Crisis

Together we will end homelessness

Housing-led Feasibility Study for Oxfordshire

Summary Report

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

October 2020

Imogen Blood & Associates

OXFORDSHIRE COUNTY COUNCIL

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1. Introduction to the study

This report summarises the findings of a study to explore the feasibility of moving to a housing-led approach to tackling single homelessness across Oxfordshire. A more detailed report will be published shortly.

The study was conducted between January and October 2020, by the independent social research consultancy, Imogen Blood & Associates, with funding and support from Crisis and the Oxfordshire councils.

Our engagement, data collection and analysis activities included:

- **Lived experience voices:** co-production with members of the Lived Experience Advisory Forum to design and conduct peer research with 30 people experiencing homelessness in Oxford, supplemented by data from 86 Strengths-based Needs Assessments collected across the county from people during *Everyone In*[1].
- **Professionals and citizens working with people experiencing homelessness:** around 60 people were involved, through face-to-face and online workshops, phone interviews and an online survey
- **Mapping** current service provision and expenditure
- **Modelling** flows of single homeless households in the county and running scenarios to test the financial feasibility of a housing-led approach
- **Reviewing** housing data and policies, homelessness prevention activity, and relevant health documents
- **Action learning** alongside the councils and their partners during Coronavirus

1 '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.

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 work[2]. 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. Housing First works best when it functions as part of an integrated, multi-agency homelessness strategy, alongside prevention, and low intensity and 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 following table presents the Housing First principles (as proposed by Housing First England)[5] and suggests what it might mean to apply these principles to the whole homelessness system.

2 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/

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.

5 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

Housing First principle	A whole system approach
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 *first* prove they are tenancy-ready, thereby *earning* 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 study, 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[6] 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, *professionals* are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service.[7]
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.

6 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

7 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

3. Overview of the current provision of support to those experiencing or at risk of homelessness in Oxfordshire

Although there is a wide range of support services across the county which aim to prevent homelessness, the main focus and investment is on responding to homelessness.

We identified over 1110 units or bed spaces of what might best be described as 'transitional' supported housing[8] 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.

A referral to supported housing is the default response to single people who are actually experiencing homelessness: in 2018/19, there were 1420 placements in supported housing of people who would otherwise be homeless[9] across the county (830 of whom were already living in supported housing at the start of the year).

Our mapping exercise identified a significant amount of other activity to prevent and respond to homelessness across Oxfordshire, including a strong and vibrant community sector. We identified:

- Several Housing First pilots and projects, offering up to 30 tenancies in total at the time of writing, with more planned. These deliver promising indications[10]; however, viewed at a county level, they are piecemeal and receive short-term funding. Some promise only time-limited support, or only house people who are already in other forms of supported housing, which is

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.

10 See for example Imogen Blood & Associate's independent evaluation of the Housing First service run by Soha, Aspire and South Oxfordshire District Council.

not consistent with a high fidelity model.

- 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 Homeless Movement is a county wide 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.

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.

The two-tier authority structure, combined with additional layers of services commissioned, both jointly by the districts, and with Rough Sleeper Initiative funding makes it challenging to understand the whole, countywide picture. There are separately commissioned 'pathways' for mental health, young people, and adult homelessness.

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 via 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 number of different contracts for the same project. Moreover, the pathway operates on a very traditional 'staircase' model[11]: 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-on[12].

There appears to be a growing recognition by the councils in Oxfordshire that better coordination and consistency at countywide level, with an option to deliver more services and functions jointly, could improve the response to and prevention of homelessness.

11 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.

12 Oxfordshire Adult Homeless Pathway Common Operational Document.

4. The case for change

The national policy context is one of deep cuts and funding uncertainty for housing-related support[13], combined with welfare reform and cuts to health, social care and criminal justice[14]. The government response to increasing numbers of people sleeping rough has been to provide short-term, competitively accessed and prescriptive funding[15].

