their behaviours
- Problem-solving: identifying the complexity of the issues people face and the structural barriers to be overcome in order to end their homelessness
- Strengths-based: looking at the skills and resources people bring, not just the deficits and problems
- Maximising choice: honest adult conversations about options, resources and rights
- Empathy, dignity and respect: recognising the impact of trauma, promoting privacy and space
- Holistic: bringing a range of services (and hence a mix of skills and perspectives) to and around people.
- Coordinated case work: not signposting, duplicating assessments, or 'passing the buck'. It will be important for agencies to be clear about how they will trust and use each other's assessments and which decisions they are willing to delegate to trusted assessors.

7.3. A menu of housing and support options

7.3.1 Housing First

As we explained in section 3.2, Housing First is just one housing-led model, in which the intensity of the offer is effectively increased for those with the most complex needs. However, it will be a key part of the system and more units of Housing First will be required to respond to the significant numbers of long-

term homeless people with complex needs in Oxfordshire. We have already flagged the need for a consistent approach to Housing First across Oxfordshire – a clear fidelity threshold around what the support offer looks like. Without this, there is a risk of the idea becoming diluted and blurred with other models of rapid/dispersed housing with support, all of which are likely to have a place in the 'menu'.

It is key that people can access Housing First directly from the hub, i.e. without having to go through the supported housing staircase/pathway first. In practice, of course, it is unlikely in most cases that a suitable secure tenancy can be identified within the upper limits of the short-stay beds at the hub (really the aim here is that those who stay at the hub do so for no more than two weeks). In practice, then, the direct route to Housing First means that engagement with a Housing First support worker can and should begin at the hub for those who have the most complex needs and/or for whom other options have not proven successful or seem unlikely to be suitable, based on the assessment of staff at the hub and the views and preferences of the individual.

Through engagement with the worker, the person's preferences and needs in relation to housing can be identified, and a plan agreed. For many rough sleepers with complex needs, the process of relationship-building with Housing First worker and decision-making about whether, where and when to take up a tenancy will take time. Often this phase will happen while the person is still on the streets, via outreach by the Housing First worker and/or drop-in by the person to see the worker at the hub.

Where a Housing First client is ready to come indoors but a suitable property has not yet been found, the intensive support from the Housing First worker should follow the person during a stay in a hostel setting if they are willing

to accept this as a short-term stop-gap, or in self-contained temporary accommodation, if available. The complexity of needs of this group should justify a priority need decision on the basis of 'vulnerability' by the council (and this may be particularly relevant to women who, as we saw in section 6.2 may face particular risks in mixed provision). A placement in temporary accommodation may also further the urgency and likelihood of success in applying for a social tenancy.

7.3.2. Rapid rehousing, with support as needed

Whilst it is important to focus high fidelity Housing First on those with the most complex needs (to avoid either dilution of the model or an over-provision of support to those who do not need it), those whose additional needs for support are not so intense or long-standing would and should also benefit from a response which is in line with the Housing First principles. Extending the Housing First principles to this wider group is referred to as a "housing-led" or a "rapid rehousing approach", whereby people are similarly enabled to access mainstream housing along with appropriate additional support as required. For those who need support along with a housing offer, this will effectively take the form of a 'dispersed supported housing'⁴⁷ placement; but one from which crucially they will not be required to move from once they no longer need the support.

At the very outset, the planning conversations focus on what the individual needs in order to exit homelessness and how we can work together to help them get from here to there. For the majority of people – as our lived experience research found – a one-bed flat with some degree of ongoing support is the stated ideal. Clearly, it will not be possible to offer a direct route into this ideal

scenario for many of those referred to the hub, and not all will need the potentially intensive and non-time-limited Housing First support offer. However, starting the conversations with questions about what the person wants, what might be possible – now and in the future – and what help they need to get there (rather than the current focus on eligibility and a default referral to supported housing) represents a significant shift in culture and a very different social contract with the individual. This is not just about language (or finding a nicer way to say 'no'), this shift should in practical terms mean that:

- Everyone who is eligible to join the Housing Register is actively encouraged to register and supported to do so; any barriers to them joining the register, or joining it at a higher band are made explicit and a practical plan to overcome these is agreed.
- People are given more proactive support to look at their options within the private rented sector – this could be done in conjunction with existing schemes.
- Options and preferences regarding a move to another district in the county – or another local authority outside of Oxfordshire can also be considered.
- The purpose of a referral to hostels or other supported housing projects is clearly agreed with the individual and the provider at the outset and the person is matched to a project which can fulfil that purpose. For example, is this short-term emergency accommodation with a focus on practical support to pursue the rapid-rehousing plan, or a medium-longer term rehabilitative/therapeutic placement?

- The By Name approach provides a mechanism for multi-agency accountability to ensure that barriers to individuals' rapid rehousing are identified, monitored and removed wherever possible.

Access to housing and bolstering housing supply is described in more detail in section 5.

7.3.3. Provision of additional support

We know that concerns about the lack of support an individual will receive can act as a key barrier to landlords, both social and private, offering tenancies to single households who have experienced homelessness. As we saw in section 6.1, a number of the people with lived experience interviewed for this study described previous experiences of moving into tenancies with no or inadequate support, others were afraid of this happening to them in future.

Having sufficient capacity and skills within the system to deliver strengths-based and personalised support at the point of move-in and, crucially, having the flexibility to be able to stop, re-start, continue, reduce or intensify the offer depending on the person's changing needs will be vital to the success of rapid rehousing. We imagine a mixed economy, involving commissioned floating support, tenancy sustainment, support from the community and voluntary sector, as well as from health and criminal justice agencies. For some, this may involve a mix-and-match approach, involving a Private Rented Scheme (PRS) or social tenancy and some additional support. For some this might involve a 'dispersed supported housing' offer, in which housing is offered with a support package – this can fit with the spirit and principles of Housing First, provided the tenancy does not end just because the support package does, or because the person no longer wishes to engage with the support.

Medium-long term supported housing

For a minority of people in housing need there is still a place for congregate housing models of supported housing. Some circumstances where this may be the case are as follows:

- Where people's need for assistance to sustain independence is based around their health needs as opposed to what might be described as behavioural challenges. This can be particularly the case where some form of therapeutic group-work is an element of the assistance offered.
- Where people's health and wellbeing requires a significant degree of constant and active monitoring in order to ensure their safety (although this may be obviated in some cases by the availability of assistive technology such as telecare)
- Where an important element of the assistance provided is the mutual support of other people who have similar experiences or a shared commitment to behavioural change.

This might be used to justify congregate supported schemes for:

- Older people with care needs
- Some people with mental health conditions
- Some people with learning disabilities
- Some people recovering from substance misuse
- Some people who are escaping from domestic abuse
- Some young people forced to move from home before they are ready to live independently

In all cases, such schemes need to consider how they achieve the following:

⁴⁷ Please refer to the glossary in Appendix 2 for a definition of this term, as used here.

- Being clear exactly why people might require additional support delivered in this setting
- Ensure that people only move in based on an active “choice” to receive the service offered; rather than that they are ‘placed’
- Where the need for “additional support” is anticipated to be transitory, balance the need to ensure a degree of throughput with avoidance of artificial time-limits on residence
- Ensure that the housing offered is as “normal” as possible
- Ensure that “support” staff work in a way that promotes positive relationships

We recognise that there is a group of people who actively prefer, or have become accustomed to, living in congregate settings. It will take time to change their expectations, work with them to identify where and how their needs can best be met. There is no reason why those who want to continue to share with others cannot choose to do so, and access support as and when they need it. The key will be to ensure a supply of well-managed HMO settings, and to enable existing pairs or small groups to set up joint tenancies in mainstream accommodation, accessing floating support as necessary. Only those who really need a long-term congregate supported housing setting should then remain in this specialist provision.

Emergency and temporary accommodation

There will still be a significant need for emergency and temporary accommodation. Rapid rehousing straight from the physical or virtual Assessment Hub will not be possible for many, certainly in the early years of the new vision. However, it is essential:

1. For this to be delivered, as far as is possible, in line with the Housing First principles, and with a focus on psychologically- and trauma-informed approaches.
2. That the provision of this is linked to and managed by the By Name List and coordinated by the Assessment Hub team. This creates the mechanism (through monitoring and accountability) to ensure that the accommodation offer is only for an ‘emergency and temporary’ period – a step towards a stable solution.

The focus in emergency and temporary accommodation should be on short term safety, emotional support and practical support to enact the rapid rehousing plan as quickly as possible. There will need to be access to some self-contained temporary accommodation for those for whom mixed, congregate settings – even for a short period of time – are not suitable.

The key to emergency and temporary accommodation staying true to its function will be a brisk, yet person-centred approach to move-on. The setting of rigid time limits by commissioners to manage ‘throughput’ can, in our experience, be counter-productive. Although providers have a key role to play in enabling move-on, this needs to be part of a system-wide focus on removing barriers and retaining collective accountability for rapid rehousing. The steps outlined at the Assessment Hub phase (such as getting people onto the Housing Register and co-producing a Personal Housing Plan with them) should help; but there will need to be clear structures – through the By Name Approach - for ongoing monitoring and the removal of barriers.

In **Doncaster MBC**, there is a fortnightly meeting of a Bronze (Accommodation Flow) management group, which consists of Head of Commissioning/ Commissioning Manager, Head of Access to Homes at the ALMO, Single Point of Access (to Supported Housing) and the Head of/Manager of the Complex Lives Team. The objectives of this group include:

- Ensuring the operation of a ‘move in, move on’ flow in the supported accommodation system

- Identifying and resolving operational barriers and escalate to Silver where necessary

- Identifying key issues for system reform/services commissioning and progress to action

8. Is a housing-led approach potentially affordable within the current financial footprint?

We made a deliberate decision not to attempt to project future needs and costs, since there are so many unknowns in relation to future demand for services following Covid. However, the Homeless Flows spreadsheet allows the Oxfordshire authorities to run different scenarios to understand how future increases in the numbers of people becoming homeless (or being threatened with homelessness) and the success of future prevention efforts might impact on the demand for different services.

To explore cost effectiveness, we ran a “what if” scenario, using the figures generated by the Homelessness Flows Model for 2018/19 and speculating how the available resources might have been used differently to achieve a reduction in homelessness – in particular the rough sleeping population. This is based on very high-level modelling and a number of assumptions, and is intended to be illustrative of what is possible rather than a detailed costing exercise. Using indicative costs, we sought to understand what could have been affordable within the current financial footprint and how this might have impacted on the rough sleeping population. For the purpose of this scenario, we focused on more

generic housing support provision, i.e. excluding mental health and young people’s pathways and assumed that demand remained constant. The scenario is presented in detail in Appendix 3.

