Support for single homeless people in England

Annual Review 2016

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CONTENTS

Executive Summary

With one in ten people in England reporting that they have had personal experience of being homeless, many people will require support and help for homelessness at some point in their lives[1]. While homelessness can happen to anyone at any time, the causes of homelessness and the subsequent support people need varies. The kind of assistance that people are eligible for will also depend on their circumstances and some people may find it difficult to access the help that they need. In particular, this applies to people who become 'single homeless' – people without dependants who are, generally, unless they are found to be 'vulnerable', not eligible for the main duty of statutory support under homelessness legislation but there is a duty to provide advice and assistance. Many of these individuals rely on services in the homelessness sector to provide them with accommodation and support to help them address the issues that led to, or maintain, their homelessness.

For the past nine years Homeless Link has been tracking provision for single people in the homelessness sector. This research provides essential evidence for services, commissioners, policy-makers and others planning support for people who become homeless in England.

This year's report is based on surveys with 394 accommodation projects and 53 day centres; analysis of Homeless UK secondary data sources; and case studies collated through telephone interviews with staff working in homelessness services[2]. Key findings include:

Availability of homelessness services

There are currently **35,727** bed spaces available in homelessness accommodation projects.

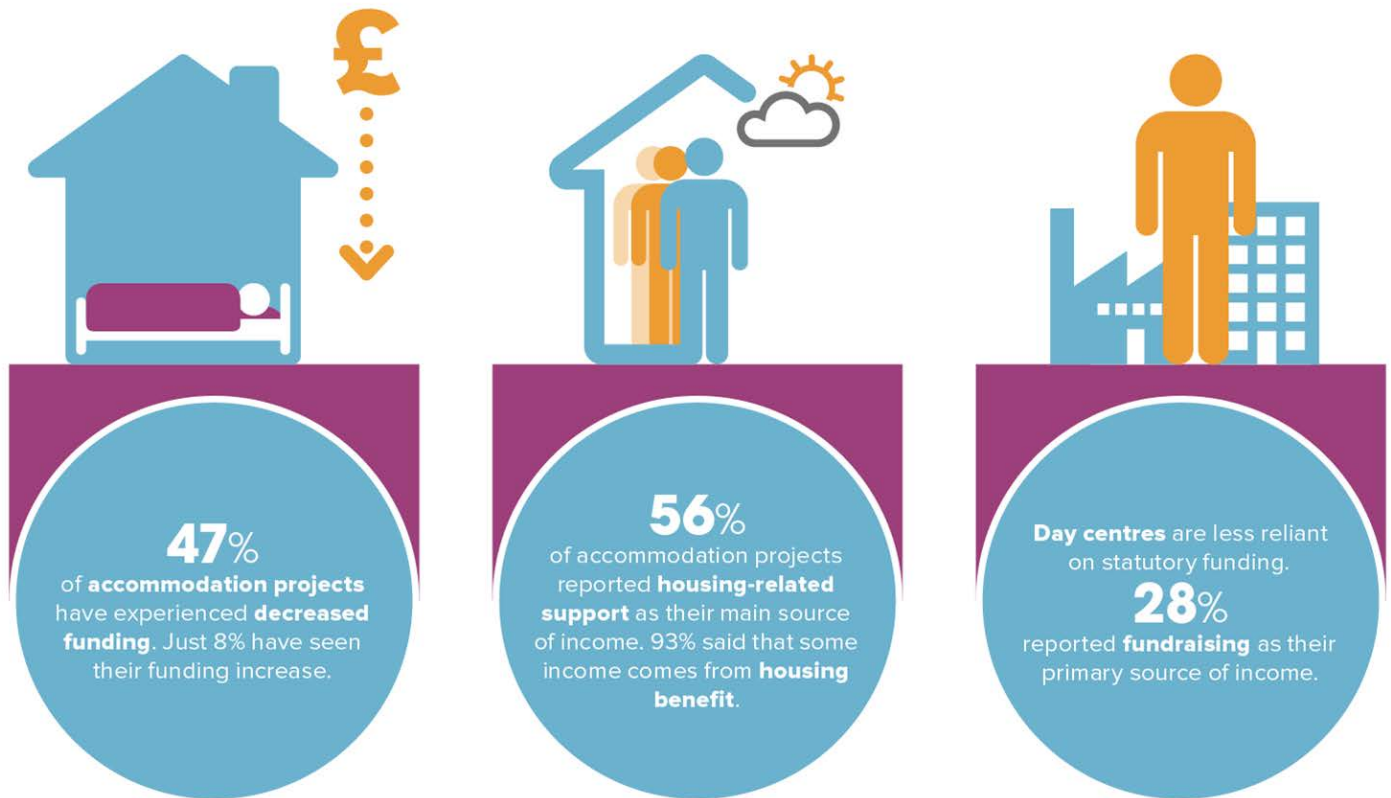There are **1,185** accommodation projects.

There are **214** homelessness day centres.

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[1]Experience of homelessness – from omnibus survey by Populus for Homeless Link, 11-12 September 2013
[2] A more detailed methodology can be found in chapter 1

Resources for homelessness services

47% of **accommodation projects** have experienced **decreased funding**. Just 8% have seen their funding increase.

56% of accommodation projects reported **housing-related support** as their main source of income. 93% said that some income comes from **housing benefit**.

Day centres are less reliant on statutory funding. **28%** reported **fundraising** as their primary source of income.

Accessing move on accommodation

30% **of people** in accommodation projects were **ready to move on** but had not yet moved. Of this group, **27%** had been **waiting for 6 months or longer**.

34% of projects reported the main barrier to be a lack of affordable housing.

Of those who moved on **22%** of people were **housed in the social sector.** 19% returned home to family or friends.

What our survey respondents said...

Projects report problems with **landlords unwilling to accept housing benefit** tenants.

Housing Benefit

People often have **a range of support needs**
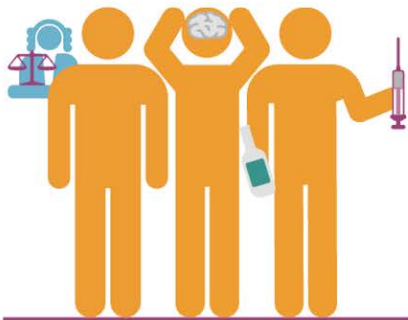
33% of people in accommodation projects have **complex needs and need additional support**. Mental **health problems** affect **32%** of clients, **drug issues** affect **31%** and **alcohol issues** affect **23%**.

Some people need support to help get their lives back on track **40%** of people in accommodation projects are **jobseekers**, and **23%** have an **offending history**.

If people's needs are too great, they may be denied access to services **73%** of accommodation projects have had to **turn people away** because their needs were too high.

Support goes **further than just providing a roof**

93% of services help people with **life skills**, such as budgeting and cooking.

70% of accommodation projects provide **prevention services** to help prevent homelessness happening in the first place.

49% of projects use **shared accommodation** schemes.

50% use **rent deposit/bond** schemes.

Chapter 1: Introduction

This report provides analysis of support available for single people in the homelessness sector. It is the ninth consecutive year the research has been conducted, examining support services available to single people experiencing homelessness, funding for these services, their capacity, and changes to the provision of this support. The research can be used by service providers, local authorities, commissioners and policy makers to understand where services fit into the national picture, and provide key evidence on the characteristics of people who become homeless and their support needs.

This year's report focuses on services and provision between October 2014 and September 2015. Details of previous publications of the research since 2008 can be found on Homeless Link's website[3].

Methodology

There were five elements to the fieldwork which was carried out between October 2015 and January 2016:

1. **Self-completed online survey from 394 accommodation projects, a response rate of 33%.**
   The survey, developed by Homeless Link, asked services to provide information on bed spaces and voids, client characteristics, funding, staffing, support services, outcomes for clients, move-on and accommodation options, and emerging models of homeless provision. Data was analysed using Statistical Package for the Social Sciences (SPSS). Open text comments have been thematically analysed and are used as supporting evidence.

2. **Self-completed online survey from 53 day centres, a response rate of 25%.**
   Reflecting the different nature of provision for day centres, a separate survey was administered to this group. The survey, developed by Homeless Link, asked day centres to report on client characteristics, funding, staffing and support services. Data was analysed in Excel. Open text comments have been thematically analysed and are used as supporting evidence.

3. **Secondary data analysis.**
   Existing sources of data comprising statutory homelessness (P1E data), prevention and relief statistics and rough sleeping figures published by DCLG were analysed. Secondary data was analysed in Excel.

4. **Analysis of Homeless England.**
   This database is managed by Homeless Link and holds information on approximately 1,400 accommodation projects and day centres. Although the data is not live, it is updated regularly and is the most accurate source of data about homelessness services in England. The data was accessed in November 2015 to provide comparative year on year analysis from previous publications of the annual review.

5. **Case studies.**
   Four case studies, undertaken with people working in homelessness services, were carried out to provide in-depth examples of effective and innovative working within the sector. Case studies were selected based on local evidence gathered by Homeless Link's strategy and partnership managers regarding good practice among our members.

The Homeless England database is updated on a continual basis to ensure it is as accurate as possible. All accommodation projects and day centres in the database were sent a link to the relevant survey for their organisation (1,185 providers and 214 day centres). Follow up emails and telephone calls were conducted to improve the response rates to the surveys. Response rates were 33% for providers and 25% for day centres. While we have ensured that the data is as accurate as it can be within the research framework, the findings

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[3] Available at: http://www.homeless.org.uk/facts/our-research/services-and-support-research

should be interpreted with caution based on the caveats outlined below. Due to data in this year's and last year's survey not being tested for statistical significance, we are unable to provide comparative data in this year's report.

Representativeness

For the accommodation provider survey, there was a change in methodology from the previous two years; for the reviews published in 2014 and 2015, information was gathered via a telephone survey and a data return form, both administered by a contractor. The telephone survey was purposively sampled to ensure representativeness by region, while the data return was emailed to all projects. For the 2015 review, 357 projects responded to the telephone survey (a response rate of 28%) and 250 projects completed a data return (a response rate of 20%). This year, the questions were combined into one survey and emailed to all relevant contacts by Homeless Link using SurveyMonkey. The questions were similar to those asked for the Annual Review 2015, but relevant topical questions were also included.

After the survey had closed, the distribution of respondents to the provider survey was analysed by region to see whether it resembled the actual distribution of accommodation services across England. There was good coverage from all regions, albeit with an over-representation of projects from London, and some underrepresentation in the south and middle regions of the country. Consequently, the data was weighted by region in SPSS to make the responses representative in this regard.

Table 1: Geographical distribution by region of accommodation survey respondents and projects from Homeless England			
	Distribution of accommodation survey respondents	Distribution of accommodation projects, Homeless England 2015	Weighting
East England	15%	13%	0.8557037
East Midlands	5%	8%	1.7294493
London	29%	15%	0.5092345
North East England	7%	6%	0.8967515
North West England	10%	13%	1.3128093
South East England	11%	14%	1.2577813
South West England	11%	14%	1.3027021
West Midlands	5%	9%	1.9914871
Yorkshire & The Humber	8%	8%	0.9924681

Homeless England, N=1,185
Accommodation survey 2016, N=394

The methodology for the day centres survey was consistent with previous years. The response rate this year was much lower however (25% compared to 50% last year). Many day centres told us that lack of resources made it difficult to find the time to fill the survey out. Despite the lower response rate, there was good coverage from the different regions, although with some under-representation from the northern regions and overrepresentation in the midlands (Table 2). Questions with base rates of less than 25 have not been reported.

Table 2: Geographical distribution by region of accommodation survey respondents and projects from Homeless England		
	Distribution of day centre survey respondents	Distribution of day centres, Homeless England 2015
East England	6%	7%
East Midlands	4%	9%
London	26%	27%
North East England	6%	3%
North West England	15%	11%
South East England	25%	19%
South West England	9%	9%
West Midlands	2%	7%
Yorkshire & The Humber	8%	7%

Homeless England, N=214
Day centres survey 2016, N=53

Data accuracy

Homelessness services vary in terms of how much data they record, how they record it, and their ability to draw on their data for reporting purposes. To help ensure accuracy, the surveys clearly request data from defined time periods. For this year's report, many of the data questions relate to the period October 2014–September 2015. Some questions also ask for 'snapshots' of data pertaining to clients recorded 'last night' for accommodation providers and 'yesterday' for day centres. However, due to variations in client recording, some of the survey questions that request numerical breakdowns may be based partly on estimates, rather than exact figures. Consequently, respondents were asked on completion of the survey whether their numerical responses were based on estimates, exact figures or a combination of estimates for some questions and exact figures for others. Most commonly, respondents from both accommodation projects and day centres reported that they based their responses mainly on exact figures, but with some best estimates (53% and 47% respectively), (Table 3).

Table 3: Data accuracy as reported by survey respondents		
	Accommodation projects	Day centres
All exact figures	7%	3%
Mainly exact figures, but some best estimates	53%	47%
A mix of exact figures and best estimates	18%	24%
Mainly best estimates, but some exact figures	8%	18%
All best estimates	14%	9%

Accommodation survey 2016, N=295
Day centres survey 2016, N=34

Structure of the report
The report is structured in the following way:

- Chapter 2 looks at single homelessness in England. Drawing on secondary data sources, the chapter explores the different categories of homelessness, the number and distribution of people experiencing homelessness in England, and the impact external socio-economic changes are having on homeless people and services.
- Chapter 3 looks at the availability and use of homelessness services. This section uses data from the Homeless England database and the surveys to examine who uses single homelessness services in England, the availability of homelessness services and day centres, and how accessible they are.

- Chapter 4 looks at the resources available to services and service delivery. Using survey data, the chapter explores the range of funding sources homelessness services receive, the changes in levels and sources of funding, and variation in staffing levels in accommodation services and day centres.
- Chapter 5 looks at changes to services and evidence of innovation within the sector. Using survey data, the foci of this section are emerging models of homelessness provision and the ways in which services are evolving to improve outcomes and practice.
- Chapter 6 looks at where people in homelessness services move to when they leave, and some of the barriers that people may face. Based on survey data, the chapter explores accommodation outcomes for single homeless people, the support available to them after they move on and the challenges of securing affordable accommodation.