Whilst recognising the impact of this on local authority commissioning, we argue that what is needed is a bold re-focusing on ending homelessness, rather than simply fire-fighting, managing and containing it. As seen in the last section, there are many assets across the county, including ongoing political support for investment in housing-related support, and an energised and diverse community sector, working in partnership through the Oxfordshire Homelessness Movement.

Our lived experience research confirms the need for changes to the system. Despite many positive interactions reported with individual workers and volunteers within services, the overall experience of the system can be disempowering: a common theme was that there are many hoops to jump through for little tangible gain. Barriers included:

- Administrative barriers (e.g. not having the right ID) and delays (e.g. rough sleeper verification)
- Disillusionment/ lack of trust
- Supported housing not suitable (due to rules, presence of others, having a dog)

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?

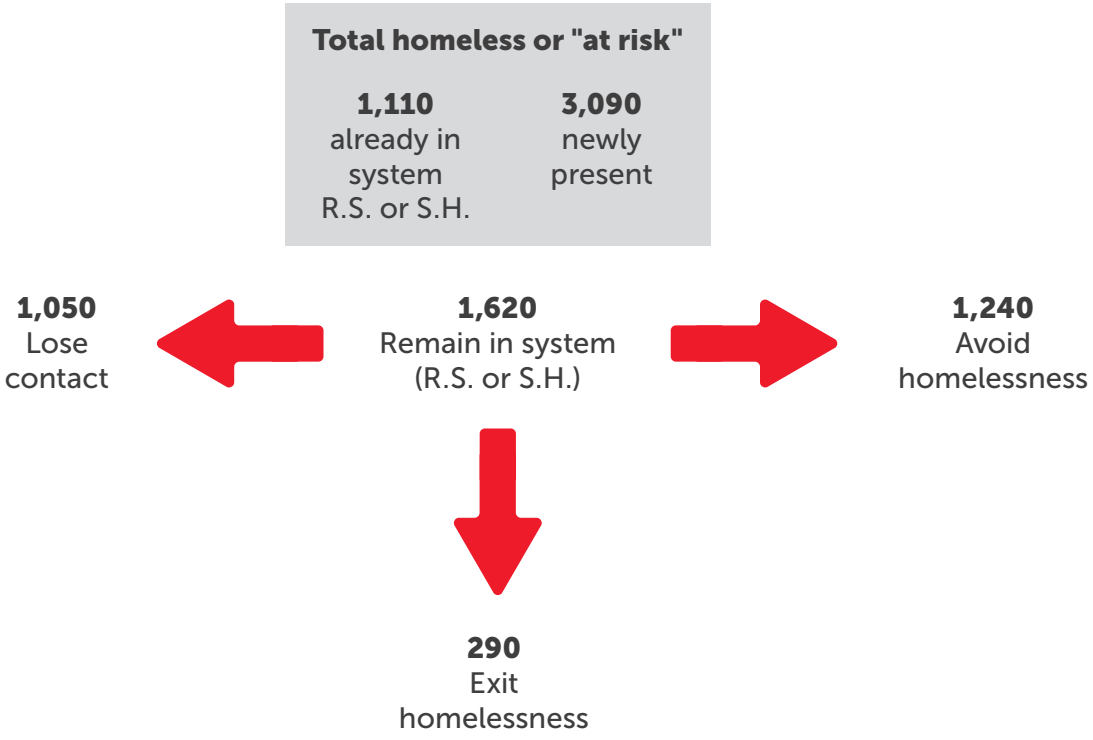
Using data from 2018-19, we built a model to understand the flow of single homeless households through the homelessness system and associated services. We found that:

- Around 4200 single households came into contact with the homelessness system across Oxfordshire in 2018-19; we term these the 'at risk population'. This includes both those already 'in' the system (e.g. known rough sleepers and those already in a supported housing placement) and those who joined it at different stages over

13 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 Blood, I., Pleace, N., Alden, S. and Dulson, S. (2020). *'A Traumatised System' Research into the commissioning of homelessness services in the last 10 years*. Liverpool: The Riverside Group Ltd. [Online]. Available at: https://thinkhouse.org.uk/site/assets/files/2048/river0320.pdf [Accessed 04 November 2020].