We sought to quantify the following and compare to our estimates of existing expenditure:

- The increase in Housing Options casework costs, particularly from the suggestion that all referrals to supported housing come through the Assessment Hub and the By Name casework team there, which should include Housing Options (or workers trained as trusted assessors to ensure the links are made to the statutory system behind the scenes, and as seamlessly and accessibly as possible from the service user’s perspective).
- The potential to decrease the level of housing-related support costs through adoption of a different model, whilst also taking account of the potential cost increases of accessing more independent accommodation, and the costs of a larger Housing First programme targeted initially at the entrenched rough sleeper population

- The likely costs of the increased system co-ordination infrastructure proposed

Our assumptions regarding the degree of change in the scenario have been fairly conservative – we believe this represents a realistic interim step towards a fully functioning housing-led system.

Assumptions within our scenario

- More people present at an earlier stage, due to more proactive prevention.
- More of those who are referred to supported housing are linked to the Housing Options process (giving opportunity for full consideration of all the options, an ongoing casework and monitoring, but incurring greater casework costs)
- The use of direct financial assistance targeted at helping people sustain their existing accommodation increases
- The balance of provision shifts away from congregate supported housing (which tends to involve high management costs) to dispersed supported housing (where the proportion of staff input related to individual support is far higher). For the purposes of this scenario, we made a relatively conservative and numerically convenient assumption that there was a 50/50 split between referrals to dispersed and congregate supported housing in place in 2018/19. A more radical shift would be needed in order to achieve the countywide ambition to end rough sleeping; however, we recognise this transition takes time.
- An increase in the amount of ‘additional’ or floating support available throughout the system, from pre-prevention, through to resettlement support.

- Investment in system coordination and staff development, including:
 - An overall Co-ordinator to ensure countywide strategy is implemented, with appropriate admin support (the current funding for this post is non-recurrent)
 - The ongoing service costs of a new IT system
 - A dedicated data analyst
 - Support for an ongoing Community of Practice (from the existing Homelessness Champions Network)
 - A training programme supporting culture change among frontline staff
 - An ongoing small research programme

The estimated costs of the alternative scenario are:

In comparison, we have estimated the existing financial footprint to be as follows (excluding mental health, young people’s and wider preventative services)

Additional Housing Options costs	£150,000
Supported Housing	£2,810,000
Additional Support	£1,574,000
Infrastructure	£310,000
Assessment Hub	£500,000
TOTAL	£5,344,000

Adult Homeless Pathway	£846,000
Oxford City Homeless Prevention Funds (i.e. additional to spending on Adult Homeless Pathway)	£1,410,000
RSI Round 3	£1,544,000
Countywide Floating Support	£590,000
Other Supported Housing*	£226,800
Other Floating Support*	£109,200
Housing First*	£504,000
TOTAL	£5,230,000

* These figures are based on estimates using the same cost indicators used in the alternative scenario

Conclusions

The basic narrative is that a housing-led approach to single homelessness can deliver a reduction in homelessness in comparison to the current system, within a comparable financial footprint. And that this will also have knock-on consequences of delivering additional value to individuals and to society as a whole, including a reduction in the number of people sleeping rough (in the case of this relatively conservative scenario, the estimated number of rough sleepers reduced by a third), and an increase in the number of people who are supported to exit homelessness, by being supported into and in stable tenancies in the community.

This is dependent on four key factors:

1. A comprehensive and more effective casework approach adopted by the statutory Housing Options team, and linked to the virtual and physical assessment Hub and the By Name approach;
2. A more comprehensive and consistent upstream homelessness prevention policy across the County, backed up by sufficient investment, which will help minimise the flow into homelessness. Additional housing support resources should be focused on enabling homelessness prevention.
3. Moving away from a reliance on congregate supported housing as the principal response to single homeless people with additional support needs; and instead introducing a dispersed supported housing model, including Housing First, with only a residual level of congregate supported housing targeted at groups for whom this is most appropriate.
4. Adopting a system-wide approach backed up by a more developed infrastructure and a willingness to

pool budgets to make the system work more effectively.

We also acknowledge the profound practical problems involved in actually achieving the shift of resources illustrated. These include:

- The fact that the services within the “system” are commissioned by different parties. Even if we conceive of it as a single system, it's clear that at one level, at least, this is not the case: each council and public body has its own decision-making processes and objectives driven by different statutory frameworks and perceptions of priorities.
- The narrative assumes that the current provision is effectively funded. On the other hand, much of this is on a time-limited basis and linked to specific programmes that either will not be renewed or cannot easily be redirected.

These are all serious challenges that require bold and innovative thinking on behalf of the relevant authorities, backed up by effective governance. All we can hope in this paper is to illustrate the potential value of the changes suggested, and provide some guidance as to how this can be translated into practical commissioning plans if the political will is there to do so.

In the following chapter, we propose some practical suggestions as to how this transition could be made.

9. How might we get from here to there?

Finding a way to transition from one set of services to another is inevitably challenging; especially where funding comes from different sources and commissioning cycles do not align. Yet, the overarching conclusion of our study is that, although there is plenty of good work going on across the county, this is significantly impeded by a high level of system-created competition and separation which gives rise to ‘silo-based’ working, geographically, between agencies, and even within larger organisations.

9.1. Strategic alignment across pathways

The rationale for aligning the commissioning of housing-related support for those experiencing homelessness and those experiencing mental health problems across the county is strong. Mental health providers estimated that around 75% of people in mental health in-patient services and pathways in the county are effectively homeless (or would be, were it not for their current supported housing placement). Meanwhile, there is a high incidence of mental health challenges amongst single people who are experiencing or are at risk of homelessness.

There seems to be an appetite to align adult and young persons’ homelessness and mental health commissioning, around the following high level principles:

- Increasing the range of housing and support options available so

that personalised solutions can be developed with individuals, including a greater supply of flexible support within ‘ordinary’ housing;

- Reducing the barriers to accessing both social rented and quality, affordable private rented sector accommodation for those experiencing homelessness and/or mental health conditions;
- Moving away from the rigid ‘staircase’ model (in which a person needs to access and demonstrate they are ‘tenancy ready’ in congregate supported housing first, before being considered for an ordinary tenancy). Instead, moving to the idea of assessing what it will take for a person to be ‘tenancy supported’.
- A consistent approach to case management, across county and across agencies, which allows for better tracking of individual and whole system outcomes, and better coordination of activities and interventions – e.g. through the By Name approach and the multi-agency Assessment Hub.
- A focus on building the capacity of, and communication with, mainstream and community-based services to identify, prevent and support resettlement after homelessness. This should include, for example, Primary Care Networks, social prescribers, Healthy Place-shaping and Community Mental

Health Frameworks, locality adult social care teams, community ladders, hubs, and groups. This can build on the Homelessness Champions Network and the legacy of the Homelessness Prevention Trailblazers work.

A key first step to achieving this is to agree a shared language: colleagues in health reported finding the jargon in housing-related services confusing. Meanwhile, there have been a number of recent cases in which Housing and Mental Health services have come to different views on the question of 'capacity'. Co-location (albeit at least partly virtual) in the proposed Assessment Hub should help, but there is also a need to bring together operational staff to agree terminology, policies, processes and shared values, and underpin this with effective countywide governance.

9.2. Re-thinking commissioning

Dialogue rather than competition

A clear message from commissioned providers during the study was that, whilst in principle they recognise real potential to pool resources and share learning, in practice competitive tendering processes erode trust and partnerships between them. Providers have a range of ideas to improve existing and develop new projects, yet commercial sensitivity can get in the way of them bringing these to the table.

Given this, and the desire for what is commissioned to evolve (rather than be 'hard-wired' in), we recommend that the councils in Oxfordshire work in partnership and with providers to consider what it might look like to commission housing-related support contracts through alliancing.

The following diagram compares the features of an alliance contract with those of traditional contracts.

An alliance may take a number of different forms and, although there is potentially useful learning from other areas (e.g. Stockport MBC which has used alliances for several areas of service provision, and Plymouth which has an integrated alliance for services for people with complex needs related to homelessness, drug and alcohol misuse, mental health issues and offending), there is no fast-track to developing a process which fits local needs and assets.

We strongly recommend that this dialogue includes a range of providers (including specialist providers, even if they are not current contract holders) since an alliance model would ideally involve some supply chains and/or better coordination with these providers.

The following examples showcase example of learning from local authorities regarding their approach to commissioning in this way. We have anonymised these since they were drawn from a study we conducted for Riverside Housing Group, however, we would be happy to broker introductions to commissioners:

We have new housing support services starting soon, and three of our bigger registered providers successfully collaborated on a single bid. The providers will work together to get the best use of the support and accommodation each can offer, instead of offering bits of the model in isolation from each other. Similarly, in our outreach service, we have now been able to provide asset coaches and independent living mentors as part of the offer, by saving money on overheads for separate contracts. Charities are trying to compete with few resources, but by supporting them to collaborate and build a shared vision, two have recently pooled their skills".

9.3. Bringing the voices of people with lived experience into service design

A recent workshop on Workforce Transformation hosted by Oxfordshire County Council demonstrated the very different kinds of conversations and insights that occur when people with lived experience are included in review and re-design. The following local authority has sought to co-produce the re-commissioning of services.

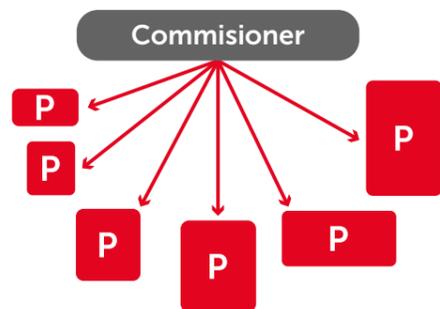
Authority 2

"In the past, we had lots of small contracts with housing-related support providers: the portfolio had grown organically – some had been lost due to efficiencies that had to be made; some had been added when new income streams were found; each had their own separate referral systems and different ways of doing things. There was lots of good practice, but it wasn't consistent. Because we had been focusing on making efficiencies in services, we had just rolled contracts on for longer than we would have liked. We knew we couldn't reduce funding for projects any further; it was time to design a better model.

Authority 1

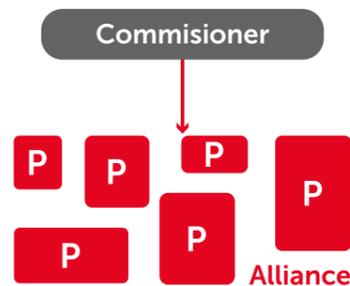
"Across the council as a whole, we have developed an asset-based strategic approach. As part of this model, the council aims to work in partnership with providers to commission services, including homelessness services. Our focus now is on fostering relationships with organisations who provide services and looking together at how we can get smarter without reducing the quality: the conversation starts differently. Can we do something within the totality of our services that will enable the person to recover, achieve independence or whatever their goals are?"