CHAPTER 2: SINGLE HOMELESSNESS IN ENGLAND

This chapter provides context for this year's report. It explores the different categories of homelessness and then looks at the existing evidence on the numbers and distribution of people experiencing homelessness in England. The evidence is drawn from government figures on statutory homelessness and rough sleeping, published by the Department for Communities and Local Government (DCLG). Data on rough sleeping in London is taken from the Combined Homelessness and Information Network (CHAIN).

Key headlines

- During October–December 2015, 29,250 homelessness applications were made, of which 51% were accepted as homeless (DCLG live tables on homelessness).
- In the same period, nearly five thousand (4,980) households were found to be homeless but not in priority need, comprising 17% of the number of households seeking help. A further 9% were found to be intentionally homeless (DCLG live tables on homelessness).
- 3,569 people were sleeping rough on a given night in autumn 2015, an increase of 30% from autumn 2014 (DCLG live tables on homelessness).
- The number of cases of local authorities preventing and relieving homelessness has been rising year-on-year, with 220,800 cases during the 2014/15 financial year (DCLG live tables on homelessness).

Types of homelessness

Although the term 'homeless' is often applied in everyday language to people who sleep rough, the legal definition is much broader, encompassing anyone who has no home in the UK or anywhere else in the world available to occupy. This not only includes people without a roof over their head but people whose accommodation is insecure; those facing eviction, living in temporary accommodation, squatting, people at risk of violence, those housed in property potentially damaging to their health, and those who cannot afford their current accommodation. The range of circumstances denoting homelessness means that there are several categories of homelessness, defined and measured in different ways. These are outlined below.

Statutory homeless   Households deemed to be homeless, eligible for support from their local council and in priority need.

Single homeless   Those who are homeless but do not meet the priority need criteria to be housed by their local authority under homelessness legislation. They may live in supported accommodation, e.g. hostels and semi-independent housing projects, sleep rough, sofa surf or live in squats. They may also be referred to as non-statutory homeless.

Vulnerably housed   People without accommodation and people in temporary, insecure or poor quality accommodation, including overcrowding or those who are threatened with homelessness.

Street homeless   People sleeping rough.

Hidden homeless   People not recorded in official statistics, who tend to reside in squats, on the floors or sofas of friends and families, or sleep rough in concealed locations.

People experiencing homelessness may move in and out of these categories as their circumstances change and their needs change accordingly. In England, the only people who by law are entitled to be provided with housing are the 'statutory homeless' who meet the criteria for 'priority need'[4]. In these circumstances, local authorities have a statutory duty to find accommodation for the applicant. When homelessness applications are declined applicants are placed into one of three categories; 'intentionally homeless', 'not in priority need' or 'not homeless'. A large proportion of the people designated as 'not in priority need' are likely to be single

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[4] Priority need categories set out under the Housing Act 1996 and the Homeless (Priority Need) Order 2002 are pregnant women and those with dependent children, homeless as a consequence of flood, fire or other disaster, aged between 16 and 17 unless owed an accommodation duty by children's services, care leavers under 21, a 'vulnerable' person as a result of old age, mental illness or disability, leaving prison or Armed Forces, being in care, at risk of violence or threats of violence.

homeless, without dependents, who are not considered 'vulnerable'[5]. They may also make up a large proportion of those who are 'intentionally homeless'. Without statutory support, these individuals may sleep rough, be hidden homeless, or be supported by the projects and services that form the focus of this report. Findings from the Annual Review are particularly important to understand the needs of single homeless people who otherwise may not be identified in official statistics.
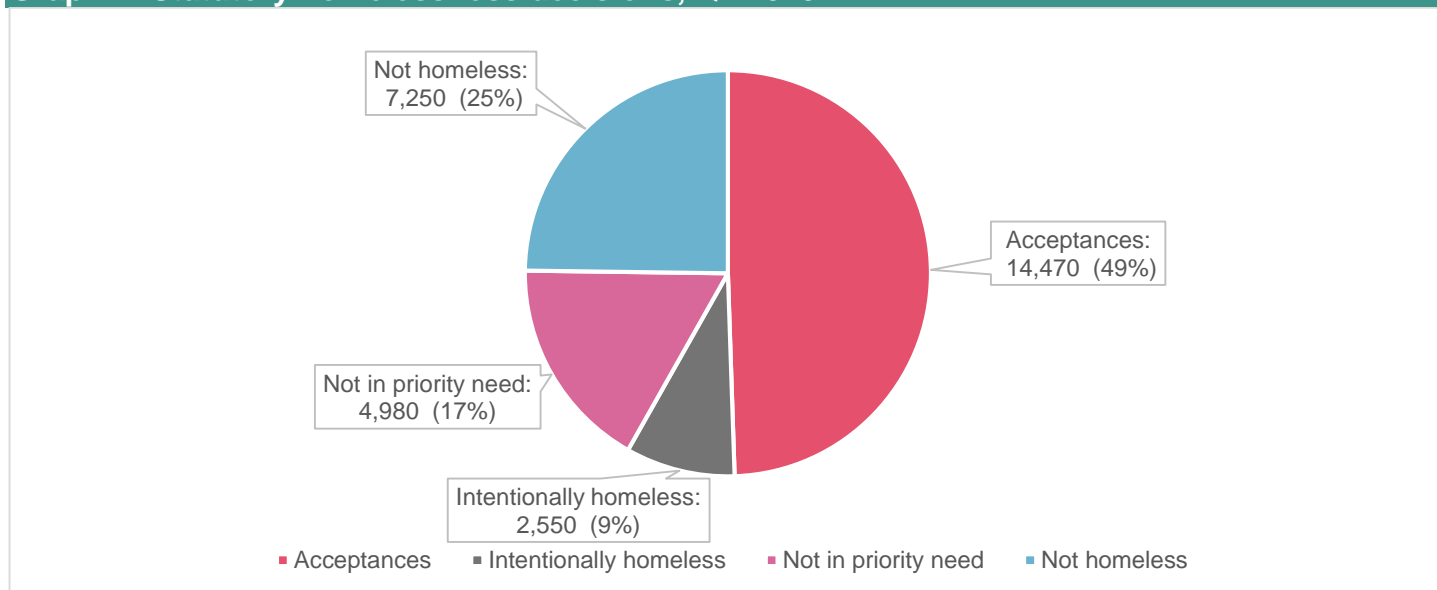
How many people are single homeless?

Due to the transient nature of the homeless population it is difficult to capture the total number of people who are single homeless in England. There are also a number of limitations based on the fact that data collection is not consistent between agencies and organisations and there is likely to be overlap between categories, while some individuals are not included at all. This lack of consistency is not unique; few European and other developed countries systematically collect data on homelessness making comparisons of trends with other countries unreliable. Despite these limitations, a general picture of single homelessness in England can be drawn from published data on statutory homelessness and rough sleeping.

Homeless but not owed a statutory duty

One possible benchmark for single homelessness is the number of 'non-priority' cases logged by local authorities. During October–December 2015, 29,250 homelessness applications were made, with 14,470 households being supported to find accommodation. Nearly five thousand (4,980) households were found to be homeless but not in priority need, comprising 17% of the number of households seeking help[6] (Graph 1). A further 9% were found to be intentionally homeless. These proportions have remained reasonably consistent over the years. Consequently, about one in four households each quarter are likely to be single people, who are not entitled to the duty to be housed, but are owed advice and assistance to find alternative accommodation.

Graph 1: Statutory homelessness decisions, Q4 2015

Not homeless: 7,250 (25%)
Acceptances: 14,470 (49%)
Not in priority need: 4,980 (17%)
Intentionally homeless: 2,550 (9%)

■ Acceptances   ■ Intentionally homeless   ■ Not in priority need   ■ Not homeless

Source: DCLG Live tables on homelessness

People sleeping rough

Annual 'counts and estimates' are carried out on behalf of the Department for Communities and Local Government to provide a snapshot of the number of people sleeping rough on a single night in England. Since a more robust methodology was introduced in autumn 2010 numbers have been increasing each year, with the count in autumn 2015 showing that figures have doubled since 2010 (Table 4).

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[5] Vulnerability criteria: old age, physical disability, mental illness, young person (16/17 year olds, 18-20 care leavers), victims of domestic violence
6 DCLG live tables on homelessness: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

Table 4: Number of people sleeping rough on a single night

Year of count	Number of people sleeping rough	Percentage change on the previous year
2010	1,768	N/A
2011	2,181	+23%
2012	2,309	+6%
2013	2,414	+5%
2014	2,744	+14%
2015	3,569	+30%

Source: DCLG Live tables on homelessness
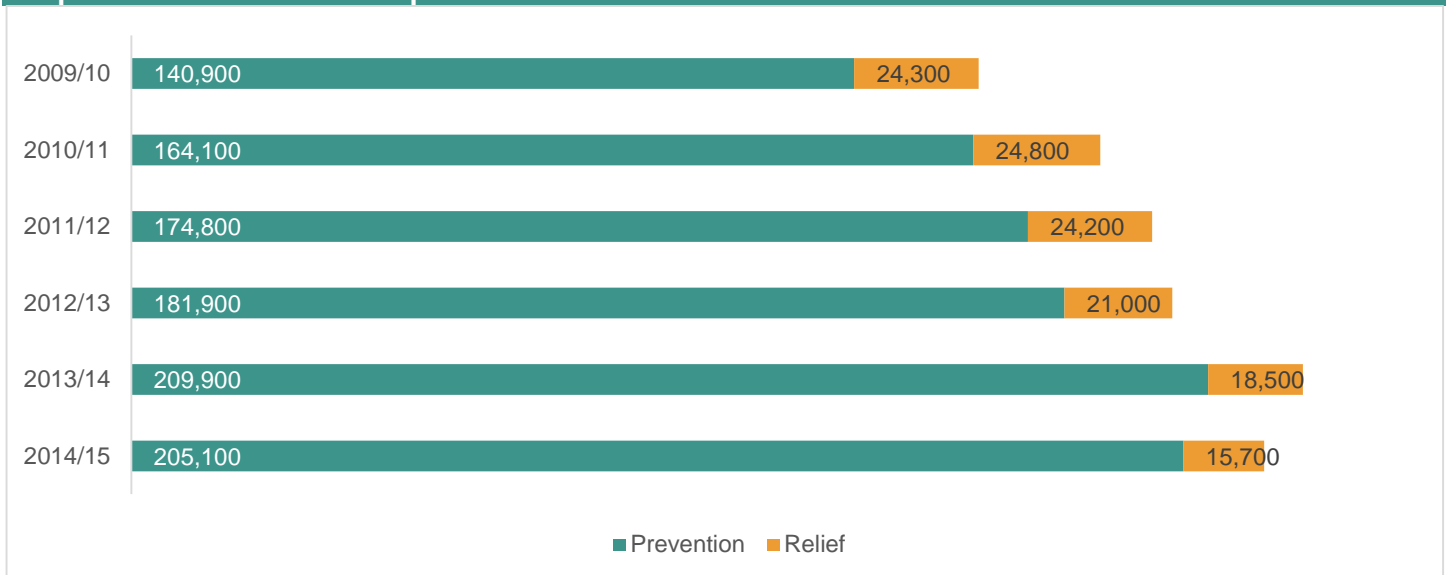
Homelessness prevention

Since 2002 it has been a requirement for local authorities to have a homelessness prevention strategy for their district. The strategy must cover prevention for people who would not meet the statutory definition of homelessness, including single people without dependents.

Homelessness prevention	This involves providing people with the ways and means to address their housing and other needs to avoid homelessness. This is done by either assisting them to obtain alternative accommodation or enabling them to remain in their existing home.
Homelessness relief	This occurs when an authority has been unable to prevent homelessness but helps someone to secure accommodation, even though the authority is under no statutory obligation to do so.

During the 2014/15 financial year, there were a total of 220,800 cases of prevention and relief. This breaks down into 205,100 cases where homelessness was prevented (93% of cases), and 15,700 cases where homelessness was relieved (7% of cases). The total figure was a decline on the 2013/14 figure of 228,400. Prior to this there had been an upward trend in the number of cases prevented, though cases of relief have been declining (Graph 2).

## Graph 2: Cases of homeless prevention and relief

Year	Prevention	Relief
2009/10	140,900	24,300
2010/11	164,100	24,800
2011/12	174,800	24,200
2012/13	181,900	21,000
2013/14	209,900	18,500
2014/15	205,100	15,700

■ Prevention   ■ Relief

Source: DCLG Live tables on homelessness

Homelessness in different regions

Data shows that the numbers of statutory homeless households and people sleeping rough is higher in London than in other regions of the country. This reflects London's comparatively large and transient population. Taking into account population size, London still has the highest rate of statutory homeless households and the highest rate of rough sleeping, while North East England has the lowest rates (Graph 3). East England also has above average rates of statutory homelessness and rough sleeping.

Graph 3: Homeless acceptances and rough sleeping by population size and region

Homeless acceptances Q4 2015, per 1,000   Rough sleepers autumn 2015, per 10,000
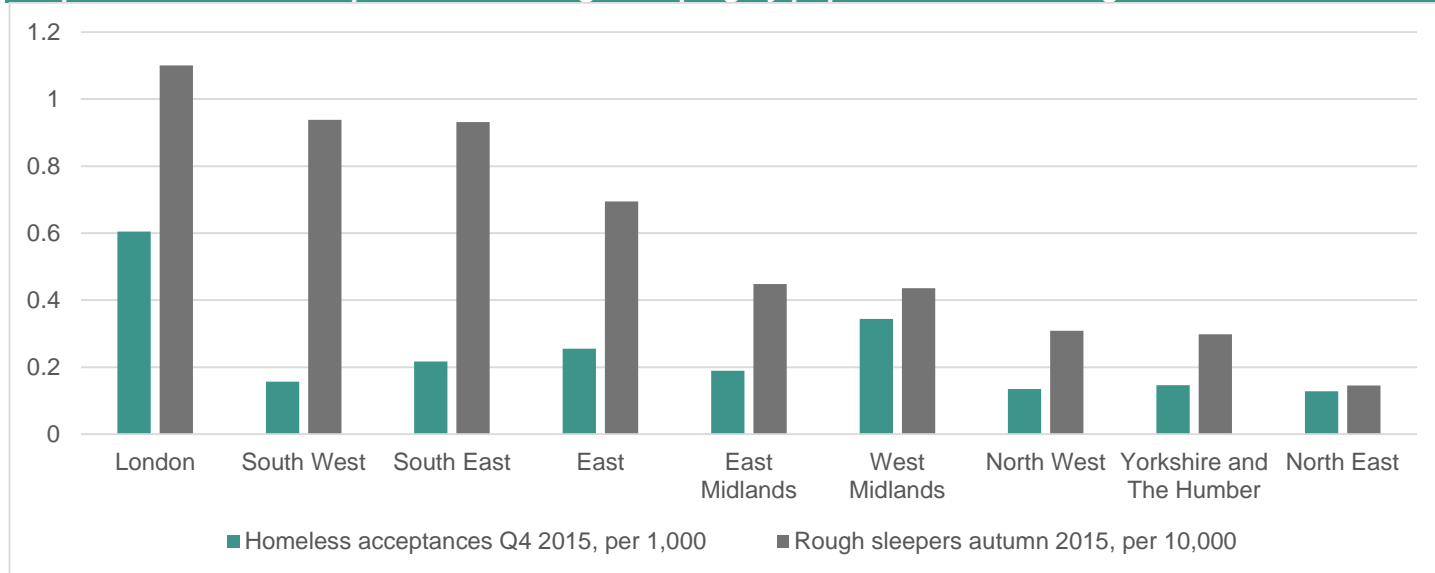
DCLG Live tables on homelessness
ONS population estimates for England and Wales, mid-2014

More than one fifth of people sleeping rough are in London (26%), with Westminster consistently reporting the highest numbers of any local authority area in England (Table 5). The latest data from CHAIN[7] suggests that rough sleeping in London is increasing. During the period January–March 2016, the number of people sleeping rough was up 9% compared to the same period the previous year[8].

