



Crisis

Preventing homelessness: It's everybody's business

Ruth Jacob, October 2018

Together
we will end
homelessness

Acknowledgements

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About Crisis

Crisis is the national charity for homeless people. We help people directly out of homelessness, and campaign for the social changes needed to solve it altogether. We know that together we can end homelessness.

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Foreword

Homelessness is not inevitable. We know that in most cases it is preventable, and in every case, it can be ended. Countries and cities around the world have rapidly reduced and ended different forms of homelessness. We must learn from what has worked, both at home and abroad, so that we too can end homelessness for good.

Earlier this year Crisis launched a ground-breaking new plan, 'Everybody In: How to end homelessness in Great Britain'. This sets out what policies are needed to end homelessness for good. Preventing homelessness before it happens whenever possible is central to achieving this.

The best way to end homelessness is to stop it happening in the first place. Where we can predict homelessness, we should do everything we can to prevent it. There is clear evidence that opportunities to prevent homelessness for people leaving state institutions are being missed. Services within prisons, hospitals, asylum support services, and leaving care teams must see homelessness prevention as a core part of their work. Planning to ensure that appropriate housing arrangements are in place for when people leave the care of the state should start much earlier to make sure that no one becomes homeless at this point of transition.

Crisis strongly advocated for changes to the homelessness legislation in England that would make prevention a key part of the statutory framework. This led to the *Homelessness Reduction Act (2017)*, which introduced new duties to prevent homelessness for anyone at risk of becoming homeless in the next 56 days. The Act marks the most significant change to the legislation in 40 years and should ensure that thousands more people receive help to prevent their homelessness at a much earlier point.

The Act also begins to recognise the important role of other public bodies in preventing homelessness. It places a new duty on some public authorities to refer people who are either experiencing or at risk of experiencing homelessness to their local housing authority. However, it does not go far enough. Under current legislation, the primary responsibility for preventing homelessness remains with local housing authorities. Yet in many cases, they won't be the first public body to interact with someone who is at risk of homelessness.

Crisis has been working in partnership with local authorities and other public bodies through the government's Homelessness Prevention Trailblazers to demonstrate what can be achieved when Jobcentres, prisons and hospitals start working collaboratively with Housing Options teams to go beyond a duty to refer and collaboratively try to prevent homelessness from occurring. In Newcastle, a successful partnership between the Jobcentre, the local authority housing team and the local Crisis service has enabled work coaches to offer meaningful, tailored support to clients who are homeless or at risk of homelessness, so they can stabilise their housing and move towards secure employment that covers the cost of renting.

Ending all forms of homelessness will require holistic and system-wide reforms across a range of areas, including welfare, housing supply and immigration policy. This report draws on existing evidence and good practice from innovative pilots, centred around prevention activity. It sets out recommendations for each of the five government departments to reform departmental policies and practices. It also calls for the introduction of new prevention legislation, so that good practice is applied consistently across the country and across Whitehall, ensuring that homelessness is always prevented earlier for a greater number of people.

To have the greatest impact on preventing and ending homelessness, we urge each government department to adopt these recommendations in full, and for this to form part of a wider cross-government prevention strategy on tackling the structural drivers of homelessness, led by the Homelessness Reduction and Rough Sleeping Taskforce.



Jon Sparkes
Chief Executive, Crisis

Introduction

There are currently almost 160,000 households across Great Britain experiencing the worst forms of homelessness. This includes people living on the streets, in cars and tents, or in unsuitable temporary accommodation.¹

This number is projected to increase significantly if current policies on housing, welfare and homelessness continue. Our research shows that by 2041, there will be almost 315,000 homeless households in Great Britain, almost double the number currently experiencing homelessness.²

With the right policy solutions in place, this rise is not inevitable. Previous attempts to tackle homelessness have made a positive and lasting difference. Other countries have also made significant progress in tackling and ending homelessness, demonstrating what can be achieved when political action is taken.

Successfully ending homelessness will require a truly cross-government approach. We are calling on every government department to play their part to prevent and end homelessness. The action required to prevent homelessness will be most effective when it is taken at the earliest possible opportunity. It is therefore crucial that all public services can identify when people are at risk of homelessness and work closely with the local authority Housing Options teams to prevent it. There is also a lot that

public authorities themselves can do to prevent people from becoming homeless.

This report builds on the prevention agenda established through the *Homelessness Reduction Act (2017)* and seeks to help shape future thinking by the Rough Sleeping and Homelessness Reduction Taskforce on a cross-government homelessness prevention agenda. As a result, the recommendations are primarily focused at the Westminster Government. The report is aimed at ministerial representatives and senior civil servants from across Whitehall as well as local authorities and other public authorities in England. Depending on the jurisdiction of each government department, in some cases they will be able to affect change across the UK, but in others they will be restricted to policy change in England, or in England and Wales. In these instances, further reform would need to be introduced by the relevant devolved administrations.

In this report, we focus specifically on five government departments that could play a central role in preventing homelessness for a significant proportion of people. These are the

Department for Work and Pensions, the Ministry of Justice, the Department of Health and Social Care, the Home Office and the Department for Education. We have chosen to focus on these departments as they all work with groups of people who are at a greater risk of homelessness. This includes prison leavers, care leavers, newly recognised refugees and people on low incomes in receipt of benefits.

We consider what changes to policy and practice are needed in each department to ensure homelessness is prevented at an early stage. These changes should be backed up by legal duties to ensure that successful, evidence-based measures to prevent homelessness are consistently implemented across the country. The recommendations are centred around developing more effective homelessness prevention responses. To achieve the greatest impact, it is recommended government adopts these proposals as part of a wider prevention strategy addressing the structural drivers of homelessness; such as investments in

support, welfare, housing supply, and immigration policies.

What does it mean to end homelessness?

There are a range of different definitions of homelessness, but there is no consistent or recognised definition of what it means to end homelessness. To address this, Crisis consulted with people who have experienced homelessness and those working in the sector across the country to develop a shared definition of homelessness ended.

In June 2018, Crisis published a comprehensive plan outlining the evidence-based solutions that can end homelessness for good in Great Britain.³ This report builds on the recommendations for preventing homelessness, focusing in greater detail on what more needs to change to ensure that no one becomes homeless due to leaving a state institution. This includes people being released from prison, young people leaving care, those being discharged

The definition of homelessness ended



1. No one sleeping rough.



2. No one forced to live in transient or dangerous accommodation, such as tents, squats, and non-residential buildings.



3. No one living in emergency accommodation, such as shelters and hostels, without a plan for rapid rehousing into affordable, secure and decent accommodation.



4. No one homeless as a result of leaving a state institution, such as prison or the care system.



5. Everyone at immediate risk of homelessness gets the help they need that prevents it from happening.⁴

¹ Bramley, G. (2017) *Homelessness projections: Core homelessness in Great Britain*. London: Crisis.
² Chapter 5: Homelessness projections in 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.

³ 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.
⁴ 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.

from hospital and people who have been the responsibility of the asylum and immigration system. For these groups, there is a point of transition when someone is leaving the care of the state, which involves opportunities for the government to intervene to prevent homelessness. There is strong evidence that these opportunities for homelessness prevention are consistently being missed.⁵

The primary responsibility for preventing homelessness currently sits with local housing authorities. However, in many cases they will not be the first organisation that is aware that someone is at risk of homelessness. By the time someone approaches their local housing authority for assistance, it is likely that several opportunities to resolve issues have already been missed. This is especially the case for people leaving state institutions, but it is also true for a wider group of people who are in contact with public services. This includes people attending appointments at the Jobcentre and victims of domestic abuse who have reported an incident to the police.

The *Homelessness Reduction Act (2017)* marks a significant step forward in making homelessness prevention a central part of the statutory homelessness framework. This introduced a duty on local authorities to take reasonable steps to prevent homelessness if someone is at risk of becoming homeless within the next 56 days. This included people not considered to be in priority need and people who may be found to be intentionally homeless. Crisis strongly advocated for this change in the law, after finding that in many cases single homeless people were receiving inadequate or insufficient help from local authority Housing Options services.⁶

5 Mackie, P. and Thomas, I. (2014) *Nations apart? Experiences of single homeless people across Great Britain*. London: Crisis.

6 Dobie, S., Sanders, B. and Teixeira, L. (2014) *Turned Away, the treatment of single homeless people by local authority homelessness services in England*. London: Crisis.

7 National Audit Office (2017) *Homelessness*. London: National Audit Office.

The Act also introduced a new duty on specified public authorities to refer people to a local housing authority if they are homeless or likely to become homeless within 56 days. This came into force in October 2018 and reflects a recognition that successful homelessness prevention can never only be the responsibility of the local housing authority. However, it does not go far enough. To successfully prevent homelessness for more people, public authorities must go beyond a simple referral mechanism; they must work with Housing Options teams to actively prevent homelessness from occurring.

The Rough Sleeping and Homelessness Reduction Taskforce must now lead on developing a strong cross-government strategy to prevent homelessness, recognising the critical role every department has in ending homelessness. A recent report from the National Audit Office highlighted the importance of having a cross-government strategy, and emphasised that without this it is not possible to ensure that resources are used effectively.⁷ A central role of the Taskforce must be to make sure that every government department commits to reviewing their policies so they do not undermine homelessness prevention, but actively contribute to achieving it. This will require more robust duties to be introduced for public authorities to take reasonable steps to prevent homelessness. These duties will be most effective if they are introduced through amendments to the statutory framework in each department, as this will ensure that homelessness prevention is properly embedded in the department's work. This must be backed up by sufficient investment and reporting on prevention outcomes.

Homelessness prevention

Homelessness prevention includes a broad range of activities, from action to reduce risk for large sections of the population to targeted interventions for a household at immediate risk of becoming homeless.

Homelessness prevention activity can be divided into three broad categories, depending on how early the intervention occurs in the predicted likelihood of a problem.⁸

- **Primary prevention:** Action to avoid a household becoming homeless that is applied to either the whole or large parts of the population. This is less targeted and aims to minimise the risk of problems arising, for example through poverty alleviation or education.
- **Secondary prevention:** Action to prevent future homelessness based on a judgment that households are from a high-risk group.
- **Tertiary prevention:** Rapid rehousing or resettlement for those people who have already experienced homelessness.

This report primarily focuses on secondary prevention. Many public services already work closely with groups that are at a higher risk of homelessness, such as young people leaving care or newly recognised refugees, and so are well placed to

intervene to prevent homelessness for these groups. We also consider primary and tertiary prevention where public authorities have opportunities to have an impact through this type of activity, for example through homelessness education programmes in schools and support from the welfare system.

The case for prevention

The best way to tackle homelessness is to stop it happening in the first place. There is a significant human cost to homelessness. Repeated and long-term experience of homelessness damages people's physical and mental health, family relationships, employment prospects and life chances.

Although the real cost of homelessness is the damage it does to people's lives, the cost savings of effective prevention are also important. Failing to take opportunities to prevent homelessness can lead to repeat and entrenched homelessness, which has much more significant cost implications for homelessness services, physical and mental health services and the criminal justice system. The 'Nations Apart?' research

8 Based on Busch-Geertsema, V. and Fitzpatrick, S. (2008) 'Effective Homelessness Prevention? Explaining Reductions in Homelessness in Germany and England', *European Journal of Homelessness*, 2, pp.69-95.

commissioned by Crisis found that the failure to deal with homelessness early is significantly impacting on the severity of people's support needs.⁹ Fifty-six per cent of people who had faced five or more periods of homelessness also reported having five or more life experiences that have been found to be likely to result in a support need. This is much higher than for people who had experienced homelessness once. These included a significant period of unemployment, mental health problems, drug or alcohol dependency and time spent in prison.

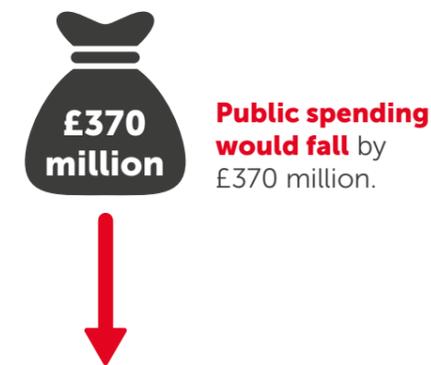
This is supported by research from Europe and the US, which has found that people experiencing long-term and repeat homelessness have higher rates of service use compared with the housed population.¹⁰ This includes physical and mental health services, drug and alcohol services and services within the criminal justice system. Intervening earlier to prevent homelessness would be expected to result in significant cost savings for these public services.

Research commissioned by Crisis to calculate the financial cost of failing to prevent homelessness among single people found that for every person who was not effectively helped, the taxpayer incurred additional costs of between £3,000 and £18,000 in the first year alone.¹¹ Further research carried out by the University of York and the University of Pennsylvania

estimated that public spending would fall by £370 million if 40,000 people were prevented from experiencing one year of homelessness. This is based on interviews with 86 people who had been homeless for at least 90 days about the services they had used.¹² These cost savings are reflected in research findings from both the US and Australia.¹³



The **taxpayer incurred additional costs** of between **£3,000** and **£18,000** in the first year alone.