Traditional contracts



- Separate contracts with each party
- Separate objectives for each party
- Performance individually judged
- Commissioner is the co-ordinator
- Provision made for disputes
- Contracts based on tight specification
- Change not easily accommodated

Alliance contract



- One contract, one performance framework
- Aligned objectives and shared risks
- Success judged on performance overall
- Shared co-ordination, collective accountability
- Contract describes outcomes and relationships
- Change and innovation in delivery are expected

In the new model, a single provider leads an alliance of other providers to deliver all services of a particular type. A new online gateway with a shared referral form covers all services. We had a lot of discussions with providers and gave them opportunities to develop alliances with each other before the tendering process, so there were no surprises.

Some of the gateway design has been pretty technical, but we have tried to co-produce this process wherever possible and use it to promote ongoing co-production.

For example:

- We used quotes from people living in supported housing projects (gathered during a big engagement project) to structure the model document: 'You said x; we did y'
- A commissioning panel of partners, organisations specialising in co-production and individuals with lived experience informed the overall design of the tender. People said they wanted to be treated as individuals and have fun – not everything should be about 'support'. We added 'Developing personal interests and talents' as a service aim. There are now roles across the alliance focusing on this (and which individual services couldn't have afforded before)
- Co-production is slowly becoming the norm now within the system: with a formal advisory group and more peer mentoring, lived experience traineeships and posts.
- When the gateway goes live, we will have a steering group including providers, partners and people with lived experience to provide ongoing oversight of it".

9.4. Commissioning for change and flexibility

Whilst these initial ideas need to be worked through in detail between providers and commissioners, we propose here some indicative elements of a potential alliance approach to commissioning in Oxfordshire:

- A framework agreement approach that established an approved list of 'housing support providers' (interpreted fairly widely);
- Establish a standard contract for the delivery of housing support, wherever and however this is delivered;
- Identify a number of lead service providers who are encouraged to form supply chains with other providers from the framework, including those with access to housing; if this can be provided by one organisation then all the better.
- Lead provider would retain responsibility for ensuring that support is delivered, but could under certain circumstances delegate to a partner or sub-contractor e.g. when referred into supported housing, but if this breaks down then the contract remains live and alternative arrangements have to be investigated (in a similar way that Housing First contracts work)
- Allow within the contract for a guaranteed block volume of business but also assume that this will be made up with spot purchase arrangements depending on actual demand – particularly in terms of a shift in the type of support required
- Build into the contracts certain assumptions as to the balance of types of support to be offered and changes over the life of the contract, e.g. with a shift from congregate to dispersed; and from large congregate

models in Oxfordshire to smaller satellite models in outlying towns.

- Build in regular reviews that allow amendments to be agreed in terms of the balance and the pace of change.
- Make the contracts sufficiently long to encourage provider engagement – say 5 years (perhaps with a 2-year extension and provision for some kind of break clause). A precedent has already been set within the commissioning of the Oxfordshire Young People's Pathway, which includes 7 year contracts.
- Encourage provider initiative in relation to issues such as how the balance of service offered can be responsive to user choice.
- Try hard to fix prices in a way that does not create perverse incentives to provide inappropriate types of service.
- Build in requirements for providers to share learning and participate in communities of practice within the alliance.

We believe this type of approach could get over the dilemma as to how to quantify exactly what is needed, whilst also building a more collaborative market.

9.5. A different way of managing performance

We strongly advise that the alliance needs to be negotiated and subsequently managed by a dedicated commissioner or an integrated specialist team with the necessary understanding of the sector. The success of the alliance hinges on the commissioner(s) building strong relationships with providers, and other key players such as the Oxfordshire Homelessness Movement and the Lived Experience Advisory Forum (LEAF).

The management of the alliance contract should focus on:

- **Monitoring** the volume of demand over time;
- **Reviewing success and learning** in relation to:
 - Work effectively with a wide range of delivery partners
 - Change service delivery in line with the objectives of the alliance, i.e. to shift the balance from congregate to housing-led/dispersed models
 - Transform the workforce through training, communities of practice
- **Quality indicators**, e.g. whether people feel listened to, treated with dignity, whether their needs have been met, etc. We believe that the LEAF group could play a key role in designing and potentially also collecting this feedback, as peer assessors.
- **Case management** through the By Name List, as described above
- **System-wide performance indicators**, (i.e. which effectively measure the performance at the joins between services, not just the performance of a particular project, e.g. in relation to supported housing):
 - The proportion of referrals to support that are successful
 - The proportion of supported housing residents moving into settled housing in a year
 - The proportion of managed moves compared to evictions/abandonments

9.6. Transforming and developing the workforce

Workforce development will be key in order to create and sustain a culture of positive risk, which focuses on giving back choice and control to individuals and supporting them to

exit homelessness. We recommend the learning and development for staff working in all parts of the homelessness (and related systems, such as housing, health, and criminal justice) covers the following key topics:

Trauma

- Early life/childhood, becoming/whilst homeless
- Different experiences of men and women

Transition/Integration

- Leaving a community and identity – endings
- Adapting to 'normal' life
- Translating theory into practice
- The expectations we may have about what is acceptable or normal behaviour
- What people expect of us – trustworthy, punctual, helpful, kind.
- Understanding how what we do or say can retraumatise people
- How to make every interaction healing rather than harming

Psychologically Informed Environments

Linked to trauma informed approaches but may be helpful for supported and congregate settings.

Becoming Person Centred

Housing First principles

Even for those who are not delivering Housing First, there is much to learn from the principles about the balance of power in professional helping relationships

Strengths based working

- Needs assessments

- Risk management/safety planning

Equalities and understanding differences

- Specific training across the sector rather than a reliance on specialist or niche services
- To include gender, age, ill health or disability, and race/ethnicity, including those who are refugees or seeking asylum

Clinical Supervision/Reflective practice

Ideally monthly – either group or individual (perhaps through sharing the cost of second tier support – supervision, training and practice guidance - across a number of services.

9.7. An evidence-informed approach

We have collected and analysed a snap-shot of both qualitative and quantitative data through our research, but inevitably much of the quantitative data is effectively already out of date. Implementing a countywide approach to collecting, sharing and applying intelligence to drive and evaluate continuous improvement is an overarching recommendation.

This should include:

- A **review of data collection** relevant to homelessness across the county, and a new IT system to replace and upgrade OxThink. There are two separate purposes for data collection, and some thought needs to be given to whether and how they can both be met through the same system:
 - Supporting effective case work with individuals (we have discussed this in section 7.2.3 on the By Name List, and have also made recommendations about strengthening the Housing Options Personal Housing Plan casework function)

- Providing strategic-level information about what is happening in the system as a whole, through a minimum, but consistently collected dataset which crucially captures pre-prevention activity and outcomes as well as outcomes for those who have already become homeless.

The success of both of these aspects of data collection rests on a unique identifier system to enable better tracking of outcomes and identification of repeat presentations. Clearly, the system will need to be GDPR-compliant and will need the full support of different councils and agencies, and people using the system. The aim is to collect and share a focused set of indicators about each individual's housing status and needs (not full case notes and history). In addition to investment in the design of the system, staff training (to analyse as well as input data), and ongoing performance management of the use of the system itself will be needed.

- Development of a set of **system-wide performance indicators** that could be used to set stretch targets and/or monitor progress towards the development of a housing-led approach. These can be linked, where possible, to data collected for MHCLG through the H-CLIC system and might, for example, include:
 - The proportion of cases dealt with at each stage pre-prevention, prevention duty, and relief duty stage
 - The proportion of cases being referred to supported housing
 - The number of people ending up on the streets and making contact with Outreach teams
 - The success rate for pre-prevention, prevention duty and relief duty cases

- The proportion of cases closed at each stage without the case being resolved
- The relative proportion of successful prevention outcomes due to retaining existing accommodation and securing alternative accommodation
- The proportion of referrals to supported housing that are successful
- The proportion of supported housing residents moving into settled housing in a year
- The number of rough sleepers seen in a year
- The proportion of rough sleepers receiving a relief duty or main duty assessment

- Ongoing use of the spreadsheet tool generated by the study to undertake scenario-modelling – likely to be particularly important as demand increases post-Covid – and ensure there is enough capacity in the system.

- Using subsequent releases of H-CLIC data to **benchmark** with other areas.

- A rolling programme of **small-scale research**. Moving forwards, this could usefully involve regular repeats of the independent case-file audits carried out in Oxford. In the short-term, we suggest the following priorities in order to test the assumptions underlying our illustrative scenario and inform commissioning plans:
 - A study of the caseload that have benefitted from the current floating support services and other relevant services (such as financial inclusion services) to understand more fully who has been using them, and how this relates to people at risk of homelessness.
 - A study of the people who

have benefitted from a time in supported housing, to see if there is a clear pattern that supports the notion of the circumstances under which congregate supported housing may be appropriate, and then collect information about people currently using supported housing, using an agreed framework adapted from the first part of the research

In the medium-term, key topics for further exploration might usefully include:

- An analysis to identify patterns as to why cases are closed without any outcome through the statutory duty system.
- A study that looks to discover why people do not present to Housing Options until they are already homeless.
- Research into people newly arrived on the streets to find out to what extent they had previously presented for assistance elsewhere in the homelessness system, and why this had not prevented them from becoming literally roofless.
- A commitment to **regular feedback from people using the “systems”** geared at identifying continuous improvements.

In addition to the above steps, we also strongly recommend prioritising the following wider system changes:

- A thorough **review of social housing allocation policies** in the light of the need to improve access to those experiencing homelessness (as discussed in section 5.3)
- An assessment of the feasibility of using the existing Floyds Row building to accommodate the **Assessment Hub** outlined in section 7.2.4.

9.8. Effective countywide governance of homelessness

There is an urgent need and opportunity both to agree how the councils and their statutory partners will work together to tackle homelessness and what governance arrangements should be in place to manage the transition and ensure accountability over countywide arrangements moving forwards. It is currently not clear where responsibility for quality and system guardianship in relation to homelessness sits within the countywide structure. The ambitious plans we have proposed here cannot be implemented without political support and senior leadership.

Strong multi-agency buy-in will be essential to implement and oversee:

- effective case management, through the establishment of the virtual team around the Assessment hHub
- strategic oversight of data collection and analysis
- the development and oversight of a countywide prevention strategy
- workforce development across and between those working in the homelessness system and those working in other relevant specialisms.

There is also both need and potential for wider strategic join-up with the single homelessness and other agendas, with the potential for joint commissioning. For example:

- We believe there are important opportunities to embed homelessness prevention and resettlement into the mainstream work around ‘healthy place-shaping’, social prescribing, the work of the Primary Care Networks and the Community Mental Health Framework.
- We are also aware of the network of community ladders and hubs

(for example, the ‘Oxford Together’ initiative during lockdown). We believe there is potential, in partnership with other departments at council and city/district level to consider how this network might play a part in prevention and resettlement at a locality level, perhaps underpinned by learning from community-based models such as Local Area Coordination⁴⁸, which can straddle the prevention objectives of both homelessness and social care.