15 Lawrence, T. (2020). *Fragmented Funding*. TRL Insight. [Online]. Available at: https://www.local.gov.uk/sites/default/files/documents/Fragmented%20Funding_final.pdf.



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

the course of the year, including those who presented to the council 'threatened with homelessness'[16] and those who presented before that stage, as well as people engaged through outreach. It is positive that 1370 people presented to the Oxfordshire councils in advance of being threatened with homelessness in the next 56 days. However, there is little monitoring of outcomes from these early interventions, so it is hard to know what is working and for whom.

- Contact was lost with over a thousand people, at different stages of the homelessness journey. By definition, we do not know what happened to these people, but it is likely that many join what Crisis has described as the wider cohort of 'core homeless', those who are sofa-surfing, sleeping in tents or garages, squatting, etc[17]. This would fit with the housing histories described by some of the longer-term homeless interviewed in our peer research and in a previous study in Oxford[18]. The risk is that many of this group will re-present further down the line, with worsened physical and mental health[19].

16 Under the Homelessness Reduction Act 2017, a prevention duty is owed when a person is 'threatened with homelessness', i.e. likely to become homeless in the next 56 days.

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

18 Garratt, E. and Flaherty, J. (2020). *Homelessness in Oxford: Risks and opportunities across housing and homeless transitions 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

19 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, pp. 241-250. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext

- 190 people (13% of the total 1420 who were accommodated in supported housing during that year) moved on to stable independent housing. For the purposes of analysis, we classed these people as having been supported to 'exit homelessness'. According to CORE housing data[20], 74 came via this route to take up a social housing tenancy in that year.

The infographic on page 9 summarises the outcomes for the whole 'at risk population' in 2018-19.

In order to reduce the 'in-flow' of people into the system and improve the outcomes from it, it will be important to:

- Maximise the effectiveness of prevention activity (see section 6);

- Improve case management throughout the system so that fewer people lose contact, and ensure that flexible support (i.e. which is not tied to a housing offer) can follow those with the most complex needs regardless of their current housing circumstances. (see section 7);

- Remove the additional barriers to accessing affordable housing which many of this cohort face (see section 5);

A clear finding of the study is that it is not possible to tackle rough sleeping sustainably in isolation from the wider systems: homeless prevention, health, criminal justice and access to housing.

20 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

5. Access to housing: the right to a home

The lived experience

When asked what they need to end their homelessness, almost everyone interviewed talked first and foremost about housing. Privacy and stability were prized most highly – most of those we interviewed ideally wanted a 1-bed flat, with some security of tenure. 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. It is clear from their comments, that people cannot simply be 'placed'; they need to make the decision to move, and receive appropriate support to sustain that move: this has to be person-centred.

People told us of 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
- Demonstrating a local connection, which is a barrier for many of those we interviewed who come from Oxfordshire, but are either not able to evidence a connection, or had lost their status due to a supported housing placement in a different part of the county.

People also reported barriers in relation to private rented housing, including:

- Affordability of rents, compared to the Local Housing Allowance rates
- Difficulty finding, viewing and securing a property given the competitive market, even where the council has offered to help financially
- Poor quality/ badly-managed properties
- Lack of support within the private rented sector

Whilst the private rented sector undoubtedly has a key role to play within a housing-led approach, the current 'offer' is – for some – simply extending the experience of precarious and uncertain housing. For example, we met two individuals who had drifted back to the streets, despite having a current private sector tenancy, because of the extremely poor quality or over-crowded nature of the property.

The supply and allocation of social housing

Oxford City Council still owns housing stock and there are a relatively small number of Registered Providers (i.e. housing associations) who own

significant stock in the county, each enjoying strong relationships to their district council. In principle, this represents a positive foundation on which to build a housing-led approach.

The number of social housing lettings across the county actually increased from 2013/14 to 2018/19 by 26%: this is the very opposite of the national picture. However, 41% of these new lettings in 2018/19 were for 'affordable' rather than social rent[21].