This would include savings to health, criminal justice and drug and alcohol services. The Department of Health estimated that people sleeping rough, living in a hostel, a squat or sleeping on a friend's floor use around four times more acute hospital services than the general population, costing at least £85 million per year.¹⁴ Homelessness is also associated with significantly higher levels of reoffending. Ministry of Justice research shows 79 per cent of those who were previously homeless were reconvicted in the first year after release compared to 47 per cent who had accommodation prior to custody.¹⁵

There is a clear economic case for fully expanding measures to prevent homelessness beyond duties on local housing authorities. The research cited above shows that successfully preventing homelessness for more people would financially benefit many of the same public bodies that could be helping to achieve this, for example through reducing hospital admissions and levels of reoffending.

The action taken by the Ministry of Defence to tackle high levels of homelessness among ex-service personnel is a good example of the success of this approach. In 1994, 25 per cent of single homeless people in England had served in the UK armed forces.¹⁶ Further research published by the Ex-Service Action Group in 1997 showed that in London 22 per cent of the homeless population were ex-service personnel.¹⁷ These findings led the Ministry of Defence to establish the Joint Services Housing Advice Organisation to provide housing support for people before they left the armed forces. Tackling veteran homelessness also became a priority of the Rough Sleepers Unit, a government taskforce established in 1999 with a target of reducing rough sleeping in England by two thirds by 2002. Amendments to the homelessness legislation in 2002 extended the categories of homeless applicants with a priority need to include those deemed vulnerable because of having served in the armed forces.¹⁸

9 Mackie, P. and Thomas, I. (2014) *Nations apart? Experiences of single homeless people across Great Britain*. London: Crisis.

10 Culhane, D. P. (2008) 'The Costs of Homelessness: A Perspective from the United States', *European Journal of Homelessness*, 2(1), 97-114; Pleace, N., Baptista, I., Benjaminsen, L. and Volker Busch-Geertsemal (2013) *The Costs of Homelessness in Europe: An Assessment of the Current Evidence Base*. Brussels: FEANTSA; Benjaminsen, L. and Andrade, S.B. (2015) 'Testing a Typology of Homelessness Across Welfare Regimes: Shelter Use in Denmark and the USA', *Housing Studies*, 30(6), 858-876.

11 Pleace, N. (2015) *At what cost? An estimation of the financial cost of single homelessness in the UK*. London: Crisis.

12 Pleace, N. and Culhane, D. P. (2016) *Better than cure: Testing the case for enhancing prevention of single homelessness in England*. London: Crisis.

13 Zaretsky, K. and Flatau, P. (2013) *The costs of homelessness and the net benefit of homelessness programs: a national study*. Melbourne: AHURI final report no. 205; Gladwell, M. (2006) 'Million-Dollar Murray: Why problems like homelessness may be easier to solve than to manage', *The New Yorker*, 13 February. <https://www.newyorker.com/magazine/2006/02/13/million-dollar-murray>

14 Department of Health (2010) *Healthcare for single homeless people*. https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/Healthcare_for_single_homeless_people.pdf

15 Ministry of Justice (2010) *Compendium of reoffending statistics and analysis*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199224/compendium-of-reoffending-statistics-and-analysis.pdf

16 Randall and Brown (1994) *Falling Out: A research study of homeless ex-service people*. London: Crisis.

17 Gunner, G. and Knott, H. (1997) *Homeless on Civvy Street: Survey of homelessness amongst ex-servicemen*. Ex-Service Action Group.

18 Homelessness Priority Need for Accommodation (England) Order (2002)

These measures combined led to a substantial reduction in veteran homelessness. By 2008 the proportion of rough sleepers in London who were ex-service personnel was down to six per cent.¹⁹ This reduction has been sustained over the past ten years. In 2017/18, seven per cent of people seen sleeping rough in London had experience of serving in the armed forces.²⁰ This is attributed to the significant efforts of the Ministry of Defence, as part of a coordinated response across departments and third sector organisations to prevent homelessness and support people already rough sleeping.

¹⁹ Johnsen, S., Jones, A. and Rugg, J. (2008) *The experiences of Homeless Ex-Service Personnel in London*. York: Centre for Housing Policy.

²⁰ Greater London Authority (2018) *CHAIN annual report: Greater London 2017/18*. London: Greater London Authority.

Policy context

There is a strong political consensus on the need to fund and promote measures that prevent homelessness. This dates back to the *Housing (Homeless Persons) Act (1977)*, which placed duties on local authorities to assist households in priority need who were at risk of homelessness within 28 days.

The prevention agenda in England was expanded by the *Homelessness Act (2002)*, which introduced a legal duty for local housing authorities to produce homelessness prevention strategies. At the same time a Housing Options approach for local authorities was introduced. This involved a shift towards a more proactive approach, where local authorities aim to prevent homelessness either by negotiating for a household to stay in their existing home or by helping them to quickly access alternative accommodation, often in the private rented sector.

Further changes were introduced through the *Homelessness Reduction Act (2017)*, which has made homelessness prevention a central part of the statutory framework. The Act places a duty on local authorities to take reasonable steps to prevent homelessness for anyone who is at risk of homelessness within the next 56 days. This means that many more people should now be able to receive help to prevent their homelessness at a much earlier stage.

The Act also introduced a new duty on specified public authorities to refer people to a housing authority if they are homeless or likely to become homeless within 56 days. The public authority must have the consent of the individual before making a referral. The public authorities with a duty to refer include prisons, probation services, Jobcentres, social service authorities, hospitals and emergency departments.²¹ This duty came into force on 1 October 2018.

The introduction of the duty to refer reflects a recognition that successful homelessness prevention can never just be the responsibility of the local housing authority. However, while this is an important first step the actual requirements it places on public authorities are minimal. It will be possible for public authorities to fulfil their duty through creating a narrow referral process that by itself is likely to have little impact on preventing homelessness. Crisis advocated for the legislation to go further and place

²¹ The full list of public authorities is listed in the Homelessness (Review Procedure etc.) Regulations (2018)

stronger requirements on public authorities to work with local housing authorities to prevent homelessness.

Effective joint working is key to help address the range of factors that can cause an individual to become homeless, and successfully prevent it.²² The duty to refer falls well short of this and fails to fulfil the government's ambition to embed homelessness prevention across all government departments.²³ Achieving this will be a key part of the success of the government's Rough Sleeping and Homelessness Reduction Taskforce.

Public services in Britain already play a key role in preventing homelessness. Support with housing costs provided through the welfare system, access to affordable social rented housing, and universal, free health care through the NHS all form part of a safety net of support that people at risk of homelessness can access. Despite this, homelessness prevention remains a peripheral concern for many departments. Until every department understands the impact their policies have on homelessness and takes steps to actively reduce and prevent homelessness wherever they can, people will continue to be needlessly pushed into homelessness. Helping people to access and sustain suitable housing is also likely to benefit the department's own objectives, for example by leading to a reduction in reoffending or hospital admissions and in securing long-term employment outcomes.

22 Crisis (2015) *The homelessness legislation: an independent review of the legal duties owed to homeless people*. London: Crisis.

23 Ministry of Housing, Communities and Local Government (2018) *Rough Sleeping Strategy*. <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

Role of public authorities in preventing homelessness

The most successful approaches to prevention are those that start as early as possible to identify people at risk of homelessness, and ensure that action is taken to prevent it. To achieve this, services within prisons, hospitals, asylum support services, Jobcentres, schools, and local authority leaving care teams must see homelessness prevention as a core part of their work.

We know that there is potential for these services to play a significant role in preventing homelessness for many more people. There are examples of good practice already occurring across a range of public services, some of which are described in this report. There is also strong evidence from abroad. The Critical Time Intervention (CTI) model has been widely adopted in the US, and in various European contexts and has proven to be effective at preventing homelessness for people leaving state institutions. In Denmark, the success rate for people maintaining their housing is 95 per cent.²⁴ A recent evidence review from the Social Care Institute for Excellence (SCIE) found taking a CTI approach

significantly increased tenancy sustainment for a range of groups of people leaving state institutions.²⁵ This shows what could be achieved if the CTI model was implemented across Britain.

Critical Time Intervention (CTI)

CTI is a time-limited, evidence based practice that supports people who are vulnerable to homelessness during periods of transition. It is a 'housing-led' approach, providing rapid access to permanent accommodation. An intensive case management approach addresses the needs of people once they have security of accommodation. CTI has been shown to work to prevent homelessness across a variety

24 Benjaminsen, L. (2013) *Sustainable Ways of Preventing Homelessness. Peer Review in Social Protection and Social Inclusion programme*. Copenhagen: ÖSB Consulting.

25 SCIE (2018) *A rapid evidence assessment of what works in homelessness services*. London: SCIE.

of groups of people leaving state institutions, including people leaving prison, armed forces veterans and people with mental illness.²⁶

This evidence-based approach would ensure that those most vulnerable to homelessness are rehoused into settled accommodation and provided with a time-limited form of support, such as financial assistance to move into a property and budgeting assistance to help them sustain their tenancy.

The CTI model is based on moving through clear, time-limited phases that are agreed and appropriate for the programme of support. For example, a case manager will start to build a relationship while the individual is still in prison.

At the point of transition into the community there are three distinct phases that are followed:

1. **Transition** This is the most intensive support phase. The case manager makes sure the practicalities of moving in to accommodation run smoothly, including setting up utilities, bills, and support to furnish a property. Emotional support is often also important, applying psychologically informed techniques to help someone stay motivated, and to avoid isolation. The case manager will often also act as a negotiator or mediator with neighbours, or with a landlord, helping to overcome any conflicts during the transition.
2. **Try-out** At this stage, the case manager works less intensively with individuals, while still 'on call' to step back in should a crisis arise. This stage may still involve daily visits, but could be less intense, based

on the needs of the individual. This period allows the case manager to assess how the person is settling into their accommodation and local community. Careful attention is paid to helping people access mainstream support services, such as drug and alcohol treatment and regular health appointments.

3. **Transfer** The final stage is the transfer of care into the support systems that have been created. During this phase, there will be an explicit set of activities that solidify the support system that is in place. There should be a final meeting with all parties to allow reflection and ensure there is a planned ending to the client-worker relationship.

PwC modelling for Crisis found that there are currently 1,211 households in England that leave a state institution who are at risk of homelessness and would benefit from a CTI. This includes people leaving care; people released from prison; people leaving the armed forces; people discharged from NHS care; and people who have been the responsibility of the Home Office through the asylum and immigration system.²⁷

Based on an average unit cost of £33,713, PwC estimated that the government would need to provide local authorities with an additional £40.8 million funding over a three-year period to deliver this model.²⁸ This would include providing Housing Options support and an offer of settled housing. Following one year of a CTI approach, additional support would be provided for a further two years. Depending on a person's individual needs, this would either be Housing First or low and medium support.

26 Centre for the Advancement of Critical Time Intervention (2014) *CTI Model*. <https://www.criticaltime.org/cti-model/>

27 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.

28 Based on costs benefit analysis undertaken by PricewaterhouseCoopers LLP (2018) *Assessing the costs and benefits of Crisis' plan to end homelessness*. London: PwC.

What needs to change?

In some areas, public authorities are already working successfully with local authority Housing Options teams to prevent homelessness further upstream for the client groups they are in contact with. More effective ways of doing this are being piloted through the government's Homelessness Prevention Trailblazers. As part of the Trailblazers, Crisis has worked in partnership with local authorities and other public bodies to test the benefits of going beyond the requirements of the duty to refer and working collaboratively to prevent homelessness.²⁹ The learning provides examples of good practice that could be replicated across the country to ensure that wherever possible homelessness is prevented. There is also strong evidence from across Britain, and internationally, about what works to prevent homelessness for people leaving state institutions.

In this report, we set out recommendations for each department based on existing evidence and good practice. If these changes were implemented consistently across the country, they would help to prevent homelessness for many more people at a much earlier stage. Some of these changes could be introduced quickly and would have an immediate impact.

To ensure that successful, evidence-based measures to prevent homelessness are consistently implemented across the country, it is important that changes to policy and practice in each sector are backed up by a legal duty on all relevant public authorities to take reasonable steps to prevent homelessness. This will help to embed homelessness prevention within these services and ensure that all relevant agencies are accountable for taking appropriate action to prevent homelessness.

Further work is required in each department to better understand the precise changes that are needed to achieve this. As part of this process, every government department should undertake a thorough review of their current legislation and policies to identify where opportunities to prevent homelessness are being missed. Introducing new duties to prevent homelessness within each department will provide the necessary framework to enable the culture shift needed. This should be supported by outcome measures on successful homelessness prevention. Making changes to the statutory framework in each department should ensure that all relevant government agencies have a shared sense of ownership and accountability for delivering more effective homelessness prevention services further upstream.

The following sections of this report focus on the five government departments that have the most critical role to play in preventing homelessness earlier for significant numbers of people. For each department, we recommend changes to policy and practice, based on existing evidence-based solutions and good practice, that would help to achieve this. In the long term, it is essential these changes are backed up by legal duties to ensure these solutions are implemented consistently across the country, and a greater proportion of homelessness is prevented earlier.

29 In 2016 the Department for Communities and Local Government announced that they would provide £20 million of grant funding from 2016 – 2019 to give local authorities the resources to do more homelessness prevention and take new approaches to reducing homelessness.