- Partnership with DWP will be essential as part of the link between homelessness prevention and financial inclusion
- Influencing the countywide Development Plan is key to boosting the supply of affordable 1-bed properties.
- Criminal justice is a key player, yet we are conscious we have had little opportunity to engage this sector in the study.

We would support the view that a senior and multi-agency Homelessness Reduction Board – or similar model operating at county level is needed to drive this forward. Strong project management is also essential to ensure that actions are followed through will be essential for successful implementation; without this there is a risk that actions will not be grasped.

There are a number of options on the table for some or all councils in the county in relation to the coordination or unification of approaches, functions and services. There are potential benefits for a housing-led system from aligning allocations policies or, better still, merging allocation processes and registers. Whichever option is taken, building lived experience into the governance arrangements will be

key to ensuring this leads to genuine culture change.

9.9. Recommendations based on the Housing First principles

We began the report with a table summarising the implications of applying the Housing First principles across the whole system of service provision for those experiencing or at risk of homelessness. The following table summarises our recommended actions against each principle. Introduction

⁴⁸ Community Catalysts (2020). *Which Way Next? How Local Area Coordination can help us beyond this crisis towards a better future for all*. Harrogate: Community Catalysts CIC. [Online]. Available at: <https://www.communitycatalysts.co.uk/wp-content/uploads/2020/07/Which-Way-Next.pdf>

Housing First principle	Recommended actions to apply the principles across the homelessness and housing systems in Oxfordshire
People have a right to a home	<p>Stop requiring people to first demonstrate 'tenancy readiness' (e.g. achieving abstinence/a successful stay in supported housing) as a way of managing risk; instead ensure people are 'tenancy supported'</p> <p>Start working with each individual from the earliest opportunity to look at the full range of housing options in the light of their priorities and circumstances. Develop a Personal Housing Plan which seeks to match aspirations with what is available, and sets out the steps to get there.</p> <p>Start making applications to the Housing Register the norm: identify barriers, set up individual plans to remove them, and use monitoring data to review policies, performance and nominations agreements.</p> <p>Carry on developing a wide range of quality, affordable housing options for single households; ensure a strategic approach that makes best use of private, community, university, and statutory resources across the county.</p>
Flexible support is provided for as long as it is needed	<p>Stop using time-limits to ration the distribution of commissioned support;</p> <p>Start using multi-agency case management as the way to encourage and support providers to 'move people on' to independence instead.</p> <p>Start commissioning support for a volume of people, ideally from a diverse alliance of providers, with the expectation that needs will fluctuate within that population. Ensuring people can re-access support when they need it should enable greater independence sooner.</p> <p>Carry on developing a range of housing-led and dispersed supported housing models; but</p> <p>Stop using the term 'Housing First' to describe time-limited services with conditions attached.</p>
Housing and support are separated	<p>Stop commissioning housing and support together.</p> <p>Start working with providers to develop contracts which enable a transition from congregate to dispersed provision</p> <p>Continue funding and invest further in flexible floating support which can be accessed both to prevent homelessness and to support resettlement.</p>
Individuals have choice and control	<p>Stop 'placing', 'sending', 'signposting' and 'housing' people and restricting choice as a way of gatekeeping</p> <p>Start handing back control to people by having honest adult conversations with them about their options, entitlements, aspirations and the trade-offs that they are – or are not – willing to make.</p>
The service is based on people's strengths, goals and aspirations	<p>Stop using deficit-based, re-traumatising approaches to assessment</p> <p>Continue building strengths-based questions into assessments and plans; moving from a focus on needs, risks and eligibility to a focus on what matters to the individual, what resources they have to build on and what they need from others to do so.</p> <p>Start requiring all commissioned providers to demonstrate that their staff have been trained and are receiving ongoing supervision and professional development in strengths-based, trauma- and psychologically-informed practice, along with a range of other core skills.</p> <p>Continue developing countywide approaches, including communities of practice to support workforce transformation, influenced by and involving people with lived experience.</p>
An active engagement approach is used	<p>Stop creating additional barriers to engagement – such as rough sleeper verification and inflexible ways of evidencing a local connection</p> <p>Start co-producing with people with lived experience a welcoming and inclusive 'way in' to services, rather than a gate to be kept</p> <p>Start collective organisational accountability for maintaining contact through multi-agency casework (with a named lead) via a By Name approach. Where people disengage, try a different approach.</p>
A harm reduction approach is used	<p>Start recognising the function of 'high risk' behaviours – as a response to trauma, to promote safety and survival - and how this can differ for women and men.</p> <p>Stop requiring people to achieve abstinence/leave violent partners, etc before they can access support and housing</p>

Appendix 1: Provision of existing Housing Support Services

Introduction

As a starting point for this exercise to capture and document all the Housing Support Services available across Oxfordshire we brought together a number of reference documents from a variety of sources outlining the support services in Oxfordshire over recent years. These included, for example, *Support for Rough Sleepers and Single Homeless People 2018/19* published by Oxford City Council as information for homelessness professionals, and the *Homeless Pocket Guide* published by Cherwell District Council, as well as the Oxford Services mapping information produced in December 2019.

In order to make sense of the data gathered, the services detailed were categorised according to a set of definitions and details recorded, where known, about the specific scheme and what was offered, along with the provider details, the location and coverage of the scheme, the number of units/beds and commissioning arrangements. Additional data was also added from various internet searches.

The resulting spreadsheet formed the basis of our data verification exercise. Tailored spreadsheets were sent out in the week commencing 20 July to over 30 providers which resulted in data being verified/updated by the

vast majority of these, either by return of the completed spreadsheet or via an email/telephone conversation by the middle of August. This updated spreadsheet was then used to further analyse the data and was utilised as the basis for the summaries below and graphical representation of the information.

Access to Housing Services

Defined for this exercise as: **Services that enable people to access and sustain affordable PRS accommodation.**

All the District councils in Oxfordshire provide a variety of Access to Housing Services, most of which are focused on working with landlords. These include schemes such as: guaranteed rents; guaranteed deposits; rent payments in advance; meetings and forums for landlords and general landlord support; bridging finance in order allow properties to be renovated to a lettable standard; tenant finding etc. Some schemes also include tenant support services as part of their package, for example Cherwell DC, which provides tenants with up to 3 months support from a tenancy support officer as part of the Cherwell bond scheme.

In addition to this, Crisis manages the "Make it Happen Fund" for Oxford City

Council – MHCLG funding, which is available for use for PRS deposits, rent and to clear rent arrears.

Day Services

Defined for this exercise as: **Services that provide onsite practical assistance to those experiencing homelessness or are in temporary accommodation e.g. washing facilities, meals, social and therapeutic activities, access to other specialist advice services etc.**

Prior to the suspension of operations due to Covid-19, there were a number of day services in Oxfordshire which provided a range of services and support prior to the current crisis, mostly in Oxford itself. These included O'Hanlon House which dealt with, on average, 200-250 clients per year. The other main providers of day services were The Porch and The Gatehouse offering food, access to facilities, community and companionship and other support, for example, therapeutic workshops. Both were funded by Oxford City Council and can accommodate approximately 70 people each at any one time. The Porch continues to operate in a limited capacity to provide food to those in need. In addition to this, the Salvation Army operates centres in both Bicester and Banbury. At Bicester both Connection Support and Turning Point offer support at specific times. We identified one further day service, The Beacon Drop-in Centre, in Banbury operated by the Banbury District Housing Coalition which can accommodate 21 people at lunchtime sessions, where specific support is provided by Connection Support and Turning Point. Again these services are unlikely to be operating in the current climate.

Emergency Housing

Defined for this exercise as: **Services that provide shelter to people who would otherwise be unable to access a roof over their head that night.**

Most of the Emergency Housing services found in Oxfordshire relate to winter/severe weather provision. In winter 2019/20, these included:

- The Oxford Winter Night Shelter (OWNS) provided by a number of Churches around Oxford City Centre during January to March, offering nightly accommodation for around 20 people;
- The Severe Weather Emergency Protocol Provision (SWEP), provided by a range of organisations at various locations across Oxfordshire; and
- The Winter Shelter operated by Homeless Oxfordshire which operated for the first time in January/February 2020 in South Oxon and Vale (provision for 6).

We are also aware of 3 non weather-related services. The No Second Night Out (NSNO) sit-up service provided by Homeless Oxfordshire at O'Hanlon House for around 20 people per night (though the service ended in March according to the data we collected) and services provided by St Mungo's at Floyd's Row – Somewhere Safe to Stay (SStS) and Staging Post which offer 7 nights and (up to) 28 nights respectively to those either new to rough sleeping or at risk of homelessness.

Given the current situation services are not necessarily operating as normal and it is unclear whether these services are likely to operate for Winter 20/21 forward given the current situation with Covid-19.

Housing Advice

Defined for this exercise as: **Services that provide advice to those at risk of homelessness or otherwise in housing need.**

Housing Advice services are commissioned by all the District Councils and are provided by Shelter, CAB and the Wantage Advice Centre,

depending on location. Advice Oxford operated by Shelter in Oxford itself deals with approximately 200-250 clients per year.

Housing First

Defined for this exercise as: **Rapid rehousing services for those who have experienced homelessness or at immediate risk, linked to a package of non-time limited support.**

We have identified several Housing First services operating across Oxfordshire, providing up to 25 places according to the data we collected. Providers include Aspire, Connection Support, Homeless Oxfordshire, Response (who subcontract to Homeless Oxfordshire for support services) and Soha. As with many early or new Housing First services these deliver promising indications, however they are piecemeal, and offer insecure or short term funding, or time-limited support (connected to funding). Despite responding to an immediate need or visible problem, specific cohorts targeted by these services may not be HF's most appropriate beneficiaries. HF might not be the best solution for them either. As these early pilots mature, it would be helpful to have an overarching strategy for Housing First, informed by a community of practice and people with experience of receiving a Housing First service. Harnessing the experiences and learning from these disparate services will build capacity, and ensure that this expensive and specialist intervention is focused in the right places, and consistently delivers the outcomes we have come to expect from this model.

Resilience Building Services

Defined for this exercise as: **Services that are aimed at people who are homeless or at risk of homelessness (or where a significant proportion of customers are in this situation) and provide assistance in relation to maximising income or managing debt; securing education, employment or training; skills development;**

managing mental health; managing substance misuse; family mediation; or countering social isolation.