Population demographics are also different in London. People who become single homeless in London are significantly older than those in other regions, with nearly 60% being over 40 years old, and are more likely to be non-white and non-UK national[9]. In particular, there has been an increase in recent years in the numbers of people from Central and Eastern Europe sleeping rough. In 2011–12 there were 1,526 CEE nationals sleeping rough in London, rising to 2,695 in 2014–15, an increase of 77%. This compares to an increase of 28% among UK nationals during the same period[10].

The variation in types of homelessness and population demographics by region suggests that service needs will also vary by region. However, the data shows that rough sleeping across England and in the capital is increasing.

[7]CHAIN is the Combined Homelessness and Information Network, a database capturing data on rough sleeping in London managed by the charity St Mungo's Broadway. Available at http://data.london.gov.uk/dataset/chain-reports
[8] CHAIN, *Street to Home Annual Reports* http://data.london.gov.uk/dataset/chain-reports
[9]Mackie, P. and Thomas, I. (2014) *Crisis Nations apart? Experiences of single homeless people across Great Britain*, Crisis http://www.crisis.org.uk/data/files/publications/NationsApart.pdf
[10] CHAIN, *Street to Home Annual Reports* http://data.london.gov.uk/dataset/chain-reports

Table 5: Local authorities with the highest levels of rough sleeping, autumn 2015		
Local authority	Region	Rough sleeping figures 2015
Westminster	London	265
Bristol	South West England	97
Brighton & Hove	South East England	78
Manchester	North West England	70
Cornwall	South West England	65
Brent	London	55
Luton	East England	53
Bedford	East England	51
Croydon	London	51
City of London	London	48

Source: DCLG Live tables on homelessness

CHAPTER 3: AVAILABILITY AND USE OF HOMELESSNESS SERVICES

This chapter examines the availability and accessibility of accommodation projects and day centres in England, and looks at who uses single homelessness services. In particular, this section explores the reasons why people have been refused access to accommodation. The data is drawn from the Homeless England database[11], and from responses to the accommodation and day centres surveys.

Key headlines
- There are 1,185 accommodation projects in England, a decrease of 5% on the previous year.
- There are a total of 35,727 bed spaces in these accommodation projects, a decrease of 2% on the previous year.
- There are 214 day centres in England, an increase of 3% on the previous year.
- Accommodation projects reported 7% of bed spaces were unoccupied last night.
- The majority of residents in homeless accommodation projects were male (72%). A substantial proportion were young people (45%) and one in ten (9%) were EEA migrants.
- People in accommodation projects had a range of needs including complex needs[12] (33%), mental health needs (32%), and needs related to drug use (31%).
- Reasons for projects turning people away included 66% due to the project being full and 46% because individual's needs were too complex.

The terms used to describe homelessness provision are not universally defined, but in this report we use the following descriptions:

Accommodation projects	These provide both short- and long-term homelessness accommodation. Some have a pre-defined referral route, such as via the local authority or a No Second Night Out (NSNO) hub[13], whereas others accept self-referrals. The degree of support tends to vary, with some focusing on people with high or complex needs and others offering a lower level of support. The type of accommodation is delivered in a variety of forms which includes single rooms with shared facilities, bedsit flats or dispersed move-on houses for when people leave the accommodation. We have not included night shelters or specialist accommodation for people with substance use, mental health and/or offending needs.
Day centres	These offer non-accommodation based support for people who sleep rough, individuals experiencing other forms of homelessness, and those at risk of homelessness. They often differ widely, shaped by their history, local needs and funding, but tend to have an element of open access combined with structured support. Some offer a wide range of advice, training and activities, as well as providing access to specialist support such as healthcare or housing.

The availability of homelessness services
Based on data from the Homeless England database, there are 1,185 accommodation projects for single people in England, a decrease of 5% from the previous year (Figure 1)[14]. There are 35,727 bed spaces, comprising a reduction of 2% on the previous year. These figures continue a trend in declining numbers of projects and bed spaces evident in recent years.

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[11] Available at: http://www.homeless.org.uk/facts/homelessness-support-in-england/homeless-england-search-for-services
[12] Complex needs are defined as two or more of the following support needs: mental health, alcohol or drug misuse, learning difficulties, offending behaviour
[13] NSNO is a national strategy which started as a pilot in London and focuses on aimed at ensuring those who find themselves sleeping rough for the first time need not spend a second night on the streets.
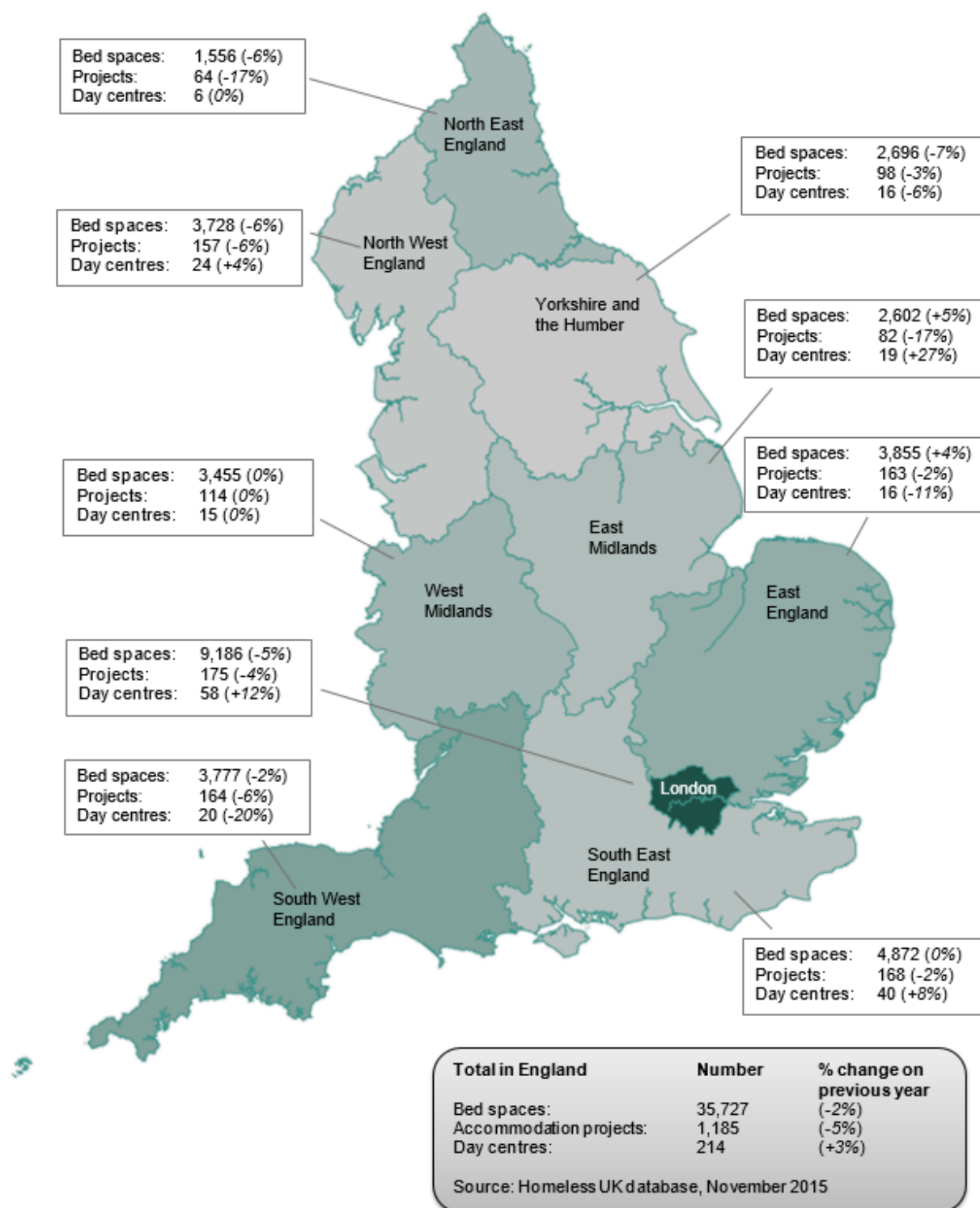[14] These figures are taken from the Homeless England database in November 2015 which holds information about accommodation projects. While not comprehensive coverage it is the most accurate source of homelessness services in England.

Provision varies by region; 15% of accommodation projects and 26% of bed spaces are in London. Taking into account population size, London has the highest rate of bed spaces per 1000 population, and Yorkshire and the Humber has the lowest. The reduction in projects is reflected across all nine regions, except the West Midlands which saw no change. Regarding bed spaces, there have been increases in the East Midlands (+5%) and East of England (+4%), with no change in South East England and the West Midlands. All other regions have fewer bed spaces than the previous year (Figure 1).

Day centres often work with people who have the most difficult journey from the street to independent living. There are 214 homelessness day centres in England (Figure 1). This is an increase of 3% from the previous year when 208 day centres were recorded. The only regions to see a decrease in day centres were East England (-11%) and South West England (-20%).

As with accommodation projects, London has the most day centres (58, 27% of the total figure) and North East England has the fewest (6, 3% of the total figure).

Figure 1: Heat map of bed spaces per 1000, by region

Bed spaces: 1,556 (-6%)
Projects: 64 (-17%)
Day centres: 6 (0%)

North East England

Bed spaces: 2,696 (-7%)
Projects: 98 (-3%)
Day centres: 16 (-6%)

Bed spaces: 3,728 (-6%)
Projects: 157 (-6%)
Day centres: 24 (+4%)

North West England

Yorkshire and the Humber

Bed spaces: 2,602 (+5%)
Projects: 82 (-17%)
Day centres: 19 (+27%)

Bed spaces: 3,855 (+4%)
Projects: 163 (-2%)
Day centres: 16 (-11%)

Bed spaces: 3,455 (0%)
Projects: 114 (0%)
Day centres: 15 (0%)

East Midlands

West Midlands

East England

Bed spaces: 9,186 (-5%)
Projects: 175 (-4%)
Day centres: 58 (+12%)

Bed spaces: 3,777 (-2%)
Projects: 164 (-6%)
Day centres: 20 (-20%)

London

South West England

South East England

Bed spaces: 4,872 (0%)
Projects: 168 (-2%)
Day centres: 40 (+8%)

Total in England	Number	% change on previous year
Bed spaces:	35,727	(-2%)
Accommodation projects:	1,185	(-5%)
Day centres:	214	(+3%)

Source: Homeless UK database, November 2015

Availability of accommodation by gender and age

Most projects provide mixed-gender accommodation, with single rooms available for both men and women (83%). One in ten accommodation projects are able to offer men-only provision (10%), with a similar proportion offering women-only provision (11%).

Nearly all accommodation services accept young people under the age of 25 (99%), which has increased three percentage points from last year. A smaller proportion accept 16 and 17 year olds (57%), reflecting that some homelessness accommodation, especially those that accept all ages, is unsuitable for under-18s. Around four in ten (42%) accommodation projects exclusively house young people.

Bed space capacity
Data from the Homeless England database shows that most accommodation projects are relatively small; more than half of projects have 20 bed spaces or fewer (Graph 4). Over the past ten years, accommodation projects have been decreasing in size in recognition that smaller projects can offer a more personalised approach.

A similar distribution of bed spaces can be seen from the accommodation provider survey, with 48% of projects providing up to 20 bed spaces (Graph 4). The average number of residents per service was 31.

There tends to be very little spare capacity in most accommodation projects and across all accommodation projects on a given night there was a 7% void rate.

Looking at voids in more detail, nearly half (47%) of accommodation services were operating at full capacity, 29% had between 1–10% voids and only 0.4% had more than 50% voids. Contracted voids, where beds are reserved for particular groups or referrals that require emergency access, comprised 15% of the total number of voids. Nearly half of voids (47%) were unplanned, which could be due to abandonment and people leaving at short notice due to hospital admittance or being arrested, and 38% were due to refurbishment.