Summary of recommendations

The recommendations in this table set out key changes to both policy and practice in each department that will help to prevent homelessness further upstream for a larger proportion of people. **These changes should be underpinned by legal duties to ensure that effective, evidence-based measures to prevent homelessness are implemented consistently across the country.**

Data linkage systems should be established across health, homelessness, housing, criminal justice, substance misuse, welfare benefits, immigration and employment services to support services to work effectively together to prevent homelessness. This is vital to show the extent to which services are meeting the needs of homeless people and those at risk of homelessness, and to allow the effectiveness of interventions to prevent homelessness to be measured.

Department for Work and Pensions	<ul style="list-style-type: none"> Establish a network of housing and homelessness specialists in Jobcentres to ensure that once people are rehoused they are also supported to move into employment. Provide all work coaches with a comprehensive package of training so that they have the skills to identify when people are at risk of homelessness and can take steps to prevent it. Extend the homelessness easement to all those experiencing or at risk of homelessness. The definition of at risk set out in the <i>Homelessness Reduction Act (2017)</i> should be used, where someone is considered to be threatened with homelessness if they are likely to become homeless within 56 days. Incorporate homelessness and housing need into the Jobcentre Plus work coach assessment framework. This information will support work coaches to identify people experiencing or at risk of homelessness at the earliest possible point, and then tailor the support needed to respond to or prevent this.
Ministry of Justice	<ul style="list-style-type: none"> Require prisons and probation providers to record and publish the accommodation needs and the long-term accommodation outcomes of people in contact with the criminal justice system. Include successfully meeting the long-term accommodation needs of people leaving prison as a measure of success in the new probation contracts as part of the Through the Gate service specifications. Ensure that evidence-based housing-led solutions that have proved effective at preventing homelessness for prison leavers, such as CTI, are implemented consistently across the country. Sufficient funding should be made available to ensure this can be delivered at scale.
Department of Health and Social Care	<ul style="list-style-type: none"> Require every hospital that sees more than 200 homeless patients each year to have a full Pathway team, including a GP, nursing staff, care navigators and a dedicated housing worker. Hospitals that see between 30 and 200 homeless patients each year should be required to have a dedicated housing worker. Provide all frontline health professionals with comprehensive training to help them identify when patients are homeless or at risk of homelessness. This should also include awareness of the homeless hospital discharge protocol, and relevant local support services. Require NHS Digital to develop a standardised way of recording housing status across all health datasets and monitor the long-term accommodation outcomes for patients who are experiencing or at risk of homelessness.

Home Office	<ul style="list-style-type: none"> Extend the 28 day move on period to at least 56 days to ensure that local authorities have sufficient time to work with a household to prevent them from becoming homeless. Require asylum accommodation providers to refer people at risk of homelessness to the local housing authority, with their consent. Work jointly with the Ministry of Housing, Communities and Local Government and devolved administrations to ensure that evidence-based housing-led solutions, such as CTI, are put in place to support newly recognised refugees. Sufficient funding should be made available to ensure this can be delivered at scale. Require the police to ask every victim of domestic abuse whether they need help and support with housing. If the person consents, then the police should make a referral to the local housing authority. Work jointly with the Ministry of Housing, Communities and Local Government and devolved administrations to provide joint funding for new Housing First models for survivors of domestic abuse.
Department for Education	<ul style="list-style-type: none"> Ensure that evidence-based housing-led solutions, such as CTI, are part of the housing and support options available for young people leaving care. Sufficient funding should be made available to take this model to scale so that all care leavers can benefit from it. Establish a pilot programme of homelessness education in schools. This should be independently evaluated to increase understanding of what works to prevent homelessness among young people, and if an evidence-based approach is established this should be delivered in all schools. Require public authorities working with young people to work closely with local authorities to follow the approach set out in St Basil's Positive Pathway model,³⁰ which brings together evidence of good practice and outlines how agencies should work together in an integrated way. Provide comprehensive training for all staff working in public services that have a responsibility for young people, so they can identify young people with a higher risk of homelessness and make sure they are appropriately supported with their housing needs so they do not become homeless.

³⁰ St Basils (2015) *Developing Positive Pathways to Adulthood: Supporting young people on their journey to economic independence and success through housing advice, options and homelessness prevention*. https://stbasils.org.uk/files/2015-08-35/10_FINAL_pathwaysA4_booklet_98812.pdf

Department for Work and Pensions

The welfare system has a fundamental role to play in preventing homelessness. It allows people on a low income to access state support with their housing costs, which is critical to prevent people from becoming homeless because they are unable to work, are currently unemployed, or are working in a low paid or part-time role.

When the welfare system fails to deliver a comprehensive safety net it can undermine government's efforts to prevent and end homelessness. The National Audit Office recently highlighted that the Department for Work and Pensions do not know the full impact changes to welfare have had on homelessness.³¹ People lose their homes when the pressure of high rents and low incomes becomes too much, and currently the level of government support provided through the welfare system is making this worse.³²

The welfare system also plays an important role in helping people find and sustain a secure job that pays enough to cover housing costs. For those that can work, we believe this is one of the most sustainable routes

out of homelessness. However, people experiencing homelessness can often struggle to access jobs in a competitive labour market, and if housing support is not provided, it is much harder for people to engage in meaningful job seeking activity. Welfare is not a devolved policy area so changes introduced by the Department for Work and Pensions would help to prevent homelessness across all three nations.

The scale of homelessness across Britain means that almost all Jobcentres will be working with people who are homeless or at risk of homelessness on a regular basis. Jobcentres are one of the specified public authorities that now have a duty to refer people who are homeless or threatened with homelessness to the local housing authority. This

only applies in England but it would be good practice for Jobcentres across the UK to develop effective referral pathways with local housing authorities for people at risk of homelessness.

There are also a range of ways that work coaches in Jobcentres can directly support people who are homeless or at risk of homelessness. There are safeguards that work coaches can apply through Universal Credit to support homeless people to stabilise their housing, and protect people at risk of homelessness from further housing instability. This includes setting up direct payments of housing costs to landlords, ensuring that people's vulnerability and housing circumstances are fully reflected in their Claimant Commitment and applying the homelessness easement to job searching. The easement can be applied for newly homeless people and allows them to have a period where their job-seeking requirements are suspended so that they can focus on stabilising their housing.

We have found that where Jobcentres have worked closely with local partners to embed a housing and homelessness prevention approach this has been very successful. Jobcentres in Edinburgh and Newcastle have developed effective partnerships with local authorities and Crisis services. As a result, work coaches are correctly identifying people who are homeless or at risk of homelessness, and ensuring they are supported to resolve their housing situation. This has included direct action taken by the work coach, such as applying a homelessness easement, and referrals to other services, such as housing or mental health. Partnership working has also allowed work coaches to access other advice and support services that can help overcome obstacles to work and reduce the risk of homelessness. This includes debt and budgeting support,

welfare rights advice and housing support.

This approach has the additional benefit of helping to improve the functioning and efficiency of Universal Credit and how people who are homeless experience the service. Embedding housing and homelessness specialists into the Jobcentre means that work coaches develop a better understanding of how someone's housing situation is likely to impact on their ability to find work.³³ This helps ensure that people who are homeless or at risk of homelessness are provided with appropriate support to stabilise their housing and move towards employment.

The Department for Work and Pensions should introduce a duty for all Jobcentres to take reasonable steps to prevent homelessness for the people they are working with. This should build on the good practice that has been established in Edinburgh and Newcastle, and result in Jobcentres embedding housing and homelessness prevention into their work. This must be supported by investment so that every Jobcentre has the resources to deliver this effectively.

Edinburgh

Crisis local services in Edinburgh have built close working relationships with local Jobcentres to jointly support people who are homeless or at risk of homelessness to stabilise their housing and move towards employment. The partnership approach has included Crisis giving training and support to Jobcentre work coaches to recognise and respond to homelessness and housing need. This led to Crisis providing fortnightly drop-in sessions at the Jobcentre with the offer of ad hoc appointments to support homeless and at risk clients. To embed this approach and the partnership, homelessness leads were appointed in the Jobcentre. They have managed the relationship with Crisis, and have

³¹ National Audit Office (2017) *Homelessness*. London: National Audit Office.

³² 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.

³³ Interview with Newcastle Jobcentre staff in July 2018.

been integral to supporting work coaches, sharing success stories, and embedding a housing and homelessness agenda within the Jobcentre.

Newcastle Homelessness Prevention Trailblazer

Newcastle City Council has been working with local Jobcentres, Crisis Skylight Newcastle and Your Homes Newcastle to develop and test an enhanced partnership model to help identify people at risk of homelessness and take action to prevent it. The pilot was established as part of the government's Homelessness Prevention Trailblazer programme, and started on 5 June 2017.

The overall aim of the pilot is to explore the impact of the duty to refer within the context of a model of integrated employment and housing support provision. It aims to better understand what impact a more integrated model of service provision could have on homelessness prevention. This also includes looking at how the Department for Work and Pensions' policy and provision can more effectively help to prevent homelessness.

Through the pilot, Newcastle City Council, Newcastle Jobcentre Plus, Crisis and Your Homes Newcastle have been working together to make a number of operational changes to test these aims. This has included:

- **A comprehensive training programme for Jobcentre work coaches** to ensure they have the skills to assess and identify a wide range of factors that might indicate someone is at risk of homelessness, and provide appropriate prevention advice and support. This training has been provided in partnership by Newcastle City Council and Crisis.
- **Developing effective referral pathways** for claimants that are identified as being at risk of

homelessness. Through partnership working the referral documents have been refined so that they include relevant and useful information. This includes the direct contact details of the work coach to enable ongoing communication about services required beyond housing, such as mental health support.

- **Establishing a single point of contact for homelessness in the Jobcentre** to coordinate relationships between partners, and develop effective referral pathways.
- **Collaborative working to stabilise housing and enable people to work towards employment outcomes.** Work coaches are now more aware of how to support people at risk of homelessness. This has included the use of homelessness easements to exempt people from having to be available and actively seeking work to give them time to address their immediate housing needs. Partnership working with all agencies has also resulted in more successful tailoring of the Claimant Commitment, for example by reducing the number of hours someone is required to look for work so that they can focus initially on stabilising their housing situation.

From 5 June 2017 to 30 June 2018 Jobcentre Plus staff made 410 referrals through the pilot where clients had been identified as being at risk of homelessness. Depending on their circumstances people were either referred to Crisis Skylight, Newcastle City Council or Your Homes Newcastle.

- 183 referrals were made to Crisis (45%).
- 193 referrals were made to Newcastle City Council (47%).
- 34 referrals were made to Your Homes Newcastle (8%).

Following a referral clients can access a wide range of assistance to help prevent them from becoming homeless. Of the clients who engaged with Crisis:

- 71% received advice and information to help prevent them from becoming homeless
- 22% received help to secure their own accommodation.

Of the clients who engaged with Newcastle City Council:

- 16% secured accommodation with assistance through the Housing Options service
- 24% were provided with supported housing
- 12% had their eviction prevented through negotiation with their landlord.

People were referred to Your Homes Newcastle if they already had a tenancy with them. Your Homes Newcastle staff are co-located in the Jobcentre and can see clients immediately. The majority of these clients (77%) had their eviction prevented through negotiation, and a further 15 per cent were supported to access Discretionary Housing Payments to reduce the shortfall in their rent.

The relationships and ways of working developed through the pilot have embedded homelessness prevention into the work of the Jobcentre, meaning they will continue to identify and support claimants who are experiencing or at risk of homelessness beyond the lifetime of the pilot. Jobcentre work coaches have reported that the Trailblazer has enabled them to offer more meaningful, tailored support to clients who are homeless or at risk of homelessness.³⁴ They can identify

what support someone needs and where they can go to access this, while also effectively applying safeguards in Universal Credit to allow people to focus on stabilising their housing. The impact of this has meant clients have been able to move closer to employment, and some clients are now in both a stable home and a job due to the support of the Trailblazer.

Feedback from the Partnership Project Coordinator, Newcastle City Jobcentre:

"We believe the Homelessness Prevention Trailblazer has enabled work coaches to have a different approach when discussing homelessness and risks of homelessness playing a critical part in early identification. This has resulted in strengthened working relationships with key partners and improved outcomes for Newcastle residents".

Newcastle Homelessness Prevention Trailblazer: Case studies

A resident who disclosed he was sleeping in his car after leaving his private rented tenancy due to concerns around affordability was referred to Newcastle City Council. He came to the Housing Advice Centre and was referred to Changing Lives dispersed accommodation and moved in to his own supported tenancy within ten days.

A pregnant 20-year-old resident was referred to Newcastle City Council after being asked to leave by a family member. She was initially secured supported accommodation to meet her immediate need and was subsequently helped to move in to her own Your Homes Newcastle tenancy ahead of the birth of her child.

34 Interview with Newcastle Jobcentre staff in July 2018.

Recommendations

The good practice established in Newcastle shows the positive impact of local organisations working effectively together, beyond the requirements of the duty to refer, to actively prevent and resolve homelessness. The following recommendations set out the key changes to policy and practice that the Department for Work and Pensions should be working to implement across the country to ensure Jobcentres can help to prevent and resolve homelessness for every client at risk.

This should be supported by a legal duty for Jobcentres to take reasonable steps to prevent homelessness to ensure that change is implemented consistently and over the long term in every Jobcentre. This will help drive a culture shift across all Jobcentres so homelessness prevention and secure housing is seen as an integral part of employment support. Key to this will be ensuring that a network of housing and homelessness partnerships is established in every area, even where support from local voluntary sector organisations, such as Crisis, is more fragmented. Developing partnerships between Jobcentres and local authorities is also central to ensuring that Universal Credit is working effectively to prevent homelessness.