Our review of social housing allocations and processes identified something of a disconnect between the homelessness system and the routes into ordinary and/or permanent housing. Just 3% of lettings in the county in 2018/19 went to people moving from supported housing, a hostel or from rough sleeping – this represents half the national average.

Like many other local authorities, the councils in Oxfordshire disqualify some or all households with outstanding rent arrears from accessing social housing (though interestingly, 38% of English local authorities do not)[22].

Our review and benchmarking in relation to allocations suggest the need for:

- Effective monitoring of exclusions from the register and of any nominations refused by Registered Providers – informing reviews of policies and Nominations Agreements
- Criteria which assess whether a person with additional needs is 'tenancy-supported', rather than whether they are 'tenancy-ready'
- Investigating other ways of managing risk apart from the use of blanket-bans
- Adopting targets for those with additional support needs as part of the Annual Lettings Plan
- Establishing an 'additional preference group', for those with a history of (or a particular 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

Opportunities to bolster housing supply

Despite many challenges with the supply of affordable properties for single households, the study also identified a number of opportunities, some of which seem to have increased (certainly in the short term) by the pandemic. The include:

- A strong commitment to housing development (including affordable/ social) in the countywide Development Plan;
- A growing appetite amongst Registered Providers to explore Housing First and/or to provide tenancy sustainment services
- Increased Local Housing Allowance (LHA) rates and reduced demand for some forms of private rented housing, as a result of the pandemic
- A burgeoning community-led and social enterprise housing sector in the county, including the current

21 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

22 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

feasibility study of a social-enterprise lettings agency model

- Opportunities to make creative use of a range of diverse properties and under-used spaces. Examples to date in Oxfordshire include:
    - The "Homemaker" research project in which Transition by Design[23] is exploring the potential of under-used spaces in the city, ranging from spare rooms, to the use of small and awkward vacant development sites.
    - A project to offer younger people Property Guardianship in low demand older people's housing (piloted by Soha/ DotDotDot),
    - 'Meanwhile use' of vacant properties, for example the current 2-year lease of Nuffield College's Beckett Street properties by Aspire to provide high quality, supported, shared properties to people experiencing homelessness.
    - A model developed by Teal Properties, in which they are leasing Houses in Multiple Occupation from landlords and renting them out to care leavers on individual tenancies.

Whilst these initiatives do not, in themselves, offer an exit from homelessness into stable housing, they have the potential to offer a range of transitional and potentially transformative housing options for the diverse and growing cohort of single households who are at risk of or are experiencing homelessness. As with all other housing options in a housing-led approach, these will need to be carefully matched with individuals depending on their preferences and support needs, with additional floating support and/or casework through the By Name approach following the person as needed.

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. There is no 'silver bullet' here; a wide range of actions are needed to bolster supply and remove the additional barriers faced by those in the most acute housing need. At an operational level, those working throughout the homelessness system need 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.

23 https://transitionbydesign.org/projects/homemaker-oxford/

6. Prevention: the cornerstone of a housing-led approach

"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....."
Member of the Lived Experience Advisory Forum