Graph 4: Maximum bed-space capacity of accommodation projects
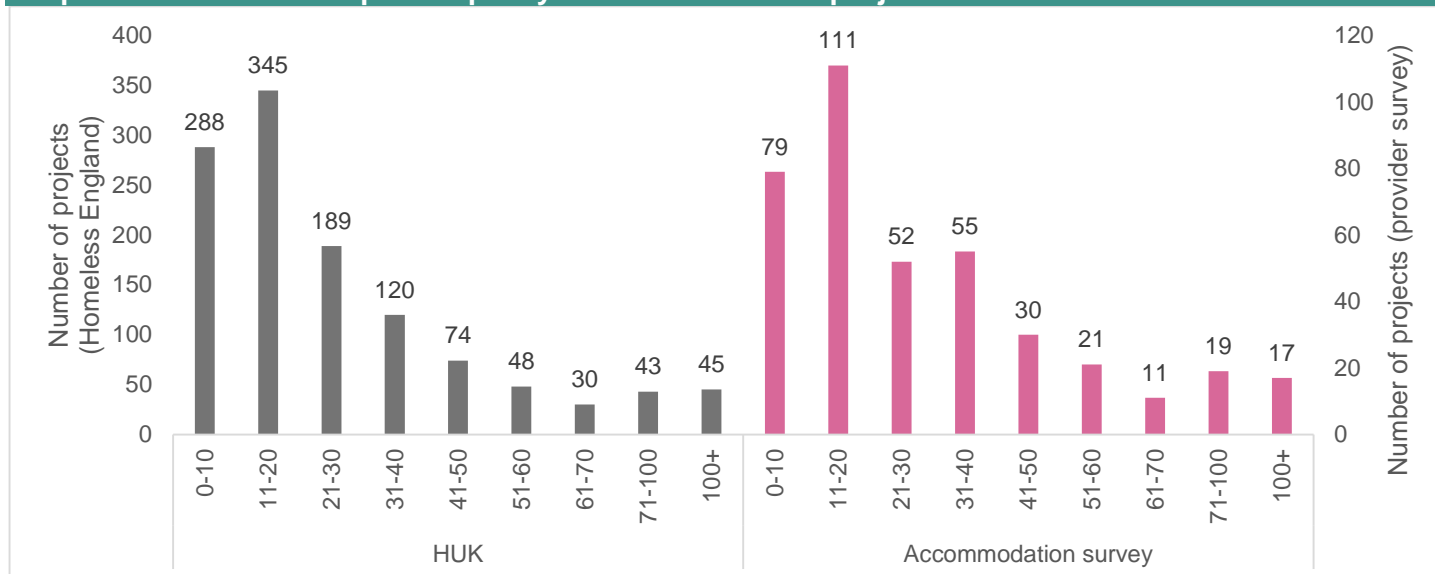
Homeless England database, N=1,182
Accommodation survey 2016, N=394

Length of stay in accommodation services
This year's research shows that two thirds of people (66%) who left homeless accommodation in the last year, stayed there for six months or less (Table 6). A quarter (26%) stayed for less than a month and only 3% stayed for two years or more.

| Table 6: Length of time spent in accommodation projects	
Length of time leavers had stayed in accommodation project	**Percentage of leavers**
	2016
Less than a month	26%
1–6 months	40%
7–12 months	20%
1–2 years	10%
More than 2 years	3%

Accommodation survey 2016, N=262

Who is homeless?

A snapshot of who was resident 'last night' showed that men formed a large proportion of homeless accommodation residents (72%), (Graph 5). A substantial proportion of residents (45%) were young people, with only one in nine (12%) aged 50 or over. Around one in ten were EEA migrants (9%).

Very small numbers of current service users were irregular or undocumented migrants, or people with no recourse to public funds (<0.5%, not shown on graph). This reflects the commissioning of most accommodation provision to work with people who are eligible to claim Housing Benefit. More than nine out of ten (92%) residents were from within the local authority area.

Graph 5: Profile of service users in accommodation projects in England
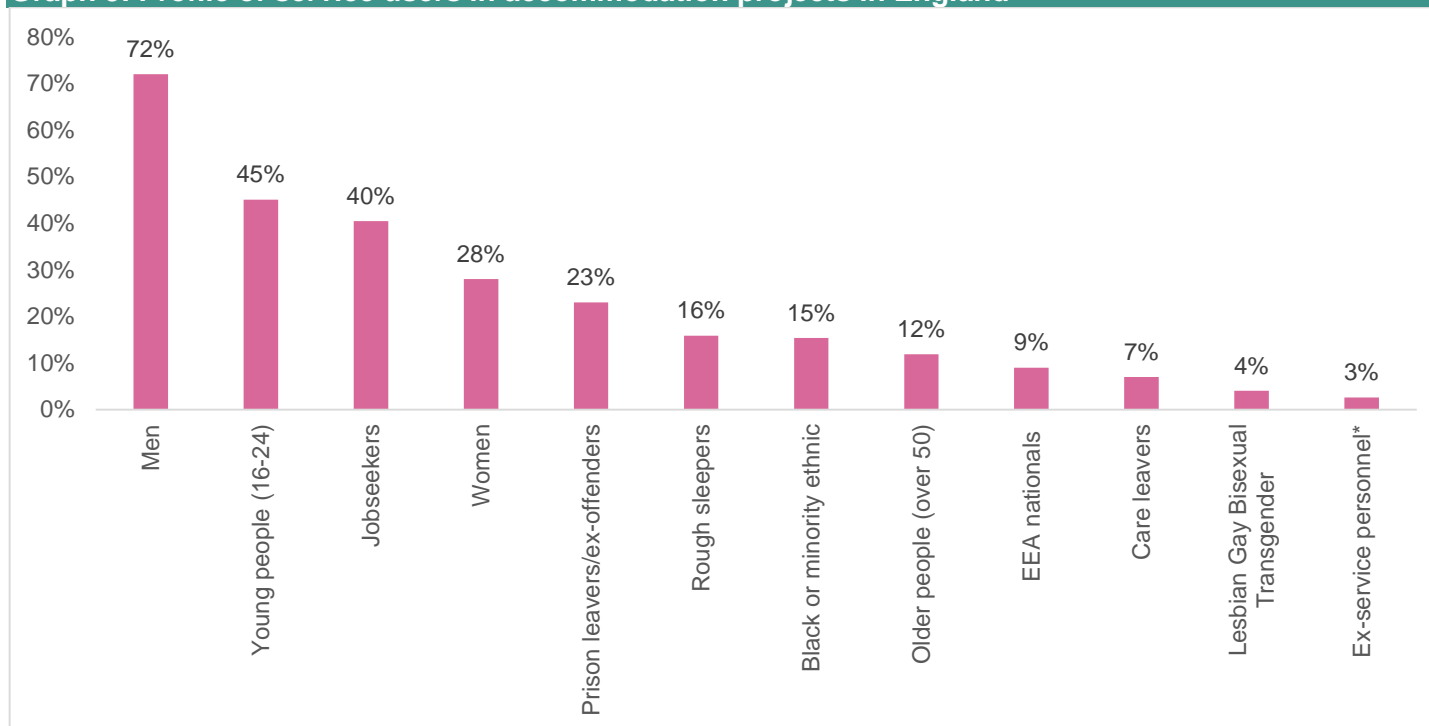
Accommodation survey 2016, N= 312
*This excludes data from two services that provide accommodation services solely for ex-service personnel

People in accommodation projects had a range of support needs; a third (33%) had complex or multiple needs which can include people with a drug and/or alcohol related need, those with offending history and people with mental health problems (Graph 6). The proportion of people with complex needs was down from 38% last year. Dual diagnosis (defined as having mental health issues and drug or alcohol issues) affected 17% of clients.

In terms of substance use, 31% of clients had needs related to drug use, 23% had alcohol problems, and 10% used legal highs. When it comes to health and disability needs, 32% of clients in accommodation services had mental health problems, 12% had physical health problems and 6% had a learning disability.

Graph 6: Needs of service users in accommodation projects in England
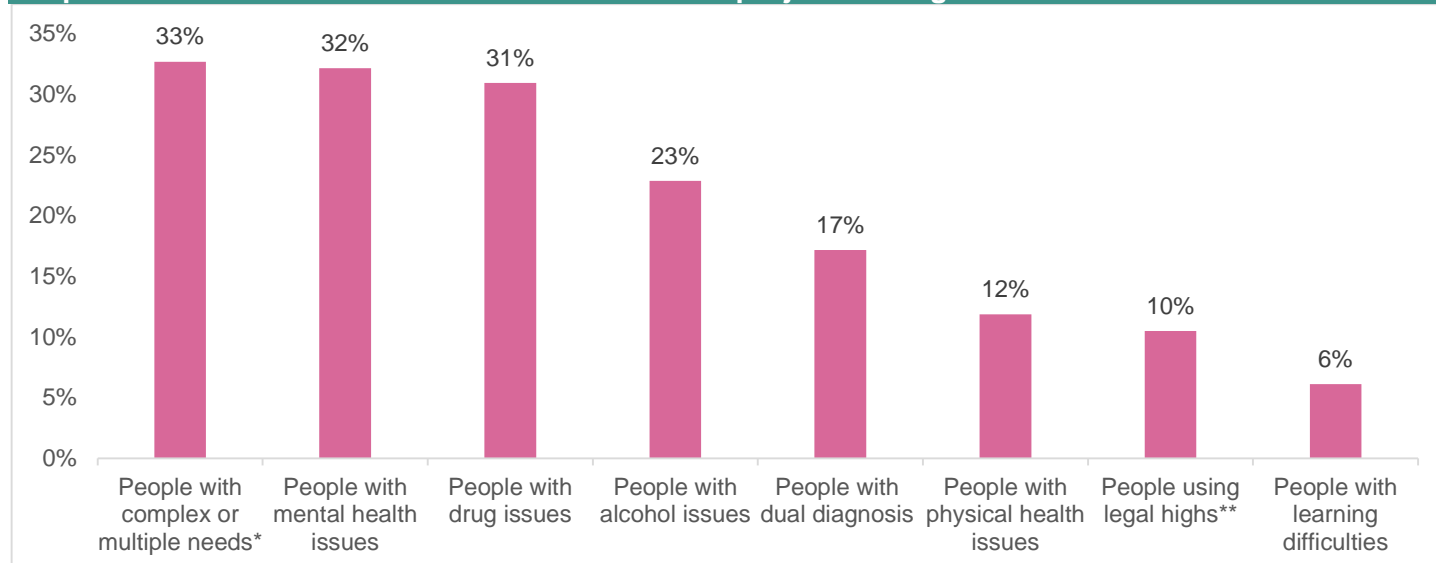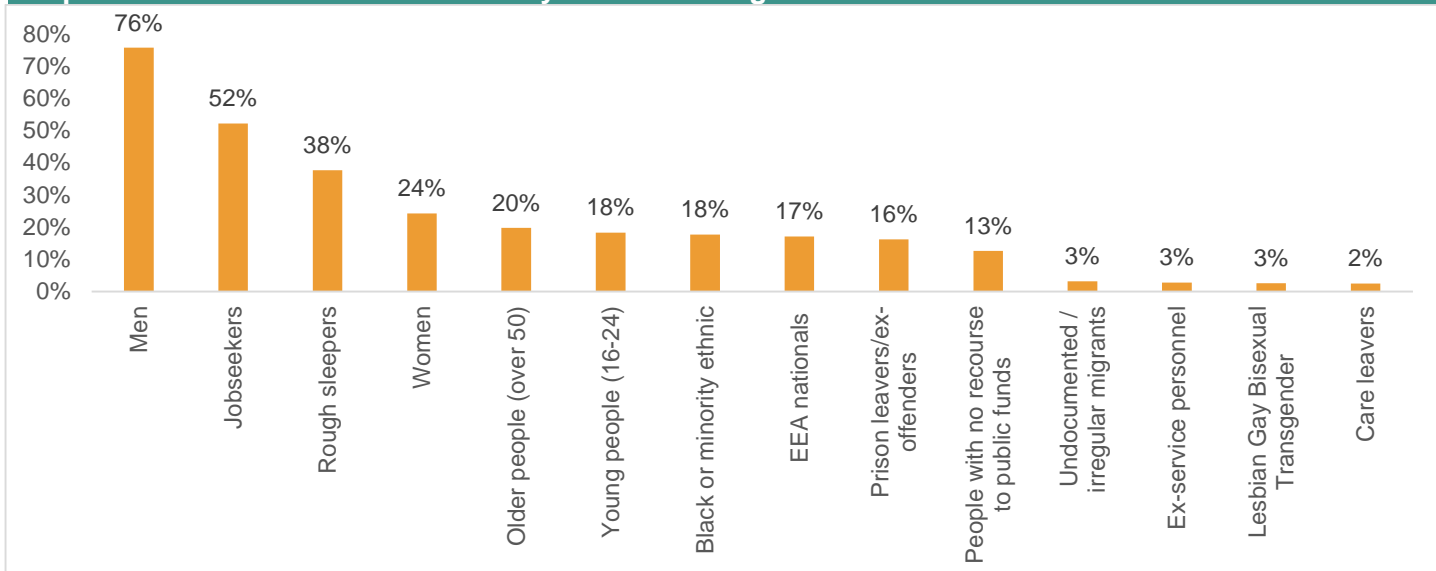

Accommodation survey 2016, N=312
Respondents had the option to select multiple categories; categories are not mutually exclusive and add up to over 100%
*Two or more of these support needs: mental health, alcohol or drug misuse, learning difficulties, offending behaviour
**At the time of data collection, legal highs (now called New Psychoactive Substances) were a major issue being reported by homeless service providers

The profile of people using day centres contrasts slightly with people using accommodation projects. Reporting on a snapshot of their caseload yesterday, day centres were more likely to report seeing people who may struggle to access support elsewhere, in particular rough sleepers (38%), EEA nationals (17%), people with no recourse to public funds (13%) and undocumented/irregular migrants (3%) (Graph 7). Day centres also reported seeing more men (76%) and fewer young people (18%).

**Graph 7: Profile of service users in day centres in England**

Day centres survey 2016, N=29

The support needs of people using day centres were similar to people using accommodation projects, with a third having complex needs (33%) and three in ten (29%) having mental health needs (Graph 8). There were

slightly lower proportions of people with drug issues (23%) or a dual diagnosis (13%). However, it should be noted that day centres are less likely to record client information compared to accommodation services, including socio-demographics and support needs, and consequently some characteristics and issues may be underreported.