The Department for Work and Pensions should:

- Establish a network of housing and homelessness specialists in Jobcentres to ensure that once people are rehoused they are also supported to move into employment. We welcome the government's commitment in

the Rough Sleeping Strategy for England to establish a work coach homelessness expert to act as a single point of contact in every Jobcentre.³⁵ To be effective this commitment must be supported by investment so that each Jobcentre Plus can have a dedicated housing and homelessness lead. This will ensure there is an appropriate resource in every Jobcentre to help homeless people and those at risk to stabilise their housing and move towards employment, supporting the principles and aims of Universal Credit.

- Provide all work coaches with a comprehensive package of training so that they have the skills to identify when people are at risk of homelessness and can take steps to prevent it.
- Extend the homelessness easement to include all those experiencing or at risk of homelessness. The definition of at risk set out in the *Homelessness Reduction Act (2017)* should be used, where someone is considered to be threatened with homelessness if they are likely to become homeless within 56 days. Work coaches in Newcastle are already operating the easement in this way to help them prevent homelessness. This change should be made to allow for consistency across all Jobcentres.
- Incorporate homelessness and housing need into the Jobcentre Plus work coach assessment framework. This information will support work coaches to identify people experiencing or at risk of homelessness at the earliest possible point, and then tailor the support needed to respond to or prevent this.

³⁵ Ministry of Housing, Communities and Local Government (2018) *Rough Sleeping Strategy*. <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

The housing and homelessness specialists in each Jobcentre should:

- Act as case workers for people who are homeless or at risk of homelessness and need specialist support.
- Ensure that all work coaches are supported and trained to effectively recognise and respond to the homelessness and housing needs of clients.
- Lead on developing effective partnerships with local housing authorities and homelessness organisations and establishing clear referral pathways for people who are homeless or at risk of homelessness. This should include establishing protocols for data sharing and joint monitoring of the success of interventions made to prevent homelessness, including both housing and employment outcomes.

Ministry of Justice

There are clear links between homelessness and offending. Thirty-six per cent of people seen sleeping rough in London in 2017/18 had experience of prison.³⁶ Fifteen per cent of newly sentenced prisoners reported being homeless before entering custody.³⁷

There is also evidence of people becoming homeless directly after leaving prison. In London in 2017/18, 4.2 per cent of people seen sleeping rough for the first time reported that their last settled base was prison.³⁸ A recent inspection of resettlement services for short-term prisoners found that 15 per cent of male prisoners and 13 per cent of female prisoners were being released to no fixed abode.³⁹ Additionally, a joint report by HM Inspectorate of Prisons and HM Inspectorate of Probation into Through the Gate services, showed that one in seven newly released long-term prisoners were released with no fixed abode.⁴⁰

Homelessness has also been shown to be associated with significantly higher levels of reoffending. Ministry of Justice research from 2012 found that 60 per cent of prisoners believed that having a place to live was important in stopping them from reoffending in the future. This research also found that 79 per cent of those who were previously homeless were reconvicted in the first year after release compared to 47 per cent who had accommodation prior to custody.⁴¹

There are multiple opportunities where interventions could be made to prevent homelessness for offenders and people leaving prison. Prisons and probation providers should be aware if someone is likely to be homeless or at risk of homelessness when they are

released from prison, and will be able to take steps to help someone sustain or find accommodation to prevent this. To ensure that the right action is taken at the earliest possible opportunity, prisons and probation providers must have a clear responsibility to act to prevent offenders from becoming homeless. This should include helping people to find suitable housing, with relevant support in place to meet their needs.

The Ministry of Justice can take steps to prevent homelessness for people in contact with the criminal justice system in England and Wales. Recent steps to improve the housing outcomes for people in contact with the criminal justice system have primarily been enacted through reform of homelessness legislation. In 2015, the Welsh Government removed automatic priority need for prison leavers and introduced a National Prisoner Pathway.⁴² The Pathway is designed to bring together organisations responsible for providing resettlement support for people leaving prison and ensure homelessness prevention activity starts well before someone is released. Evaluations of the changes to Welsh homelessness legislation and of the homelessness services for people leaving prison both found that the pathway was not always succeeding in ensuring a smooth transition from prison into permanent accommodation. In many cases communication between housing and prison services remained a problem.⁴³

The government has acknowledged that more needs to be done to support people leaving prison

into accommodation. In England, prisons, youth offending teams and probation providers now have a duty to refer people who are homeless or threatened with homelessness to the local housing authority. The government have also committed to fund two pilot programmes starting in April 2019 that will test a new partnership approach with prisons, the National Probation Service, Community Rehabilitation Companies, and local authorities working together to plan, secure and sustain accommodation for offenders on their release.⁴⁴

The multi-agency approach to preventing homelessness for people leaving prison at the centre of these initiatives is very positive. However, more needs to be done to make homelessness prevention a core part of the resettlement process so that no one is homeless when they leave prison. Effective collaboration between prisons, probation providers and local authority Housing Options teams will be crucial to achieving this.

The Ministry of Justice should lead on developing a comprehensive, cross-departmental accommodation strategy. This should set out their approach to ensuring that people's accommodation needs are met at every stage of their journey through the criminal justice system, including ongoing support to help people sustain accommodation. It is important that prisons and probation providers are accountable for delivering this. This will only be possible if reliable data is available showing the accommodation needs and the long-term outcomes of people in contact with the criminal

36 Greater London Authority (2018) *CHAIN annual report: Greater London 2017/18*. London: Greater London Authority.

37 Prison Reform Trust (2016) *Bromley Briefing Prison Factfile*. London: Prison Reform Trust.

38 Greater London Authority (2018) *CHAIN annual report: Greater London 2017/18*. London: Greater London Authority.

39 HM Inspectorate of Probation (2016) *An Inspection of Through the Gate Resettlement Services for Short-term Prisoners*. Manchester: HM Inspectorate of Probation.

40 HM Inspectorate of Prisons and HM Inspectorate of Probation (2017) *An Inspection of Through the Gate Resettlement Services for Prisoners Serving 12 Months or More*. Manchester: HM Inspectorate of Probation.

41 Ministry of Justice (2010) *Compendium of reoffending statistics and analysis*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199224/compendium-of-reoffending-statistics-and-analysis.pdf.

42 Welsh Government (2015) *National Pathway for Homelessness Services to Children, Young People and Adults in the Secure Estate*. <https://gov.wales/topics/housing-and-regeneration/services-and-support/homelessness/national-pathway/?lang=en>

43 Ahmed, A., Wilding, M., Gibbons, A., Jones, K., Rogers, M. and Madoc-Jones, I. (2018) *Post-implementation evaluation of Part 2 of the Housing Act (Wales) 2014: Final Report*. Cardiff: Welsh Government; Madoc-Jones, I., Hughes, C., Dubberley, S., Gordon, C., Washington-Dyer, K., Wilson, F., Ahmed, A., Lockwood, K. and Wilding, M. (2018) *Evaluation of homelessness services to adults in the secure estate: Main findings report*. Cardiff: Welsh Government.

44 Ministry of Housing, Communities and Local Government (2018) *Rough Sleeping Strategy*. <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

justice system. Prisons and probation providers should be required to record and publish this data.

The government has set out its intention to introduce an 'accommodation on release' performance metric for prisoner Governors, which Community Rehabilitation Companies are already subject to.⁴⁵ This is a positive step forward, but does not go far enough to ensure that people leaving prison are supported to access and sustain accommodation over the long-term. Successfully meeting the long-term accommodation needs of people leaving prison should be included as a measure of success in the new probation contracts to ensure that housing solutions and homelessness prevention is recognised as a core responsibility of probation providers. This would help to drive culture change in probation services and ensure that more people leaving prison can access suitable, stable accommodation.

Successful approaches to preventing homelessness for prison leavers focus on housing-led solutions, and provide specialist advice and preparation before release. To be effective this requires prisons and probation providers to work closely with Housing Options teams, Jobcentres and voluntary sector organisations to ensure housing and financial support are in place when someone is released from prison. Although there are many examples of good practice that incorporate these key elements, CTI is the only evidence-based programme for the prevention of homelessness for prison leavers. There is strong evidence that CTI approaches both resolve homelessness in most cases and successfully reduce reoffending

rates.⁴⁶ The examples of established and emerging good practice set out below show what can be achieved when prisons and probation providers truly embed homelessness prevention within their work.

St Petrock's Housing Advice Service

The St. Petrock's Housing Advice Service in HMP Exeter was launched in 2003 in response to the large number of people being released locally without accommodation. HMP Exeter holds male prisoners, many of whom are on remand or serving short sentences. This makes it crucial that prisoners' housing needs are assessed quickly and appropriate interventions are made to help prevent them from becoming homeless.

The housing advice team carried out a range of preventative work, depending on the needs of the individual. This included engaging proactively with landlords and housing benefit teams to help people maintain tenancies that had been put at risk by their custodial sentences. Where people did not have existing accommodation or it could not be sustained the team provided personalised support to help them secure new accommodation prior to release. Key services included: making referrals to supported accommodation providers, hostels and recovery projects; helping clients to register on local housing lists and other waiting lists; providing advice on accessing private rented accommodation; and arranging accommodation interviews prior to release. The ability of the team to provide a personalised, housing-led service based on individual need was crucial to the success of the project.

This was supported by the strong relationships the team developed with local services and support providers in

the community, including providers of supported housing and private rented sector projects. This collaboration was important to ensure a smooth transition following release.

The team handled a high case load of around 1,200 people per year and consistently exceeded their targets for reducing homelessness. The success of the project was measured by comparing the percentage of people who had no fixed abode prior to being in custody to the percentage of people accommodated on release from prison. In 2014/15, 42 per cent of people were recorded as having no fixed abode prior to entering prison whilst 87 per cent of people had accommodation on release. In 2015/16, 53 per cent of people were recorded as having no fixed abode prior to entering prison and 85 per cent had accommodation on release. Despite exceeding its target of 80 per cent of people accommodated on release the service closed in 2016 when the commissioning process was changed under Transforming Rehabilitation.

Oxfordshire Homelessness Prevention Trailblazer

Oxford City Council and the other Oxfordshire District Councils are working together as part of the Homelessness Prevention Trailblazer programme to trial new and innovative approaches to preventing homelessness. A central part of their work involves targeted prevention work in the criminal justice system, hospital and children's social services. Embedded housing workers have been placed in the prison and local approved premises to actively seek out prevention cases, and support staff working in the prison and probation services to better understand and navigate housing.

Between June 2017 and April 2018, 43 per cent of prisoners released from Bullingdon Prison in Oxfordshire were

either released with no fixed address or their expected housing outcome was not known. In comparison, only 29 per cent of people entered prison with this housing status. Only 12 per cent of people that enter prison in Oxfordshire with no fixed address manage to secure some form of accommodation prior to their release.⁴⁷ This means that people who are homeless when they enter prison in Oxfordshire are highly likely to leave prison without anywhere to go. This indicates that there is much more that needs to be done at an early stage, to support people who are already homeless when they enter prison to secure accommodation on release.

One of the key aims of the Trailblazer is to achieve long-term change in the public services that the embedded housing workers have been placed in, so that homelessness prevention becomes a core part of everyday work in these areas. Embedded housing workers have been placed in the prison and local approved premises to support staff and increase their knowledge of homelessness so that they can better identify people who are at risk of homelessness and provide appropriate support to prevent them from becoming homeless. Building relationships between homelessness and other support services in the community and staff working in the prison and probation services is crucial to the success of this. Part of the role of the embedded housing worker is to facilitate stronger links so that resettlement workers in the prison and probation services can refer people to the services best placed to support them to find housing.

In the first three months of the pilot, embedded housing workers in the criminal justice system intervened in 42 cases where people were identified as being homeless or at risk of homelessness.

⁴⁵ Ministry of Housing, Communities and Local Government (2018) *Rough Sleeping Strategy*. <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

⁴⁶ Jarrett, M., Thornicroft, G., Forrester, A., Harty, M., Senior, J., King, C., Huckle, S., Parrott, J., Dunn, G. and Shaw, J. (2012) 'Continuity of care for recently released prisoners with mental illness: A pilot randomised controlled trial testing the feasibility of a Critical Time Intervention', *Epidemiology and Psychiatric Sciences*, 21(2), 187-193.

⁴⁷ Data provided by the CRC Resettlement Team at Bullingdon Prison, collected from June 2017 to April 2018.

Outcomes are unknown for just over half of cases as the embedded worker provided advice so that the client could be assisted directly by staff in the prison or probation services. Of those cases where the embedded worker was directly involved and outcomes were recorded: seven clients were helped to secure new accommodation; four clients had their existing accommodation sustained; and in two cases prevention activity was unsuccessful.⁴⁸

Recommendations

The Ministry of Justice should lead on developing a comprehensive, cross-departmental accommodation strategy that sets out their approach to ensuring that people's accommodation needs are met at every stage of their journey through the criminal justice system.

This should be backed up by a duty on prisons and probation providers to take reasonable steps to prevent homelessness for people in contact with the criminal justice system.

