Prevention Into Action

Gaps and opportunities for locally-led homelessness prevention in England

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Disclaimer: All views and any errors contained in this report are the responsibility of the authors. The views expressed should not be assumed to be those of Homeless Link or any of the research participants who assisted with this work.

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Introduction

An increased focus on 'prevention' has been evident within homelessness policy across the Global North in recent years.[1] This growing attention to homelessness prevention has been prompted in part by humanitarian concerns about enabling people to avoid the trauma of homelessness wherever possible, but also by recognition of the huge costs to the public purse associated with growing levels of homelessness.[2]

Thus, a range of practical measures have been introduced with the intention of helping at-risk groups avoid homelessness. Key examples include: housing-orientated support for people leaving institutions, such as prison, hospital and the armed forces; targeted assistance to young people identified as vulnerable via school-based screening; help with paying off rent arrears or managing mortgage arrears; family, landlord and other forms of mediation designed to avoid eviction, or to enable those threatened with eviction to move on in a planned way; and housing and specialist forms of support to help people with complex support needs retain their housing.[3]

Within the UK there have been significant legal developments aimed at reorienting homelessness policy and practice in a more preventative direction over the past decade. Thus, legislation has been passed in both Wales (Housing (Wales) Act 2014) and England (Homelessness Reduction Act 2017) which has extended local authority duties to take reasonable steps to prevent homelessness amongst those who are threatened with homelessness within 56 days.[4] There are current proposals in both Scotland[5] and Wales[6] to further extend these prevention duties to cover those threatened with homelessness within six months, as well as to introduce new duties on other public authorities – such as health and social care services, children's services and the criminal justice system - to contribute to more robust prevention efforts.

1. Mackie, P. (2015) 'Homelessness prevention and the Welsh legal duty: lessons for international policies', Housing Studies, 30(1): 40-59.
2. Homelessness monitor series: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/
3. Fitzpatrick, S., Mackie, P. and Wood, J. (2021) Advancing a five-stage typology of homelessness prevention. International Journal on Homelessness, 1(1), pp.79-97.
4. Fitzpatrick, S. & Davies, L. (2021) 'The 'ideal' homelessness law: balancing 'rights centred' and 'professional-centred' social policy', Journal of Social Welfare and Family Law, 43(2): 175-197.
5. Scotland Prevention Review Group: https://www.crisis.org.uk/ending-homelessness/scotland-prevention-review-group/
6. Welsh Government (2023) White Paper on Ending Homelessness in Wales: https://www.gov.wales/ending-homelessness-white-paper

These attempts within the UK and other high-income countries to improve preventative interventions have precipitated multiple classification frameworks for understanding different approaches to homelessness prevention, many of them linked to public health models.[7] However, an organising framework, or 'typology', on homelessness prevention that has proven particularly useful in the UK context was originally co-produced by voluntary and statutory sector stakeholders in England,[8] before being further adapted and extended in academic research.[9] There are five core 'stages' in this temporally-driven prevention typology, as summarised below:

Universal prevention

population-wide interventions to tackle poverty and increase 'protective factors' in the whole population (e.g. decent income, secure home, positive relationships, good health, empowering education and skills).

Upstream prevention

early-stage homelessness prevention focused on high-risk groups, such as vulnerable young people, and risky transitions, including leaving local authority care, prison, or mental health in-patient treatment.

Crisis-stage prevention

preventing homelessness likely to occur within a foreseeable period, such as following an eviction notice.

Emergency-stage prevention

support for those who are not yet homeless but may imminently be so, or who are already homeless and at risk of sleeping rough. Interventions include providing temporary accommodation and assistance with essential needs.

Repeat prevention

preventing a reoccurrence of homelessness for people who are currently or recently homeless, for example through Housing First or tenancy support. At repeat prevention stage people may be resettled (so no longer homeless) or they may still be homeless and require a sustainable solution.

7. Fitzpatrick, S., Mackie, P. and Wood, J. (2021) Advancing a five-stage typology of homelessness prevention. International Journal on Homelessness, 1(1), pp.79-97.
8. St Basils (2015) Developing Positive Pathways to Adulthood. Birmingham: St Basils.
9. Fitzpatrick, S., Mackie, P. and Wood, J. (2021) Advancing a five-stage typology of homelessness prevention. International Journal on Homelessness, 1(1), pp.79-97.

Inspired in part by this analytical work, and in collaboration with homelessness service providers and funders, Homeless Link identified a desire for a step-change in efforts to prevent homelessness in England. The need for such a change was already apparent with a growing number of people and households being made homeless, statutory prevention activity increasing, and record numbers of people staying in temporary accommodation.[10] A roundtable event was held with a range of funders in March 2023 at the offices of the National Council for Voluntary Organisations (NCVO) where concerns were expressed that, across England, homelessness funding and actions still seemed oriented towards crisis-stage, and especially emergency-stage interventions, and on mitigating the impacts on people who are already homeless, rather than on more upstream and universal approaches that can enable people to avoid the threat and trauma of homelessness altogether. Participants were keen that action to address homelessness should start to shift towards earlier stages of intervention, and that Homeless Link should lead the sector in harnessing these preventative efforts.

Subsequently, Homeless Link successfully bid for a development grant from the National Lottery Community Fund to lay the groundwork for a potential major new programme of sector support to radically advance the prevention of homelessness at local level across England. Cardiff and Heriot-Watt universities were engaged to lead the research element of this work. The research had two key objectives:

1. To assess the extent and type of homelessness prevention activity across England, including the identification of effective practice.
2. To identify gaps and opportunities for more effective homelessness prevention across England.

This report captures the findings of this research, which has helped shape Homeless Link's ongoing dialogue with the sector in defining the parameters of an ideal programme of sector support on homelessness prevention in England.

The report is structured as follows. The following section describes the research methods deployed in this study, before we move on to provide an overview of the prevention landscape in England, based on the typology above. Subsequent sections then examine in more detail the extent, nature and sufficiency of current interventions in each specific stage of the typology, drawing on a mix of quantitative, qualitative and case study evidence. We then explore cross-cutting themes on the opportunities and challenges associated with homelessness prevention, across all of these stages, drawing on qualitative evidence. The conclusions draw the threads of the research together and identify the major gaps and opportunities for locally-led improvements to homelessness prevention in England.

10. Fitzpatrick, S, Bramley, G, McMordie, L, Pawson, H, Watts-Cobbe, B & Young, G (2023) The Homelessness Monitor: England 2023. Crisis, London.

Research methods

As noted in the Introduction, this research project sought to evidence the extent and types of homelessness prevention activities in place across England and to identify gaps and opportunities for more effective prevention. To meet this research objective the following methods were deployed:

i.   An online survey with local authorities, voluntary/community/frontline services, and other homelessness-related services.

ii. Semi-structured interviews with representatives of effective prevention practice, nominated by online survey respondents.

iii. An in-person workshop (with voluntary, community and frontline services and funders) to validate and disseminate interim research findings, and to discuss universal prevention.

i. Online survey

The online survey was launched in early December 2023, following development and piloting in November 2023. Homeless Link promoted the survey through email and social media channels and contacted targeted organisations to share with their networks. Survey recruitment focused mainly on local authorities, given their likely overview of the homelessness prevention situation in their areas as the holder of legal duties to prevent and relieve homelessness. Targeted promotion in early 2024 increased the responses received from Government Office Regions under-represented in the initial responses.

The survey closed in January 2024 with 126 respondents (of whom 75.4% were local authorities; 22.2% charity, voluntary or community organisations; and 2.4% other respondents, e.g. housing associations). The lowest responding region still represented 5.3% of all respondents who could be assigned to a single region.

Survey questions focused on four stages of prevention (upstream, crisis-stage, emergency-stage and repeat) given that survey piloting suggested respondents found the wide-ranging nature of universal prevention difficult to discuss using the survey format. Universal prevention was covered during the in-person workshop instead (see below).

Survey items included:

* How sufficient/insufficient respondents perceived preventative interventions to be in their local area, by prevention stage.

* The specific preventative interventions in place in the respondent's local area, by prevention stage.

* A request for recommendations of examples of effective prevention practice across all prevention stages.

Note that the survey therefore relies on respondents' perceptions of sufficiency/insufficiency and of local need in their areas, their personal knowledge of current interventions, and of their understanding of effective practice. We did not ask respondents to produce any statistics or evaluative materials to support their responses.

The research team used descriptive statistical analysis for measures of sufficiency/insufficiency and prevention interventions in place, and undertook thematic analysis of open text responses.

ii. Semi-structured interviews with representatives of effective prevention practice

The online survey asked respondents to nominate services or interventions they perceived to be effective. The research team selected a shortlist of these from more than 70 potential examples, using a number of criteria to guide their selection:

- Achieving a spread of interventions across the typology of prevention stages.

- Examples that addressed key gaps identified by survey respondents.

Interview participants were invited to attend online, semi-structured interviews during February and March 2024. Interview topics and questions were based loosely on the Template for Intervention Description and Replication (TIDieR) checklist[11] and transcripts were edited into short written accounts of interventions/services, which are included in this report. In total, 9 effective practice case study interviews were completed.

iii. In-person workshop

Homeless Link and the research team convened an in-person workshop in London on 22 February 2024. Attendees included local authorities (47% of attendees), voluntary/ community services (31%), and funders (22%). The workshop was intended to:

- Validate and disseminate the survey findings, seeking feedback on points of agreement and disagreement with the interim findings and any points the research might be missing.

- Discuss universal prevention, as this could not be covered in the online survey (see above).

The workshop was also used to discuss the parameters of an ideal funding programme to advance homelessness prevention in England. This part of the workshop did not inform the current research report; findings are presented in a separate report.[12]

11. Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D.G., Barbour, V., Macdonald, H., Johnston, M. and Lamb, S.E., 2014. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ, 348.
12. Mackie, P., Fitzpatrick S., Morris, N. (2024) Funding homelessness prevention - defining the parameters of a funding programme to advance local level homelessness prevention in England. Homeless Link.

Overall prevention landscape in England

For four of the stages in the prevention typology – upstream, crisis-stage, emergency-stage and repeat prevention - we asked survey respondents *"To what extent is the supply [of interventions] sufficient to meet local need in the geographic area(s) where your organisation operates?"*

As is immediately apparent from Figure 1 below, respondents perceived that prevention activity is insufficient at all four stages of prevention that they were asked about.

In particular, only 15% of respondents perceived that there was *sufficient* upstream intervention activity – lower than for all other stages. Results were not much more positive for the other prevention stages, with the category most likely to be rated as sufficient – crisis-stage prevention – only reported as such by one-quarter of respondents (26%). This slightly better profile of crisis-stage than other forms of prevention may reflect efforts in recent years to meet the statutory requirements on local authorities in the Homelessness Reduction Act 2017.[13]

Looking at the results from the opposite angle, almost one-third (29%) of respondents perceived emergency-stage prevention to be *severely insufficient*, which is higher than for crisis-stage (21%) and repeat prevention (23%), though similar to that for upstream prevention (27%). These particular concerns about emergency-stage prevention are understandable given the urgent challenges that local authorities are currently experiencing around temporary and emergency accommodation availability and suitability.[14]

The qualitative data from both the open text responses in the survey, the workshop discussion, and the case study interviews all confirmed this picture of demand for prevention services well exceeding supply across the board. As one survey respondent commented:

"The numbers in need overwhelm the availability of help".

(Survey respondent)

13. Fitzpatrick, S. & Davies, L. (2021) 'The 'ideal' homelessness law: balancing 'rights centred' and 'professional-centred' social policy', Journal of Social Welfare and Family Law, 43(2): 175-197.
14. Fitzpatrick, S., Bramley, G., McMordie, L., Pawson, H., Watts-Cobbe, B. & Young, G. (2023) The Homelessness Monitor: England 2023. Crisis: London.