Graph 8: Needs of service users in day centres in England
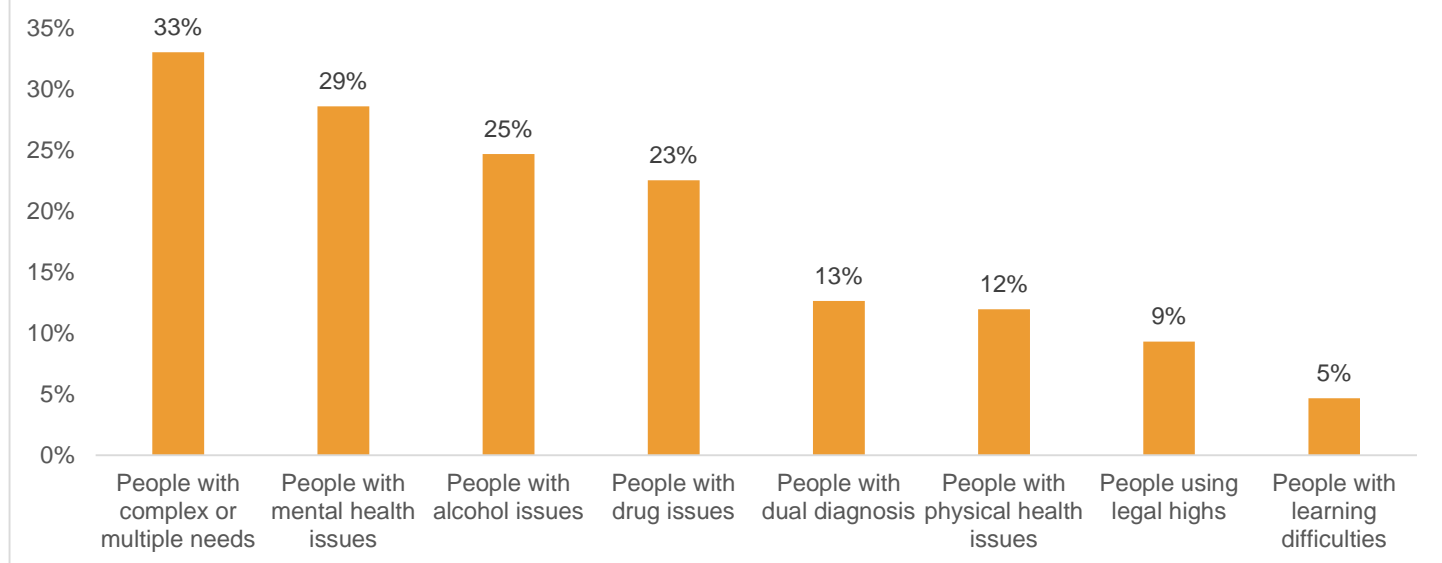
Day centres survey 2016, N=29

Access to accommodation provision

Why people are refused access
Most accommodation projects have referral criteria that determine who can be accepted into their services. These criteria are sometimes set by the commissioner(s), such as only accepting people who have a proven local connection to the area, or by the project itself, which might have criteria related to the level of people's support needs or perceived level of risk (for example related to offending behaviour or history of arson), so that this can be managed safely in the accommodation. These criteria, along with a range of other reasons, can mean that people are sometimes declined access to accommodation projects.

A large proportion of accommodation projects reported that they had refused access to people in the last year because client needs were too high (76%) or the client was assessed as too high a risk to other clients or staff (67%) (Graph 9). 'Other' reasons for declining referrals included the client posing a risk to his/herself, the client's lack of engagement with services, and the need to maintain a balance with other clients accessing the service.
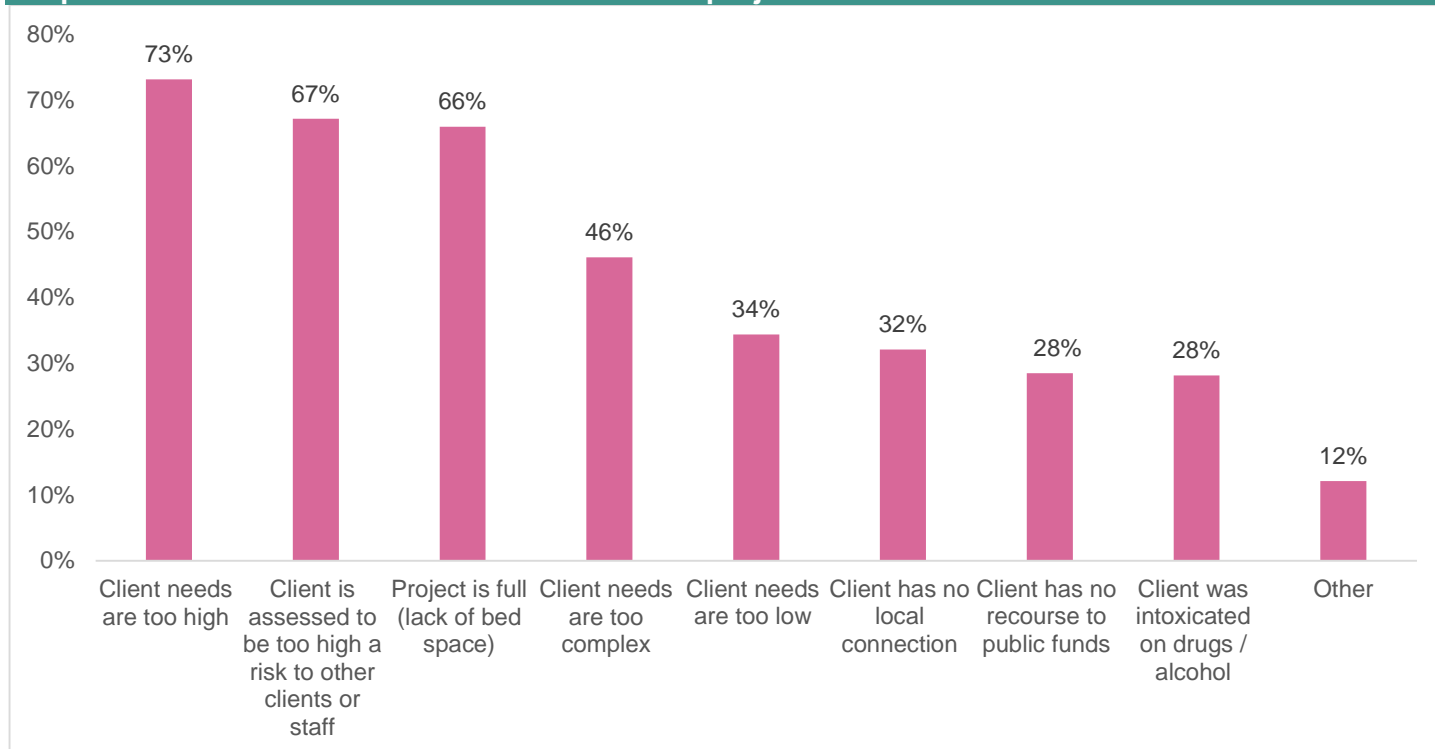
Among projects that did decline clients for these reasons, the most commonly cited concern was the risk posed to staff, clients and their visitors (81%). Other concerns included not enough staff resource (47%), commissioning arrangements for low level need clients only (21%) and insufficient staff training (11%).

The proportion of services declining clients due to a lack of bed spaces was 66%. This was also cited as the main reason for refusal by 43% of projects. The reduction in bed spaces combined with fewer voids suggest that projects are being stretched to capacity and are more likely to have to turn clients away because the project is full.

Challenges include increase [in] number of applications from homeless young people being turned away because of the waiting list being full and having nothing to offer them. What we need is more units to help support them.

Accommodation survey respondent

Graph 9: Reasons for refusals to accommodation projects

Reason	Percentage
Client needs are too high	73%
Client is assessed to be too high a risk to other clients or staff	67%
Project is full (lack of bed space)	66%
Client needs are too complex	46%
Client needs are too low	34%
Client has no local connection	32%
Client has no recourse to public funds	28%
Client was intoxicated on drugs / alcohol	28%
Other	12%

Accommodation survey 2016, N=276

The proportion of services turning clients away because their needs were too low was 34%. In some areas, closure of services may mean that clients are being referred to services that are commissioned for people with higher level needs due to a lack of options.

Due to the closure of many providers we are receiving enquiries to accommodate people who we deem as not requiring the level of support we provide.

Accommodation survey respondent

This year, less than half of accommodation projects reported turning clients away because their needs were too complex. In some areas, provision of services for people with complex needs is being enhanced. Due to the range of issues experienced by people with complex needs, services need to work together to deliver support in a coordinated way. Persistence and flexibility from staff and services is also essential to ensure engagement from people who may typically experience a high level of exclusion. The Making Every Adult Matter (MEAM) Approach is being adopted in a number of areas to provide this flexible and coordinated response, and York MEAM told us about the work they have been doing.

Case study — York's multiple needs service

Over the last two years, a cross-sector partnership in York has used the MEAM Approach to design and deliver a new multiple needs intervention ("York MEAM") in the city.

York MEAM works with a group of chronically excluded adults who are living chaotic lives and have difficulty maintaining engagement with local support services. People in this group often have multiple and complex needs including homelessness, substance misuse, mental ill health, physical health needs, social exclusion, offending behaviour and breakdown in family relationships.

York MEAM is not a new service, but provides a coordinated and joined-up approach through the employment of a Specialist Worker. The worker directly engages with clients, identifies their support needs and explores the barriers that have prevented them having effective engagement with services, to help them overcome

these barriers. The Specialist Worker also encourages holistic multi-agency working to develop realistic support plans to enable clients to make sustainable changes to their lives.

One of the key features of the project's success is the ability of the Specialist Worker to encourage services to be flexible when working with clients. For example, one client benefited both from continuing support from staff in the hostel where he was preparing for his tenancy when they could have evicted him, and from a Community Psychiatric Nurse being willing to work with him while he was initially still alcohol dependent. This particular client has consequently made gains in terms of health and reducing offending behaviour, and has been supported into accommodation and sustained his own tenancy, something he had never previously achieved in his life. To date, he has been sober for nine months.

A recent evaluation measured the progress made by clients engaged with York MEAM. Using a tool for assessing well-being (the NDT Index[15]), where a higher score indicates a higher level of need, seven clients on average scored 37 at referral, dropping to an average score of 26 after one year. The evaluation also showed that without being enrolled on the MEAM project, clients would have cost services on average £53,846, compared to an average of £39,484 actual cost to services (a saving of 27%).
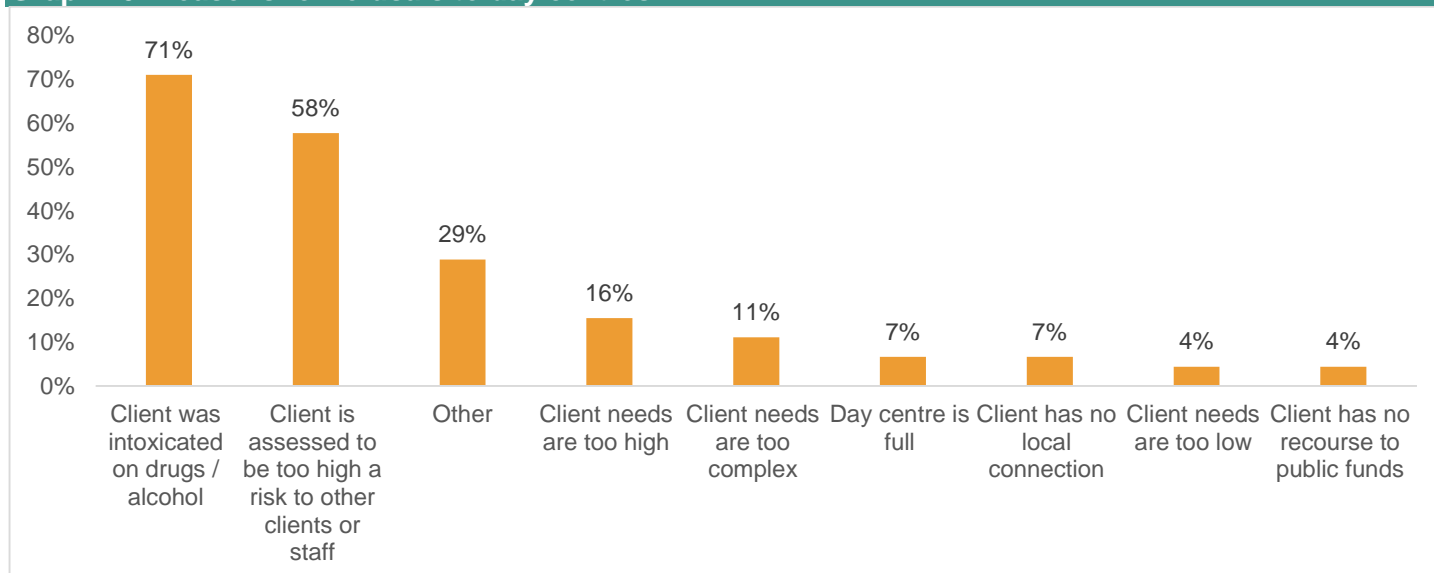
York MEAM is funded by local homelessness provider, ArcLight, and Probation. The initial year of work had a budget of £40,000.

Access to day centres

Why people are refused access
In general, day centres were less likely to refuse access to clients than accommodation projects, with lower proportions reporting refusals across most categories. The exception was refusal due to clients being intoxicated on drugs or alcohol, with 71% of day centres having turned clients away for this reason in the last year (Graph 10). Over half of day centres (58%) reported turning clients away because they were assessed as being too high a risk. Very few day centres reported turning clients away due to being full (7%). 'Other' reasons for turning clients away included previous behaviour or the client being banned from the service, or if the day centre was not deemed to be the right service to meet the client's needs, e.g. a homeless family.

Graph 10: Reasons for refusals to day centres

Day centres survey 2016, N=45

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[15] The New Directions Team Assessment. Available at http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

CHAPTER 4: RESOURCES AND DELIVERY OF SERVICES

This chapter examines the resources available to homelessness services. It explores the range of funding streams services access, changes in levels and sources of funding, and staffing levels in accommodation projects and day centres. Finally, it looks at the support provided for people who use these services. Data is drawn from the accommodation and day centres surveys.

Key headlines
- Nearly all accommodation projects (93%) reported that some of their income comes from Housing Benefit payments from residents.
- The primary source of funding for more than half of projects (56%) was housing-related support, which is funded by local authorities.
- Funding from non-housing statutory services remains low, with between 2–4% of accommodation receiving funding from these sources.
- 47% of accommodation projects reported a decrease in funding. Of these, the average decrease was 19%. 8% reported an increase in funding and 23% reported no change.
- Accommodation projects reported providing a range of support services, with the most common being life skills, resettlement support and help with basic needs (93%, 90% and 87% of services respectively).

Over the past year there has continued to be investment in homelessness at a national level. In the most recent spending review, investment was increased to £139m to tackle homelessness over the next spending period and funding for the homelessness prevention grant for local authorities was protected[16]. An additional £100m was committed in the budget to provide accommodation places for rough sleepers and to tackle homelessness. The past 12 months has also seen the implementation of some central funding programmes for capital projects and new social impact bonds[17]. The Government is currently considering how greater integration and earlier intervention can improve responses to tackling homelessness. Despite this protection of central investment to local authorities and services, there is evidence that funding at a local level on homelessness, particularly housing related support, has reduced in many areas[18]. As there is no statutory duty for housing-related services there is a risk that homelessness services may not be prioritised over other services, such as adult care.