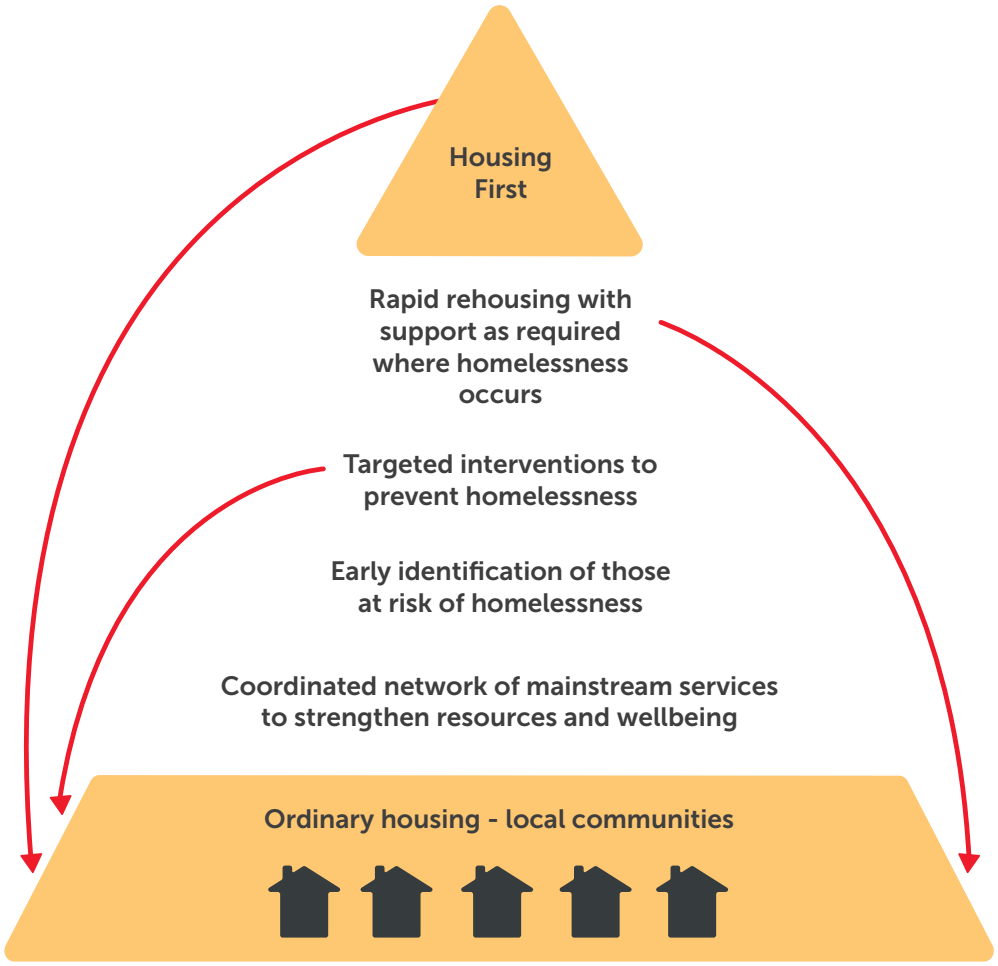
An effective, multi-agency, strategic approach to prevention across the county must be the cornerstone of a housing-led approach. Not only can this reduce the risk of new cases of homelessness; it can also prevent repeat instances, thereby facilitating the resettlement and re-integration of those who have been homeless back into 'normal' communities and mainstream services. Seeing the link between the homelessness 'system' and mainstream local assets – ranging from the network of community larders and hubs, to the NHS social prescribers will be key to success.

The following diagram shows the relationship between prevention and response activities within a housing-led system and how, crucially, the focus is on retaining or returning people to local communities as quickly as possible.

In Finland, where there has been a very successful national housing-led approach; it is interesting to note that the first phase of the strategy focused on capital development – building, acquiring and reconfiguring flats to re-house homeless people. By the second phase of the strategy, there was a realisation that rapid re-housing 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 housed[24].

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.. Rent arrears are most frequently mentioned as the immediate trigger for homelessness. Worsening drinking, drug use and/ or mental health challenges sometimes precipitate, and often follow the loss of home. This reflects national

24 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



research findings which suggest that homelessness is triggered by an inter-relationship of structural and personal factors, but that people remain homeless because of structural barriers and policy decisions.

When we analysed the assessment forms of those accommodated in hotels during the pandemic, we were struck by the optimism, sense of self-efficacy, proximity to work and family support networks of those recently made homeless, compared to those who had been homeless for over five years. This, supported by wider literature[25], demonstrates the importance of intervention at the earliest possible opportunity, ideally to prevent homelessness.