As part of this strategy the Ministry of Justice should:

- Require prisons and probation providers to record and publish the accommodation needs and the long-term accommodation outcomes of people in contact with the criminal justice system.
- Include successfully meeting the long-term accommodation needs of people leaving prison as a measure of success in the new probation contracts as part of the Through the Gate service specifications.
- Ensure that evidence-based housing-led solutions that have proved effective at preventing homelessness for prison leavers, such as CTI, are implemented consistently across the country. Sufficient funding should be made available to ensure this can be delivered at scale.

48 Data collected by the Oxfordshire Homelessness Prevention Trailblazer (April 2018 – June 2018).

Department of Health and Social Care

The Department of Health and Social Care can play a significant role in preventing homelessness. Health is a devolved policy area so any changes made would only impact on England.

There is a clear link between health and homelessness. People who are homeless or threatened with homelessness are much more likely to have physical and mental health needs compared to the general population. Homeless Link's Health Needs Audit found that 73 per cent of homeless people reported physical health problems, and 41 per cent said this was a long-term problem. Forty-five per cent had been diagnosed with a mental health issue, and 80 per cent reported having some form of mental health issue.⁴⁹ Research commissioned by Crisis found that the average age of death for people who die homeless is 47 (43 for women), compared to 77 for the general population.⁵⁰ A recent

large scale review published by The Lancet found that people living with severe social exclusion, homelessness and adverse childhood events face mortality risks that are eight to 12 times higher than for people who are housed.⁵¹

This has significant cost implications for the NHS. Homeless Link found that the number of A&E visits and hospital admissions per homeless person was four times higher than for the general public.⁵² This is reflected in the Department of Health's own research, which estimates that people sleeping rough, living in a hostel, a squat or sleeping on a friend's floor use around four times more acute hospital services than the general population. This is

49 Homeless Link (2014) *The unhealthy state of homelessness: Health audit results 2014*. London: Homeless Link.

50 Thomas, B. (2012) *Homelessness Kills: An analysis of the mortality of homeless people in early twenty first century England*. London: Crisis.

51 Aldridge, R., Story, A., Hwang, S., Nordentoft, M., Luchenski, S., Hartwell, G., Tweed, E., Lewer, D., Vittal Katikireddi, S. and Hayward, A. (2017) '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*, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31869-X/fulltext#articleInformation](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31869-X/fulltext#articleInformation)

52 Homeless Link (2014) *The unhealthy state of homelessness: Health audit results 2014*. London: Homeless Link.

estimated to cost at least £85 million per year.⁵³

Preventing homelessness for more people would be expected to lead to a reduction in contact with NHS services, resulting in cost savings for the NHS. A major study linking data from local authority homelessness and NHS services in Scotland found a clear link between homelessness and higher use of health services.⁵⁴ The study compared data among three specific cohorts over a fifteen-year period from 2001 to 2016. The homeless cohort was made up of individuals included on at least one homelessness application, and compared with two control groups of people who had not experienced homelessness; one made up of individuals from the most deprived areas in Scotland and one from the least. People in the homeless cohort accounted for 55 per cent of A&E attendances over the fifteen-year period. In comparison, people in the most deprived cohort accounted for 30 per cent of all attendances and those in the least deprived cohort for 16 per cent. This indicates that A&E attendances are not driven by deprivation alone, and homelessness does have an impact. These findings were reflected in other areas of the health service, with people in the homeless cohort accounting for 52 per cent of acute hospital admissions and 80 per cent of admissions to mental health specialities.

The study also found that people's interactions with health services increased before they became homeless, and peaked at around the time of the first homelessness assessment.⁵⁵ From up to four years prior to the date of the first

homelessness assessment, the A&E attendances for people in the homeless cohort increased relative to those of people in the control group. Immediately prior to the date of the first homelessness assessment A&E attendances increased sharply. This is also the case for acute admissions to hospital. This indicates that there are likely to be multiple opportunities for interventions to be made within the health service to prevent someone from becoming homeless before their situation reaches crisis point.

The point at which someone is discharged from hospital is a key time where a successful intervention could be made to prevent homelessness. Homeless Link reported in 2014 that more than 36 per cent of people were discharged from hospital onto the street, without underlying health problems or housing being addressed. This represents an improvement as in a similar study in 2010 this issue was reported by 73 per cent of homeless people admitted to hospital.⁵⁶ However, there is clearly still a long way to go to ensure that no one is discharged from hospital into homelessness.

The NHS must take responsibility for homelessness prevention to achieve a successful transition and discharge from hospital for people who are homeless or at risk of homelessness. This will require close partnership working with local housing authorities and homelessness charities to help people access accommodation, but it cannot be achieved by housing organisations alone as they are not in a position to plan and deliver a successful exit from healthcare.

The government acknowledged the importance of health services' role in preventing homelessness in the recently published Rough Sleeping Strategy.⁵⁷ Emergency departments, urgent treatment centres and hospitals providing inpatient care are now subject to the duty to refer introduced by the *Homelessness Reduction Act (2017)*. This should help to promote stronger links between housing and health services, however by itself it will not be sufficient to ensure that homelessness is prevented. Developing the referral process to fulfil this duty should be part of wider efforts to establish effective partnerships between health, social care and housing services where they work collaboratively to prevent homelessness.

Tailored and intensive case management approaches have been shown to be successful in preventing and relieving homelessness, while also ensuring people can access appropriate medical treatment. A major review by *The Lancet* found that when case management approaches, such as CTI, are combined with assertive community based treatment they reduce homelessness, with a greater improvement in psychiatric symptoms compared to usual care or standard case management approaches.⁵⁸ This has much in common with the Pathway model, which is described in more detail below.

A key feature of the Pathway model is the inclusion of both clinical and housing staff in the team providing support for homeless patients. Homeless Link's evaluation of the Department of Health's pilot programme to improve hospital discharge procedures for homeless patients found that integrating housing

and clinical staff into the discharge team led to better outcomes and more positive working practice.⁵⁹ This further supports the importance of joint working between health and housing services to ensure better outcomes are achieved for homeless patients.

To ensure that every patient in need of housing advice or support can access this, all NHS staff will need to have the skills and knowledge to identify when someone is experiencing or at risk of homelessness. Recording patients' housing needs and outcomes will help make sure this happens consistently, and that patients are provided with appropriate support. A standardised way of recording patients' housing status and the long-term accommodation outcomes of those experiencing or at risk of homelessness should be developed and introduced across all health services. This would also help to ensure that the success of interventions to prevent homelessness can be measured. We welcome the commitment made in the Rough Sleeping Strategy to test ways of including a person's housing status in new NHS data collections and recommend that this is rolled out nationally as soon as possible.⁶⁰

The examples set out below show what can be achieved when steps are taken to embed homelessness prevention in health services. These approaches should be replicated across the country to ensure that no one is discharged from hospital into homelessness. To ensure this happens consistently and effectively in every area, this should be backed up by a legal duty on health services to take reasonable steps to prevent homelessness.

53 Department of Health (2010) *Healthcare for single homeless people*. http://webarchive.nationalarchives.gov.uk/20130123201505/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114250

54 Waugh, A., Clarke, A., Knowles, J. and Rowley, D. (2018) *Health and homelessness in Scotland*. Edinburgh: Scottish Government.

55 Waugh, A., Clarke, A., Knowles, J. and Rowley, D. (2018) *Health and homelessness in Scotland*. Edinburgh: Scottish Government.

56 Homeless Link (2014) *The unhealthy state of homelessness: Health audit results 2014*. London: Homeless Link.

57 Ministry of Housing, Communities and Local Government (2018) *Rough Sleeping Strategy*. <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

58 Luchenski, S. et al. (2017) 'What works in inclusion health: overview of effective interventions for marginalised and excluded populations', *The Lancet*, Volume 391, Issue 10117, 266 – 280.

59 Homeless Link (2015) *Evaluation of the homeless hospital discharge fund*. London: Homeless Link.

60 Ministry of Housing, Communities and Local Government (2018) *Rough Sleeping Strategy*. <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

Pathway homeless healthcare teams

Pathway is a leading homeless healthcare charity in the UK. They developed the Pathway programme to help the NHS support homeless patients. A Pathway team, including specialist GPs and nurses, provide multidisciplinary care for homeless patients. The team also provide patient advocacy around arrangements for discharge, and liaise with housing and other support services in the community. This helps to provide a rapid response to homelessness while also making sure that the patient's medical needs are appropriately met.

Pathway has supported 11 hospitals to create homeless healthcare teams, helping over 3,500 patients every year. Many of the people they support have complex combinations of physical illness, mental illness and substance misuse problems, and histories of trauma and abuse. Pathway teams can support patients in a wide range of ways, including with: housing and benefits advice; help to recover important documentation; making links to community services; support with complex care planning and discharge arrangements; referrals for support with addiction; help to register with a GP; providing clothes, shoes or other basics where needed; and help to reconnect with loved ones.

The Pathway model has been shown to be effective at preventing or relieving homelessness for patients, improving patients' health and wellbeing and reducing delays in discharging patients. At the Royal London Hospital and the Royal Sussex County hospitals, patients judged themselves to have improved management of money

and relationships both on discharge and follow up, and the hospitals saw a reduction in rough sleepers on discharge from 14.6 to 3.8 per cent.⁶¹ Research at University College London Hospital (UCLH) found that discharged patients who had received Pathway care experienced a 30 per cent reduction in annual bed days from 2008 to 2011.⁶² An audit of the hospital attendance and admission rates in the 90 days before and after a homeless patient was supported by Pathway at UCLH found reductions in A&E presentation (37.6%), hospital admission (66%) and bed days in hospital (78.1%).⁶³

A Pathway team have been working in Guys and St Thomas' and Kings hospitals since January 2014, and in February 2015 the team extended into the South London and Maudsley hospitals. In addition to the clinical staff the team also includes six members seconded from partnership organisations to provide housing advocacy and client engagement. The team receives referrals for people who are homeless or vulnerably housed. During 2014 the team received 1,603 referrals for 1,414 individuals. Fifty-six per cent of clients referred to the service who were admitted, had an improved housing status on discharge. This includes over 100 people who were supported to successfully make a homelessness application with the local authority, 51 people who were successfully reconnected outside of London and internationally, and 65 people who were reconnected to other London boroughs. Where housing situations are not resolved, clients receive advice and signposting and many clients are receiving ongoing support from the team.⁶⁴

- 61 Hewett, N., Buchman, P. and Musairiri, J. et al (2016) 'Randomised controlled trial of GP-led in-hospital management of homeless people ('Pathway')', *Journal of Clinical Medicine*, Volume 16, Issue 3, 223 – 229.
- 62 Hewett, N., Halligan, A., and Boyce, T. (2012) 'A general practitioner and nurse led approach to improving hospital care for homeless people', *British Medical Journal*, Volume 345, Issue 10.1136, 345– 351.
- 63 Wyatt, L. (2017) 'Positive outcomes for homeless patients in UCLH Pathway programme', *British Journal of Healthcare Management*, Volume 23, Issue 8, 367 – 371.
- 64 Pathway (2015) *Kings Health Partners Pathway Homeless Team, First year report – 2014*. <https://www.pathway.org.uk/wp-content/uploads/2015/06/2014-first-year-report-KHP-Pathway-Homeless-Team-final-draft.pdf>

This clearly demonstrates the positive impact that embedding homelessness prevention into health services can have both in preventing homelessness and in improving people's health and wellbeing. This reduces pressure on hospital services as people spend less time in hospital and are less likely to need hospital care in future.

Oxfordshire Homelessness Prevention Trailblazer

The Oxfordshire Homelessness Prevention Trailblazer programme is trialling new and innovative approaches to preventing homelessness. This includes a focus on the role of health services, and embedded housing workers have been placed in all hospital settings across the county, including the social work and discharge teams in Oxfordshire's general hospitals and the discharge teams attached to the Warneford and Littlemore mental health hospitals. The central aim of the embedded workers is to support health professionals to better understand and navigate housing, so that when a patient is at risk of homelessness this is identified earlier, before they are ready to be discharged, and action can be taken to prevent homelessness.

When patients do not have suitable housing that they can be discharged to, this can lead to them spending longer in hospital when they are medically fit to leave. This is known as a delayed transfer of care. Across Oxfordshire, between April 2017 and February 2018 there were 59 cases where housing was given as a reason for the delayed transfer of care. This has resulted in 2,744 days where someone remained in hospital despite being medically fit for discharge. Delays because of housing, whether this is the only cause or one of several factors, are on average longer than delays caused by other issues. Across Oxfordshire the average delayed

transfer of care is 19.8 days. For cases where housing is one of the reasons for the delay this increases to nearly 32 days.⁶⁵

One of the key aims of the Trailblazer is to reduce the number and the length of delayed transfers of care that occur because of housing, by intervening earlier to resolve housing issues and prevent people from becoming homeless when they leave hospital. The embedded housing workers are available to provide advice to health professionals as they plan a patient's discharge from hospital to ensure that housing issues are considered. For more complex cases the embedded workers will work closely with the patient and the hospital staff to identify an appropriate housing solution. Involving hospital staff in this process helps to ensure that the learning is passed on so they will be better able to support patients with housing needs in future.