How homeless accommodation provision is resourced
Accommodation provision tends to be funded from a range of statutory and voluntary sources, with funding depending on local needs, commitment from statutory services, fundraising opportunities such as through faith groups, and historical funding streams.

For the last financial year, almost all accommodation projects (93%) reported receiving funding from benefit payments, through residents claiming Housing Benefit to cover their rent (Table 7). Most accommodation projects received some funding from housing-related support (88%, previously known as Supporting People). Eighty-six percent received funding from rents and service charges that pay for the housing management costs that Housing Benefit does not cover. There was a decrease in the proportion receiving funding from the local authority homelessness prevention grant (11%, down from 20%).

The funding contribution from other statutory services such as criminal justice, health and substance misuse was very low, with each providing funding for between 2–4% of accommodation projects. This year, we added some other potential sources to see whether these are being utilised by the sector. Nearly a quarter of

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[16] https://www.gov.uk/government/news/radical-package-of-measures-announced-to-tackle-homelessness

[17] This includes the £40 million Homeless Change and Platform for Life programmes to refurbish hostel accommodation and to help young people into housing, training and education. The Fair Chance fund, announced in 2014, is a payment by results scheme funding sustained housing, employment and educational support for homeless 18 to 24 year olds with investors putting in money now on a long-term payment by results basis

[18] NAO (2014) *Local government report, The impact of funding reductions on local authorities* http://www.nao.org.uk/wp-content/uploads/2014/11/Impact-of-funding-reductions-on-local-authorities.pdf

services received some funding from Children's Services (24%). Low proportions had been funded through social investment (2%) or social impact bonds (1%).

Table 7: Funding streams for accommodation projects	
Sources of funding	**2016**
Housing Benefit	93%
Housing-related support (formerly Supporting People)	88%
Rent & service charges (paid by service-users)	86%
Fundraising and donations	43%
Charitable grants	30%
Children's services	24%
Corporate/Businesses	15%
Local authority homelessness prevention grant	11%
Big Lottery Funding	7%
Adult social care	5%
Registered social provider	3%
Health	3%
Employment and education (e.g. Jobcentre Plus, EFA, SFA)	3%
Other	3%
Social investment (capital or revenue)	2%
Criminal justice	1%
Substance misuse service (e.g. Drug Action Team)	1%
Social impact bonds	1%

Accommodation survey 2016, N=305
Respondents had the option to select multiple categories; categories are not mutually exclusive and add up to over 100%

Primary Funding Source

On average, accommodation projects received funding from three different funding streams. The primary funding source for over half of projects (56%) continued to be housing-related support (previously known as Supporting People), (Graph 11). Housing Benefit was also an important funding source for accommodation projects, with 26% stating this was their primary funding source. One in ten (11%) services were primarily funded through fundraising and donations.

Graph 11: Primary sources of funding for accommodation projects

Housing-related support (formerly Supporting People) 56%
Housing Benefit 26%
Fundraising and donations 11%
Children's services 3%
Rent & service charges (paid by service users) 2%
Adult social care 1%
Other 1%
Charitable grants <1%
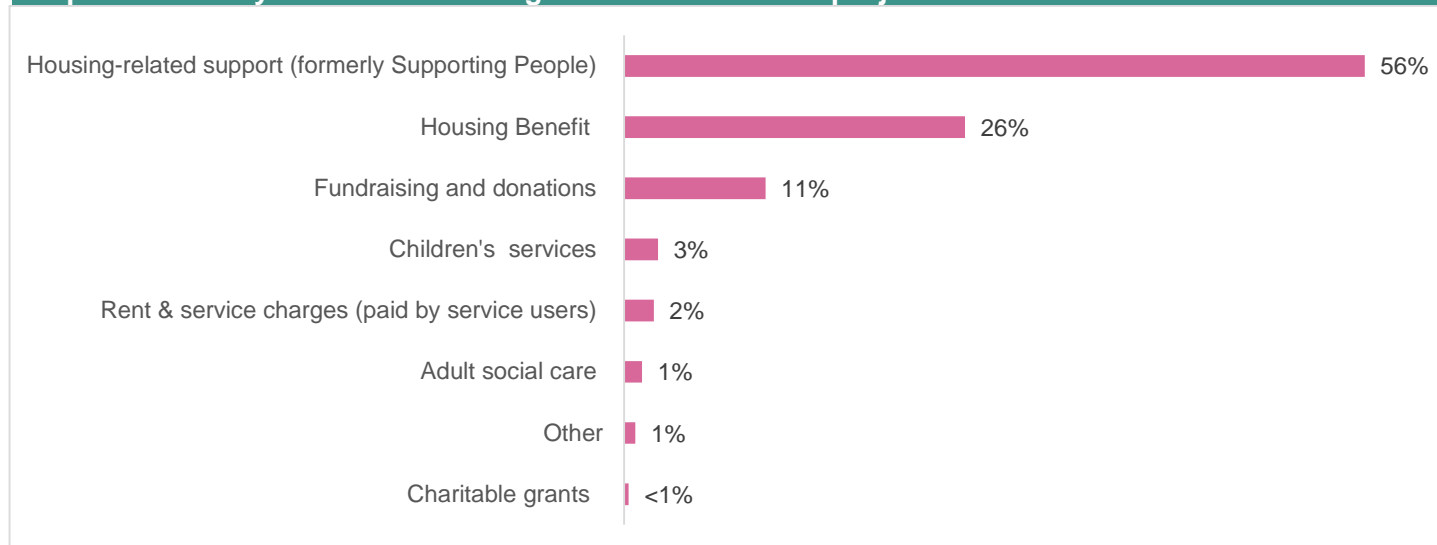
Accommodation survey 2016, N=254

Changes in funding from the previous financial year
Providers were asked whether their funding levels for 2015/16 had changed from their funding for 2014/15. There was evidence of uncertainty, with 12% still awaiting an outcome (Graph 12). There was also evidence of reductions in funding levels, with 47% of providers reporting a decrease in funding.

Graph 12: Changes in funding levels for accommodation projects
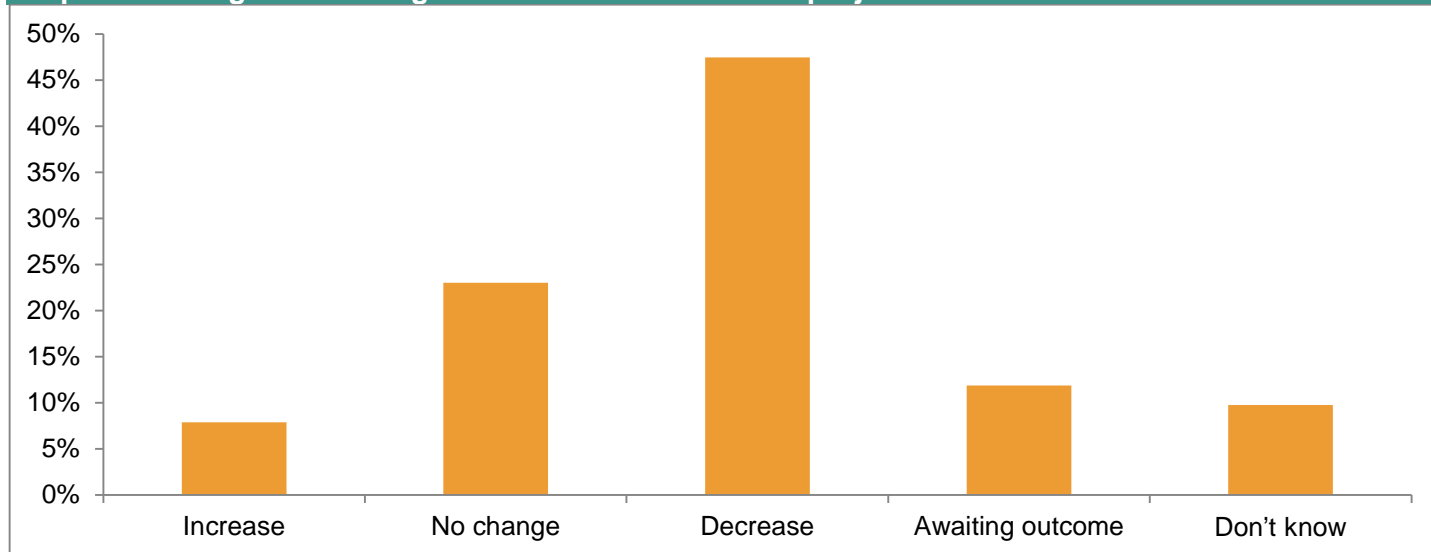
Accommodation survey 2016, N=251

Projects that reported a decrease in their funding had an average decrease of 19%. Among these projects, there was an evident impact on staffing and resources. Nearly half (49%) reported that they had reduced their frontline staffing as a result of the decrease, 44% had decreased their back office staffing levels, and a third (34%) reported that their staff to client ratio had reduced. Perhaps as a consequence, use of volunteers had increased for 32% of projects with decreased funding. The reductions also impacted on the work projects were able to do with clients, with 34% reporting a reduction in the level of meaningful activities they could provide and 30% reporting a reduction in key working.

Projects that reported an increase in their funding had an average increase of 9%. Of these services, 47% increased provision of meaningful activities, such as sports and arts, and 29% increased key working. Improvements were also made to staffing; 72% increased their frontline staffing capacity, 32% increased their staff to client ratio, and 52% increased staff training and development.

Cuts to funding was by far both the biggest challenge and opportunity cited by respondents to this year's accommodation survey. Open text responses to the survey showed that the impact of these cuts were reported across a range of areas, including staffing decreases and a reduced ability to work with people with complex needs. There was evidence of a high degree of uncertainty regarding how much funding services would receive in the future and where it would come from.

The Council has formalised their intentions to reduce funding to all non-statutory supported housing services by 70−75% over the next four years. Funding will reduce from 1.6 million per annum to 360K per annum. We therefore do not anticipate accessing any funding streams over the next twelve months and are preparing to decant all supported housing schemes whilst currently having no further information as to what future provision will look like.

Accommodation survey respondent

To deal with this uncertainty, many services are continuing to explore ways in which they can diversify their funding streams, including potential funding from Health Services, Children's Services, charitable grants, fundraising and social enterprise. Some sources were seen as more 'risky' than others, and services with

previous experience of alternative funding streams were less likely to appear risk-averse. Adapting to change for some services has meant becoming more self-sufficient, making efficiency savings, remodelling services and working closely with others to maximise resources. Changes such as these are not simply financial but are cultural and require services to adapt to new ways of working and doing things.

The reduction in staffing (starting several years ago) has been a challenge but has also pushed us to be a little more creative in the way in which we deliver support. I cannot envision an increase in funding or staffing levels, so this kind of creative thinking and service delivery will need to continue.

Accommodation survey respondent

Going forward commissioners have indicated as much as 20% savings will be required. These changes, whilst challenging, have provided us an opportunity to work even more closely with partners, making changes to ensure maximum efficiency and avoiding duplication wherever possible. Examples being explored by providers are:

- Potential to share back office functions.
- Reduction of overhead costs with providers where commissioners have several contracts.
- Potential to combine contracts where commissioners have several contracts with the same provider.
- Potential to combine contracts where services could work more efficiently as one service/contract.
- Potential to remodel service delivery models (commissioners are talking about co production).
- Explore opportunities between providers to share resources across organisations e.g. training and workforce development opportunities and co locate staff.
- Explore opportunities to work with regional and other commissioners to maximise resources.

The challenge for us is to ensure that capacity and quality of accommodation and support services are maintained, in order to do this, we will be working ever more closely with statutory and voluntary sector partners. Specific funding for homelessness prevention services such as the homelessness prevention grant needs to be maintained.

Accommodation survey respondent

Relationships with commissioners
Based on open text responses to the accommodation survey, the majority of survey respondents reported positive relationships with their commissioners. Positive relationships were established through regular meetings (strategic and frontline), attendance at forums and conferences, and regular submission of monitoring data, usually quarterly. Visits from commissioners ranged from monthly to annual. In some cases, commissioners have been involved with staff training, and drop-ins with staff and residents. Many respondents also appreciated practical support and advice, and recognition from commissioners regarding the challenges they are currently facing. Good levels of communication and approachability were important factors for both parties, both for service improvement and for informal updates and liaison, via email and telephone.

Our commissioning team are very supportive and I feel we can approach them when necessary, commissioners have provided training for my whole staff team.

Accommodation survey respondent

The commissioners in our area are great and have engaged the sector in working out how we can best come through the cuts facing us. We meet with them at least monthly and often weekly to come up with a workable plan for the future.

Accommodation survey respondent

Relationships with the district council were sometimes reported to be more positive than with the county council, and good relationships with the police were commonly reported. A desire for better relationships with some commissioners, particularly health, was sometimes reported. Services also felt there needed to be

recognition from certain services, such as health and criminal justice, of the benefits of homelessness prevention to their own services. Some relationships are also under pressure due to cuts in funding.

We meet regularly with the City Council and they are aware of the pressures we face, but appear to have no power to prevent any potential collapse in our services. The County Council rarely meet with us and don't appear to be aware at all as to what might happen. Having said that cuts within the County mean they are struggling to monitor what is happening with local services receiving Housing Related Support grant.

Accommodation survey respondent

There is immense pressure on both sides and this at times can lead to difficult meetings and frustration at both ends. Our funding has reduced by over £160,000 in the past five years yet we are expected to achieve more outcomes and work to more challenging targets.

Accommodation survey respondent

How day centres are resourced

Funding for day centres differs considerably from accommodation projects. This reflects the fact that many day centres have historically been voluntary organisations and have often been run by faith-based organisations. Day centres are nearly twice as likely as accommodation projects to receive income from fundraising and donations (82% and 43% respectively) and more than twice as likely to be funded through charitable grants (68% and 30% respectively), (Graph 13). The most common primary funding source for day centres was fundraising (28%). 'Other' sources of funding included the local authority, social enterprise and funds from hostel attached to the centre.

Overall, day centres are less reliant on statutory funding and more likely to receive funding from a range of sources. However, respondents did comment that access to certain streams may become more competitive as more organisations compete for the same grants.

Increasingly more difficult to get charitable trust funding as they receive increased demands.