We have gathered information about 18 resilience building services across Oxfordshire which are provided by a range of organisations for various client groups. Providers include the NHS, Oxford City Council, and a range of third sector organisations such as ACTI, Oxfordshire MIND, Restore and Turning Point.

These services include specific offers for young people, prisoners and ex-offenders, those with mental health needs, those with substance misuse issues as well as services aimed at anyone who is homeless or at risk of homelessness. Services range from primary healthcare services through to skills training and employment, developing social skills and networks and involvement with the arts as well as those dealing with specific areas around mental health or substance misuse.

The majority of services appear to be available countywide, even when based in a specific location/area and some span wider areas, for example ACTI works in 4 prisons, only one of which is physically based in Oxfordshire.

Street Outreach

Defined for this exercise as: **Services that make contact with people on the streets or otherwise without any accommodation that they can return to that night.**

We identified 4 street outreach services, 3 of which are either provided or commissioned by the relevant council(s), the other being operated by Thames Valley Police with a dedicated constable.

Two of the services – the OXSPOT service operated by St. Mungo's in Oxford and the Rough Sleeper Outreach Service operated by

Connection Support operating in the other Districts – focus on getting people into accommodation, onto the relevant homeless pathways and/or connecting those who do not have a local connection back to their local area services.

Part of the City Centre Ambassadors' (City Council) role is to engage with homeless people, referring them into the appropriate support services. They also work closely with Thames Valley Police who provide targeted support to reduce rough sleeping through outreach, enforcement, tackling begging and anti-social behaviour.

Supported Housing

Defined for this exercise as:

Where a combined package of accommodation and housing-related support is provided.

We identified a total of 1111 units in 30 schemes of supported housing, where a combined package of accommodation and housing-related support is provided (excluding Housing First). This includes those services commissioned as part of the Mental Health and Young People's Pathway, the Adult Homeless Pathway and other services either commissioned directly by the city or district councils, or provided by local charities and funded using exempt Housing Benefit without council support funding.

The totals for each type of supported housing were:

Category	Total units
Adult Homeless Pathway	140
Mental Health Pathway	486
Young People's Pathway	208
Supported Housing Other	278
Housing First	29
TOTAL	1141

Using the information collected, we sought to categorise the supported housing schemes into the following three categories (see our Glossary for further definitions of each):

Hostel/cluster: where more than 5 people are being supported at the same site (though we classed one or two schemes which appeared to be an annexe to larger projects under this category)

Shared house/flat: where up to 5 people are supported within a shared setting (we did not have enough detail about the exact numbers of people sharing in each project within the Mental Health Pathway to apply this threshold; however all these projects were described as 'shared houses' so we have applied this label to all).

Floating support: where the support is not tied to a particular address and individuals are supported in 'ordinary' housing.

We have omitted the Young Person's Pathway from this chart, since we are aware that a significant shift in provision has recently occurred within this pathway, and we did not have full detail of this at the time of our analysis. There were some grey areas here and we have supplied the Oxfordshire authorities with our spreadsheet to allow further interrogation or re-classification.

The following chart shows the type of accommodation offered; the vast majority of provision is in shared or congregate setting, i.e. tied to a particular building.

Types of units/bedspaces identified by service type



Supported Housing Adult Homeless Pathway (AHP)

The Oxfordshire Adult Homeless Pathway is a partnership between the County Council, City Council, District Councils and CCG with commissioning led by the County. This pooled budget is utilised to fund and operate hostel/ supported accommodation places for current rough sleepers and those who might be on the brink of rough sleeping (especially where there is a history of rough sleeping, and they are, for example, being released from prison).

Only those with a connection to the county are eligible to access supported accommodation through the pathway and the councils have agreed a common definition and process for establishing what is termed a 'pathway connection'. Importantly, there is discretion to award such status 'to someone who has no local connection to any local authority anywhere, or that it would be unsafe for someone to return to an area where they have connections.'⁴⁹

City and district councils can make their own policy decisions about whether and under what circumstances to offer supported accommodation to those who do not meet these criteria. There are separate

countywide pathways for people who have mental health conditions, young people and survivors of domestic violence and abuse.

Six schemes were identified as being part of the Adult Homeless Pathway involving three providers, the largest of which was Homeless Oxfordshire accounting for half of the provision. 50% of the 140 units/bed spaces identified are based in hostel/cluster accommodation, approximately 14% was shared flats/houses with the remainder being individual floating support services. We could confirm only one of the schemes as being countywide, the remainder being available to district(s). Six of the schemes were pertinent to Oxford City only.

Supported Housing Mental Health Pathway (MHP)

We identified two providers here – Response and Oxfordshire MIND – who offer services County wide and who provide 86 and 400 units/bed spaces respectively, based in shared flats and houses. The schemes form part of the Oxford Mental Health Partnership.

Supported Housing Other

This includes supported housing commissioned by city and districts outside of the Adult Homelessness

49 Oxfordshire Adult Homeless Pathway Common Operational Protocol, 2018. Unpublished.

Pathway, and the supported housing projects we identified which are run by charities, faith groups or social enterprises and do not receive any council funding for support.

We identified 18 schemes in this category involving 8 different providers and offering a total of 278 unit/bed spaces. These encompassed specific provision for a variety of clients for example, ex-offenders, those in recovery from substance abuse, those dealing with domestic violence and clients with complex needs amongst others. Some of these services are commissioned directly by the city or district councils; some are non-commissioned (i.e. provided by charities and presumably funded using exempt housing benefit only). The provision included a number of move on offerings. Hostel/cluster accommodation accounted for just under for 50% of provision, closely followed by shared flat/houses at around 45%. The remaining 5% came in the form of floating support to individuals. 8 of the schemes were provided for Oxford City, 3 for other districts. We do not have data on the applicability of the other schemes noted.

Supported Housing Young Peoples Pathway (YHP)

We have noted 4 commissioned services in this pathway which commenced in October this year. We did not have details of this during the data gathering/verification exercise. For the contract SP 5-8, we have the provision of 208 units/bed spaces noted across the county with the involvement of 7 providers in total.

Supported Lodgings

Defined for this exercise as:

Accommodation provided in family homes, where the householder undertakes to provide additional support to the resident.

Supported lodgings services were identified as being available in both West Oxfordshire and Cherwell via specific schemes provided by West Oxfordshire Homeless Prevention Project and Banbury Young Homeless project respectively. Supported lodgings for Oxfordshire overall appear to be dealt with via Oxfordshire Fostering⁵⁰ who employ a specific supported lodgings social worker.

Tenancy Sustainment Landlord

Defined for this exercise as: ***Services provided by the landlord to help their tenants sustain their accommodation by responding to difficulties that threaten their ability to retain it.***

We have identified two schemes in this area of support. The first of these is the Oxford City Tenancy Sustainment Scheme – operated by Oxford City Council as part of their Housing Needs team. The scheme provides assistance to permanent Council house tenants who are struggling to manage their tenancy and need help to avoid losing their home.

Soha has also evolved a significant tenancy sustainment offer over the past couple of years. This supports both new and existing residents who are having difficulty managing their tenancy or struggling with the day-to-day challenges of running a home and provides support for up to 6 months to deal with a variety of challenges⁵¹. At September 2020, the Soha team consisted of 4 people: 2 Tenancy Support officers (focusing on income maximisation, the other on neighbourhood issues and hoarding); a Welfare Advice officer (focusing on Universal Credits, other benefits, and the Benefit Cap) and a Launchpad worker (focusing on digital inclusion; employment and training; and volunteering).

Tenancy Sustainment Specialist/ Additional Support

Defined for this exercise as: ***Services provided by an external agency to tenants or other occupiers to help them sustain their accommodation.***

There are several tenancy sustainment specialist schemes operating in Oxfordshire – some spanning the county and others operating at a District level. The main providers are Aspire, whose Community Navigators operate across the county working in homelessness prevention and Connection Support who offer Mental Health support services as part of the Oxfordshire Mental Health Partnership as well as more general housing support. Other schemes include, for example, pre-tenancy training and complex needs offerings.

⁵⁰ See <https://www.oxfordshire.gov.uk/residents/children-education-and-families/fostering/become-foster-carer/fostering-us/supported-lodgings>

⁵¹ Soha (no date). *Tenancy Support*. [Online]. Soha Housing, Oxfordshire. Available at: <https://www.soha.co.uk/resident-services/i-rent-my-home/my-tenancy/tenancy-support/#sthash.g4cUrE98.lALMH3sS.dpbs>

Appendix 2: Glossary

Glossary

This glossary explains the way in which we use terms in this report. Some of these terms are contested or are used inter-changeably in the housing world and we are not assuming that our definitions are definitive.

Universal services. These are services that are intended to be directly accessible to any member of the community. In this context, this includes any attempt to provide advice or information about people's housing rights or choices; either online or in person, largely as a one-off intervention or focussed on specific questions raised by the individual/household. In this report this includes **housing advice** services, online information portals, accessible housing lists and **community navigators** acting as signposts to other sources of information and advice.

Housing management. This refers to the full spectrum of tasks involved in ensuring rented accommodation is let in a safe and sustainable way in line with the tenancy agreement signed between landlord and tenant. It includes **property management** tasks, such as ensuring that the property is allocated appropriately, and properly maintained and additional **accommodation-related services** such as the provision of furniture and equipment are fulfilled. It also includes what we refer to as **tenancy sustainment**.

Tenancy sustainment. Those elements of the landlord function that focus on ensuring that the tenant is able to meet the requirements of the

tenancy agreement and gain benefit from their entitlements under the Agreement. This includes helping the tenant meet the requirements to pay the rent, look after the property, and behave responsibly in relation to neighbours/other occupiers. It also includes ensuring that the tenant receives the services as set out in the Agreement, and understands their rights under the terms of the Agreement. It is not just about tasks however, it is also about an attitude and an approach that focuses on building a human relationship with tenants, and working with them to enable them to get maximum benefit from their tenancy.

Basic and intensive housing management. It is the premise of this report that it is good practice for all landlords (regardless of tenure) to provide all their tenants with the full range of housing management, including appropriate tenancy sustainment. This universal provision is referred to as **basic**. Under some circumstances some tenants require more **intensive housing management**. This still follows the definition as to what constitutes housing management, but as a result of the tenant's specific needs this requires more frequent contact, or delivery in a more intensive or expensive way. The need for intensive housing management is taken as one of the defining features of **supported housing**.

Housing options is here taken to refer to the process of responding to the needs of those threatened with homelessness or experiencing

homelessness, within the context of the statutory requirements placed upon local housing authorities by homelessness legislation. It necessarily extends beyond statutory requirements however, as it also involves undertaking assessments as to whether a statutory duty exists, and sensibly responding to the needs of those who do not quite reach the statutory threshold for assistance but may well do if rapid action is not taken. Housing options should offer a casework approach, and many cases will require no further intervention. In some cases, however a referral for **additional (housing-related) support** may be needed.