In the first three months of the pilot, embedded housing workers in health services were involved in 57 cases where patients were identified as being homeless or at risk of homelessness. Thirty-three of these patients were already homeless when they were referred to the Trailblazer.⁶⁶ Many of these patients were rough sleeping and the involvement of the housing worker reflects the lack of knowledge among hospital staff about the outreach services they could connect people to.

Early prevention of homelessness is a key aim of the pilot, and these initial findings have led to a shift in focus to ensure that patients at risk of homelessness are identified and supported. This has resulted in an increased focus on patients who have been in hospital for longer than seven or 21 days respectively but do not yet have a discharge plan

65 Data provided by the Oxfordshire Clinical Commissioning Group for the period April 2017 to February 2018.

66 Data collected by the Oxfordshire Homelessness Prevention Trailblazer (April 2018 – June 2018).

in place (sometimes referred to as 'stranded' or 'super stranded' patients). This means that embedded housing workers are involved at an earlier stage, and potential problems can be resolved before a patient is ready to be discharged so unnecessary delays are avoided. If the issue cannot be resolved immediately then housing can be built into a patient's discharge plan from the outset.

Oxfordshire Homelessness Prevention Trailblazer: Case study

A woman vulnerable because of a learning disability was admitted to hospital in a state of distress following the death of her partner. The patient was a social tenant and had been advised by her landlord that she should not return to the property because they had concerns over her ability to manage the tenancy on her own. The hospital staff believed that the patient did not have the right to return to her home so she remained in hospital.

The patient was referred to the Trailblazer and the embedded worker advised hospital staff about the tenant's legal rights and confirmed that she could return home. The embedded worker identified sources of support, including tenancy sustainment services and money management, and worked with hospital staff to make the appropriate referrals.

As a result of the Trailblazer, the patient was discharged to her home with ongoing support in place to help her maintain her tenancy. This reduced the delay in her discharge and the hospital bed was made available at a

time of peak demand. Taking into account the costs that would have been incurred if the embedded housing worker had not intervened to prevent homelessness, this case was estimated to have resulted in savings to the public purse of £7,612.⁶⁷

Look Ahead HAWK pilot

In February 2017, Look Ahead opened a pilot service with South London and Maudsley NHS Foundation Trust. This involved Look Ahead Housing and Advice Workers (HAWKs) working from Bethlem Royal Hospital in Croydon to reduce delayed hospital discharges due to patients having housing problems. The service is aimed at patients who have mild to severe mental health needs.

The service was commissioned in response to the significant pressures on the hospital's acute in-patient services. The number of available acute admission beds had significantly reduced, and the use of overspill beds had increased. An internal trust report suggested that 49 per cent of the patients who could not be discharged was due to lack of suitable housing.

The HAWK team works closely with the Home Treatment Team, Croydon Council's Support Needs Assessment and Placement Team, clinical consultants, the Community Mental Health Team, other housing providers and hospital wards to facilitate access to housing for individuals who are unable to leave hospital because of a lack of suitable housing options. Depending on the person's needs and circumstances this could include helping them to access supported housing, the private rented sector, council properties or hostel accommodation. Individuals are also supported to access funding, benefits and other services that will help them to maintain a tenancy after they leave hospital.

Since launching in February 2017, the service has successfully supported over 200 people at Bethlem Royal Hospital. The HAWK service has been effective in providing timely housing expertise and support to Croydon inpatients with housing related difficulties. Staff referred 25 per cent of patients admitted between February 2017 and March 2018 to the HAWK service. Most of the referred inpatients were offered HAWK support within the first two weeks of their admission.

Since the pilot was expanded in March 2018 an additional 50 people have been supported in hospitals in Southwark, Lambeth and Lewisham. Everyone who has been supported through the service has been helped to find accommodation and support that has allowed them to be discharged from hospital.

Effective partnership working and joint planning from an early stage has been important to help prevent homelessness and reduce the amount of time that patients spend in hospital after they are medically fit to leave. The HAWK team work collaboratively with the health and housing professional teams to ensure that people have appropriate housing and support in the community when they are ready to leave hospital.

Feedback from a HAWK worker:

"So far, the feedback from the clinicians at the hospital has been really positive; they definitely recognise the need for a service like this. Nurses and doctors simply don't have the time or the specialist housing knowledge to support patients in this way, and we can help fill this gap. The clinical staff we work with are so stretched, and knowing that I'm doing something to ease their burden is really rewarding".

Look Ahead HAWK pilot: Case study

One patient was admitted to hospital because she had anxiety due to domestic abuse. She had been living in supported housing to flee the abuse but wasn't happy there and told us that she felt she would be at risk if she had to return there. This is exactly the kind of situation the service was designed to tackle. If the patient couldn't be discharged this would block a hospital bed and in theory a supported housing bed as well. If the patient was discharged anyway she would be at high risk of homelessness and further abuse. Because the HAWK workers know the housing system and have developed effective working relationships with the local authority housing team, they knew that she could be fast tracked for local authority support and were able to negotiate with the local authority to arrange this.

Feedback from the Ward Manager:

"I cannot over emphasise the value of having a HAWK specialist available to us. Housing issues with mental health are vastly complex and require inter-working between multiple agencies... Expecting clinical staff to do this in addition to our current duties would not only reduce clinical engagement but put a further strain on resources... it's worth its weight in gold, should be continued and spread to other parts of the trust."

⁶⁷ This has been calculated using the New Economy Manchester database.

Recommendations

The good practice established by Pathway and through the pilots in Oxfordshire and South London demonstrates the importance of local health and housing services working effectively together to prevent homelessness for patients. There are changes that local authorities and health services can already be making to replicate the success of these interventions, but policy change at a national level and legislating for a duty to prevent homelessness is key to ensuring that homelessness is consistently prevented for everyone in contact with health services.

To achieve this, the Department of Health and Social Care should:

- Require every hospital that sees more than 200 homeless patients each year to have a full Pathway team, including a GP, nursing staff, care navigators and a dedicated housing worker. Currently only nine out of 140 NHS Trusts in England have this. Hospitals that see between 30 and 200 homeless patients each year should be required to have a dedicated housing worker.
- Provide all frontline health professionals with comprehensive training to help them identify when patients are homeless or at risk of homelessness. This should also include awareness of the homeless hospital discharge protocol, and relevant local support services.
- Require NHS Digital to develop a standardised way of recording housing status across all health datasets and monitor the long-term accommodation outcomes for patients who are experiencing or at risk of homelessness.

Home Office

In this section, we focus on two cohorts of people who are at a high risk of homelessness and are likely to have contact with public bodies operating under the Home Office – refugees and survivors of domestic abuse. People in both groups will have experienced transitions in life that can be traumatic, and that are likely to involve opportunities for the government to intervene in an effective and timely way to prevent them from becoming homeless.

Immigration is a reserved policy area so changes introduced by the Home Office would affect all three nations in Britain. Policing is devolved to Scotland, so changes made by the Home Office would only impact on England and Wales.

Refugees

Newly recognised refugees and other beneficiaries of international protection are at high risk of homelessness. In the year up to March 2018, approximately 10,000 people were granted refugee status in the UK.⁶⁸ We do not have comprehensive information about the number of refugees who have experienced homelessness, however it is clear from the limited data available that a significant number of refugees struggle to find somewhere to live after they have been granted status and many have experienced homelessness.

In London, the number of rough sleepers whose last settled base was asylum accommodation has increased over the past three years and in 2017/18 this accounted for almost three per cent of all new rough sleepers.⁶⁹ Crisis is also supporting an increasing number of people who became homeless because they had nowhere to live after leaving asylum accommodation. In 2016/17, 478 people (7% of new clients that year) approached Crisis for help for this reason.⁷⁰

The UK-wide No Accommodation Network (NACCOM) has over 50 members providing accommodation and support to destitute asylum seekers, refugees and migrants with no recourse to public funds. In 2017/18, NACCOM members accommodated 1,097 refugees who faced significant obstacles to accessing mainstream housing, at least 401 of whom did not

⁶⁸ Home Office (2018) *Asylum data tables immigration statistics year ending March 2018, volumes 1 and 4*. <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-march-2018-data-tables>

⁶⁹ Mayor of London (2018) *CHAIN Annual Report Greater London April 2017 – March 2018*. <https://data.london.gov.uk/dataset/chain-reports>

⁷⁰ 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.

have access to benefits when they came to members' services.⁷¹ Recent research from NACCOM found that refugees are also frequently using night shelters. They found that 48 out of 169 people requiring emergency accommodation in a sample of night shelters over the winter of 2017/18 were refugees.⁷²

When refugees are granted status they only have 28 days before Home Office provided asylum support is cut off and they are forced to leave their accommodation. This period is too short and does not give people the time they need to access financial support and housing. Most asylum seekers are not permitted to work while they wait for a decision on their asylum claim, and will have been reliant on financial support from the Home Office of £37.70 per week. This means they will have been unable to save the funds needed to access private rented housing. Refugees can apply for an interest free integration loan to help with these costs, however the amount received is often not enough to cover the deposit and rent in advance. In 2015/16, the average loan payment was less than £500.⁷³ Loans are also often not received within the 28 day move on period.⁷⁴

Newly recognised refugees also face significant obstacles to accessing financial support through the mainstream benefits system. This can be because of delays in receiving documentation from the Home Office, the minimum five week wait from applying for and receiving a Universal Credit payment or problems setting up a bank account.

The Home Office has worked with other government departments to try to address some of the challenges that

refugees face that make it harder to access accommodation. Since 2017, the Post Grant Appointment Service, a joint initiative between the Department for Work and Pensions and the Home Office, has been rolled out nationally. This aims to speed up refugees' access to benefits on being granted status, however it does not provide any support or advice for finding housing. The Ministry of Housing, Communities and Local Government has funded the appointment of 35 Local Authority Asylum Support Liaison Officers. Part of their role includes supporting refugees into housing, however it is too early to assess the impact of these measures on preventing homelessness. The Home Office must take the lead in working with other departments and devolved administrations to ensure these initiatives are successful in helping to prevent newly recognised refugees from becoming homeless.

While these changes are very welcome, many refugees continue to struggle to find accommodation after being granted status and more must be done to prevent refugees from becoming homeless. It is crucial that refugees can benefit from support provided by the local authority to prevent homelessness. Recent changes to legislation in England and Wales have extended the period that someone is considered to be threatened with homelessness from 28 to 56 days, bringing them in line with Scotland. This reflects a consensus among local authorities and homelessness specialists that 28 days is not enough time to carry out meaningful prevention work. Currently the 28 day move on period means refugees cannot benefit from this change. The move on period should be extended to at least 56 days to ensure that local authorities

have sufficient time to work with a household to take steps to prevent their homelessness.

It is also important that local housing authorities are aware at the earliest opportunity when refugees are given notice to leave their asylum accommodation. Providers of asylum accommodation have a contractual obligation to notify the relevant local authority of the potential need to provide housing assistance when a person's asylum support is ending because they have received a positive decision on their asylum application.⁷⁵ However, the approach is not standardised and varies greatly across the country. This means that local housing authorities are not always aware when refugees are at risk of homelessness.⁷⁶ Including asylum accommodation providers as a public authority with a duty to refer under the *Homelessness Reduction Act (2017)* would help to address this. However, this alone is likely to be insufficient to ensure that refugees can access the advice and support they need to prevent them from becoming homeless.

Effective joint working between the asylum accommodation provider, the local authority and other key local partners providing support for asylum seekers and refugees is crucial to prevent newly recognised refugees from becoming homeless. The case study below demonstrates the impact this approach can have and shows what can be achieved through improving current practice. However, in many parts of the country this is not happening and many refugees continue to experience homelessness after they are granted status. It is important that the Home Office introduces new requirements so that asylum accommodation providers can be held to account when they are not working effectively with local

partners to prevent homelessness for people given notice to leave their accommodation. This would help to ensure that effective practice to prevent homelessness for new refugees is carried out consistently across the country.

The Home Office should work jointly with the Ministry of Housing, Communities and Local Government and devolved administrations to ensure that local authorities provide housing-led solutions to prevent newly recognised refugees from becoming homeless. CTI could be an effective way of achieving this. The rapid access to housing and intensive case management provided in the CTI model would ensure that refugees are helped into long-term accommodation, and supported to access benefits, training, employment and any other support services they may need. Although the CTI approach has not been specifically tested with this group, it has been shown to work to successfully increase tenancy sustainment and prevent homelessness across a variety of groups leaving state institutions. We would expect to see similar results if this approach was used to support newly recognised refugees.

Blackburn with Darwen Borough Council

Blackburn with Darwen Borough Council have a coordinating officer who is the single point of contact for key partners supporting asylum seekers, refugees and other migrant communities potentially at risk of homelessness. This post is funded through the government's Controlling Migration Fund, which aims to help local authorities mitigate the impact of recent migration on local communities.

Asylum accommodation in the area is provided by Serco and they notify the

⁷¹ NACCOM (2018) *Annual Report 2017/18*. Newcastle Upon Tyne: NACCOM.

⁷² NACCOM (2018) *Mind the gap: Homelessness amongst newly recognised refugees*. Newcastle Upon Tyne: NACCOM.

⁷³ House of Commons, Written question 39221, 8 June 2016.

⁷⁴ All Party Parliamentary Group on Refugees (2017) *Refugees Welcome? The experience of new refugees in the UK*. https://www.refugeecouncil.org.uk/assets/0004/0316/APPG_on_Refugees_-_Refugees_Welcome_report.pdf

⁷⁵ See COMPASS PROJECT Schedule 2 Accommodation and Transport Statement of Requirements, p.66.