Figure 1: Perceived sufficiency of interventions at different stages of prevention to meet local need
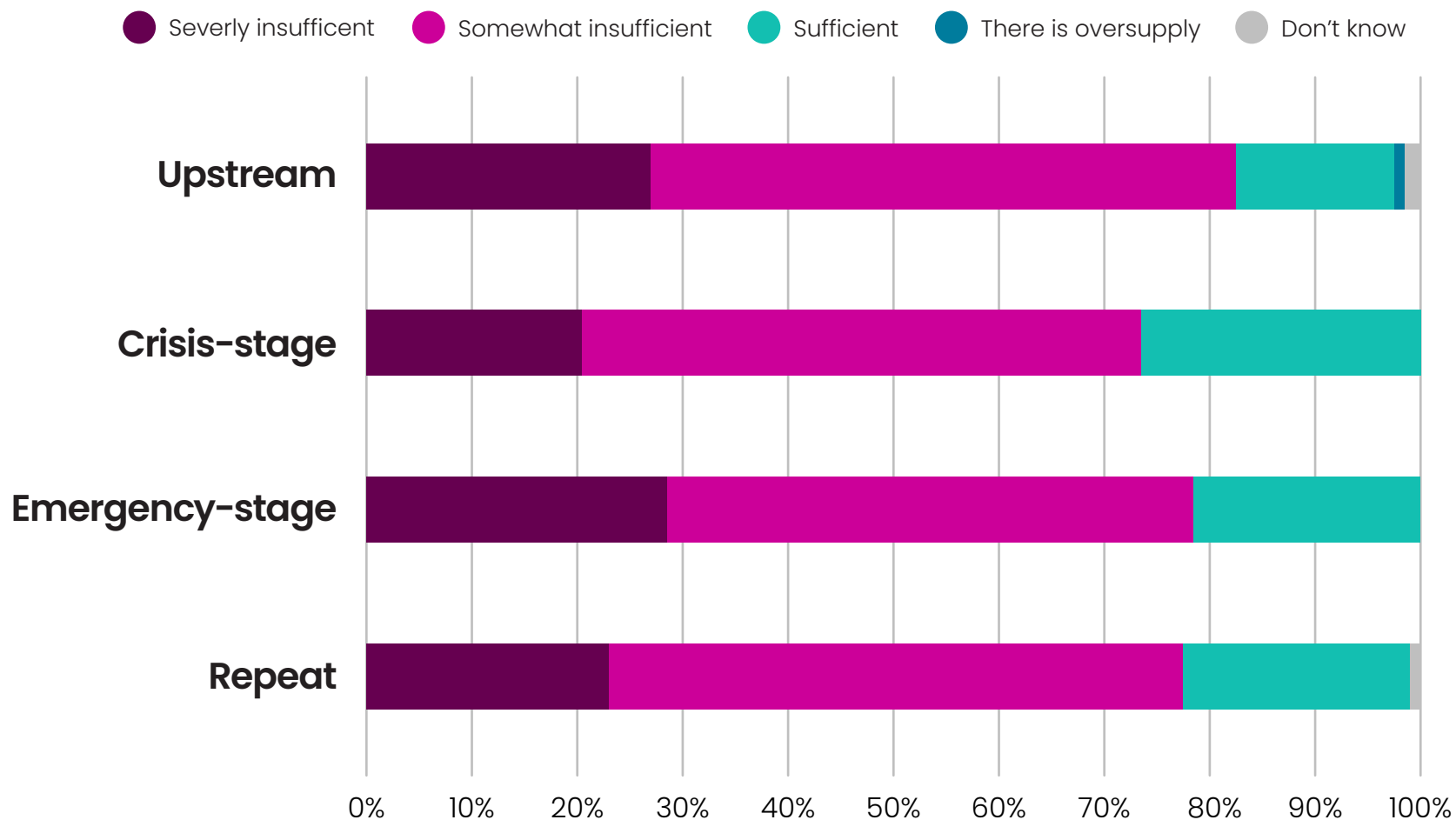
Source: Author survey of organisations engaged in homelessness prevention in England (Dec 2023/Jan 2024). n=126 respondents

As we will see in later sections of the report, all areas of prevention work were said to be impacted by a dire financial situation within local authorities, a severe shortage of staff, and difficulties accessing suitable and affordable housing for those at risk of homelessness. These resource issues – coupled with the statutory focus on crisis-stage interventions with those threatened with homelessness within 56 days – meant that immediate needs were often prioritised, such that most interventions were focused 'downstream' when people were facing imminent or foreseeable homelessness.

Another general theme developed later in this report is inadequate service coordination and partnership working with other public services – such as health and social care services - and a need for these other sectors to identify and act on homelessness risks. Despite these considerable challenges, there were many examples of perceived effective practice at various stages of prevention, as will be captured in case study examples presented.

15. Fitzpatrick, S. & Davies, L. (2021) 'The 'ideal' homelessness law: balancing 'rights centred' and 'professional-centred' social policy', Journal of Social Welfare and Family Law, 43(2): 175-197.

Universal prevention

As noted in the introduction, 'universal prevention' is defined within the typology underpinning this study as *'population-wide interventions to tackle poverty and increase 'protective factors' in the whole population (e.g. decent income, secure home, positive relationships, good health, empowering education and skills)'.*[16]

We had hoped to include questions on universal prevention in the online national survey but, as flagged in the methods section, piloting suggested respondents found the wide-ranging nature of universal prevention difficult to discuss using the survey format. In part this reflected definitional challenges associated with this systemic level of intervention, with uncertainty over the nexus between very early homelessness prevention and broader social policy investment. There can be concerns about both over-inclusiveness (i.e. homelessness prevention defined so broadly as to encapsulate the entirety of social policy) and under-inclusiveness (i.e. neglecting measures not labelled as homelessness prevention but which are, by their very nature, key mechanisms for reducing its prevalence).

Universal prevention was therefore covered mainly during the in-person workshop, where there was opportunity for these conceptual nuances as well as practical actions to be debated. What emerged from these discussions, as well as some qualitative comments in the survey, was a clear appetite to address systemic drivers and root causes of homelessness. One workshop participant posed the question:

"Can we borrow from health, where universal prevention is built in? Why do we recognise it for health but not housing?"
(Workshop participant)

There was also recognition that more can be done at local level to improve universal prevention, via bolstering the protective factors that minimise homelessness across communities as a whole:

"The bigger factors are those that move people away from the more specific homeless prevention-type services and see citizens benefitting from the best protective factors - secure/affordable accommodation; regular/sufficient income; good physical and mental health; a social/supportive network."
(Survey respondent)

"I would like to see commitment across systems to making the universal domain/ environment more inclusive so fewer people fall out and that we recognise when people are at risk and we get to them earlier to enable them to move back in. I'd like to see us humanise, personalise, localise and simplify our mainstream systems."
(Survey respondent)

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16. See the following for a more detailed discussion of 'universal prevention': Fitzpatrick, S., Mackie, P. & Wood, J. (2021) 'Advancing a Five-Stage Typology of Homelessness Prevention', International Journal on Homelessness, vol. 1, no. 1, pp. 79-97.

Poverty alleviation was viewed as pivotal to universal-level homelessness prevention.[17] It was pointed out that common life events, such as relationship breakdown, tend to cause homelessness amongst those on low incomes, because unlike financially-secure groups they lack the resources to navigate the housing impacts of these life challenges. This means that local anti-poverty measures can make a significant contribution to homelessness prevention. For example, we heard about the creative use of linked data to maximise local people's incomes. In one locality, data on Discretionary Housing Payments and Universal Credit had been used to identify and reach out to people who should have been receiving Council Tax Reductions but were not. Measures to reintegrate local residents into paid work, including with the local authority itself, were also flagged, as was the provision of key skills such as English language courses where necessary.

Other local measures relevant to universal prevention include maximising affordable housing supply, and ensuring that social housing allocations and exclusions policies are designed with a view to minimising homelessness. Action to address discrimination against those that are disabled for example, were said to be needed in allocations policies. That said, it was recognised that insufficient affordable housing supply was the underlying problem, and that, important as allocation policies are, *"everyone is fundamentally fishing from the same 'pond'/stock"* (Workshop participant).

At the same time it was emphasised that universal prevention – and also upstream prevention considered in the next section – requires good collaborative working beyond housing and homelessness services. The effective practice examples we heard about tended to involve better data sharing and joint working beyond traditional professional/service boundaries. In some cases ward-specific data was used to target measures in local areas where needs tended to be concentrated.

Some local authorities had invested in 'advice hubs' that provided a broad range of advice services and, while not homelessness specific, were focused on ensuring that local residents have access to the range of protective factors associated with universal prevention. These hubs could involve a wide range of partners, including voluntary sector ones such as Citizens Advice, and were often located in mainstream community settings like libraries. Local authorities in some areas reported that these hubs have helped to reduce numbers coming through the door of their Housing Options services.

One part of the wider public sector that was thought to be insufficiently engaged in homelessness prevention at the more universal level was the education system. The impact of school exclusions, lack of qualifications, and absence of basic skills was flagged as fundamentally undermining the protective factors that can enable people to navigate life challenges without being exposed to homelessness. Some more specific education-related points were made too. For example, the impact on life outcomes of neurodivergence, which can lead young people to be labelled as 'troublemakers' in educational settings. The role of a range of education, health and social service partners in developing people's resilience was highlighted:

'[What is needed is] more universal prevention, including education, health and children's social care playing significant and joined roles in ensuring less future homelessness, with the related harm, that this causes."

(Survey respondent)

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17.   Bramley, G. & Fitzpatrick, S. (2017) 'Homelessness in the UK: Who is most at risk?', Housing Studies, 33(1): 96-116.

It was felt that the potential prevention contribution of faith and community groups can go unrecognised, and be under-exploited. Their role can often be especially valuable in reaching people not engaged with statutory services, with their community-wide reach and 'mainstream' nature sometimes enabling support to be provided at a very early stage and in a non-stigmatising manner.

It was notable that a number of examples suggested as contributing to universal prevention in the workshop discussion – such as use of predictive analytics or school-based screening to identify people at risk - are probably more appropriately characterised as upstream (see next section). This speaks to the challenge that practitioners may sometimes face in appropriately locating particular interventions within the typology and need for support in enabling them to use it.

Upstream prevention

We defined upstream prevention to survey respondents as *"early-stage homelessness prevention interventions focused on groups at high risk of experiencing homelessness."* We further explained that by 'early stage' we meant *"before a local authority accepts any statutory prevention duty within 56 days. This includes, for example, supporting people facing risky transitions, such as leaving local authority care, prison, or mental health in-patient treatment."* We then asked respondents, bearing in mind this definition, to report on whether relevant forms of upstream preventative interventions were in place in the geographic area(s) in which their organisation operates for a wide range of groups known to be at heightened risk of homelessness. As Figure 2 indicates, three broad categories emerged from our analysis of their responses.

First, there was a clutch of groups at increased risk of homelessness for whom there appeared to be a relatively high prevalence of upstream action (i.e. 60% or more respondents indicated the presence of such interventions in their area). This higher-prevalence category was limited mainly to people in institutions of various kinds - including young people in care, and people in hospital, mental health institutions and prison – but also encompassed people experiencing rent/tenancy difficulties (before an eviction notice has been served) and people experiencing domestic violence and abuse. All of these populations tend to be prioritised in homelessness prevention policy and practice, and in most cases are already in contact with/known to relevant public authorities. Yet, even amongst these 'high profile' groups, the provision of early-stage prevention is not ubiquitous, with around a third of respondents' reporting that upstream interventions targeting them were not available in their areas.

Second, there was a clutch of mid-prevalence groups, for whom local upstream interventions was reported by approaching half of respondents (40-50%). This included a number of health-related categories that we asked about – such as people with mental or physical health or substance dependencies – but also people with NRPF status and those presenting to JobCentre Plus for advice and support.

Third, and finally, there was a lower-prevalence category, wherein one third or fewer survey respondents reported relevant upstream interventions targeting these groups in their area. In some of these cases, such as people affected by modern slavery or gang violence, this may reflect the group's geographically concentrated nature, such that we might not expect relevant services to be required in most areas. However, other groups in this lower-prevalence category comprised relatively large populations, known to be at heightened risk of homelessness, and who are geographically spread across all or most of the country. This includes people experiencing relationship breakdown, vulnerable children and young people in educational settings, LGBTQ+ people, and people from minoritised ethnic groups. In these cases one could reasonably expect a much higher prevalence of upstream preventative activity than was reported in our survey.

Following a presentation of these findings, some workshop participants suggested that The qualitative data from both the open text responses in the survey, the workshop discussion, and the case study interviews all confirmed this picture of demand for prevention services well exceeding supply across the board. As one survey respondent commented:

"The numbers in need overwhelm the availability of help".

(Survey respondent)

Figure 2 may paint an unduly optimistic picture of the scale of upstream prevention across England. They questioned whether respondents were always referring accurately to activities that were genuinely early-stage and whether the interventions respondents said were in place were effectively achieving their aims to prevent homelessness.[18] Consistent with this, analysis of open text survey responses indicated a degree of conflation of upstream intervention with more crisis-stage actions instituted under statutory homelessness prevention duties. Some survey respondents picked up on this point specifically, attributing the lack of upstream intervention in their area to resource restrictions coupled with an overriding focus on the 56-day statutory homelessness prevention period (but see Case study 1 for an example of a local authority-driven intervention that extends well beyond the statutory 56 days):

"I feel that for many of these groups there is basic statutory provision which, due to case loads, unless [they are] already in crisis very little support is given, certainly not the level that would prevent these people falling into homelessness. Far more trauma-based interventions need to be available at an earlier point."

(Survey respondent)

Insofar as upstream interventions are in place, both our qualitative and quantitative evidence indicate that they are heavily focused on those currently in institutional settings who, while certainly at seriously heightened risk of homelessness, account for only a minority of those accepted as homeless by local authorities. Moreover, and nothwithstanding various examples of effective practice that were identified (see case study 2 for an example of early intervention in a hospital setting), there was scepticism expressed about how effective and/or upstream many of these institutionally-focused interventions actually were:

"...we have a fairly limited response to upstream prevention due to resources. Whilst we have arrangements with a partner to be based at the hospital for discharges and a role to navigate clients out of prison by and large this does not result in upstreaming work as the threat of homelessness sits within a 56 day time frame. The lack of upstream prevention is particularly of note for care leavers and impacted by this not being a unitary authority."

(Survey respondent)

"In my experience all our work is once people are in crisis and have presented - our area has some prison/hospital discharge protocols but these are linked to homeless assessments not early upstream prevention.'

(Survey respondent)

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18.   Note that the survey asked about the existence of these interventions not their effectiveness.