Additional (housing-related) support. We have used this term to refer to any assistance that tenants require in relation to issues that have a direct impact on their ability to secure and retain accommodation. This is activity outside the normal landlord responsibilities, and can include **specialist support** which enhances such things as their financial independence, health and wellbeing, personal relationships and community integration. It can also include more generic additional housing-related support, more commonly referred to as **floating support** in this context. This support can be provided both to prevent homelessness and/or to support resettlement.

Floating support is a type of additional support which aims to enhance a person's capacity to live independently. It is not necessarily linked to a particular accommodation offer or address and goes beyond assisting the tenant to meet landlord responsibilities. It should be person-centred, addressing issues such as domestic abuse or mental health, and may be ongoing (though often

in current practice, it is a time-limited intervention).

Supported housing is a combined package of housing and **additional (housing-related) support**, and under normal circumstances a more **intensive housing management** service.

Almost all supported housing which is relevant to those experiencing homelessness is **'Transitional Supported Housing'**⁵², in other words it is not intended to offer a long-term home (in the same way that supported housing for older and/or disabled people does), but it rather intended to act as a stepping stone. However, we recommend that some **long-term (i.e. non-transitional) supported housing** is needed within the system for a relatively small cohort of people who are likely to need ongoing care and support, e.g. due to cognitive impairment, long-term mental and/or physical health conditions. A key difference between transitional and long-term supported housing is that, in a long-term setting, the person would generally be given a tenancy⁵³; where in transitional, they would typically have only a license to occupy the property, which could be terminated at any time and without notice or formal process⁵⁴.

In relation to this report, supported housing may be **congregate** or **dispersed**. In **congregate supported housing**, The supported housing package is delivered to multiple people at a particular site. It will normally include the facility for staff to be on site as well – either at all times or at specified times during the day. Living accommodation may be shared or self-contained, but sleeping accommodation will always be in

⁵² This term has recently been used in a report by IPPR (2020) At a Crossroads: The Future of Transitional Supported Housing: <https://www.ippr.org/research/publications/at-a-crossroads-the-future-of-transitional-supported-housing>

⁵³ Different types of tenancy are explained at: https://england.shelter.org.uk/legal/security_of_tenure

⁵⁴ For further definition of a licence see: https://england.shelter.org.uk/legal/security_of_tenure/basic_principles_security_of_tenure/what_is_a_licence

separate rooms for each household. Some degree of communal space will normally be provided.

The term **hostel** is applied to certain examples of, mainly transitional, congregate supported housing, which is issued under a licence and often has a high degree of shared facilities. The single site is occupied by larger numbers of individuals than might ordinarily share a house together, e.g. more than five households. This usually necessitates longer periods of on-site staff presence. In describing the current provision in Oxfordshire, we have distinguished 'shared' (with up to 5 people) and '**hostel**' (with more than 5 people) **congregate supported housing**.

In dispersed supported housing, a combined package of housing and additional support (and usually intensive housing management) is offered to a person or household within their own tenancy and in mainstream housing. As we have defined it in this report, there is no need for the tenancy to end if the tenant chooses to no longer receive the support service or it is assessed that they no longer need it. The location of dispersed supported housing units will therefore change over time.

Appendix 3: Financial narrative: assumptions and methodology

1. Summary

1.1 The basic narrative detailed here is that a housing-led approach to single homelessness can deliver a reduction in homelessness in comparison to the current system, within a comparable financial footprint, and that this will also have knock-on consequences of delivering additional value to the individuals and to society as a whole.

1.2 This is dependent on four key factors.

1. A comprehensive and more effective casework approach adopted by the statutory Housing Options teams
2. A more comprehensive, consistent and countywide upstream homelessness prevention policy backed up by sufficient investment, which will help minimise the flow of people into homelessness. Additional housing support resources should be focused on enabling homelessness prevention.
3. Moving away from a reliance on congregate supported housing as the principal route out of homelessness for single people with additional support needs, and instead introducing a dispersed supported housing model, including Housing First, in which housing and support can be provided separately

from each other. Only a residual level of congregate supported housing would remain, some providing emergency temporary accommodation, and some targeted at groups for whom this is most appropriate.

4. Adopting a system-wide approach backed up by a more developed infrastructure and a willingness to pool budgets to make the system work more effectively.

1.3 We predict that these changes could lead to a significant reduction in the rough sleeping population.

1.4 The modelling contained here is based on a "what-if" scenario, i.e. using the figures generated by the Homelessness Flows Model for 2018/19 and speculating how the available resources might have been used differently to achieve a reduction in homelessness – in particular the rough sleeping population. This is based on very high-level modelling, and intended to be illustrative of what is possible rather than a detailed costing exercise.

1.5 Broadly speaking the shift in funding proposed is between a focus on congregate supported housing and crisis services to a focus on casework, access to dispersed independent housing and additional housing

support services linked directly to homelessness prevention.

1.6 We have been relatively conservative regarding the shifts made in focus and performance within this scenario. The assumptions we have made do not in any way suggest that this is the desired position or intend to limit the ambition in relation to implementing a housing-led approach and ending rough sleeping. The scenario is simply intended to show how, with some relatively small shifts, cost savings can be generated which should, in turn, fund further transition and improvement. A more radical shift towards dispersed provision combined with even better prevention performance should generate even better outcomes within the available envelope of resources, and we would recommend this as the long-term vision.

However, we acknowledge the profound practical problems involved in actually achieving the shift of resources illustrated. These include:

- The fact that the services within the “system” are commissioned by different parties. Even if we conceive of it as a single system it is at one level in fact not – the different Councils and other public bodies have their own decision-making processes and their own objectives driven by different statutory frameworks and perceptions of priorities. To a large extent, this is unavoidable.
- The narrative assumes that the current provision is effectively funded. On the other hand, much of this is on a time-limited basis and linked to specific programmes that either will not be renewed or cannot easily be redirected.

These are all serious challenges that require bold and innovative thinking on behalf of the relevant authorities. All we can hope in this

paper is to illustrate the potential value of the changes suggested, and provide some guidance as to how this can be translated into practical commissioning plans if the political will is there to do so.

1.7 We suggest that the first priority for commissioning authorities is to undertake some very focused research which will help quantify the extent to which the assumptions built in to the illustrative scenario are correct and allow for commissioning plans to be drawn up.

1.8 Finally, we address the very difficult issue of the order of priorities for moving from the current service configuration to the proposed service configuration. This is very challenging. Part of the solution might however be adopting a new flexible form of contracting that allows for a transition from one set of services to another over time.

2. Recommendations that impact on financial narrative

Based on the modelling of homelessness flows in 2018/19 and the wider analysis undertaken as part of the feasibility study, we have identified the following targets in terms of “system-change” that have a potential impact on the financial narrative.

2.1. More comprehensive investment in effective universal services that prevent people ever becoming at risk – including universal basic tenancy sustainment provided by all landlords, plus generic housing advice services, streamlined and more accessible housing lists, and community navigators. (NB These factors have not been taken into account in the scenario modelling – it is assumed that they can either be made self-financing or involve mostly one-off investments in terms of set up costs - we appreciate that this is a simplistic assumption but it has been necessary to limit the focus of the narrative on the implications for the current

commissioned support services, so we took this pragmatic decision).

2.3. A higher proportion of people engaged with, earlier along their path to potential homelessness, including at “pre-prevention” stage, before risk has got too difficult to prevent accommodation being lost. Equally for those owed a statutory duty under the HRA, a higher proportion being dealt with as a prevention duty rather than as a relief duty.

2.4. Target “floating support” resources, as “specialist additional housing related support” services on key stages of prevention and resettlement – in support of landlord-provided tenancy sustainment and encompassing more active case management of pre-prevention cases.

2.5. The need to reduce “drop out” rate at all stages in the process, based on a better understanding as to why this happens currently.

2.6 More extensive use of direct financial assistance to sustain people in their existing accommodation.

2.7. Develop a new Assessment Hub model instead of the current configuration of emergency services aimed at those literally roofless.

2.8. Reduce the long-term homeless population by focusing on rehousing a higher proportion of people into mainstream housing rather than into supported housing, as part of the expansion of the Housing First model.

2.9. Increase access to mainstream housing to households who are homeless, through more active intervention in the private rented sector and revisions to social housing allocation and tenancy policies.

2.10. Replace a significant proportion of congregate with dispersed supported housing, based on clarity of the rationale for ongoing congregate

housing and considered assessment of service user needs and choices.

2.11. More investment in system co-ordination and empowering staff working within the system. This would include co-ordination of a countywide approach, a shared approach to making assessments, a new comprehensive data collection system, an ongoing programme of small-scale research, promotion of a community of practice among all relevant agencies, and training programmes to support culture change among frontline staff.

3. Financial modelling approach

3.1. We have based the scenario on indicative costs rather than actual costs. This is because we simply do not have sufficient information to do otherwise. Some of the indicative costs are based on locally acquired information through the study, but many are not. We do not have full information as to the current funding going into the system, and indeed this question is so complex that it is difficult to imagine it would be possible to have a full grasp of the financial flows. Additionally, some of the information we have obtained is for different financial years. We do however compare the total derived from the modelling and indicative costs to our best understanding of the current level of resources going into these services in 2018/19, in order to assess whether the different configuration of services could be affordable within the same financial footprint.

3.2. This ignores the implications of the inevitable increase in demand as a result of the pandemic. This simplifies the message we are trying to convey, as any comparison would have to factor in an assumed increase in overall level of demand to both sides of the equation. We do not at the moment have any evidence upon which to base an assessment of the longer-term impact of the pandemic, and it is

because the likely impact is going to be very significant, that we have chosen to undertake this “what-if scenario” to illustrate the what the impact of some of our proposals might have been had they been implemented in the past, rather than attempt to project needs forwards. As a result, however, it is important to acknowledge that while a different service configuration, in line with our recommendations might have been affordable in 2018/19, it is nevertheless very likely that the increase in demand as a result of the long-term impact of the pandemic, will require a net increase in resources.

3.3 For the sake of this scenario, we have decided to exclude people making use of the young persons and mental health pathways, and only included the impact of a shift in the more generic housing support provision. This is not intended to contradict a more general message from the study, which is that the system as a whole should be viewed as such and not reduced to separate silos, as it is now. Nor is it intended to suggest that the lessons of this scenario are not relevant to both these other pathways, because we believe very much that in broad terms, they are relevant. We have to acknowledge however that for the time being any scope to change service configuration in the Young People’s Pathway in particular is very limited, because the services have only just been re-commissioned. Additionally, for both other pathways there is probably more place for a continuing role for congregate supported housing than is the case within the generic “homeless” provision. To try and take this into account made the modelling too complex to follow.