These findings, combined the evidence from our review and benchmarking of prevention practice in Oxfordshire, suggest the importance of:

- A comprehensive Homelessness Prevention **Strategy** which looks to intervene at various points in people's pathway towards homelessness, with an emphasis on intervening **at the earliest opportunity**.
- A **consistent tenancy sustainment offer** from social landlords, and the consideration of whether and how tenancy sustainment might be extended to private rented sector tenants
- Sustained or ideally increased investment by the council and social landlords **to keep people in their homes where it is safe and**

25 Pleace, N. (2015). *At what cost? An estimation of the financial costs of single homelessness in the UK*. Centre for Housing Policy, University of York/ London: Crisis UK. [Online]. Available at: https://www.crisis.org.uk/media/20677/crisis_at_what_cost_2015.pdf

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.

- A **coordinated multi-agency response** to identifying and preventing homelessness, including, for example, DWP, health, advice agencies and social care. This can build on the Oxfordshire Homelessness Champions Network developed during the Homelessness Prevention Trailblazer[26].

- Linking the current and any future countywide **floating support** contract more clearly to Housing Options activity and outcomes.

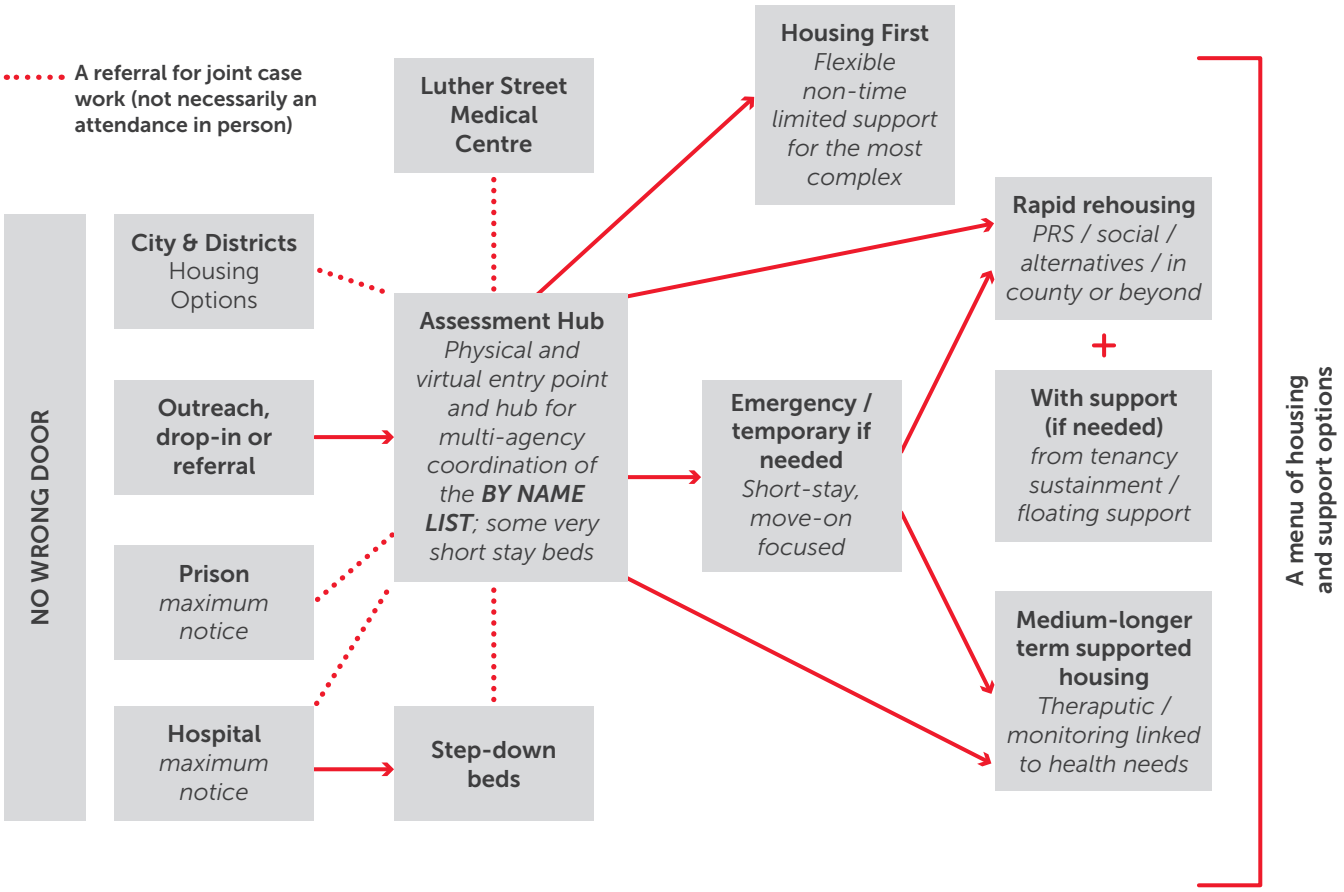
- **Better use of data**, both to proactively target individuals, to maintain higher levels of contact, and to evaluate outcomes: these are the key characteristics of the highest performing English authorities[27].