Figure 2: Groups for whom upstream interventions were reported by respondents in their area

Group	Percentage
Young people in care	67%
People experiencing rent/tenancy difficulties (before eviction)	63%
People experiencing violence (against women, children and other people), DA, SV and survivors	63%
People in hospital or mental health institutions	61%
People in prison	61%
Non-UK nationals (refuges, asylum, NRPF)	48%
People with drug and/or alcohol dependence	47%
People presenting to a Jobcentre Plus for advice and support	46%
People with physical health support needs and/or disabilities related to physical health	46%
People with mental health support needs and/or disabilities related to mental health	45%
Vulnerable children or young people in school, college or other educational setting	33%
People in the armed forces	33%
People affected by modern slavery	33%
People experiencing relationship breakdown	33%
People from minoritised ethnic backgrounds	29%
LGBTQ+ people	25%
People involved with sex work	23%
People affected by gang violence	21%

Source: Author survey of organisations engaged in homelessness prevention in England (Dec 2023/Jan 2024). n=123 respondents

In any case, it is clearly necessary to extend - and ensure the effective delivery of - upstream efforts beyond these institutional settings to reach the majority of people at heightened risk of homelessness who will be living in the general community. This may involve, for example, targeting support for vulnerable young people via school-based[19] and family-focused interventions, and also on people at the earliest stages of getting into difficulties with rental payments. Yet we heard in both the participatory workshop and in the narrative survey responses that some relevant services, such as family mediation and assertive outreach with families, had contracted in recent years, undermining opportunities for early-stage intervention:

"...upstream prevention is particularly critical (and effective) in cases where people in the general community are experiencing difficulties in paying rent and resources targeted at this group have reduced as a result of a need for more crisis intervention with COVID, cost of living, asylum issues etc., and changes in funding/monitoring through the HRA."
(Survey respondent)

As well as mediation efforts to prevent young people being excluded from the family home, there was also a need, some workshop participants felt, for more investment in mediation services to prevent homelessness arising from relationship breakdown between adults. However, there was a general lack of clarity about what a service to help people made homeless due to relationship breakdown could look like. It was noted that the purpose of mediation in this case is not to prevent the relationship breakdown as such, but rather to obviate the housing crisis that can arise from this. The scope for upstream homelessness prevention in circumstances of relationship breakdown seems to require further investigation.

Other interesting examples of upstream prevention flagged by workshop participants (though sometimes mis-categorised as universal prevention) included the use of data from a range of council services and predictive analytics to assist early identification of those at risk of homelessness and pro-actively offer support,[20] youth workers trained to recognise red flags for risks of homelessness, and early-stage alerts to reach out and assist people who exceed rent arrears thresholds. A number of local authorities mentioned using foodbanks as a key site for providing advice/signposting for those at risk of homelessness.

19.   Meli 'The Geelong Project': https://www.meli.org.au/youth-services/the-geelong-project/
20.   Xantura 'Maidstone Borough Council': https://xantura.com/maidstone-borough-council/

Case study 1: Early prevention officer role in Herefordshire

What it is

Herefordshire County Council has a new post that focuses on early homelessness prevention. The officer supports local public services beyond housing support teams and volunteers in the community to recognise early risks of homelessness, and to know how to help or refer people affected. They also provide some direct assistance at community drop-in events to people who might not be in touch with other services. The officer aims to encourage a 'preventative attitude' to homelessness and, more practically, aims to reduce the number of people reaching crisis point who need housing options support.

How it works

The officer's day-to-day work on earlier, non-statutory homelessness prevention generally means advising other services to help them identify people at risk. These services include statutory and wider council services, commissioned services such as substance use support, and voluntary and community groups. Part of this work includes attending multi-agency support meetings.

Herefordshire is a dispersed mix of market towns and rural areas and while rough sleeping is an issue in Hereford itself, a lot of homelessness across the wider county is hidden, such as people sofa surfing. To address this the officer often works through existing community spaces and hubs, where community volunteers host multiple services at drop-in events held locally. Services who visit these events include teams that do social prescribing and the council's 'healthy lifestyle' team. Attendees at the community spaces and hubs include people experiencing poverty, people using opiates and others struggling with tenancies. When attending these events the officer offers some direct interventions, for example, signposting EU nationals who are unsure of their housing rights, and giving advice to people on social housing registers.

The early prevention officer has an annual prevention fund of almost £12,000 that they can use to help other services prevent homelessness. The early prevention officer does not manage a caseload though does sometimes assist services that manage specific cases. For example, the officer used the fund to help put in place a wider support plan that included clear social housing arrears to prevent eviction.
The current postholder has professional experience of rough sleeping outreach, substance use services, and housing options and uses the person-centred approach of street outreach but in upstream prevention settings.

Implementation challenges

The success of the community-focused work relies on local volunteers who run the communal spaces that host the drop-in events. These are needed to provide an opportunity for people who might need help to easily access support locally from a number of different sources, including the prevention officer. However, these communal spaces and volunteers are not uniformly available across Herefordshire and the council has had to help establish and sustain multi-agency drop-in spaces in some larger market towns by contributing funding jointly with other partners to provide a space to bring together people who need support and services that can help.

Funding

Both the post and the associated prevention fund are financed using Rough Sleeping Initiative (RSI) money, but this is only guaranteed until the end of 2024-25. The future of the post depends on continuation of the RSI or a similar scheme.

Impacts on homelessness

It has taken time to recruit and establish the role, and to do scoping work on the outcomes the postholder should achieve. However, the council anticipates it will result in fewer people needing housing options assistance and will help to reduce repeat homelessness. During the six months of the role's work, the council's monitoring data finds homelessness has been prevented on 34% of occasions where an outcome was recorded.

Case study 2: Preventing homelessness from hospital discharge in Sunderland

What it is

Sunderland City Council has a homelessness reduction caseworker role that works with patients to ensure they are not discharged into homelessness from the city's Royal Hospital. The caseworker liaises with patients and clinicians to plan as early as possible for discharge and takes referrals under the statutory 'duty to prevent' – as well as from other local health services such as mental health institutions and GP alliances though their focus is on discharges from the hospital. The role works alongside a health navigator post who addresses health inequalities to prevent hospital admission in the first place, for example ensuring people have a script for mental health medication. The health navigator post holder often works with people who are already homeless, either on the street or in temporary accommodation.

How it works

The homelessness reduction officer role began three years ago, when the hospital and housing service agreed that discharge arrangements were not working well as evidenced by many people arriving at the council's housing options service in person with no accommodation.

The role is jointly managed by the adult social care hospital discharge team and local authority homelessness services. The housing options team takes referrals from the main hospital and also from mental health institutions and GPs. Referrals can come via the regional 'duty to refer' portal as well as a dedicated council email address. Team leaders from the housing options service periodically visit health services covered by the referral arrangements to promote the work and encourage referrals. The officer also attends hospital discharge meetings to be involved in planning well in advance and as early as possible after hospital admission. Any out-of-hours work across the homelessness support team is picked up by housing options workers on a rota basis.

The homelessness reduction officer is based at the Sunderland Royal Hospital and makes full assessments of housing need on wards with patients and clinicians. Assessments can result in council-led homelessness prevention activity, including providing advice, and putting in place a Personal Housing Plan. The officer is part of a pathway of support roles: starting with discharge planning; then assistance with access and support in temporary accommodation; move-on support including rough sleeping prevention; and tenancy access and sustainment.

Implementation challenges

In general the support needs of people the local authority is helping are escalating, with almost one-third of homelessness applications this year featuring a mental health support need. Many people have a dual diagnosis of mental health and substance use (drugs, alcohol or other substances) and physical health needs. Some physical needs are linked to this, such as people who have had limbs amputated after drug use, and many people have specific accommodation requirements as a result. Despite this there is only one homelessness reduction officer and the caseload is increasing. The role is only funded to help discharges from the Royal Hospital, so any work with mental health in-patient discharge and other professions, such as GPs, is in addition to the funded responsibilities. The system relies on the wider housing options team's dedication to working flexibly, sometimes beyond core hours, to ensure cases are resolved.

A lack of accommodation options poses a major challenge, particularly for those moving on from temporary accommodation after leaving hospital. When people leave hospital, the council prioritises ensuring street homelessness is prevented, so it makes use of temporary accommodation including hotels and Bed & Breakfast accommodation when necessary, though depending on the accommodation requirements it sometimes places people in the wider region, such as South Tyneside. Additionally, there is a shortage of accessible accommodation, particularly for people with physical access requirements. To address this shortage the council has commissioned its own accommodation and has plans to build. It is a stockholding local authority with around 150 properties and works closely with housing associations in the area. The council has also used central government programme funding, such as the Rough Sleeping Accommodation Programme to provide 12 self-contained properties with support for up to three years per tenancy. There are also challenges securing settled housing for people as those with criminal convictions and/or rent arrears can struggle to get into social housing, and the private rented sector is increasingly out of reach for many.

Funding

The role is now permanently funded by the NHS following 18 months of initial fixed-term funding.

Impacts on homelessness

The joint working between the council and hospital has ensured that people are no longer discharged from hospital with no accommodation in place. The role has also helped build greater understanding among health service professionals about the need to ensure a person is not discharged with no address, and among housing support professionals about the pressures on hospitals to free-up bed space.

Crisis-stage prevention

We defined 'crisis-stage prevention' to survey respondents as actions to avert *"homelessness likely to occur within a foreseeable period."* Examples we provided included people subject to eviction notice or experiencing domestic abuse or non-violent relationship breakdown. Also encompassed in this crisis-stage category was assistance to people owed a prevention duty under the Homelessness Reduction Act 2017 because they are threatened with homelessness within 56 days.

We asked respondents, bearing in mind this definition, to report on whether a range of pre-specified advice, accommodation-based, support, financial/material assistance, and joint working interventions were in place in the geographic area(s) where their organisation operates.

As Figure 3 indicates, three broad categories emerged from our analysis of their responses. First, as the figure makes clear, there are a core set of advice, accommodation, support, and financial interventions that appear to be almost ubiquitous in England (80%+ of respondents reported them to be in place in their area).

The most common interventions, identified by more than 90% of respondents, included: local authority provided information, advice and assistance; rent deposit/guarantee schemes and/or assistance with rent in advance; housing/tenancy support; and help to access supported accommodation.

Interventions that appeared almost as common – reported by between 80% to 90% of respondents – encompassed help to access a new private or social tenancy, refuges and other support for women and children, survivors of violence, assistance with paying off rent arrears, and support for people leaving care to find suitable accommodation.

Second, a clutch of less-commonly-reported crisis-stage interventions were identified as present in their area by more than half of respondents. Notably, some measures within this clutch, including independent housing advice, specialist welfare advice, support for people leaving prison and hospital, and landlord mediation, were reported by around three-quarters of all respondents.

A third clutch of crisis-stage interventions were reported by fewer than half of respondents. This included social landlord commitments to end evictions into homelessness (46% of respondents indicated that these were present in their area) (see Case study3), family mediation and conciliation services (36%), and support for mortgage arrears (32%).

Figure 3: Crisis-stage interventions reported by survey respondents as present in their area

Intervention	Percentage
Local authority provided information, advice and assistance about resolving housing problems	98%
Rent deposit and guarantee schemes and/or assistance with rent in advance	95%
Housing/tenancy support	91%
Help to access supportive/supported housing	90%
Help to access a new private tenancy	89%
Help to access a new social tenancy	88%
Support for women and children with experience of domestic abuse	88%
Refuges for women and children fleeing violence	86%
Assistance with paying off rent arrears	84%
Support for people leaving the care system to find suitable accommodation	82%
Independent housing advice, e.g. from voluntary sector	79%
Specialist advice on welfare rights and money advice, including access to independent advice	77%
Support for people leaving prison to find suitable accommodation	74%
Support for people being discharged from hospital to find suitable accommodation	73%
Mediation with existing social or private landlord to maintain a tenancy	72%
Sanctuary schemes or similar for women and children experiencing domestic abuse so they can remain safely in their existing home	70%
Support for people who use substances or alcohol (before any eviction)	69%
Financial or in-kind assistance from local welfare assistance scheme aimed at avoiding homelessness	67%
Support for people with mental health support needs (before any eviction)	60%
Housing legal aid/legal advice	55%
Action to resolve anti-social behaviour aimed at avoiding eviction into homelessness and/or displacement of victims from their homes	54%
Social landlord commitments to end evictions into homelessness	46%
Access to mediation and conciliation services to either prevent relationship breakdowns) or reduce the impact of breakdown(s)	36%
Support for mortgage arrears	32%

Source: Author survey of organisations engaged in homelessness prevention in England (Dec 2023/Jan 2024). n= 120 (financial/material assistance interventions), 124 (for support-based interventions), 125 (accommodation-based interventions) and 126 (advice interventions)

As noted above, the Homelessness Reduction Act 2017 requires local authorities to take reasonable steps to assist those threatened with homelessness within 56 days. This likely explains the relatively high reported prevalence of most crisis-stage interventions across England. However, given the prominence of relationship breakdown and exclusion by family and friends as triggers of homelessness, it is notable that family and relationship mediation interventions are perceived to be absent in so many places (almost two-thirds of respondents recorded that they were not available in their area).

While the statistical findings on crisis-stage preventative interventions may appear fairly positive, the qualitative data gathered via both the survey and the participatory workshop indicated a less favourable situation on the ground.