Day centres survey respondent

We anticipate that accessing Lottery Funding will be more difficult.

Day centres survey respondent

Graph 13: Sources of funding for day centres

Source	Percentage
Fundraising and donations	82%
Charitable grants	68%
Corporate/Businesses	41%
Big Lottery Funding	32%
Local authority homeless prevention grant	25%
Other	14%
Public Health	9%
Health - NHS Trusts, CCG	9%
Adult social care	9%
Employment and education	7%
Substance misuse service	7%
Housing-related support	7%
Registered social provider	2%
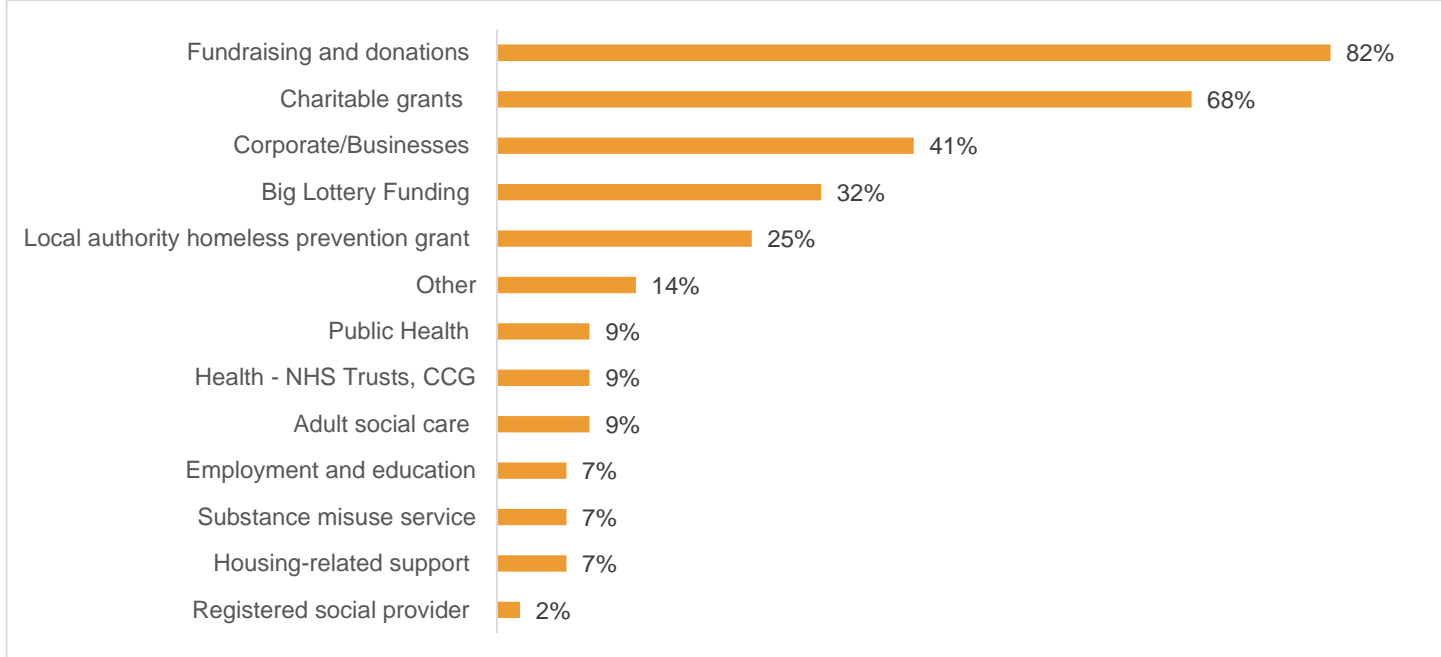
Day centres survey 2016, N=44

Day centres were more likely than accommodation projects to report that their funding for 2015/16 had increased compared to the previous financial year, and less likely to report a decrease. More than a third reported an increase (36%), with a quarter (26%) reporting no change (Table 7). However, decreases in funding tended to comprise a larger proportion of income than increases; of those day centres that had received an increase, the average increase was 13%. Of those day centres that reported a decrease, the average decrease was 25%.

Table 7: Funding changes for day centres compared to the previous financial year		
Change in funding	**Proportion of day centres**	*Average funding change*
Increase	36%	*+13%*
Decrease	31%	*-25%*
Awaiting outcome	7%	*Unknown*
No change	26%	*N/A*

Day centres survey 2016, N=42

Staffing in homelessness services

Homelessness services tend to be staffed by a combination of paid staff, both part- and full-time, and volunteers, with each taking different roles. Paid staff often have particular specialisms, such as training, keyworking, employment support, or providing technical advice on issues such as welfare benefits.

This year's survey found that on average accommodation providers employ 9.7FTE members of staff. Full time staff constitute 78% of paid employees, and ex-service users make up 7% of staff and volunteers. The average number of volunteer hours is 16 hours per week.

Day centres have on average lower numbers of paid employees than accommodation projects, and are more likely to draw on the support of volunteers. Day centres employ on average 6FTE paid staff, with full time staff making up 60% of paid employees. The average number of volunteer hours was 157 per week.

Support services

Homelessness services — both accommodation based and day centres — provide support to people who are homeless to help them develop new skills, manage their health or positively address other issues. Much of the support is often delivered through one-to-one keyworking sessions, and is supplemented by group sessions, training, work experience, counselling, arts and sports therapy, or other meaningful activities. Some services are delivered in-house whereas others, such as some statutory services, are by external referral only.

In terms of services available directly through accommodation projects, life skills[19], resettlement support and help with basic needs[20] were all commonly provided (93%, 90% and 87% of services respectively), (Graph 14). Services that support people with their health needs and substance use were least likely to be provided directly by projects and were most likely to be made available through formal referral. 'Other types of personalised services' included funding for various items, such as accessing birth certificates, buying work clothes and travel expenses to interviews etc., and programmes aimed at increasing confidence, improving well-being and achieving goals.

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[19] This includes budgeting, cooking and wellbeing
[20] Such as providing food, clothes and washing facilities

## Graph 14: Provision of support services by accommodation projects
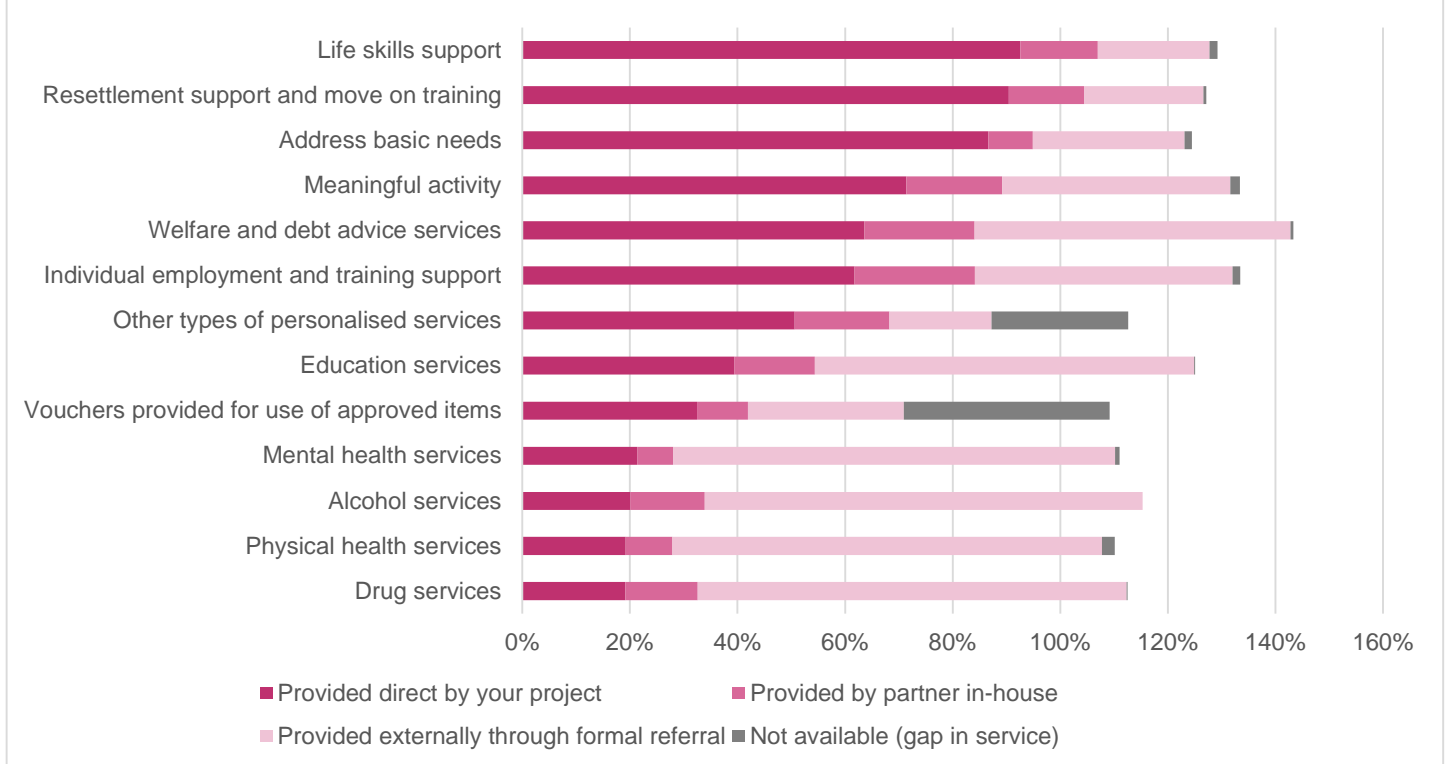
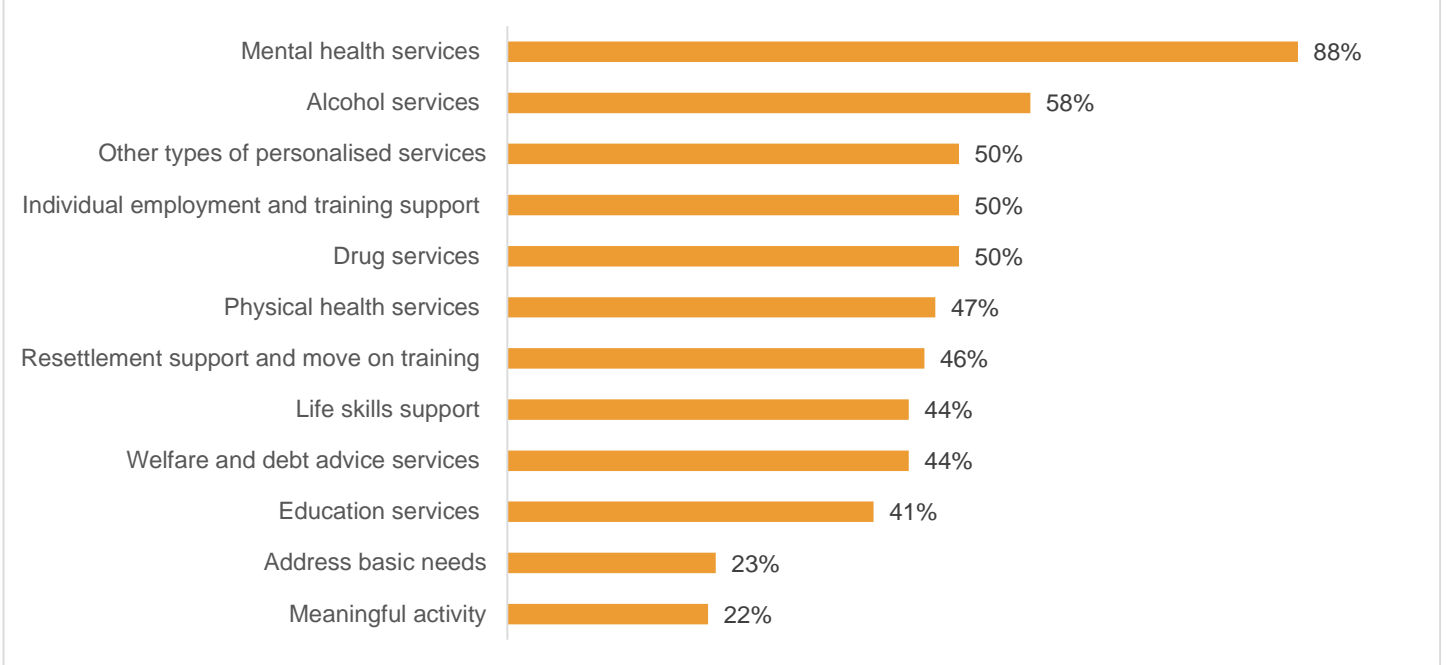Accommodation survey 2016, N=203–264
Note: services may be provided both internally and externally, so totals equal more than 100%

Similar to accommodation projects, addressing basic needs and helping with life skills were most likely to be provided directly by day centres (93% and 78% respectively), (Graph 15). Vouchers provided for use of approved items was also most likely to be cited as a gap in provision (42%).