⁷⁶ NACCOM (2018) *Mind the gap: Homelessness amongst newly recognised refugees*. Newcastle Upon Tyne: NACCOM.

coordinating officer by email when they serve notice to end a household's asylum accommodation. This includes details of the person's nationality, language, address, the gender and age of any dependents, and the date they are required to leave the asylum accommodation. The coordinator maintains good communications with Serco and they work together to achieve a smooth and efficient move on for newly recognised refugees.

A key part of the coordinator's role is working closely with the Housing Needs Team to support refugees into temporary and then settled accommodation. The coordinator is part of this team so they are able to provide information and support to the housing officer leading on each refugee case. The Housing Needs Team manage a number of furnished temporary accommodation properties leased from a housing association that are available for newly recognised refugees. Households that contain dependent children, those who are pregnant, the elderly and those who are vulnerable are usually provided with temporary accommodation.

During this time a named support worker will be introduced to the household who will support them to apply for benefits, open a bank account, enrol children in local schools, access essential household furniture and access English language courses, or other training and employment opportunities. They will also be supported to search and apply for suitable social rented accommodation through the Choice Based Lettings Scheme. The named support worker will work with them throughout this period and until they are rehomed, settled and feel they no longer need this level of support. Support is also provided for single refugees and those with no

dependent children or vulnerabilities to help them access approved hostel accommodation, private rented housing or supported housing.

The coordinating officer also maintains strong working relationships with the local agencies that provide support services to asylum seekers and refugees. They can advise agencies on the process and pathways into housing, changes in legislation and service practices. This also gives them the opportunity to build a rapport with service users while they are still asylum seekers, which means that the coordinating officer is familiar to people when they are later granted status and are being supported to move from asylum accommodation.

The move on support in Blackburn with Darwen is very successful. The council does not experience many instances where service users remain in their asylum accommodation after their notice to leave has expired. Most families remain in the borough and are supported to access social housing. The council has also successfully helped households into private rented accommodation when it is the most suitable option. Preventing homelessness for newly recognised refugees helps to reduce the risk of people experiencing destitution and exploitation, while also improving community cohesion and the wealth, health and well-being of people living and working in the borough.

Survivors of domestic abuse

In the year ending March 2017 an estimated 1.2 million women and 713,000 men experienced domestic abuse in England and Wales.⁷⁷ Women are much more likely to experience domestic abuse, and it is now formally recognised as a crime resulting from the inequality between men and

women in society.⁷⁸ People who have experienced domestic abuse are at significant risk of homelessness, as well as increased risk of isolation and financial deprivation.

In 2017/18, 6,850 people were accepted as homeless in England by their local authority because of a violent relationship breakdown. This accounts for 12 per cent of all homeless acceptances.⁷⁹ In Wales in 2017/18, 11 per cent of households eligible for support from the local authority under the duty to help secure accommodation were homeless because of a violent relationship breakdown.⁸⁰ This data only includes people whose homelessness application was accepted, and does not include survivors of domestic abuse who approached a local authority for assistance and were unsuccessful or those who did not approach at all. Over half of the women supported in 2017/18 through the No Woman Turned Away project who approached their local housing team for assistance were prevented from making a valid homelessness application.⁸¹

Crisis' 'Nations Apart' research, which looked at the experiences of single homeless people across Great Britain, found that 61 per cent of homeless women and 13 per cent of homeless men had experienced violence or abuse from a partner.⁸² Half of St Mungo's female clients have experienced domestic violence and one third state that domestic violence contributed to their homelessness.⁸³

The All Party Parliamentary Group (APPG) for Ending Homelessness inquiry heard evidence of domestic abuse survivors struggling to access support when they were at risk of homelessness.⁸⁴ Common problems experienced by survivors included the need to prove that they were vulnerable as a result of experiencing abuse, and having to demonstrate a local connection in order to access support. It is essential that survivors of domestic abuse are entitled to full support under the homelessness legislation. The government should extend priority need status to all survivors of domestic abuse in England, as is already the case in Wales and Scotland. Housing Options teams must also have the knowledge and skills to support and prevent homelessness for survivors of domestic abuse. Homelessness prevention must be tailored to the needs and choices of the individuals involved. We recommend that robust and comprehensive training is put in place for Housing Options teams so they can appropriately support and prevent homelessness for survivors of domestic abuse.

There is also much more that can be done to prevent homelessness for survivors of domestic abuse before they approach a local housing authority. The standards developed by the Domestic Abuse Housing Alliance (DAHA) in the housing sector are a good example of the important role that other sectors can have in identifying and preventing homelessness at an early stage.⁸⁵ DAHA is a partnership between

77 Office for National Statistics (2017) *Statistical bulletin: Domestic abuse in England and Wales: year ending March 2017*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017#how-prevalent-is-domestic-abuse>

78 Home Office (2016) *Strategy to end violence against women and girls: 2016 to 2020*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF

79 The Ministry of Housing, Communities and Local Government (2018) *Live Tables on Homelessness, Table 774*. London: MHCLG.

80 Statistics for Wales (2018) *Homelessness in Wales, 2017/18*. Cardiff: Welsh Government.

81 Women's Aid (2018) *Nowhere to turn, 2018: Findings from the second year of the No Woman Turned Away project*. Bristol: Women's Aid.

82 Mackie, P. and Thomas, I. (2014) *Nations Apart? Experiences of single homeless people across Great Britain*. London: Crisis.

83 Hutchinson, S., Page, A. and Sample, E. (2014) *Rebuilding Shattered Lives Report*. London: St Mungo's.

84 APPG for Ending Homelessness (2017) *The APPG for Ending Homelessness Inquiry Session, 'How to prevent survivors of domestic violence from becoming homeless?'* London: Crisis.

85 <https://www.dahalliance.org.uk/>

Standing Together Against Domestic Violence, Peabody and Gentoo which is aiming to improve the housing sector's response to domestic abuse. They have established a set of standards and an accreditation process for housing associations and other housing providers. Staff at accredited organisations have been trained to identify people at risk, navigate tenancy transfers and signpost support transitions to help prevent survivors of domestic abuse from becoming homeless.

The police are also well placed to identify victims of domestic abuse and ensure that they can access support to prevent homelessness. In 2016, 11 per cent of all offences (excluding fraud) in England and Wales were domestic abuse related. This equates to almost half a million domestic abuse cases per year. In many cases the police may be the first public body that becomes aware that a person is experiencing domestic abuse. The APPG for Ending Homelessness inquiry found that too often the housing needs of survivors are only considered if they are at a risk level high enough to be referred to a Multi Agency Risk Conference (MARAC).⁸⁶ This means that often survivors who are assessed at a lower risk of violence, but have other risks and needs, including the risk of homelessness, are not supported.

The police should ask every victim of domestic abuse whether they need help and support with housing, regardless of the risk level. This should include all forms of domestic abuse, including financial abuse. Victims of financial abuse are less likely to be subject to a MARAC but they may still have a high housing need. If the person consents, then a referral should be made to the local housing authority. This would ensure that all survivors

of domestic abuse who contact the police are made aware of the support that is available to help prevent them from becoming homeless. Although the police can have a significant impact, it is important to note that many instances of domestic abuse will never be reported⁸⁷ and so there is a role for all public authorities to ensure that survivors of domestic abuse can access appropriate housing advice and support.

Survivors of domestic abuse who are experiencing or at risk of homelessness face significant barriers to accessing suitable accommodation, even where they have been able to get advice and support. Women's Aid found that in 2016/17 refugees had to decline 60 per cent of all referrals for reasons including lack of capacity or space and not having the resources to meet certain support needs.⁸⁸ Almost half of women supported through the No Woman Turned Away project sofa surfed after being turned away from a refuge, and 12 per cent spent time sleeping rough.⁸⁹ The Home Office should work with the Ministry of Housing, Communities and Local Government and devolved administrations to ensure that appropriate housing and support options are available to meet the needs of survivors of domestic abuse and prevent them from becoming homeless.

The APPG for Ending Homelessness found that a Housing First approach was successful in preventing homelessness and meeting the additional emotional and recovery needs of survivors of domestic abuse. Housing First is an evidence-based initiative which has had marked success in reducing and ending acute forms of homelessness where it has

been taken to scale. Through Housing First domestic abuse survivors are found safe and secure accommodation quickly, and their other needs can be addressed, including mental health treatment and other specific trauma induced issues.⁹⁰

Threshold Housing First project

Threshold is a housing advice and support charity that is part of the Jigsaw Group. Threshold Housing Project has been delivering a high-fidelity Housing First service for women offenders with complex needs since 2015. The pilot was originally set up to support 12 women. It has subsequently received funding for a further three years. The project works specifically with persistent and prolific female offenders who have a history of homelessness in three local authority areas in Greater Manchester.

By April 2018:

- 26 of the 39 women using Housing First had been found tenancies by the Housing First service. One woman is very new into the service and the project is still in the process of sourcing accommodation for her.
- All of the 26 women in tenancies had retained their housing (including 15 planned moves within this timeframe). In addition, two of the 39 women had been supported by the project to move on from tenancies to live with other family members. Two tenancies were abandoned.
- Only four women were either returned to prison and/or committed an offence during the period they were supported by the project.

The project has supported many women who have experienced domestic abuse, by linking them into specialist services, ensuring that properties were secure and that women had access to personal alarms. An evaluation carried out by the University of York found that the project, often working with women's centres, successfully helped women to address previous domestic abuse in their lives. Service users reported that this had a major impact in terms of assisting them away from physically and emotionally harmful situations.⁹¹

⁸⁶ APPG for Ending Homelessness (2017) *Homelessness prevention for care leavers, prison leavers and survivors of domestic violence*. London: Crisis.

⁸⁷ Women's Aid (2018) *Survival and Beyond: The domestic abuse report 2017*. Bristol: Women's Aid.

⁸⁸ Women's Aid (2018) *Survival and Beyond: The domestic abuse report 2017*. Bristol: Women's Aid.

⁸⁹ Women's Aid (2018) *Nowhere to turn, 2018: Findings from the second year of the No Woman Turned Away project*. Bristol: Women's Aid.

⁹⁰ APPG for Ending Homelessness (2017) *Homelessness prevention for care leavers, prison leavers and survivors of domestic violence*. London: Crisis.

⁹¹ Quilgars, D. and Pleace, N. (2018) *The Threshold Housing First Pilot for Women with an Offending History: The First Two Years, Report of the University of York Evaluation*. York: Centre for Housing Policy.

Recommendations

Effective partnership working between local authority Housing Options teams and a range of public authorities and other relevant organisations is critical to prevent homelessness for both newly recognised refugees and survivors of domestic abuse. There is much that providers of asylum accommodation and the police can already do to prevent homelessness by replicating the good practice established by Blackburn with Darwen Borough Council or through the DAHA partnership. It is crucial that this is backed up by legal duties and funding for long-term accommodation options to ensure that effective action to prevent homelessness is taken in every area.

To support this the Home Office should:

- Extend the 28 day move on period to at least 56 days to ensure that local authorities have sufficient time to work with a household to prevent them from becoming homeless.
- Require asylum accommodation providers to refer people at risk of homelessness to the local housing authority, with their consent. This could be achieved by including them in the list of public authorities with a duty to refer under the *Homelessness Reduction Act (2017)*. Providers of asylum accommodation should be required to develop effective joint working arrangements with the relevant local housing authorities and other key local partners.

- Work jointly with the Ministry of Housing, Communities and Local Government and devolved administrations to ensure that evidence-based housing-led solutions, such as CTI, are put in place to support newly recognised refugees. Sufficient funding should be made available to ensure this can be delivered at scale.
- Require the police to ask every victim of domestic abuse whether they need help and support with housing. If the person consents, then the police should make a referral to the local housing authority. This could be achieved by adding the police to the list of public bodies with a duty to refer under the *Homelessness Reduction Act (2017)*.
- Work jointly with the Ministry of Housing, Communities and Local Government and devolved administrations to provide joint funding for new Housing First models for survivors of domestic abuse.

Department for Education

In this section, we focus on two areas where the Department for Education can help prevent and end homelessness for more people. These are the support provided for young people leaving care and embedding a homelessness prevention approach in schools. Education is a devolved matter so any changes introduced by the Department for Education would only affect England.

Care leavers

Care leavers are at greater risk of homelessness and many are struggling to access secure and stable housing as they build their lives after leaving care. Centrepoin found that 26 per cent of the care leavers surveyed for their research had sofa surfed and 14 per cent had slept rough since leaving care.⁹² One third of care leavers become homeless in the first two years immediately after leaving care.⁹³ Research commissioned by Crisis also found that 25 per cent of homeless people have been in care at some point in their lives.⁹⁴

The failure to ensure that care leavers are properly supported as they transition to living independently has significant costs, both for the young people themselves and to public services. In 2008, nearly half of all men

under 21 who had been in contact with the criminal justice system had experience of being in care. Data from 2012 also found that care leavers were four to five times more likely to be self-harming adults.⁹⁵ Investing in services to support people leaving care to successfully transition to living independently will have considerable benefits to health, criminal justice and other public services in the future.