For example, survey respondents reported that, as a result of demand pressures, crisis-stage interventions were often delayed to the point of emergency, with measures that could have prevented homelessness converted into statutory 'relief'[21] assistance for those who were actually homeless by the point any action was taken:

"...the overwhelming demand on the service and lack of affordable housing options reduces the effectiveness of crisis stage preventions in most cases and often means cases tip over into relief before an officer can find capacity to engage with a household in a meaningful way."
(Survey respondent)

"...while we are told the above [crisis-stage interventions specified in questionnaire] is available and people have access to these support interventions - people are not able to access these prior [to] the crisis prevention - and do not access this support until they are actually homeless and in services already, many people have come to us having explained that they were told to come back to the local authority once they are homeless as they cannot manage the level of presentations".
(Survey respondent)

In a similar vein, some workshop participants felt that statutory 'duty to refer' duties, introduced by the Homelessness Reduction Act 2017, had not been well implemented by prison and hospital authorities (but see 4 for a positive example of expanding the duty to refer with voluntary commitments from a wider range of public bodies to early referral). Others made the point that many prison release initiatives involved only short-term support for (ex)-offenders and were thus ineffective at facilitating access to suitable accommodation.

There was also much discussion in the participatory workshop about the challenges associated with private rented sector (PRS) focused crisis interventions. Thus, while rent deposit and rent in advance schemes were extremely widely reported (see Figure 3) participants claimed that some local authorities struggle to spend their rent in advance budgets as they cannot find enough private landlords willing to work with them. Similarly, while many local authorities flagged the use of landlord incentives, some workshop participants explained that they *"don't work"*, as Local Housing Allowance rates are too low to

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21. Introduced by the Homelessness Reduction Act (2017), see Fitzpatrick, S. & Davies, L. (2021), 'The 'ideal' homelessness law: balancing 'rights centred' and 'professional-centred' social policy', Journal of Social Welfare and Family Law, 43(2): 175-197.

be an attractive proposition for private landlords who can opt instead to rent to households not in receipt of benefits. London boroughs were also reportedly often competitively outbidding each other in their attempts to attract private landlords willing to accommodate households at risk of homelessness.

On a more optimistic note, survey respondents identified additional crisis-stage prevention interventions not noted on the survey list. This included some PRS-focused measures, such as advice and support for landlords with *"tenant issues"* to prevent evictions and homelessness risk. Also mentioned were multi-agency and/or tailored arrangements for people with complex support needs, such as 'Complex Needs Panels' which worked with vulnerable groups at risk of eviction, as well as those already sleeping rough:

"There is a... multi-agency team meeting where housing cases are discussed to try and find or maintain accommodation for complex individuals. For individuals assessed as have multiple complex disadvantage/needs we operate a strengths-based support programme that put a team of professionals and CVFS organisations around an individual."

(Survey respondent)

More general joint working that assisted crisis-stage intervention was also highlighted, often through physical hub infrastructure. The groups targeted for this type of crisis-stage assistance included young people (see Case Study 5), people experiencing domestic abuse, vulnerable adults and ex-offenders:

"...multi-agency Advice and Assistance Hubs which mean that people at risk of homelessness only have to go to one place."

(Survey respondent)

Finally, a number of specialist interventions for non-UK nationals were flagged, such as resettlement assistance for refugees who have had difficulties in the PRS, and helping those who have had difficulty after initial help from the Homes for Ukraine programme.
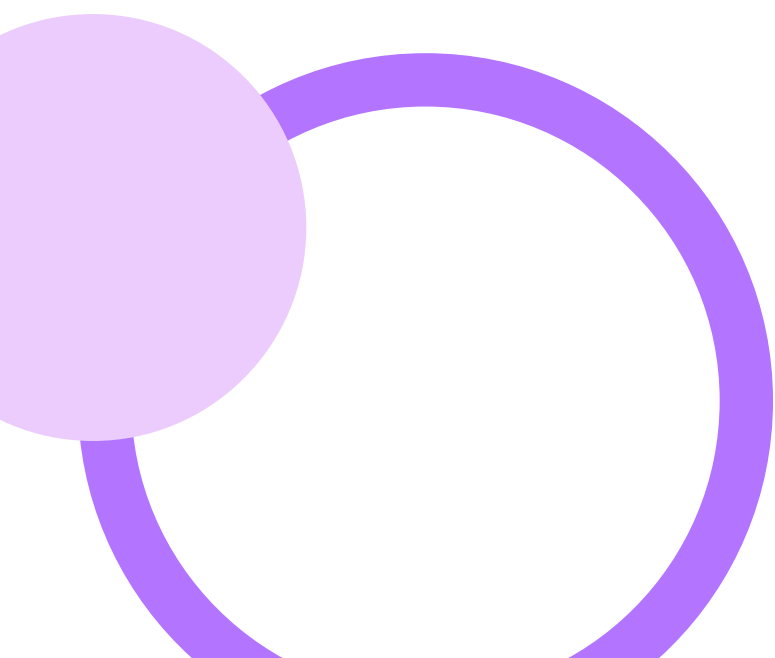
Case study 3: Ending evictions into homelessness from social housing in Newcastle

What it is

The Sustaining Tenancies at Risk (STaR) panel works with the tenants of Your Homes Newcastle (YHN), which is an arm's length management organisation for Newcastle City Council's homes. During the pandemic the council agreed a 'no evictions into homelessness' policy and worked with YHN to put this into practice. The STaR panel helps tenants at risk of being evicted and panel members are representatives from the council teams who cover housing advice, money advice and multidisciplinary teams, and YHN representatives from teams covering income collection, financial inclusion, and progression and support teams.

How it works

The panel meets regularly to share information and build a picture of tenants who are struggling. Attendees discuss and agree which panel member will take a lead in contacting tenants, depending on which member or service would be best placed. Many STaR panel tenants are single people, who are typically on low incomes and may be liable for the 'bedroom tax'. Support measures focus on maximising income and reducing expenditure, help claiming benefits, assistance with finding employment, dealing with debts, and securing support with addictions and health needs. Children's social care and early help teams are invited to meetings when necessary.

YHN nominates tenants to the panel after existing processes and options for engaging with them have not worked. The panel meets weekly for one hour and has a longer monthly meeting. Cases are reviewed every three weeks unless a tenancy is particularly at risk. At the end of a three-week period the panel decides whether the situation is sufficiently stable for YHN to monitor the situation alone. The panel started working initially with 36 households as the pandemic eviction moratorium came to an end. It usually works with around 70 households at a time but this figure has been higher in early 2024.

Implementation challenges

Some of the challenges in setting up the panel included making sure partners understand and support what 'no evictions into homelessness' means in practice and making sure that any data sharing concerns are resolved. In Newcastle the council and YHN have had a data sharing agreement for years. The panel faces day-to-day challenges in balancing the need to collect rent while maintaining people's tenancies and

trying to avoid commencing repossession proceedings wherever possible. The panel is currently trying to work more closely with adult social care services.

Funding

The running costs of STaR are met within existing budgets as the panel chair is seconded to YHN from the council and attendees' panel work is performed as part of their existing roles.

Impacts on homelessness

There has been only one eviction from YHN into homelessness since the panel began, compared with 50 evictions during 2019-20. YHN argues that maintaining tenancies not only avoids the human trauma of homelessness, it also reduces the need for housing options support and presents the best chance of recovering rent arrears. The STaR model has been adopted internally by another Newcastle-based housing association, Home Group, for general needs tenancies.

Reflecting on the model, one of the STaR panel members said: *"Most people are not paying rent because something is happening. They might have lost their job, [experiencing] relationship breakdown, have mental health problems, addictions, or losing the children. And it's working out what that is, and what advice and support they need to get back on track and stabilise the situation."*

Case study 4: Early referral to prevent homelessness in London

What it is

In late 2021 Islington Council in London and its partners put in place a voluntary commitment for services to refer people at risk of homelessness as early as possible. The commitment – called a 'duty to prevent' – aims to improve efforts to prevent homelessness and was conceived by the borough's homelessness and rough sleeping forum, which includes around 80 organisations across public and voluntary/community sectors. The forum took the view that the existing legal 'duty to refer' people at risk of homelessness to the council for help under the Homelessness Reduction Act 2017 was too narrowly defined because it does not include services that could be referring people to the council for support and places time constraints on when a person is officially recognised to be at risk of homelessness.

How it works

The council invites its partners to commit to helping reduce homelessness risk to their 'service users'. This includes a wide range of local services, some of whom are covered under the existing legal 'duty to refer'. Further services not covered by the legal duty, such as GPs, have voluntarily opted to make referrals. These referrals do not have to be within the 56-day statutory homelessness prevention window set out in the Homelessness Reduction Act 2017. The council periodically publicises the prevention commitment and advises services to be alert to potential homelessness risk factors, such as people being in debt, experiencing problems with their tenancy or being threatened with eviction, experiencing domestic abuse, or have experience of state institutions such as the care system, armed forces or prison.

Referring services can use various means to make referrals, including an online form and telephone call, providing contact details for themselves and the person they are referring and including as many relevant details as possible about the person's situation. The council suggests services can complete a referral with the person present but this is not required. However, the council stresses the need for the referred person's consent, with some exceptions when in the cases of discharging a duty to safeguard children or vulnerable adults. The council acknowledges the referral and contacts the person who has been referred, usually within 48 hours but it can expedite this process if the referral is more urgent. The referral itself does not constitute an application for statutory assistance though some referrals can lead to homelessness applications, while in other cases a referral might result in a different intervention, for example providing information and advice.

To enable better homelessness prevention in addition to earlier referrals, the council has established support roles to work in conjunction with local state institutions, such as prisons and hospitals. The hospital-based role focuses on ensuring patients can be discharged to a home and day-to-day duties include 'triaging' people's housing support needs and working with other services to ensure patients' homes are fit for habitation when they return after discharge, for example dealing with damp and mould issues has been a priority.

The council has committed that no one leaving a state institution in Islington should sleep rough. This has required engagement work with other services to put in place effective partnership working and to ensure referrals for homelessness support are made as early as possible.

Implementation challenges

While referrals help flag people at risk of homelessness there are overarching demand pressures for Islington, and many councils across London and England, with growing levels of homelessness and need for prevention support, compounded by increased cost of living and increasingly expensive housing for people at risk of homelessness. A long-term national lack of investment in social housing and growing shortfalls between Local Housing Allowance levels and private rents have contributed to the pressure. Due to these acute pressures in central London the council cannot accommodate within the borough all who approach for help, and sometimes has to offer accommodation in neighbouring boroughs even to people who might have previously lived in Islington.

Funding

The council's budget funds this work but it also uses project-specific central government funding for some support posts which are fixed-term.

Impacts on homelessness

The council believes the duty to prevent has helped prevent street homelessness, particularly for people leaving state institutions and Home Office asylum accommodation, given the rough sleeping count in Islington was the lowest in central London in early 2024. Other boroughs have approached the council to ask for advice to help improve their homelessness prevention offer. The council also believes that earlier referrals mean that housing support services have more time to work with people to prevent or relieve their homelessness, which they anticipate in turn will mean fewer people will need to be placed in temporary accommodation.

Case study 5: Youth hubs in Birmingham, Solihull and Coventry

What it is

St Basil's runs youth hubs as single points of access to multi-agency support for young people between 16 to 25 years old. The hubs work in partnership with other services, such as housing options and children's social care, and are in place in Birmingham city centre, in neighbouring Solihull and most recently opened in Coventry. They offer a range of support, including both homelessness prevention and relief under the Homelessness Reduction Act 2017 to help local authorities fulfill their statutory homelessness duties and earlier stage, non-statutory prevention work to a range of young people. The offer includes housing options, information and advice, and some family mediation. The hubs carry out youth-focused assessments of housing needs and risk and can also make referrals to more specialist support if needed.

How it works

St Basil's work is based on the 'positive pathway' of support, which includes:

- Universal provision of information and advice to young people and families.

- Early, targeted help to young people more at risk of homelessness.

- An integrated response for young people needing help with housing and a gateway to commissioned accommodation and support; and

- Housing options.

Youth hubs represent the integrated response stage, and the hubs help young people who are at risk of homelessness, already homeless, and those needing help during transition points in their lives. Hubs can carry out needs assessments and they can try to prevent homelessness or swiftly relieve it through access to accommodation and support. As well as core partners in local authority services (housing options, homelessness prevention and social care) they also have local partnerships to provide or refer to specific support, such as DWP and Women's Aid. Young people presenting to the hub are in a range of situations, including being statutorily homeless, living in precarious housing, or simply unsure of their housing options. Many young people presenting, have adverse childhood experiences and may not be in education, employment and training. The focus of each hub depends on local needs and the homelessness prevention goals agreed with the commissioning local authority. For example, the Birmingham city hub helps many young people who have had family conflicts or experienced overcrowding in the family home, or have to subsequently leave 'exempt accommodation'[22] that does not meet their needs. The Birmingham hub provides advice and wellbeing support as

well as undertaking some street-based support to young people sleeping rough. The Solihull hub's work mainly involves responding to referrals from other services who are subject to a 'duty to refer' under homelessness legislation, focusing on preventing homelessness and helping re-establish young people's relationships. At this hub St Basil's is also commissioned to work in the community, for example in schools, offering a more general youth service offer and information and advice in order to prevent homelessness at an earlier stage.

Implementation challenges

As with other services across the country, St Basil's youth hubs have been working increasingly at crisis-stage due to a combination of budget pressures and the intensifying needs of young people presenting for help, particularly since the pandemic. The charity says it is quite commonplace for young people to have multiple support needs, not just homelessness or being at risk but also needing support with health, substance use and/or mental health. Access to affordable and quality accommodation is a regular challenge, depending on the local housing market.