26 Oxfordshire District Councils (2018). *Oxfordshire Trailblazer: Homelessness Prevention: Year 1 Review September 2017 – September 2018*. Oxfordshire: Oxford City Council. [Online]. Available at: https://mycouncil.oxford.gov.uk/documents/s45919/Appendix%201.pdf

27 Based on analysis conducted by IBA. See the findings of our benchmarking exercise, in the Prevention sub-report to this study.

7. A housing-led response to those who are homeless

The following diagram summarises our vision for a housing-led response to homelessness in Oxfordshire:



Key features of the proposed system include:

- **Multi-agency casework using the *By Name List* approach:** a simple tool to promote shared accountability for case management across services and agencies in order to support each person to end their homelessness. In the current system, people frequently seem to 'drop of the radar' and responsibility for cases tends to move between different organisations, as cases are opened and closed.

- **Assessment hub as the 'way in':** a physical space and base for a virtual multi-agency and countywide team of skilled, strengths-based assessors. The hub would provide 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, with a relatively small number of private bedspaces, for short-stays (up to 2 weeks maximum) to allow for respite, assessment and planning.

  The hub team with senior sponsorship (this will be key to escalate and unblock barriers) would maintain the By Name List, and provide access to Housing Options, the Housing Register, Health, Adult Social Care and Safeguarding. The virtual nature of the hub team would mean that people do not have to physically attend or stay at the hub to access its coordination services; thereby allowing a countywide function, whilst minimising unnecessary movement of people experiencing homelessness into Oxford City centre.

Through the hub, the following forms of housing and support would be available:

- A direct route to Housing First, with Housing First workers supporting individuals from the point of access and working with them to find a suitable tenancy.

- Rapid re-housing to access a full range of mainstream housing, along with appropriate additional support as required, drawn from a mixed economy, involving commissioned floating support, tenancy sustainment, support from the community & voluntary sector, as well as from health and criminal justice agencies.

- Referrals into specialist, medium-long term supported housing for people who want this and whose health and social care needs warrant it. The study has highlighted a current gap in Oxfordshire for a longer-term housing model with care/ support, along the lines of extra care housing or Concierge Plus[28], in which people have a tenancy and their 'own front door', within a complex or cluster.

- Emergency temporary accommodation: there will be an ongoing need for emergency accommodation but access and move-on would be closely monitored through the By Name List. A variety of provision should be available (e.g. some people, following a stay at the hub, might prefer to move directly into a supported shared temporary setting with a less institutional feel – such as that currently provided by Aspire through 'meanwhile use' of Nuffield Colleges property; some may need self-contained Temporary Accommodation (e.g. in a council or leased flat), or a stay in a hostel. There will continue to be a need for some hostel accommodation, but this should reduce significantly over time.