In recent years, there have been many positive policy changes aimed at improving outcomes for care leavers. In particular, it is welcome that care leavers are now entitled to receive support from a personal advisor up until the age of 25. The Staying Put arrangements that allow care leavers to stay in their foster home until the age of 21 have also been widely regarded as a success.

92 Gill, A. and Daw, E. (2017) *From care to where? Care leavers' access to accommodation*. London: Centrepoin.

93 Stein, M. and Morris, M. (2009) 'Increasing the Number of Care Leavers in Settled, Safe Accommodation', *Research Review*, 3, C4EO.

94 Mackie, P. and Thomas, I. (2014) *Nations Apart? Experiences of single homeless people across Great Britain*. London: Crisis.

95 National Audit Office (2015) *Care leavers' transition to adulthood*. London: National Audit Office.

However, finding and sustaining appropriate housing remains a problem for many care leavers. Centrepoint research from 2017 surveyed 87 care leavers about the challenges they had faced when moving from care to independence. Participants reported difficulties navigating complex systems and processes to find housing, losing tenancies, experiencing homelessness, and problems accessing benefits and managing their finances.⁹⁶

The APPG for Ending Homelessness heard evidence that too often care leavers who present at their local authority experiencing homelessness cannot access the support they need.⁹⁷ Where care leavers are provided with housing they are often not given a choice of accommodation options and this can result in them moving into unsafe and unsuitable housing. This can lead to people losing their accommodation and being denied further assistance because they are found to be intentionally homeless. To ensure that care leavers can always access support with housing from their local authority, the government should abolish intentionality for care leavers aged 18 to 25.

Research into outcomes for care leavers by Barnardo's found that involving the care leaver in the decision-making process is integral to a successful move into independence.⁹⁸ Children's services, housing and housing related support commissioners must work effectively together, and with all relevant stakeholders, to ensure that young people leaving care are actively involved in planning this transition and have a range of appropriate housing and support options available to them.

96 Gill, A. and Daw, E. (2017) *From care to where? Care leavers' access to accommodation*. London: Centrepoint.

97 APPG for Ending Homelessness (2017) *Homelessness prevention for care leavers, prison leavers and survivors of domestic violence*. London: Crisis.

98 Barnardo's (2014) *On my own: The accommodation needs of young people leaving care in England*. Essex: Barnardo's.

99 SCIE (2018) *A rapid evidence assessment of what works in homelessness services*. London: SCIE.

100 Barnardo's and St Basils (2015) *Care leavers accommodation and support framework*. Essex: Barnardo's.

Evidence of what works to prevent homelessness for people leaving care is relatively weak given the extent of the problem, but there is good practical guidance available. The care leavers accommodation and support framework, developed by Barnardo's and St Basils and discussed in more detail below, provides a useful and practical guide for local authorities. Established models for preventing homelessness for people experiencing a critical transition in their lives, such as CTI, are also likely to be effective for care leavers.⁹⁹

The care leavers accommodation and support framework

Barnardo's and homelessness charity St Basil's have developed a framework to provide guidance for local authorities and housing providers working with care leavers at risk of homelessness.¹⁰⁰ The framework is informed by what young people say is important to them, and draws on expertise from local authorities and voluntary sector organisations about what works to help young people find and maintain safe and suitable housing. It is intended to be used flexibly by local authorities and provides a model that can be adapted to local circumstances and needs.

The framework is based on the following key principles, which should underpin the local authorities' role as they provide support to young people preparing to and leaving care. Young people leaving care should be:

- given as much information, choice and control as possible
- able to make mistakes and never 'fall out' of the framework

- helped to succeed
- offered flexible support that adapts to meet their needs
- offered supportive and unconditional relationships
- the shared responsibility of their corporate parent.

There are five stages to the framework, which reflect the journey of a young person as they leave care. This includes:

1. Preparing young people by providing information about the realistic housing options that are likely to be available to them.
2. Involving young people in planning and decision making and offering a choice of housing and support options.
3. Having contingency plans in place to prevent a housing crisis, which could lead to homelessness.
4. Commissioning a range of housing and support options for care leavers with varying levels of support.
5. Developing a range of move on options and ongoing support to help young people successfully manage and sustain long term accommodation.

Schools

The Department for Education can minimise the risk of homelessness among young people both through programmes of homelessness education for all students and through targeted interventions to support young people who have been identified as being at high risk of homelessness.

Programmes of homelessness education can help to minimise the risk of homelessness for all young people by increasing awareness of homelessness and ensuring people know where to seek help if they think they are at risk. There are various examples of programmes running across the UK, however they are not in place in every school and there is no consistent approach. Programmes are usually set up by local authorities or charities. As schools are not required to deliver this type of education it can be challenging to find time to deliver the sessions within an already busy timetable.

Crisis partnered with Collingwood Learning, a theatre performance company, and local authorities in South Yorkshire to develop the 'Hidden Depths' programme. This included a theatre performance highlighting the common causes of youth homelessness and a follow up session on independent living. The programme was delivered in 2014/15. An evaluation of the programme found that students' understanding of homelessness, the difference between the social and private rented sector and the costs involved in setting up a tenancy all improved. All teachers involved thought the programme explored issues relevant to their students. The main challenges the project faced were with securing space on the school timetable and persuading schools of the importance of delivering something that it not a compulsory part of the curriculum.¹⁰¹

There is currently limited evidence to demonstrate the impact of school-based programmes on youth homelessness, and more research is needed to better understand this.¹⁰² Further research would help to ensure that programmes are evidence-based and are as effective as possible in preventing youth homelessness. To

101 Collingwood Learning (not published) *Hidden Depths 2015 – Evaluation*.

102 Centrepoint (2016) *Preventing Youth Homelessness: What Works*. London: Centrepoint.

ensure that a consistent programme is delivered across England, the Department for Education should take the lead on establishing an effective approach and ensuring that this is delivered in all schools.

There is also a role for schools in ensuring that young people most at risk of homelessness can access appropriate support. Interventions to prevent youth homelessness are most effective when they happen as early as possible.¹⁰³ Research shows that for young people, experiencing homelessness for any length of time can have a seriously detrimental impact on physical and mental health, safety and well-being.¹⁰⁴ This makes it even more crucial that mechanisms are put in place to identify young people who are at risk at the earliest possible point, before they approach a local authority for help. At this point it is likely that the situation will have already reached crisis point and prevention activity, such as mediation with family, is much less likely to be successful. This is a key part of the St Basils' Positive Pathway, which emphasises the importance of providing early help targeted to reach households where young people are most likely to be at risk of homelessness.¹⁰⁵ A significant programme of work is currently underway in Canada to develop and test effective strategies to prevent youth homelessness, which should help to strengthen the evidence base for successful interventions.¹⁰⁶

There are a number of childhood experiences or issues which can indicate a high risk of early and future

homelessness, which a range of agencies, including schools, are likely to be aware of. These include not attending school or being excluded from school; involvement in the criminal justice system; running away or going missing; neglect; substance misuse; domestic abuse or violence within the family home; mental health issues in the family; and older siblings previously presenting as homeless at a young age.¹⁰⁷ Staff working in schools should be aware of these indicators, and know what services are available to support young people.

In addition to having a significant impact on young people's lives, early intervention to prevent youth homelessness could also lead to substantial savings for public services. Centrepoint research found that early interventions to prevent homelessness cost significantly less than supporting a young person after they have left the family home.¹⁰⁸

CHAP, Homelessness Education

In 2005 North Ayrshire Council commissioned CHAP to deliver a programme of homelessness education lessons to pupils in all of the secondary schools across North Ayrshire. The aims of the lessons are to prevent youth homelessness, raise awareness of the reality of homelessness and to destigmatise the issue.

An awareness raising session is delivered to fourth year pupils and a 'student accommodation' workshop delivered to sixth year pupils. However, in reality, many of the young people who are likely to present as

homeless in the future may already be experiencing difficulties at school and therefore CHAP increased the level of input to those who are involved in the 'alternative' curriculum, as well as developing strategies to link into youth groups and colleges, to target those individuals who have been 'habitual absentees' from school.

The project strives to ensure that a process of continuous development is in operation and endeavours to keep the workshops as interactive as possible to meet the needs of most individuals regardless of academic ability. Work is continuous in ensuring that the more extensive workshops are delivered in a way that is appealing to young people and doesn't exclude any young person, due to literacy issues for example.

Evaluation of the sessions delivered in 2017 found that they were successful in raising awareness of homelessness and making young people more aware of what they can do if they find themselves at risk of homelessness. Ninety-two per cent of the young people who participated in the programme reported that they were more aware of the problem of homelessness because of the sessions. Ninety-one per cent showed that they could now identify places to go for assistance if they became homeless. Eighty-five per cent indicated that they would consider leaving home more carefully after receiving the sessions.¹⁰⁹

The Geelong Project

The Geelong Project is an innovative youth homelessness project in the city of Geelong in Australia, which aims to prevent youth homelessness through early intervention. The programme takes a partnership approach with schools and community agencies working collaboratively to identify young people at high risk of

homelessness and provide a range of services to prevent this. The project aims to support young people and their families by providing dedicated case workers who work with young people at risk, integrating support from schools and agencies. The partnership approach means that young people can access greater support from an interdisciplinary team of youth, family, education and employment, disability, mental health and drug and alcohol professionals.

An evaluation of the first three years of the pilot shows that it has had a significant impact on homelessness prevention. Between 2013 and 2016 the number of young people entering the Specialist Homelessness Service system declined by 40 per cent from a ten-year baseline of 230 to a new baseline of 100 after the implementation of the Geelong Project. In 2016, 80 per cent of young people presenting as homeless at the Youth Entry Point were from areas and schools not included in the pilot. This is especially significant as the three pilot schools were selected because about 60 per cent of young homeless people seemed to come from these schools and their catchment areas.¹¹⁰

¹⁰³ Centrepoint (2016) *Preventing Youth Homelessness: What Works*. London: Centrepoint.

¹⁰⁴ Gaetz, S., O'Grady, B., Kidd, S. and Schwan, K. (2016) *Without a home: The national youth homelessness survey*. Toronto: Canadian Observatory on Homelessness Press.

¹⁰⁵ St Basils (2015) *Developing Positive Pathways to Adulthood: Supporting young people on their journey to economic independence and success through housing advice, options and homelessness prevention*. https://stbasils.org.uk/files/2015-08-35/10_FINAL_pathwaysA4_booklet_98812.pdf

¹⁰⁶ Canadian Observatory on Homelessness, A Way Home Canada and MaRS Centre for Impact Investing (2018) *Making the Shift: Year one report*. <http://homelesshub.ca/MtS-year-one-report>

¹⁰⁷ Pleace, N., Fitzpatrick, S., Johnsen, S., Quilgars, D., and Sanderson, D. (2008) *Statutory homelessness in England: The experience of families and 16-17 year olds*. London: Department for Communities and Local Government.

¹⁰⁸ Centrepoint (2016) *Preventing Youth Homelessness: What Works*. London: Centrepoint.

¹⁰⁹ CHAP, Education Department, 'Are we successful', <https://www.chap.org.uk/education.html>

¹¹⁰ MacKenzie, D. (2018) *The Geelong Project: Interim report 2016-17*. <http://www.thegeelongproject.com.au/project-achievements/>

Recommendations

Effective partnership working involving schools, local Housing Options teams and other public and voluntary sector organisations is critical to successfully preventing homelessness for young people. Many aspects of the approaches included in this report could be put in to practice without significant change to legislation. However, it is still important that the Department for Education puts in place the legal backing and funding necessary to support these interventions. This will ensure they are implemented effectively and consistently in every part of the country.

The Department for Education should:

- Ensure that evidence-based housing-led solutions, such as CTI, are part of the housing and support options available for young people leaving care. Sufficient funding should be made available to take this model to scale so that all care leavers can benefit from this.
 - Establish a pilot programme of homelessness education in schools. This should be independently evaluated to increase understanding of what works to prevent homelessness among young people, and if an evidence-based approach is established this should be delivered in all schools.
- Require public authorities working with young people to work closely with local authorities to follow the approach set out in St Basil's Positive Pathway model,¹¹¹ which brings together evidence of good practice and outlines how agencies should work together in an integrated way.
 - Provide comprehensive training for all staff working in public services that have a responsibility for young people so they can identify young people with a higher risk of homelessness and make sure they are appropriately supported with their housing needs so they do not become homeless.

111 St Basils (2015) *Developing Positive Pathways to Adulthood: Supporting young people on their journey to economic independence and success through housing advice, options and homelessness prevention*. https://stbasils.org.uk/files/2015-08-35/10_FINAL_pathwaysA4_booklet_98812.pdf

Conclusion

Prevention could and should be the first and most important element of a strategy to end homelessness. All public authorities have a key role to play in this, and homelessness prevention must therefore be central to the business of every government department.

Prevention services must be available to everybody at immediate risk of homelessness, and state institutions must act to prevent people from falling into homelessness when they are discharged from their care. Many of the practical policy changes outlined in this report could be implemented relatively quickly to make this happen. This should be a priority for the Rough Sleeping and

Homelessness Prevention Taskforce over the next 12 months. To ensure these measures have a significant impact over the long-term to help end homelessness for good they must be backed up with legislative change, sufficient funding of effective services, and homelessness prevention outcomes for all relevant government departments.

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Together
we will end
homelessness