Managing young people's expectations is an ongoing challenge, and wherever possible St Basil's looks to maintain young people at home unless this would be unsafe. They aim to ensure young people understand their rights and responsibilities.

St Basil's says collaborative commissioning across the pathway of support and accommodation ensures the best use of resources while focusing on meeting the needs of young people. However, this is not in place universally and if this were considered more widely, it would help with difficulties supporting young people, particularly those who have been working with other, non-housing services. For example, further work with the Ministry of Justice would help support young people with their accommodation needs after leaving the secure estate.

Funding

The youth hubs are funded by the host local authorities who commission St Basil's to run the hubs to deliver a combination of information and advice, and homelessness prevention/relief work focused on young people. More recently, the Coventry Youth Hub was commissioned through charitable fundraising.

Impacts on homelessness

The youth hubs provide a single point of access for young people under 25 years old who need help. In 2022-23 the Birmingham hub received 2,534 approaches for help

22. 'Exempt accommodation' describes supported housing that is exempt from rules that normally limit the amount of rent that can be claimed by Housing Benefit. Accommodation might be provided by a local authority, housing association, registered charity or voluntary organization, and in this accommodation the resident should be provided with care and support. As supported accommodation, people housed with exempt provision will typically have support needs including people fleeing domestic abuse, people with multiple disadvantage, people with mental health needs, or people with substance use problems.

and 61% of these young people received an assessment and the advice and wellbeing offer. The hub helped 79 young people remain in their accommodation (that is, helped discharge the prevention duty) and helped relieve homelessness for 434 young people. In the same year in the Solihull hub, 420 young people were referred with 196 receiving a full assessment under the Homelessness Reduction Act 2017. This resulted in 72% receiving support under the homelessness prevention duty and 28% receiving support to relieve homelessness.

Further information

The Positive Pathway (stbasils.org.uk)

Emergency-stage prevention

We defined 'emergency-stage prevention' to survey respondents as *"support for those at immediate risk of homelessness (i.e. without intervention they will be roofless)"*. At this emergency stage someone may not yet be homeless, but be imminently so, or already be homeless and at risk of sleeping rough. Examples we provided of emergency-stage prevention measures included hostels for those at risk of sleeping rough and support for people with nowhere safe to stay. These interventions are thus intended to prevent the profound harms that arise from the most extreme forms of homelessness.

We asked respondents, bearing in mind this definition, to report on whether a list of relevant interventions were in place in the geographic area(s) where their organisation operates.

As can be seen in Figure 4 there was a group of very common interventions, found in approximately four-fifths or more of respondents' local areas, including street outreach services, placements in Bed and Breakfast accommodation (B&Bs) or hotels, and supportive/supported housing, and access to refuges.
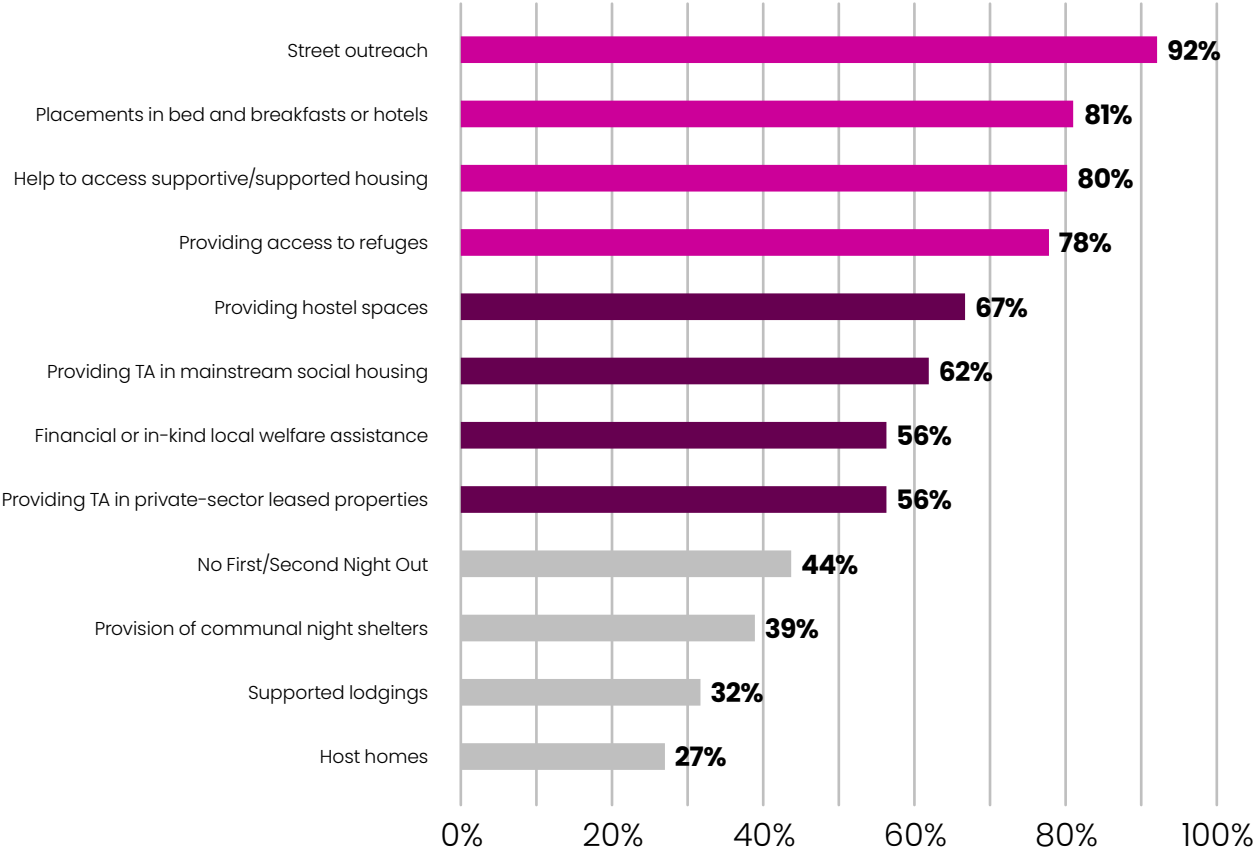
Between half and two-thirds of all respondents noted the presence in their area of hostels, temporary accommodation provided in mainstream social housing or private sector leased properties, and homelessness-focused local welfare assistance. No First Night Out[23] or No Second Night Out[24] services were reported by less than half of respondents.

Notably, two-fifths (39%) of all respondents flagged the presence of communal night shelters in their area – the most basic and undignified form of temporary accommodation. Newer types of provision intended to provide an alternative to institutional or traditional forms of temporary accommodation were substantially less common. Thus, supported lodgings (see Case Study 6) were reported as present in the local areas of only one third (32%) of respondents, while the prevalence of community hosting schemes (see Case Study 7) seemed even lower (reported by 27% of respondents).

23. No First Night Out: http://nfno.org.uk/
24. Ministry of Housing, Communities and Local Government (2011) 'No Second Night Out shows tough action to tackle rough sleeping': https://www.gov.uk/government/news/no-second-night-out-shows-tough-action-to-tackle-rough-sleeping

Figure 4: Emergency-stage interventions reported by survey respondents as present in their area

Intervention	Percentage
Street outreach	92%
Placements in bed and breakfasts or hotels	81%
Help to access supportive/supported housing	80%
Providing access to refuges	78%
Providing hostel spaces	67%
Providing TA in mainstream social housing	62%
Financial or in-kind local welfare assistance	56%
Providing TA in private-sector leased properties	56%
No First/Second Night Out	44%
Provision of communal night shelters	39%
Supported lodgings	32%
Host homes	27%

Source: Author survey of organisations engaged in homelessness prevention in England (Dec 2023/Jan 2024). n=126

The relative absence of these more innovative types of emergency accommodation is all the more striking in the context of our qualitative findings which indicated increasing reliance on expensive, and often poor quality, forms of temporary accommodation, and also growing use of out-of-area placements.[25]

"Too much money is wasted in temporary accommodation and commercial hotels… We've now got people going into hotels where they didn't previously and it's a huge cost."

(Workshop participant)

"There are sufficient support services, but lack of suitable accommodation [is] resulting in more use of B&B than ideal. Again this is compounded by lack of early intervention, which is the main issue."

(Survey respondent)

Lengthening stays in temporary accommodation – due to a lack of settled accommodation for people looking to move on - were also said to be filling up more acceptable provision and driving greater use of communal night shelters, which was regretted by survey respondents:

"Single people in hostels cannot move on to a tenancy meaning single non-priority need cannot access hostels so night shelter spaces fill up quickly. We keep increasing night shelter bed spaces but this is a poor outcome for people…"

(Survey respondent)

Exclusions from congregate and communal forms of temporary accommodation was flagged as a major concern, particularly for single people with more complex support needs:

'The TA provided offers such strict rules that it usually means a customer can be evicted and lose duty through breaches for something as simple as visiting another tenant, or smoking in the room. A large majority of customers therefore pass through this revolving door or TA/street homelessness/sofa surfing for months. Whilst not in TA they are often out of communication and therefore lose the opportunity to bid on properties and get overlooked.'

(Survey respondent)

Another concern has been the situation of non-UK nationals leaving temporary asylum accommodation when they become newly recognised refugees. This concern was particularly apparent due to the UK Government pledge to clear the backlog of asylum claims by the end of 2023. The larger numbers of people who were being given relatively short notice to leave asylum accommodation as well as the lack of available move-on options risks homelessness (see Case Study 8).

25. See also Fitzpatrick, S., Bramley, G., McMordie, L., Pawson, H., Watts-Cobbe, B. & Young, G. (2023) The Homelessness Monitor: England 2023. Crisis, London.

Some local authorities have taken action to address the increasing proportion of their budgets spent procuring these forms of temporary accommodation to provide better quality accommodation on a longer-term basis, albeit still with a temporary status (see Case Study 9).

One participant from a London borough commented that for a long time they didn't even know who was in their temporary accommodation. When they eventually did an audit with the help of a voluntary organisation they found that some of those for whom they had been paying high nightly accommodation fees for years had died or left, or rented out the accommodation to others.

Given the extremely problematic nature of so much widely used temporary accommodation, the relative lack of supported lodgings and community hosting models was commented upon by a range of workshop participants, with some pointing out that these models are cheaper than other forms of provision and often work well. It was remarked that wider lessons could be drawn from the successes of the Ukraine hosting schemes. On the other hand, some local authority representatives felt that host homes present a lot of potential risk to councils around ensuring safety for all participants. Host home volunteers also need support, and potentially insurance, and the resources have to be available for that.

Another potential positive example mentioned was 'tenancy flipping', whereby self-contained temporary accommodation is converted into a permanent tenancy if deemed suitable for the relevant household. Growing pressure on affordable housing stock was, however, making this approach more difficult to implement over time:

"[Local authority] will pull properties from their own stock as TA and then convert it to a permanent offer where it is considered suitable so that the household does not have the cost and inconvenience of moving on. However, whilst this approach has served us well over the last 15 years, there are so many more families being made homeless and so little churn in social housing stock combined with accessibility issues in the PRS, that we are looking to make more dispersed units available as TA that are not suitable to discharge the duty to as the alternative would be B&B."

(Survey respondent)

Case study 6: Supported lodgings for young people in north-west England

What it is

SLEAP (Support, Lodgings, Emergency Accommodation and Prevention) is a charity based in Leyland, Lancashire, whose main offer is supported lodging placements for young people in volunteer hosts' homes across South Ribble, Chorley and Preston. The hosts also offer social and practical support to help the young person live independently.

How it works

Young people 17-25 years old are matched with volunteer hosts who have been recruited, vetted, and trained by SLEAP. The hosts offer their spare bedrooms and offers support with practical skills like cooking, washing laundry, and shopping. SLEAP support workers visit the homes once per week or fortnight and help young people with applying for benefits, sorting debts, drafting CVs, and accessing information and health services. These activities are determined by the young person's priorities. SLEAP also holds monthly supervision sessions with hosts and holds social events for them.

The service seems to work well for those with family environments that are chaotic, unsupportive or unhealthy. SLEAP says that the supported lodgings offer young people a supportive network, a chance to stop worrying about day to day essentials, and to reflect on their goals and build a sense of belonging.

Referrals come from a range of services, such as colleges or children's social care and the criminal justice system. Young people can also refer themselves, and about half of the referrals in 2022-23 came via this route. There is no set time limit for placements but generally young people are ready to move on after around 18 months to 2 years. A six-month support programme called Moving4ward helps young people transition away from the support by staying in touch with them and assisting with practical matters, for example finding furniture for a new tenancy.

SLEAP says its model makes the most of existing resources in communities, such as putting empty rooms into use and harnessing volunteers' time and effort. In the future it is interested to explore the potential to work beyond 25 years old with younger adults.

Implementation challenges

One of SLEAP's main challenges is that it supports some young people who are not care experienced nor do they have needs identified by other services, such as social care services, meaning their referrals do not come with funding. SLEAP aims to use welfare

payments to fund the payments to hosts that cover rental costs, and at least some of the young person's support. However, under 25s have lowered benefit entitlements and there can be a shortfall on their housing costs. Moreover, only some local authorities accept SLEAP's service model as 'supported accommodation', which means that in most instances Housing Benefit will only cover SLEAP service users' rent but not their support. In these cases the shortfall can be subsidised either by SLEAP or by the young person if they are working. SLEAP is now receiving more referrals compared to previous years, with more young people already sleeping rough on referral. The charity is also having to help those moving on with practical help, such as food, due to costs of living being so high. Young people's mental health needs have increased since the pandemic, particularly anxiety and depression.