28 Concierge Plus, supports people to live in their own apartments within a complex, supported by a concierge, typically funded by Direct Payments – see, for example, Newcastle's approach: https://www.newcastle.gov.uk/services/care-and-support/information-and-support-adults/type-care-service/supported-housing-learning-disability-autism

What does 'good support' look like?
People with lived experience told us that they particularly valued:

- Privacy and space, including respect for personal boundaries
- Safety and stability, protection from abuse and harassment by others, continuity of relationships with staff they trust
- Control & choice, flexible and personalised support and clear information about their options and rights
- Lack of stigma and judgement: a trauma-informed approach, including peer support
- Practical support focused on finding and sustaining a route out of homelessness, e.g. with housing, education, work, and links to the community
- Timely support for emotional and psychological recovery
- A gendered approach, which recognises women's and men's very different experiences of homelessness and women's need for specialist and separate support.
- Accessible healthcare: most of those in our study reported good access.

This aligns well with the Housing First principles, with their focus on strengths-based, flexible support which promotes choice and control.

We found amongst professionals an appetite to move towards a more person-centred way of working; but also a recognition that cultural change requires a shared vision, strong leadership, workforce development and effective commissioning.

8. Making the transition

We ran a cost modelling exercise (detailed in the full report and its appendices) which suggests that a housing-led approach to single homelessness can deliver a reduction in homelessness in comparison to the current system, within a comparable local authority financial footprint. This also would have knock-on financial and social benefits to other agencies (such as Health and Criminal Justice), and the wider community through the reduction of rough sleeping.

This is dependent on four key factors:

- A comprehensive and more effective casework approach adopted by the statutory Housing Options team, linked into the By Name List via the assessment hub team;
- 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.
- Moving away from a reliance on hostel-style congregate supported housing, as the principal response to single homeless people with additional support needs; and instead growing the provision of dispersed supported housing (in which people are supported as required in a range of 'ordinary' housing options).
- 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.

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, as is the case in Oxfordshire.

In our full report, we make more detailed recommendations under the following key themes:

Long-term fundamental priorities

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

Housing supply
Increasing the supply of a range of affordable housing options for single homeless households across the county

Housing allocations
Reviewing policies, processes and nominations agreements to remove the additional barriers faced by those in acute housing need who have 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.

Re-thinking commissioning

- Through dialogue with providers and the involvement of people with lived experience and community providers;
- 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;
- Building 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;
- Developing 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)
- Strategic alignment between the adults', young people's and mental health pathways, so all are operating consistently within housing-led principles

System-wide case management

- Developing 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.
- Reviewing 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. This should include feedback from people with lived experience as well as quantitative data.

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 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.

Housing First principle	Recommended actions to apply the principles across the homelessness and housing systems in Oxfordshire
People have a right to a home	**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' **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. **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. **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.
Flexible support is provided for as long as it is needed	**Stop** using time-limits to ration the distribution of commissioned support; **Start** using multi-agency case management as the way to encourage and support providers to 'move people on' to independence instead. **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. **Carry on** developing a range of housing-led and dispersed supported housing models; but **Stop** using the term 'Housing First' to describe time-limited services with conditions attached.
Housing and support are separated	**Stop** commissioning housing and support together. **Start** working with providers to develop contracts which enable a transition from congregate to dispersed provision **Continue** funding and invest further in flexible floating support which can be accessed both to prevent homelessness and to support resettlement.
Individuals have choice and control	**Stop** 'placing', 'sending', 'signposting' and 'housing' people and restricting choice as a way of gatekeeping **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.
The service is based on people's strengths, goals and aspirations	**Stop** using deficit-based, re-traumatising approaches to assessment **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. **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. **Continue** developing countywide approaches, including communities of practice to support workforce transformation, influenced by and involving people with lived experience.
An active engagement approach is used	**Stop** creating additional barriers to engagement – such as rough sleeper verification and inflexible ways of evidencing a local connection **Start** co-producing with people with lived experience a welcoming and inclusive 'way in' to services, rather than a gate to be kept **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.
A harm reduction approach is used	**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. **Stop** requiring people to achieve abstinence/ leave violent partners, etc before they can access support and housing

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Together
we will end
homelessness