3.4 In order to make the financial narrative as clear as possible, we have focused on quantifying the following in a credible way:

- The increase in Housing Options casework costs, particularly from the suggestion that all referrals in

supported housing should be first processed by Housing Options

- The potential to decrease the level of housing-related support costs through adoption of a different model, including the potential cost increases involved in needing to access more independent accommodation, and the specific extra costs of a larger Housing First programme targeted initially at the entrenched rough sleeper population
- The likely costs of the increased system co-ordination infrastructure proposed

3.5 This is then compared to our best understanding of the “current” investment in the system (less the young people’s and mental health specialist resources). There are inevitably a lot of caveats to this, including the fact that some of the funding levels are estimated and some relevant services are not included at all (e.g. the services assisting with financial resilience that contribute significantly to the prevention of homelessness).

3.6 The basic modelling links together the numbers of new entrants to the rough sleeping population and the numbers of people disengaging at different stages in the homelessness process.

It is assumed that a proportion of people become or remain homeless as a result of disengaging with or dropping out from the different stages of the homelessness process. The proportion that ends up homeless is assumed to be higher the further into the homeless pathway you go (i.e. the proportion will be lowest for those not completing as a pre-prevention case and the highest for those evicted from supported housing).

Only a proportion of those who become homeless are likely to end up as rough sleepers as opposed to resorting to some form of “sofa surfing”. Based broadly on the estimates in

the Crisis Homelessness Monitor we have assumed that of the population becoming homeless, 70% will end up sofa surfing and 30% will end up rough sleeping.

The purpose of this exercise is to provide a basis for estimating the impact on the rough sleeping population of other changes made in the system. It focuses on rough sleepers because this is a known number, whereas the number of people sofa surfing is not a known number as such. It is in no way intended to suggest that people who are sofa surfing are not also in need of interventions to help them exit homelessness.

This structure allows us to assess the potential impact on rough sleeping numbers as a result of changes elsewhere in the system. We have constructed what we hope is a plausible model to illustrate this. This is not to say that this is exactly how it happens, and it is obviously simplistic to assume that all new rough sleepers have gone through other stages of the homelessness system, but by creating a relationship between these factors we enable an estimation to be made as to how much other changes in the system can impact on reducing the number of people turning up on the streets.

It is however difficult to assess the impact of reduced numbers on street outreach costs, as it is likely that as the rough sleeper population reduces the level of interaction required with those who remain will increase and the unit cost increase accordingly. We have therefore chosen not to factor in any reduction in street outreach costs in this what-if scenario.

3.7 As stated at the start of the paper, the scenario could have been more radical and assumed total system-change. In most cases we have erred on the side of being cautious about the scale of change that could have been achieved in the year in question, and therefore it could be said that

the alternative scenario represents an interim step towards an ultimate goal, and as a result the projected reduction in homelessness is substantial but not complete. Hopefully however it indicates and illustrates the impact of a clear direction of travel.

4. Changes in where people first present

4.1 The Homelessness Flows Model maps where people first presented to the “system” in 2018/19. A fundamental premise behind the modelling of an alternative scenario is that a strategy of making more proactive contact with those groups at risk basically increases the likelihood that homelessness will be prevented, and by sustaining existing accommodation rather than having to move to alternative accommodation.

The scenario assumes that the point of first presentation will change as follows:

- 33% of those presenting at prevention duty stage previously would have first presented as a pre-prevention case
- 50% of those first presenting at relief duty stage previously would have first presented at prevention duty stage

Using these assumptions generates the following estimated changes in terms of numbers of cases:

Stage dealt with	2018/19	Scenario
Pre-Prevention	1,369	1,555
Prevention Duty	564	563
relief duty	432	308

4.2 One of the features of the results of the Homelessness Flows Model is the number of people who first present as a referral direct to supported housing. It is suggested that it would be desirable to move to a situation where they effectively first present at one of the “formal” stages in the process. This would have the advantage of:

- Ensuring all options were explored fully

- Ensuring that a supported housing referral (and potential rejection) was considered in the context of an overall casework approach
- Ensuring that the relevant need, profile and outcome data was recorded more consistently and available to monitor the effectiveness of the system

It is calculated that about 320 people were referred directly to the generic supported housing in 2018/19. If it had been possible to link all such housing to the statutory process, then these cases could have been distributed across the 3 stages in terms of when they might first present:

Stage dealt with	% of supported housing referrals first presenting here	Number presenting here
Pre-Prevention	20%	64
Prevention Duty	20%	64
relief duty	60%	192

As a consequence, it is reasonable to assume that people caught earlier in the process are more likely to be able to explore alternative (less expensive) solutions to their housing problems. On the other hand, it would undoubtedly increase the casework costs by increasing the caseload managed by Housing Options (and others) with the inevitable cost implications.

These two theoretical shifts in practice would have meant that the overall impact on case numbers at the different stages as a result of these two adjustments would be as follows:

Stage dealt with	2018/19 Actual	Scenario
Pre-Prevention	1,369	1,619
Prevention Duty	564	627
relief duty	432	500

5. Financial impact

5.1 Additional costs for Housing Options

In this scenario, we are only including an estimate of the additional costs that would potentially be experienced directly by Housing Options. It is important to include this within the scenario, as without this acknowledgement it would be an understatement of the cost consequences of the change envisaged. On the other hand, estimating the real total costs would be difficult and tenuous, and add little value because we would again need to factor it in to both sides of the comparison we are undertaking.

We only consider here the implications of the changes in caseload in dealing with the statutory duty cases. The cases dealt with at pre-prevention stage are dealt with separately as part of Paragraph 5.3.

We have used indicative casework costs, utilising a cost-benefit analysis undertaken by HGO Consultancy on the Warwickshire Homelessness Prevention Trailblazer. The indicative costs for dealing with cases at prevention and relief stages is based upon a comprehensive time-sheets exercise undertaken by Rugby BC.

This generated benchmarks as follows:

- Prevention duty cases - £710 per case
- Relief duty cases - £1,072 per case

The estimated increase in costs is set out below (rounded to the nearest hundred)

Stage dealt with	Increase in cases	Increase in costs
Prevention Duty	63	£44,700
relief duty	68	£72,900
TOTAL		£117,600

The emphasis generally on Housing Options taking a more consistent casework approach to duty cases

is likely to have cost implications in itself, but we have not taken this into account. On the other hand, the calculation we have done assumes that all the new cases go through the whole process, which is unlikely to be the case. In which case it seems reasonable that this calculation may serve as a proxy for the overall increase in caseload (particularly as pre-prevention work is costed separately in our scenario).

Another of the study's recommendations is the need to increase the use of direct financial assistance targeted at helping people to sustain their existing accommodation. To reflect this, we have used the following benchmarks to calculate a potential increase in such funding

- The average Discretionary Housing Payment (DHP) by Cherwell in 2019/20 to help single people with rent arrears to retain their accommodation, which was just over a £1,000,
- The fact that across the South-East (and accordingly to H-CLIC data for 2018/19), the average number of payments of this kind is four times that in Oxfordshire. Raising the level to that of the South East average would imply 40 such payments rather than 10

This produces an estimated increase in funding of £30,000.

5.2 Revised expenditure on Supported Housing

A consistent message throughout the study is that the current supported housing offer, most of which is of a traditional congregate kind, is having a limited impact on supporting individuals to exit homelessness.

A key feature of the housing-led response is that people with additional support needs would be offered

access to mainstream housing with an additional support package rather than supported housing as traditionally understood. We still refer to this alternative offer as dispersed supported housing because technically housing and support would be offered together at the beginning (even if subsequently they could separate because the support floats off rather than the individual having to move on). In this sense, Housing First can also be treated as "supported housing".

There are still some circumstances under which a congregate housing solution may still be the best and most cost-effective way to meet needs, and elsewhere we have set out some possible criteria for this. While the direction of travel is clear, the exact balance of provision that is required is not, and investigating this is suggested as a priority for further work by commissioners in Section 9.

Congregate supported housing tends to be more expensive in terms of unit costs because it involves far higher management costs. In "dispersed supported housing" the proportion of staff input that is related to individual support or assistance is far higher.

The Homelessness Flows Model identified the following numbers in 2018/19.

Referrals	373
Moved in	256
Already in situ at the beginning of the year	301
Total receiving a service during the year	557
Total referred but not receiving a service	117

In considering what might have happened under the alternative scenario we made the following assumptions about the people who had in reality been referred directly to supported housing

- The 128 referrals that would instead

have been considered at pre-prevention and prevention duty stage explored other options and were not referred to supported housing.

- A further 10% of the remainder either did not want or did not choose to be referred for supported housing
- A further 50 of the people who were assumed to be in a Housing First service would have shown up in these numbers somewhere
- Involvement of Housing Options caseworkers would result in 50% of those referrals that had been unsuccessful instead being accepted

This would have resulted in a total of 390 people receiving a supported housing service. For simplicity's sake we then assume that half of these would be in congregate housing and half in dispersed housing. This – as stated earlier – is an assumption to test the direction of travel, not a recommended ideal, or required balance between the two types of provision.

Additionally, we have factored into our alternative scenario a possible Housing First portfolio of 140 properties during the year. We have assumed 40 Housing First tenants were in place at the start of the year and that the remaining places were filled over the course of the year, drawing 50 of the cohort who were in fact referred to supported housing, and 50 of those who showed up in the model as long term rough sleepers. Assessing the likely cost of this, involves finding some indicative costs.

Our starting point for congregate supported housing is the benchmark quoted by the University of York in the report *The Cost Effectiveness*

*of Housing First in England (2019)*⁵⁵. This included median costs for non-intensive hostel/supported housing of £12,600 per year.

The unit cost for Housing First was generated by the Crisis study on implementing Housing First at scale in the Liverpool City Region⁵⁶. This estimated the cost per place per year at £12,600, based on an assumption of a normal caseload of 1 full-time member of staff to 5 clients.

The University of York study quoted above, was based on an analysis of actual schemes, and used the actual patterns of staff input required, factoring in the average tapering of support required over time. This would suggest that, in a year, when large numbers of new service users moved into Housing First properties, the required staff to tenant ratio would be slightly under 1 to 5, whereas in a year in which the majority of service users were existing tenants then this would mean the staff to tenant ratio required would be somewhere between 1 to 5 and 1 to 7. As the scenario assumes a significant number of new tenants in the year, we have based the indicative costs on the 1 to 5 ratio used in the Liverpool study and the full year unit costs used is the £12,600 figure. This figure also included some form of cross subsidy to ensure access to housing and specialist expertise to support the staff e.g. in relation to mental health.