Funding

In previous years SLEAP was funded by Supporting People but moved to seeking grants from trusts, foundations and other voluntary sources and away from local authority funding which gave the service some extra flexibility. It is now mostly grant-funded but local authorities still spot purchase a small number of placements, usually through social care services rather than housing services. Welfare payments can also cover some or all of a young person's rent and support. The National Lottery Community Fund has provided grants in recent years that cover SLEAP's core costs and much of the support work.

Impacts on homelessness

For the young people that SLEAP helps, street homelessness and long-term sofa surfing are often averted. Recently though, due to rising need, SLEAP has had to turn young people away due to a shortage of space which it says is "painful". Recently SLEAP has had to start giving a small number of tents and sleeping bags to individuals in the area that it cannot accommodate.

In its most recently published annual report for 2022-23 the charity actively supported 53 young people, 25 of whom were new referrals that year. It also supported 19 people outside of its usual age group with practical assistance and signposting. Recorded outcomes for those actively helped included 90% of young people's risk of homelessness reduced. The charity receives positive updates from young people after they have moved on, including those moving to new houses, relationships and jobs. Some hosting volunteers and SLEAP trustees were previously supported by the charity.

Case study 7: Short term community hosting for young people in parts of England

What it is

The Nightstop network provides young people at risk of homelessness with emergency accommodation in the homes of vetted and trained volunteer hosts. 24 local services across England and Scotland, and one in Canada, are accredited to quality standards by Depaul UK, which runs some Nightstops itself.

How it works

Young people aged 16-25 years old are referred by partner organisations, such as education or housing services, and occasionally police, or they can self-refer. After a needs assessment and matching process, the host welcomes the young person to their home for a placement of one night to three weeks and provides meals, clothes washing facilities, and a chance to chat. The young person can also spend time alone in their private bedroom. The placements are always temporary and young people are not given a key and are never left alone in the house.

Move-on options from Nightstop placements include reconnection and mediation with families or moving to supported or semi-supported accommodation, hostels, and sometimes private tenancies though these are increasingly difficult to access. The Nightstop staff follow up with young people a month after move-on. Some Nightstop services have their own move-on accommodation and Depaul also offers supported lodging placements of 6 months to 1 year with paid providers.

Implementation challenges

The model has operated since 1987, when church-based volunteers in Leeds made spare rooms available to young people. Each Nightstop service has paid staff but relies on volunteers not just for hosting but also driving, public transport chaperones, and some administrative work, though volunteers can claim out of pocket expenses at a rate set by the individual service. Recruitment of hosts is a consistent challenge and some older hosts have stopped volunteering since the pandemic, though Nightstop services are using this development to further diversify the pool of hosts. There is positive feedback from hosts and guests and no major incidents in their homes have been reported.

Since the pandemic, Nightstop staff across the network have reported increases in the mental health needs of young people placed with hosts, which means that services have had to work to ensure reasonable expectations on volunteers while managing the needs and wellbeing of young people. In recent years Nightstop services have faced more

challenges securing move-on accommodation. Looking forward, Depaul is increasing the use of supported lodgings as a move-on option and, as with Nightstop, Depaul accredits these services.

Funding

The most common funding arrangement for a Nightstop is to use funding from community and grant-making trusts with some 'top up' from local authority budgets though a number of Nightstop services do not receive any local authority funding. Local authority budgets have been cut in recent years and because only a small number of Nightstop services are completely funded by community funders and trusts these cuts are a concern. Funding from grantmaking organisations and local authorities helps Nightstops to, for example, deliver training to volunteers, fund staff posts to support volunteers and provide advice and support, and to pay for volunteer hosts' expenses and young people's travel costs.

Impacts on homelessness

More than Bednights is an evaluation report about the social impact of the Nightstop model. The evaluation found immediate benefits to young people from being able to access shelter, social support and stability from hosts as well as improvements in their feelings and attitudes. The report also estimates the social value provided by Nightstop, including reductions in rough sleeping and young people having alternative accommodation away from unhealthy or unsafe relationships.

Depaul UK is currently reviewing how the impact of the Nightstop model is defined and measured. Nightstop is a short-term emergency intervention and Depaul argues that it gives breathing space to young people and lowers the risk of sleeping rough or being in unsafe situations. As one young person told a Nightstop worker: "It's the first time I've ever sat round a dining table and had a meal where people didn't shout at each other."

Further information

List of Nightstop services

Danger Zones & Stepping Stones, a multiphase Depaul project about hidden youth homelessness

Case study 8: Support in Colchester for people seeking asylum and for newly recognised refugees

What it is

Refugee, Asylum Seeker and Migrant Action (RAMA) is a charity that works in Colchester to support people seeking asylum and newly recognised refugees by providing a range of practical, legal, material, psychological and emotional support.

Since December 2020 Colchester has been a dispersal area for people claiming asylum in the UK. If a person's asylum claim is granted they are given notice that they are recognised as a refugee and RAMA has worked to support people from many countries throughout this process. During the past year the Home Office has tried to clear the backlog of asylum claims more quickly. This has resulted in more people needing help and RAMA says it has been "forced" to work to prevent homelessness due to the worsening circumstances of the people it helps, having not previously been familiar with this work. Before the push to clear the backlog, RAMA might have worked with people for one or two months to find accommodation while addressing other needs. Rough sleeping prevention is now a bigger priority for accommodation support and the service has been taking a "wheeling and dealing" approach, according to one support worker.

How it works

People arriving in the UK who claim asylum are sent to initial accommodation that includes hotels and camps, such as the Wethersfield Ministry of Defence site near Colchester. While waiting for an asylum decision from the Home Office, people are sent to dispersal accommodation, which is usually shared housing run by a private provider.

The provider often refers people to RAMA, which tries to help people with all possible needs as they arrive in an unfamiliar place, sometimes speaking little English, and often with trauma or mental health difficulties from wars or conflicts that they fled. RAMA helps people, for example, to register with a GP, finds legal assistance to help with their claim, helps source identification documents and gives practical and material help, such as SIM cards, so that people supported can be independently in contact with services.

RAMA also runs a foodbank to provide essential material goods, given that those in dispersal accommodation have less than £50 per week for food and essentials. People can also be put in touch with other local charities that provide practical help and activities. RAMA provides therapeutic activities and has a psychologist to support people, easing trauma and isolation. They also provide specific casework help, such as supporting people who have arrived in the UK under the Homes for Ukraine programme or those who have legally complex cases.

RAMA's street homelessness prevention work includes trying to negotiate one-week extensions in dispersal accommodation or facilitating access to private tenancies or nightshelters for people moving on. It also involves helping people navigate the homelessness support system, such as assistance with paperwork to help with applications to the council or facilitating access to healthcare professionals who can assess people and provide proof of medical conditions that mean the person has priority need status for housing.

Implementation challenges

There are considerable challenges in helping non-UK nationals in these situations. RAMA is relatively small and does not have funding or capacity to support casework for everyone in need.

This has been compounded by the UK Government policy to try to clear the backlog and move people on from asylum accommodation. As part of these efforts, in late 2023, the Home Office changed when accommodation and support would be withdrawn from newly recognised refugees, requiring them to leave their asylum accommodation within 28 days of being recognised but regardless of whether they had received the biometric residence permit that confirms their right to access public services and benefits. Previously, people had been given the 28-day notification after receiving the permit. At the same time, refugees who had been accommodated for more than 28 days and had previously received a positive decision were given 7 days' notice of their support being withdrawn. At the end of 2023 the Home Office reversed these decisions as changes had caused a significant number of people to be evicted into homelessness due to the lack of time to source accommodation, claim benefits or apply for jobs.

RAMA says the dispersal accommodation is "generally very poor" and cramped, with common problems including heating system malfunctions and infestation of rats or bedbugs. Given that people from different cultures and backgrounds, and with physical and mental health issues and trauma, are forced to share (often poor quality) spaces, this can lead to conflicts in dispersal accommodation. People can face difficulties accessing healthcare, including GPs.

Funding

RAMA's funding comes from a variety of sources, including the NHS and the local authority, which contributes to staff posts. It also uses activity-specific funding, such as a grant from Sport England to run a football programme. The funding is often short-term which introduces uncertainty for the charity and requires a lot of time invested in new funding bids.

Impacts on homelessness

During a five-week period at the end of 2023 RAMA worked with night shelters, rough sleeping teams, other charities, and the council's community team to try to prevent street homelessness for 135 people who had been granted refugee status. These efforts prevented street homelessness in all but 3 cases.

In general, though, the service is aware that some of the people it has worked with in the past have ended up moving elsewhere, such as London, and therefore could be on the streets.

Case study 9: Higher quality temporary housing supply in Hastings

What it is

Hastings Borough Council has a five-year new housing supply programme to acquire houses to provide better quality, more stable and less expensive long-term 'temporary accommodation' for residents waiting for more settled tenancies from the council's choice-based letting system. It offers the homes as longer-term, high quality temporary accommodation as it believes this makes better financial sense at this time. With limited available sites to build new homes and facing challenges from its coastal geography, the council was keen to find ways to provide homes to enable people to stay within the borough, closer to support networks.

How it works

In 2022 the council agreed to spend more than £11m over five years to purchase 50 homes to use as longer-term temporary accommodation. People who stay in the accommodation have a non-secure tenancy (when a homeless household is placed in temporary accommodation owned by the council) that they can use while bidding for a more settled home among a list of housing association properties, which can take at least three years.

The council runs the programme largely in-house but external support is sought from contractors for repairs and for procurement support. The main council teams include the property management team, which manages this programme's accommodation and other properties including for the council's social lettings agency that manages private rented sector properties. The team for rent and support collects rent and offers help to tenants to ensure they can pay.

By owning the homes, the council can offer the properties at reasonable rents in order to claim full subsidy via housing benefit income from the Department of Work & Pensions. Ownership also allows the council the flexibility to treat the temporary accommodation more like a home compared with privately-run temporary accommodation, such as bed and breakfasts; for example the council allows tenants to have pets and visitors, and it has committed to improve the energy efficiency of the buildings.

Many of the properties acquired are former local authority stock, some of which were empty stock that were brought back into use. The council has sought not to acquire properties that have become empty due to landlords evicting tenants.

Implementation challenges

The council has faced difficulties finding one-bed properties, especially freehold, and has tended to use HMO properties for single people. This means the programme has particularly benefitted people already living in the borough with their family and who have children of their own and are looking to form new households.

The council is also mindful that the programme is a pragmatic solution to the housing challenges the area faces and is not ideal in a number of ways. For example, the programme requires that people will move out, even if they end up staying for a number of years, which the council anticipates might be difficult for some residents who feel settled despite the temporary nature of the accommodation. The council faces a communication challenge because by allowing more flexibility for tenants housed under this programme they have introduced a separate system of rules and practices to those used in privately-run temporary accommodation and to those let by the council's social lettings agency.

Funding

The acquisitions are funded by borrowing on an invest-to-save basis as considerable savings are anticipated from using council-owned and run accommodation instead of privately-run temporary accommodation. The latter accounted for about a third of the entire council budget during 2023-24 and around 500 people were staying in this at the end of 2023. Rental payments also provide a funding stream that supports, for example, housing repairs. The council has also received a Homes England's affordable homes grant for each home and is looking at new ways to fund further acquisitions that do not require borrowing, such as central government support. However, further borrowing remains a potential option.

Impacts on homelessness

The programme was planned to last until either 50 homes had been purchased or £11m spent, and it achieved the £11m target around two years ahead of schedule. The council acquired fewer smaller properties than planned due to shortages. However, because these were larger properties the bedroom capacity achieved was approximately the same as in the original plan, though this means the council has had to make additional plans to accommodate single people leaving homelessness in HMOs.

Further information

On the council's financial challenges, the Local Government Association's Finance Peer Challenge (2023) report: LGA Corporate Peer Challenge Final Report 2021 (moderngov. co.uk)
Sky News coverage: The seaside town where there are not enough homes to go around - and the rental market is broken

Repeat prevention

We defined 'repeat prevention' to survey respondents as *"preventing a reoccurrence of homelessness for people who are currently or recently homeless, for example through Housing First or tenancy support."* Thus, at the repeat prevention stage people may be resettled in new accommodation (so no longer homeless), or they may still be homeless and require a sustainable solution. We noted that this might include people owed a relief duty under the Homelessness Reduction Act 2017.
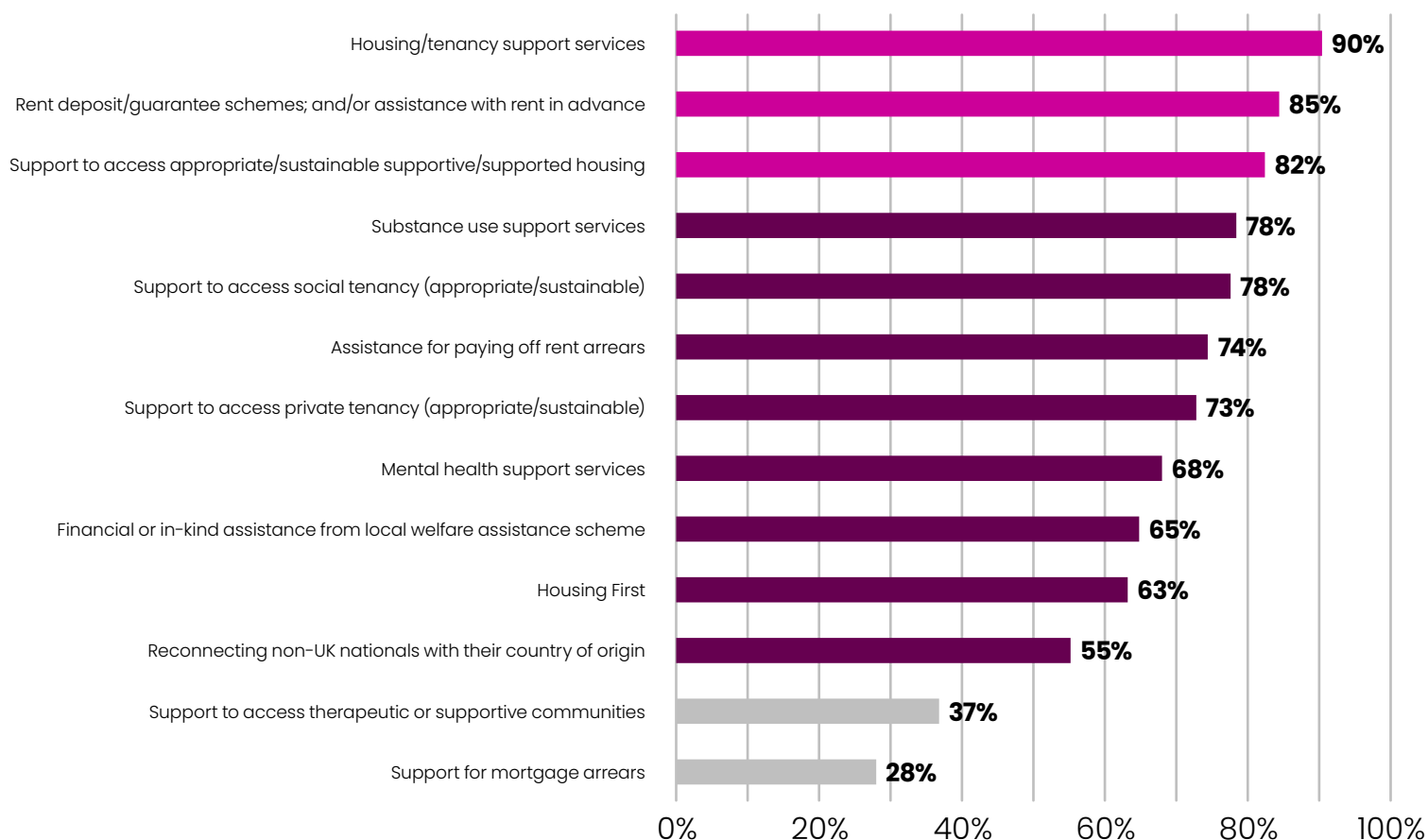
We asked respondents, bearing in mind this definition, to report on whether a list of interventions to either access or retain suitable accommodation were in place in the geographic area(s) where their organisation operates (note that some of the interventions below are also relevant at the other prevention stages).

The results are presented in Figure 5. Housing/tenancy support services emerged as the single most common type of repeat-stage prevention intervention (90% of respondents perceive this intervention to be in place in their areas). The perceived widespread prevalence of this type of support is unexpected given the severe retrenchment of Supporting People revenue funding in England since 2010,[26] and the absence of a statutory support duty in law (unlike in Scotland).[27]

Most other types of intervention were reported as present in their area by more than 60% of respondents, including rent deposit/guarantee schemes, support to access suitable supported social and private tenancies, mental health and substance use support services, help with paying off rent arrears, and local welfare assistance. While it be may considered reassuring that a majority of respondents noted the availability of these services locally, we would expect most measures on this list to be universally available, e.g. support to access social and private tenancies, so these results are somewhat disappointing.

26. Fitzpatrick, S., Pawson, H. & Watts, B. (2020), 'The limits of localism: a decade of disaster on homelessness in England', Policy and Politics, 48(4): 541-561.
27. Watts-Cobbe, B., Bramley, G., McMordie, L., Pawson, H., Young, G. & Fitzpatrick, S. (2024) The Homelessness Monitor: Scotland 2024. Crisis.

Figure 5: Repeat prevention interventions reported by survey respondents as present in their area

Intervention	Percentage
Housing/tenancy support services	90%
Rent deposit/guarantee schemes; and/or assistance with rent in advance	85%
Support to access appropriate/sustainable supportive/supported housing	82%
Substance use support services	78%
Support to access social tenancy (appropriate/sustainable)	78%
Assistance for paying off rent arrears	74%
Support to access private tenancy (appropriate/sustainable)	73%
Mental health support services	68%
Financial or in-kind assistance from local welfare assistance scheme	65%
Housing First	63%
Reconnecting non-UK nationals with their country of origin	55%
Support to access therapeutic or supportive communities	37%
Support for mortgage arrears	28%

Source: Author survey of organisations engaged in homelessness prevention in England (Dec 2023/Jan 2024). n=125

On the other hand, it was encouraging to see that Housing First – a highly effective intervention for people with complex support needs[28] - was perceived to be available in their local area by 63% of respondents. It therefore appears that this model is no longer restricted to pilots and projects in a small number of locations. However, it remains far from ubiquitous, with a number of workshop participants lamenting the absence of Housing First in their area. Also, the 'fidelity' of all of the services identified by survey respondents to Housing First principles[29] remains open to question as does the extent of available Housing First provision in each area and whether provision meets the scale of need.

28. Woodhall-Melnik, J.R. & Dunn, J.R (2016) 'A systematic review of outcomes associated with participation in Housing First programs', Housing Studies, 31:3, 287-304.
29. Homeless Link (2024) 'Staying on track – Housing First Fidelity Assurance Framework' https://homelesslink-1b54.kxcdn.com/media/documents/Staying_on_Track_Housing_First_fidelity_assurance_framework.pdf

The importance of effective repeat prevention interventions was emphasised by a range of survey respondents in their qualitative remarks, with concern expressed that, in the absence of such interventions, the same people repeatedly 'cycle' through the homelessness system, at great personal cost to them and financial cost to the public purse. Intergenerational experience of homelessness was identified in some instances.

While we note above the positive quantitative finding on the widespread availability of tenancy support/sustainment services, there was also concern expressed that these services can be especially vulnerable to cuts when local authority budgets come under pressure:

"...there is insufficient repeat prevention services available. Often when LAs are looking to make cuts floating support/tenancy sustainment services are targeted as the immediate impact is not always visible. However we see the impact in the months following decommissioning of services."
(Survey respondent)

Other qualitative comments likewise focused on challenges and barriers associated with repeat prevention, with many of these themes picked up in the cross-cutting issues section later in this report. However, there were also positive examples of good practice flagged, as well as some interesting innovation:

"We have charity partnerships that provide support and the housing associations have their own response teams for early intervention to sustain tenancies."
(Survey respondent)

"All staff receive training in social prescribing."
(Survey respondent)

Cross-cutting themes

This section provides important qualitative insights on current homelessness prevention activity across England. Drawing upon open text survey responses and contributions during the workshop, several key themes emerge that cut across multiple stages of the prevention typology.

Structural challenges

There was a clear and unsurprising message that all stages of homelessness prevention work are undermined by a range of structural challenges, including: a difficult financial situation within local authorities, staffing issues, a lack of suitable and affordable homes, and problematic eviction rates from the PRS. Research participants particularly focused on the undersupply of accommodation and eviction rates. As the respondent below describes, every effort can be made to enable people to remain in their homes, but early prevention interventions often require alternative accommodation options and their absence severely undermines prevention goals.

"This [homelessness prevention] is getting harder and harder because of the crisis in supply of accommodation... You can negotiate with a landlord/ family excluder etc to keep someone in their home for a period of time, and not pursue eviction, you can throw money at it, clear arrears, provide support etc, which we do, but unless there is somewhere else for them to move onto eventually, this will just delay the inevitable."
(Survey respondent)

A lack of accommodation also undermines emergency and repeat stage prevention efforts. Inevitably the shortage of social housing and affordable private rented accommodation was identified as a barrier to moving people on from temporary accommodation, but there was also a very clear message that local areas often lack sufficient and suitable emergency and temporary accommodation. This point is discussed in much detail in the Emergency-stage prevention section of this report. The clear and consistent conclusion is that local areas generally lack the volume and range of accommodation options that would enable effective interventions at all stages of the prevention typology:

"[There is a] shortage of social housing, shortage of support housing, shortage of affordable private rented accommodation and shortage of refuge spaces... No night shelter in our district."
(Survey respondent)

Evictions from private rented sector accommodation were identified as a frustrating challenge in many areas. Issues identified included the ease at which landlords can evict tenants using 'no fault' procedures and the late stage at which local authorities and their partners are informed.

"Clients are coming in to services with a S21 ['no fault'] notice at the very last minute. We need a mandatory process, where as soon as they get an eviction notice the local authority is informed. This needs to happen before they get a possession action. What can we do locally to make sure they come to us earlier?"

(Workshop participant)

During workshops this prompted interesting discussions about the extent to which these structural challenges might be addressed at local level, e.g. through mechanisms of earlier identification of homelessness risks, as opposed to national intervention through law, guidance and regulation. The extent to which local areas can influence these problematic structural contexts is crucial to understanding opportunities for improvements in locally-led homelessness prevention.

Homelessness prevention moving downstream

Capacity and resource issues, a statutory focus on crisis and emergency-stage intervention, and the prioritisation of immediate needs, means homelessness prevention efforts were said to be moving downstream. Discussions on this issue confirmed an aspiration to move upstream, a recognition of the social and economic benefits of doing so, but in reality things are moving in the wrong direction.

Upstream and crisis-stage prevention efforts are particularly impacted by this downstream movement of services and support, and the respective sections of this report discuss these findings in some detail. At both stages the influence of resource constraints and the requirement to prioritise immediate needs emerge as pivotal;

"Whilst we endeavour to provide upstream prevention, the lack of resources mean that opportunities are missed resulting in people having to access statutory services which is both more costly and a worse experience in most cases."

(Survey respondent)

"It is extremely hard, given local government financial pressures, to justify investment in upstream prevention which may not show immediate in year savings. The focus for our limited resources is on crisis management, and the relief of homelessness."

(Survey respondent)

Workshop participants had the opportunity to reflect on this key finding, which they confirmed, and then began to look towards potential opportunities for improvement. Three interesting suggestions emerged. First, there is clearly an upstream resource gap that needs to be addressed, potentially through prospective new VCS funding.[30] It was also proposed that alternative funding sources should be explored, including corporate funding and social investment though payment by results. Second, at local level there is an opportunity for more strategic planning around homelessness prevention, creating space to think upstream whilst still responding to urgent needs.

"There is a need to have some statement of intent and direction of travel in strategies and how downstream and upstream strategies are managed"

(Workshop participant)

Third, participants recognised the role of current homelessness legislation in driving the timing of intervention, and they questioned whether legislative reform might help move efforts upstream. Legislative change of this type is advancing in Scotland and Wales and provides a potential direction of travel for England.

"I didn't see anything around proposing changes to legislation. Can obligations move things forward? This isn't just about securing more cash and being punitive to authorities, it's about driving change."

(Workshop participant)

Collaboration and early identification

There was a strong steer that effective homelessness prevention requires collaboration between statutory, voluntary and community sectors, and across different areas of public policy. Whilst participants identified examples of effective collaboration, the overwhelming narrative of contemporary practice is one of disjointed and silo working that leads to missed opportunities at all prevention stages.

The most frequent concern was the difficulty faced by homelessness services, particularly within the VCS, in accessing support from other services, including mental health, substance use, adult social care, and probation. There was a general feeling that thresholds to access these services were now so high that support was only available, if at all, at point of emergency. Research participants understood these challenges largely result from the same resource and capacity pressures that are being experienced by homelessness services.

"Again, these support services are there but they are very difficult to access due to demand and resources. It is much harder for people who don't fit an extremely tight criteria to access this support. It is very hard for the voluntary sector to access this support as teams on all sides are over capacity."

(Survey respondent)

"They [local authorities and partners] know what to do in an emergency but thinking strategically across various LA business areas to look at prevention doesn't happen. They're much better at dealing with crisis."

(Workshop participant)

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30.   The design of a potential new homelessness prevention grant funding programme is discussed in detail in a second output produced from this National Lottery Development Grant project: Mackie, P., Fitzpatrick S., Morris, N. (2024) Funding homelessness prevention - defining the parameters of a funding programme to advance local level homelessness prevention in England. Homeless Link.

Interestingly, workshop discussions highlighted the potential role of legislation in requiring more effective collaboration amongst partners. This is an area currently being explored by the Welsh and Scottish Governments where they are proposing to strengthen duties on public services to cooperate with local authorities in efforts to prevent homelessness.[31]

A very clear message emerged that public services other than local authority housing teams should play a far more active role in identifying and supporting people at risk of homelessness. Several workshop participants also suggested that there are significant opportunities for early identification through voluntary and community sector services (see also the 'universal' section). To enable services to fulfil this early identification role, workshop participants would like to see more extensive training of professionals on the common risk factors of homelessness, although evidence on effective upstream collaboration would suggest that training alone would be insufficient.