In order to estimate the likely unit cost of a dispersed housing model, we have based it on the Housing First costs. We have assumed that on average the support provided could be a third as intensive as Housing First i.e. with a staff to tenant ratio of 1 to 15. There is also likely to be some form of subsidy required in order to access

the accommodation if this is to come from the private rented sector, but the additional specialist support assumed in the Housing First costing is less likely to be required. This would turn the average unit cost for a dispersed supported housing place into £4,600 per year.

The figures being quoted here are unit costs, while the numbers of people receiving the congregate/dispersed service are individuals. The cost per person therefore has to take into account the length of time that they will require the service for in that year. Because the total includes people who are in place at the beginning of the year, and because people are likely to enter the service relatively evenly throughout the year, it is not unreasonable to think that on average people will need the service for 6 months, and this means that the amount per person will be half the annual unit costs. Note that the 6-month period does not imply that this should be offered as a fixed length block of support, for all the reasons outlined in the main report. It is simply a way of estimating the average cost per person for the purposes of modelling.

This has been calculated as follows:

	Month Coefficient	Number of New Clients	Unit Cost	Cost per Cohort
Month 1 Intake	1	40	£12,600	£504,000.00
Month 2 Intake	11/12	9.09	£12,600	£104,989.50
Month 3 Intake	10/12	9.09	£12,600	£95,445.00
Month 4 Intake	9/12	9.09	£12,600	£85,900.50
Month 5 Intake	8/12	9.09	£12,600	£76,356.00
Month 6 Intake	7/12	9.09	£12,600	£66,811.50
Month 7 Intake	6/12	9.09	£12,600	£57,267.00
Month 8 Intake	5/12	9.09	£12,600	£47,722.50
Month 9 Intake	4/12	9.09	£12,600	£38,178.00
Month 10 Intake	3/12	9.09	£12,600	£28,633.50
Month 11 Intake	2/12	9.09	£12,600	£19,089.00
Month 12 Intake	1/12	9.09	£12,600	£9,544.50

With the adjusted unit cost as:

Total Cost	Reduction Due to Assumptions	Reduction in Months	Adjusted Unit Cost
£1,133,937	0.64	7.7	£8099.55

When modelling the cost per person for Housing First, we assume that the 40 who were receiving the service at the beginning of the year all continue to receive the service for the full 12 months, with the others entering the service relatively evenly over the course of the year, then for the 140 people overall receiving Housing First, the average length of time receiving the service in that year would be approximately 7.7 months.

As a result, the cost **per person/** unit within this modelled scenario is assumed to be:

Congregate Supported Housing	£6,300
Dispersed Supported Housing	£2,300
Housing First	£8,100

55 Pleace, N. & Bretherton, J. (2019) The cost effectiveness of Housing First in England, Housing First England/ Homeless Link

56 Blood, I., Copeman, I., Goldup, M., Pleace, N., Bretherton, J. and Dulson, S. (2017). *Housing First Feasibility Study for the Liverpool City Region*. London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/237545/housing_first_feasibility_study_for_the_liverpool_city_region_2017.pdf

This generates the following total estimated costs for the scenario: In other words, around £2.8 million.

Type of provision	Estimated spend
Congregate Supported Housing	£1,228,500
Dispersed Supported Housing	£448,500
Housing First	£1134,000
TOTAL	£2,811,000

5.3 Targeted provision of additional (housing-related) support.

Primarily here we are talking about what is currently referred to as “floating support”. This is a really important unknown within the homeless flows modelling. We are able to make a reasonable estimate of the total numbers of beneficiaries from the current floating support services. What we currently have no way of knowing, however, is how many of these people would have featured in the numbers identified in the homelessness flows for the base year of 2018/19.

In the scenario we assume that targeting of this support means that:

- Services are aligned primarily to the homelessness strategy, aimed at ensuring that homelessness or repeat homelessness is prevented.
- Support is only provided where a “specialist” or more intensive intervention is required, beyond and above what can be delivered by landlord tenancy sustainment services/or housing options case managers

There are other services which should feature here – such as those aimed

57 The 90% for pre-prevention cases is based on an assumption that in essence the majority of assistance given at this stage falls within the remit of additional support services. The 40% figure at Prevention and Relief duty phase is based on the fact that HCLIC says that 40% of people where a duty was accepted have identified additional support needs. The 20% is based on just a sense about how many people ought to move on successfully from congregate supported housing in a year – this compares to current performance which is 14%

at enhancing financial resilience. We know even less, however, here as to how many people benefitting from these services feature in the numbers of those at risk of homelessness.

The end result is that, while we only include an estimate of the generic floating support funding across the County in the comparison to the current financial footprint, and while we use a benchmark based on the County Floating Support contract, the reality is that some of the need identified in the scenario will actually currently be being met by services that are already funded, but which we have not included on the other side of the equation. Equally, the actual cost of these services per case may well be less than floating support. As a result, the estimate of current funding may be an underestimate and the estimate of indicative costs under the alternative scenario may be an overestimate.

The detail needs working out and will undoubtedly involve a re-specification of floating support, as well potentially of a re-definition of Housing Options’ role in the pre-prevention work.

A key bit of essential research is a better understanding of the current floating support client profile, and an immediate requirement of Housing Options is a proper monitoring of the pre-prevention work they are already doing.⁵⁷

In the alternative scenario we have assumed that the numbers who could have benefitted from “additional” support is as follows:

Stage dealt with	% to benefit from additional support	Numbers receiving service in Scenario
Pre-Prevention	90%	1,457
Prevention Duty relief duty	40%	250
Relief duty	40%	123
Resettlement Support to people in Congregate SH	20%	44
TOTAL		1,874

The indicative cost used is derived from the Oxfordshire County Floating Support contract. In the last year for which we have figures the total spend was £590,000 and the total number of clients receiving a service was 700. This generates a per case amount of £840.

On this basis the total cost of service for the 2035 cases could be just over £1.6 million.

5.4. Investment in system co-ordination and empowering staff working within the system

Taking an informed system-wide approach as recommended comes with additional costs. The following key elements are included in the costings for the new system in the scenario we have run:

- An overall Co-ordinator to ensure countywide Strategy is implemented, with appropriate admin support (this is currently funded out of non-recurrent funding)
- The ongoing service costs of a new IT system
- A dedicated data analyst
- Support for an ongoing community of practice (growing out of the existing Homelessness Champions Network)

- A training programme supporting culture change among frontline staff
- An ongoing small research programme

In the scenario we have included the following annual estimates for these

Area of Expenditure	Estimate
Co-ordinator	£50,000
IT system	£60,000
Data analyst	£45,000
Community of Practice	£25,000
Training Programme	£60,000
Research Programme	£70,000
TOTAL	£310,000

6. Reducing the rough sleeper population

6.1 There is clearly a relationship between the numbers of households not having their needs met when interacting with the different elements of the homelessness system and the numbers of individuals ending up on the streets, and we have modelled one way in which this might work.

6.2 We have assumed that the proportion that drop out of the system become or remain homeless as follows

- At pre-prevention stage – 15% become homeless
- At prevention duty stage – 60% become homeless (this is based on H-CLIC results)
- At relief duty stage– 100% remain homeless
- Failed referral to supported housing – 90% remain homeless
- On eviction from supported housing – 100% become homeless

Stage in Process	Numbers failing to get positive outcome	Proportion that end up homeless	Proportion that end up rough sleeping	Numbers that end up rough sleeping
Pre-prevention	317	15%	30%	14
Prevention duty	133	60%	30%	24
Relief duty	222	90%	30%	60
Referral to supported	327	90%	30%	88
Eviction from supported	82	100%	30%	25
Came from other area				32
			TOTAL	253

NB:

The figures for failed referrals to supported housing and evictions from supported housing include those that took place in the young people's pathway and the mental health pathway as well.

We assume however that of the number becoming homeless 70% of these people find some temporary accommodation of their own and only 30% resort to the streets.

Applying these assumptions produces the following results:

Overall, this compares to the actual figure for numbers of new cases turning up on the streets of 258, which suggests that this is at least a plausible explanatory model (although highly theoretical).

Investigating whether this link actually exists is put forwards as a priority for the proposed ongoing research programme.

6.3 In the alternative scenario we have factored in a number of changes to work out the impact on the numbers of people ending up on the streets.

- We have used the revised numbers of people presenting at different stages of the process
- We have assumed that improved intelligence on why cases are closed without an outcome will lead to improvements in "drop-out" rate – at pre-prevention and prevention stages from 23% to 18%, and at relief stage from 51% to 46%.

- We assume that failed referrals to the generic provision and evictions from such provision will both decrease by 50% - on the basis that the alternative configuration will be more closely aligned to what is needed. The figures from the young people's and mental health pathways have not been altered.

- No change in the number of new rough sleepers from outside the area

Applying these assumptions produces a prediction that only 186 new people would end up on the streets (including the 32 that Outreach services told us came from out of the area).

6.4 At the same time we have assumed that the entrenched rough sleeper population decreased from 283 to 183 as a result of the Housing First allocations.

NB Remember this scenario is based on what might have happened in 2018/19 if a different service configuration was in place – it takes no notice of what has happened since in terms of the result of the pandemic and the numbers of people who may have been rehoused as part of the response to this.

6.5 Overall, this means that the Rough Sleeper cohort receiving an Outreach service in the year would decrease from 541 to 369. This is a reduction of a bit less than a third. We are unclear as to the implications of this reduction for street homelessness services as it is likely that the needs of the remaining rough sleeper cohort would have been more intensive. The impact on this element of the financial footprint is therefore not taken into account in the scenario.

6.6 A very significant part of the current funding envelope is dedicated to the Floyds Row service – around £600K. As part of the study we are putting forwards an alternative approach based on an Assessment Hub model. This requires detailed costing, but for

the purposes of the scenario we have assumed that it might turn out a little cheaper at around £500,000 – partly reflecting a reduction in the numbers of people becoming homeless, but also a more effective model for helping people to exit homelessness more quickly, and one which aims to better coordinate the input of various existing agencies and functions.

7. Comparison to existing financial footprint

7.1 A summary of the costs of the alternative scenario are as follows:

Additional Housing Options costs	£150,000
Supported Housing	£2,810,000
Additional Support	£1,574,000
Infrastructure	£310,000
Assessment Hub	£500,000
TOTAL	£5,344,000

7.2 In comparison, we have estimated the existing financial footprint to be as follows (excluding mental health, young people's and wider preventative services)

Adult Homeless Pathway	£846,000
Oxford City Homeless Prevention Funds (i.e. additional to spending on Adult Homeless Pathway)	£1,410,000
RSI Round 3	£1,544,000
Countywide Floating Support	£590,000
Other Supported Housing*	£226,800
Other Floating Support*	£109,200
Housing First*	£504,000
TOTAL	£5,230,000

* These figures are based on estimates using the same cost indicators used in the alternative scenario

On this basis we feel able to say that broadly speaking the what-if scenario would have cost a similar amount to the actual financial footprint.

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