"Although we have some upstream prevention measures in place there needs to be more investment in upskilling professionals across different sectors in homeless prevention awareness and the measures that can be taken at an early stage, or the red flags that could signal that a household could be on a pathway to getting into difficulties. Due to the statutory pressures, implementing and embedding the upstream prevention is challenging."

(Survey respondent)

"The other community touch points are an important part of the prevention landscape. A lot of people will be using foodbanks etc. The VCS door is often easier to walk through than the local authority or any other institution. Does that come through in the research? And how many of those things depend on volunteer hours?"

(Workshop participant)

When discussing opportunities for improved collaboration and early identification of homelessness risk, participants commented that lessons would need to be learnt from the deficiencies in the Duty to Refer which was introduced as part of the Homelessness Reduction Act 2017. As discussed in the crisis-stage prevention section of this report, simply making a referral, often immediately prior to homelessness, is insufficient.

"The Duty to Refer process is in place and utilised but the quality of [referrals] is often poor, with little to no meaningful information, no contact details and then no response to them when we reply. They also tend to come in a few days before pending homelessness, rather than a few months in advance. We also find that referrers will use them too late instead of advising the applicant to approach us now. Due to the amount we get, it can take a week to respond to a DTR, and the applicant should have been given our contact number instead."

(Survey respondent)

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31. Welsh Government (2023) White Paper on Ending Homelessness in Wales: https://www.gov.wales/ending-homelessness-white-paper

Populations at risk of homelessness

Many of the comments from research participants focused on the availability and effectiveness of homelessness prevention interventions for different population subgroups across all prevention stages. Almost all population groups mentioned in the Upstream prevention section of this report were discussed by participants. Concerns focused on the lack of suitable accommodation for some groups (e.g. people with complex support needs, domestic abuse victims), the lack of specialist services (e.g. gender-specific, LGBTQ+ people), exclusion from accommodation and support (e.g. people not in priority need, people with No Recourse to Public Funds), and shifting and problematic policy and law – usually at national level (e.g. refugees). Two examples of these concerns are given below:

"The woeful under supply of supported accommodation, as well as safe accommodation for domestic abuse victims, where they might be while you put in orders, sanctuary measures etc to prevent the loss of their home, is having a huge effect on the number of domestic abuse victims whose homelessness is not prevented."

(Survey respondent)

"We have seen a particular increase in people with restricted eligibility rough sleeping, as emergency accommodation is full (people are not able to move on to permanent homes due to PRS and social housing issues raised previously) meaning people who are ineligible to bring in housing benefit are not a priority for the local authority. A new system of verification has left people who purposely hide when they sleep rough without an accessible route into emergency accommodation. People come to [city name removed] understandably for the opportunity to find work (legal and illegal) and for their community (religious and cultural) amongst other things, this has also increased demand in the area."

(Survey respondent)

Importantly, workshop respondents also highlighted the importance of understanding intersectionality and the gaps in provision to meet diverse population needs. They equally recognised that some at-risk groups are not identified in the Upstream section and in the list of at-risk populations presented in the survey. Most notably, the high prevalence of neurodivergence amongst people experiencing homelessness does not appear to be acknowledged and warrants further consideration in homelessness prevention efforts.

Avoiding unintended consequences

A few participants cautioned that any efforts to improve homelessness prevention must consider potential unintended consequences. Several examples, including from other areas of social policy, were given of past prevention interventions that had unintended and problematic impacts. One particularly relevant example is the payment of higher rents to private landlords by local authorities to accommodate people at risk of or experiencing homelessness, causing landlords to then inflate their rental prices in the

area (see also crisis-stage prevention). Careful consideration will need to be given to either avoid such consequences or carefully weigh up the short-term gains against these wider impacts.

"Landlords know the LA will pay high rates as it is still cheaper than the B&B costs. It is really good that people are not having to stay in unsuitable B&B accommodation, but this response (incentives and top-ups) has increased rent costs across [city name removed]."

(Survey respondent)

Lived experience engagement

A final and important cross-cutting theme is the need for lived experience of homelessness to inform the critique of existing homelessness prevention services and to shape new directions. Few survey responses commented on the role of lived experience in relation to existing provision, beyond several mentions of effective peer support services, but there were multiple comments across the study about the importance of lived experience shaping future provision.

"Finally, and linked to all I have said, ensuring that those with experience of all forms of homelessness have a say and stake in what provision is needed and how it is delivered, including relating to how to prevent homelessness occurring."

(Survey respondent)

Prevention Into Action

Conclusion

The origins of this research lie in Homeless Link's identification of a need for a step-change in efforts to prevent homelessness in England. Their discussions with key stakeholders revealed concerns that homelessness funding and actions were largely 'downstream' in nature, focused on crisis-orientated interventions, and on mitigating the impacts on people who are already homeless, particularly people sleeping rough. Key sector players were keen that action to address homelessness should start to shift towards earlier stages of intervention, and that Homeless Link should lead the sector in harnessing these preventative efforts.

Encouraged by these discussions, Homeless Link secured a development grant from the National Lottery Community Fund to lay the groundwork for a potential major new programme of sector support to radically advance the prevention of homelessness at local level across England. Cardiff and Heriot-Watt universities were engaged to lead the research element of this work, which had two key objectives: to assess the extent and type of homelessness prevention activity across England, including the identification of effective practice; and through this process to identify gaps and opportunities for more effective homelessness prevention across England. Underpinning this analytical work was a five-stage typology of homelessness prevention comprising universal, upstream, crisis-stage, emergency-stage and repeat prevention levels.[32]

The current state of homelessness prevention in England

Drawing on a national survey of organisations offering homelessness-related services, semi-structured interviews with representatives of effective practice, as well as a large-scale participatory workshop, the research uncovered five overarching findings on the current state of homelessness prevention in England.

First, a pre-eminent message was that insufficient prevention work at all stages of the typology is unambiguously shaped by the extremely challenging structural climate in England, including the dire financial situation within many local authorities, a severe shortage of staff, problematic eviction rates, particularly from the private rented sector, and shortfalls in access to suitable affordable housing. This last issue came across particularly strongly, with the point made repeatedly that better access to both temporary and permanent housing was required to support prevention at all stages, including via expanded social housing stocks and more realistic Local Housing Allowance rates to facilitate access to the PRS.

Second, these resource pressures make it difficult to justify investment in upstream prevention, which may not show immediate impacts and in- year savings. When coupled with a statutory focus on crisis-stage interventions, and an (understandable) prioritisation of immediate needs, both local authority and voluntary sector actions on homelessness seem to be shifting ever further downstream, to the neglect of more universal, upstream or even crisis-stage interventions. There was thus a great deal of frustration expressed that opportunities for earlier intervention were not currently being grasped. This means

32.   Fitzpatrick, S., Mackie, P. and Wood, J. (2021) Advancing a five-stage typology of homelessness prevention. International Journal on Homelessness, 1(1), pp.79-97.

more people experiencing the trauma of homelessness, or the immediate threat of homelessness, than is necessary, and huge costs to the public purse in the form of (often poor quality and inappropriate) temporary accommodation. Given mounting concerns about the unsuitable, as well as expensive, nature of traditional forms of temporary accommodation, it was disappointing to see only limited provision of more innovative and non-institutional forms of emergency and temporary provision, such as supported lodging schemes and community hosting arrangements, reported in the study.

Third, there were particular challenges/gaps noted for specific sub-populations at risk of homelessness, and also in addressing key triggers of homelessness. Concerns centred on the lack of suitable accommodation and support for some groups (e.g. people with complex support needs, survivors of domestic abuse victims), the lack of specialist services (e.g. gender-specific, LGBTQ+), and exclusion from accommodation and support based on legal or policy grounds (e.g. people not in priority need, people with NRPF status, and people excluded from temporary and emergency accommodation on behavioural grounds). Most of these are groups at particularly high risk of homelessness, so prevention measures will struggle to impact substantially unless inclusive of their needs. With respect to particular triggers of homelessness, one glaring gap was with respect to preventative work with those facing (non-violent) relationship breakdown – either between young people and their families, or between partners - with the provision of family and relationship mediation seemingly in decline.

Fourth, notwithstanding some encouraging examples of effective practice (see below), a general lack of coordination and inter-sectoral partnership working on homelessness prevention was reported. A very clear message emerged that, as part of a systemic change to 'design out homelessness', public services other than local authority housing teams should play a far more active role in identifying and supporting people at risk of homelessness, so that prevention is embedded into their ways of working. Relevant public bodies here include health services, social services, education services, the criminal justice system and the Home Office. There may also be significant opportunities for early identification of risks through voluntary, community and faith sector partners. The potential role of legislation in requiring more effective collaboration amongst partners was raised, with the 'Duty to Refer' introduced by the Homelessness Reduction Act 2017 viewed as too narrow and one-sided to achieve the step-change required. The Welsh[33] and Scottish Governments[34] are proposing to strengthen duties on other public services to identify and prevent homelessness, possibly providing a roadmap for change for England. Continuing the theme of collaboration and partner engagement, it was notable that relatively few comments were made about lived experience engagement across current homelessness prevention activity, however there was a clear steer that lived experience should play a central role in shaping this agenda.

Fifth, we encountered many examples of (at least perceived) effective practice in preventing homelessness, including councils supplementing their existing homelessness prevention duties with new roles to support people leaving state institutions; voluntary and community organisations harnessing funding, volunteer efforts and local partnerships to help cohorts at greater risk, such as young people and newly recognised refugees; and local solutions to increase the supply of better quality emergency and temporary accommodation. These examples are in place despite all of the challenges this research highlights and many interventions represent pragmatic efforts to work around the constraints of accommodation shortages, policy and legislation, and lack of revenue funding streams. The sheer range of this promising practice across the different stages of prevention, and across a variety of groups at risk, provides an encouraging platform on which to build a more systematic approach to homelessness prevention in England.

Gaps and opportunities for locally-led change

Through this study's analysis of the current state of homelessness prevention in England, six major gaps and opportunities emerge for locally-led improvements to homelessness prevention in England.

Importantly, given the remit of this study is to provide the basis for a step-change in locally-led contributions to homelessness prevention, we focus on the local-level scope for positive change rather than the national housing, welfare and other policies driving our current high homelessness levels. However, the pressing need for improved access to affordable housing supply, including via enhanced housing benefit levels, and for local authorities to have access to increase staffing and other resources, and the leverage to compel other parts of the public sector to contribute more effectively to homelessness prevention, provide the fundamental backdrop for all the points identified below.

1. Act on universal prevention

There is ample scope for stepped-up local actions to promote more universal measures that reduce homelessness risks at a community-wide level by addressing poverty and bolstering key protective factors in the housing, work, welfare, education and relationship spheres.

2. Prioritise upstream prevention

There is a clear need and desire for greater prioritisation of upstream prevention focused on early intervention with high-risk groups, and moving beyond institutional settings, such as prisons and hospitals, where such measures tended to be applied, if they are at all. Key opportunities for expanded upstream activities include with vulnerable young people in school/education settings, people experiencing the earliest stages of struggling with rental payments, and those facing relationship breakdown of various kinds.

3. Improve downstream prevention

Addressing common issues associated with temporary accommodation for those in an emergency situation (expense, unsuitability, out-of-area placements, exclusions etc.) should be a priority in preventing homelessness-associated harms. Actions might include non-institutional provision such as supported lodgings and community hosting, and creative means of procuring higher-quality and cheaper temporary accommodation.

4. Implement specialist prevention measures

There is a need for specialist as well as generalist homelessness prevention measures to ensure that the groups identified as often falling through the gaps – such as people with No Recourse to Public Funds status, people with complex support needs, women and children survivors of domestic abuse, and single people not in priority need – are not excluded from advances in prevention efforts.

5. Enhance inter-sectoral partnership working with the VCS and lived experience at the centre

As part of a systemic change to 'design out homelessness', public services other than local authority housing teams should play a far more active role in identifying and supporting people at risk of homelessness. Moreover, in this process of systemic change, the VCS and people with lived experience should be at the centre.

33. Welsh Government (2023) 'White paper on ending homelessness in Wales': https://www.gov.wales/ending-homelessness-white-paper
34. Scottish Parliament (2024) 'Housing (Scotland) Bill': https://www.parliament.scot/bills-and-laws/bills/housing-scotland-bill-session-6/introduced

6. Develop upstream funding opportunities

A major funding gap exists around upstream homelessness prevention that would enable sustained development and evaluation of new, expanded and innovative preventative services.

Moving forwards

This report provides important new insights into the current state of homelessness prevention in England and identifies six major gaps and opportunities for locally-led improvements. These lessons, and the details contained within this report, are intended to inform the focus of a potential major new programme of sector support to radically advance the prevention of homelessness at local level across England.

The report is accompanied by a second output produced as part of this National Lottery Community Fund development grant project. The second output, informs the approach to a potential new funding programme, identifying ideal parameters and characteristics of a funding programme of sector support.[35]

Taken together, it is hoped that these outputs lay the groundwork for Homeless Link, the National Lottery Community Fund, and wider partners to move the homelessness prevention agenda forwards rapidly.

35. Mackie, P., Fitzpatrick S., Morris, N. (2024) Funding homelessness prevention - defining the parameters of a funding programme to advance local level homelessness prevention in England. Homeless Link.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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