Graph 15: Provision of support services by day centres
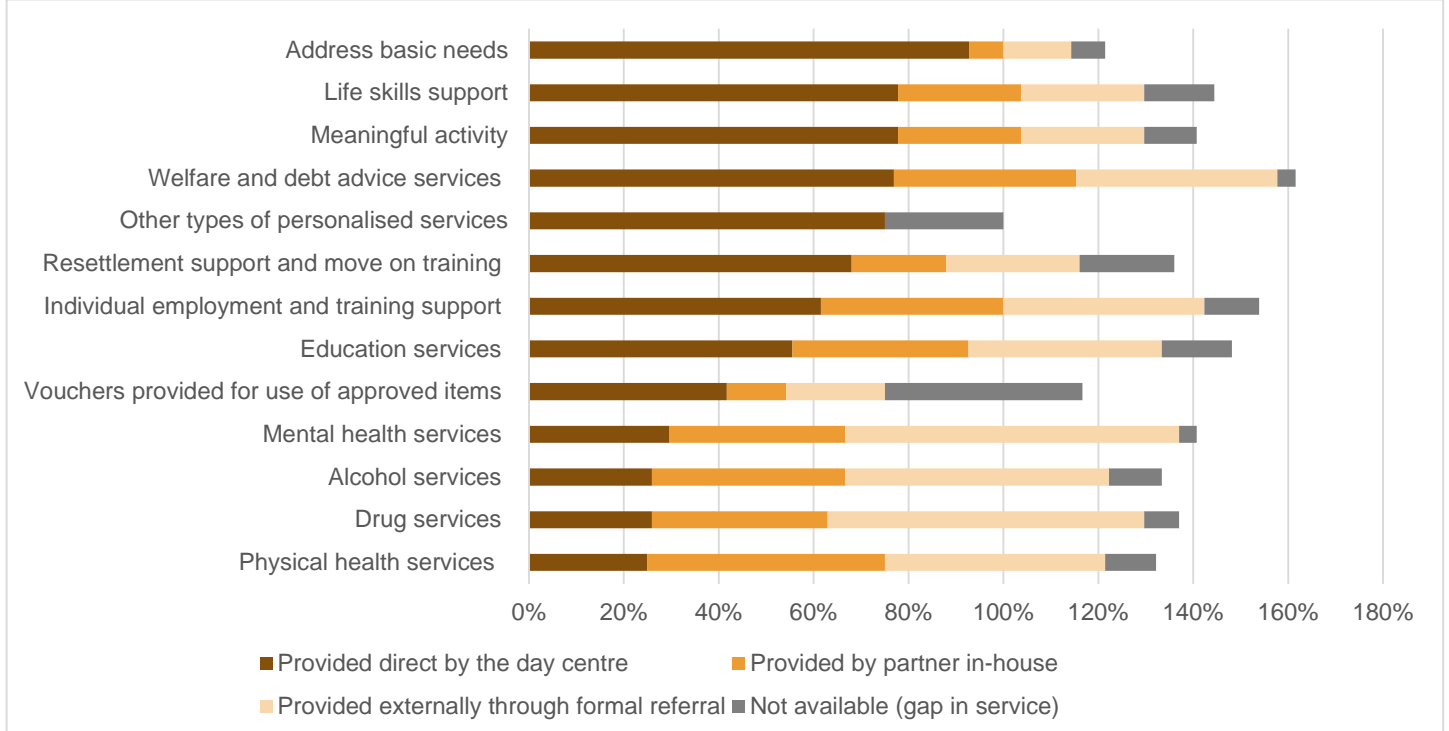
Day centres survey 2016, N=24–28
Note: services may be provided both internally and externally, so totals equal more than 100%

Day centres were asked whether their clients ever have difficulty accessing services. Mental health services were reportedly the most difficult to access, with 88% of day centres reporting that clients have had trouble with access (Graph 16). Access to alcohol services can also be challenging according to 58% of services, and half of day centres reported problems accessing other types of personalised services, employment and training support, and drug services.

Graph 16: Problems accessing services (day centres)

Service	Percentage
Mental health services	88%
Alcohol services	58%
Other types of personalised services	50%
Individual employment and training support	50%
Drug services	50%
Physical health services	47%
Resettlement support and move on training	46%
Life skills support	44%
Welfare and debt advice services	44%
Education services	41%
Address basic needs	23%
Meaningful activity	22%

Day centres survey 2016, N=36–40

CHAPTER 5: INNOVATION AND CHANGES TO HOMELESSNESS SERVICES

This chapter examines new models of provision that are being explored and used within the homelessness sector. Data is drawn from the accommodation and day centres surveys.

Key headlines

- Homelessness services have been exploring and adopting innovative models of service delivery to support their clients.
- A range of approaches are being used to improve the availability of accommodation and other longer term options. Seven out of ten accommodation projects reported they are either using or exploring shared accommodation schemes, 65% are using or exploring rent deposit and bond schemes and 39% are using or exploring Housing First.
- Social investment methods such as social bonds are not currently being widely used as only 16% reported using or exploring them.
- The proportion of services funded via Payment by Results remains low (4%) with strongly held negative views of this kind of funding. Staff in the sector sometimes consider these to be 'risky' or unsuitable for funding provision for homeless people.

Homelessness services continue to evolve. Services recognise that they cannot work in isolation to deliver support and accommodation for people experiencing homelessness. The new commissioning structures and the acknowledgement that many of the same people use services across health, criminal justice and substance misuse, as well as housing, mean that partnership working and joint delivery of services are becoming more commonplace to deliver more personalised support and make efficient use of limited resources.

Emerging models of homelessness provision

There are signs of innovation within the homelessness sector. Across all innovative approaches covered in the provider survey, there have been increases in the proportion of projects that are either using or exploring each approach (Table 8). In particular, schemes to improve accommodation options for clients are being used across the homelessness sector; more than half of services reported that they are using or exploring shared accommodation schemes, rent deposit/bond schemes and private sector leasing schemes, with increases in the proportion of services using these approaches. Peer landlord schemes are used by fewer services, with a decrease in the proportion using these schemes, though this is offset by an increase in services exploring their use.

This year, we asked projects about three other approaches; floating support, homelessness prevention and independent lodgings for move-on. Floating support and homelessness prevention are widely used or explored across the sector (by 87% and 81% of services respectively), with approximately one in five services using independent lodgings for move-on, and a further one in five exploring this. Social investment methods continue to be least likely to be adopted by services, albeit with an increase in the proportion exploring these (12%, up from 6%). This may reflect the fairly early introduction of such methods within the sector[21].

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[21] The Fair Chance Fund, announced in 2014, is a £15 million social investment fund to support homeless young people.

Table 8: Innovative approaches used in accommodation projects				
	Using	**Exploring**	**Neither**	**Using or exploring**
Shared accommodation schemes	49%	21%	30%	70%
Rent deposit/bond schemes	50%	15%	35%	65%
Private sector leasing schemes	33%	15%	52%	48%
Housing First approach	21%	18%	61%	39%
Peer landlord schemes	6%	17%	77%	23%
Other	16%	3%	81%	19%
Social Investment methods	5%	12%	84%	17%
Floating support	74%	13%	13%	87%
Homelessness prevention services	70%	11%	19%	81%
Independent lodgings for move-on	19%	19%	63%	38%

Accommodation survey 2016, N=263

The proportion of services using the Housing First approach was 21% and the proportion exploring this approach was 18%. Housing First is a relatively new and innovative model designed to support some of the most disengaged individuals experiencing homelessness. The model is based on non-conditional independent housing coupled with intensive support. Initial evaluations have been positive[22], but many projects in the UK have been pilots, and there is a long way to go before Housing First becomes part of mainstream homeless provision[23]. Changing Lives, in Newcastle-upon-Tyne, told us about how their pilot project has become part of their commissioned outreach work with rough sleepers and people with multiple needs.

Case study — Changing Lives, Newcastle-upon-Tyne

Changing Lives Housing First project helps people living on the streets, or who are caught in a cycle of hostels, sofa surfing, prison or hospital, straight into their own permanent accommodation. Changing Lives has been delivering Housing First since April 2012 in Newcastle.

Initial funding for the project came from the Homelessness Transition Fund[24]. During the project Changing Lives worked closely with the local authority as homelessness services were being retendered and recommissioned in the area, to secure continuation funding. Housing First was included within the tendering specification for their rough sleeping and multiple needs outreach contract, so they were able to transition from a pilot project to incorporating Housing First into wider pathways in the area.

The early involvement of the local authority and their support has been crucial to the success of the service as it provided strategic buy-in that helped secure funding beyond the pilot stage and make the Housing First services part of an overall commissioned response to homelessness. To ensure the success of the project, the team have focused on good access to accommodation, recruitment of the right client group, and ongoing monitoring and evaluation.

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[22] See for example Housing First in England - an evaluation of nine services (University of York, 2015): http://www.homeless.org.uk/facts/our-research/housing-first-in-england-evaluation-of-nine-services#sthash.8vRDuzP3.dpuf

[23] Homeless Link launched a project in 2016 funded by Comic Relief and Lankelly Chase to support Housing First to be implemented more widely across England, http://www.homeless.org.uk/our-work/national-projects/housing-first-england

[24] The Homelessness Transition Fund was a £20 million grants programme set up as part of the Government's strategy to tackle rough sleeping. The fund was administered by Homeless Link and ran for three years from 2011 to 2014.

Access to accommodation
One of the key challenges for the Housing First approach is the availability and affordability of suitable accommodation. The private rented sector (PRS) is fairly accessible in Newcastle, so the project was designed to house people through this route. The project established trusting relationships with a small number of private landlords and also had access to 'individual budgets' which could be used as cash bonds. These proved popular with private landlords and helped to move people quite quickly into accommodation — about 6–12 weeks.

Working with and engaging the right client group
One of the aims of the Housing First approach is that it should be targeted at people most in need and bypass the requirement to engage with the more traditional 'staircase' model[25] of provision. Changing Lives initially identified a small cohort of people for whom current service provision was not working, were ineligible for social housing, and had been multiply evicted from supported accommodation. Referrals now come from their case management group which meets regularly to discuss some of the more complex client cases in the area.

The Housing First approach is not just a housing solution, it is a sophisticated psychological approach that engages and supports those who are alienated by traditional services. The project adopts a personalised approach that places choice back into the hands of the client, such as enabling them to make decisions about the property similar to any other tenant moving into a new house. These relatively small spends had a large impact, as people are less likely to do things to jeopardise their tenancy when they are invested in their home.

Monitoring the success of the service
The project has been evaluated by York University, and is currently being evaluated by a PhD student. The model is frequently re-visited in order to make improvements, however, they remain faithful to the principles of the Housing First approach.

By the end of the initial project about 40 people had been housed, and the caseload has since remained constant. Although there is no requirement for people to engage with other services (such as drug and alcohol, or probation), the provision of a stable environment has often led to better engagement, confirming the underlying principle of the model that secure accommodation with support will lead to improvements in other areas. People are discharged when they are ready to maintain the tenancy without such high levels of support. The option remains for people to return to the service if the need re-arises, and there is no end date or cap on the level of support.

Payment by results
Payment by results (PbR) makes payments contingent on the delivery of certain results or outcomes. It remains uncommon for accommodation projects to be funded on a PbR basis. Only 4% of projects reported being funded in this way (Graph 17).

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[25] In the 'staircase' model, client progress through stages towards independent living, with the latter achieved once they have demonstrated 'housing readiness'.

Graph 17: Proportion of services that are funded on a payment by results basis

6% 4%

90%

■ Yes ■ No ■ Don't know
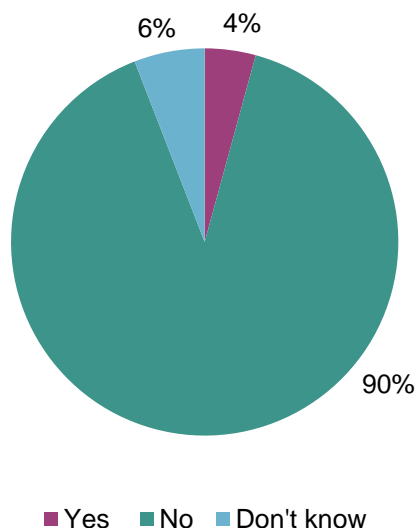
Accommodation survey 2016, N=296

There is scepticism from respondents regarding whether PbR approaches are suitable for the homelessness sector and homeless clients and respondents being less likely to agree or strongly agree that PbR will lead to better outcomes for single homeless people, and were more likely to disagree (Graph 18).

Graph 18: Agreement with the statement 'delivering services via payment by results will lead to better outcomes for single homeless people'
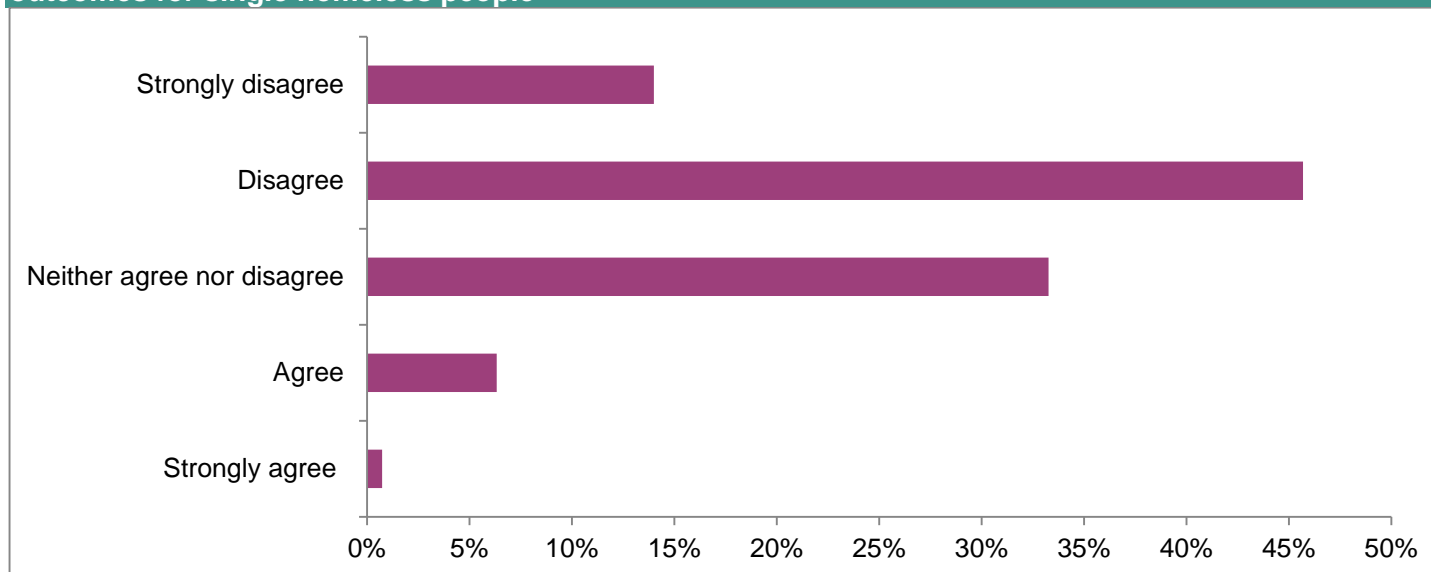
Accommodation survey 2016, N=248

An open text question in the survey asked respondents why they agreed or disagreed with PbR leading to better outcomes. The general consensus was that PbR services are not suitable for single homeless people, with the main reasons summarised as follows.

- Outcomes can be client-dependent:
  - Some respondents argued that clients choose whether to engage with support. Clients unable or unwilling to engage will not meet outcomes, leading services to 'cherry-pick' the clients who will engage. This could leave clients who are entrenched or have complex needs unsupported.

- External factors also influence outcomes:
  - For homeless services, the availability and affordability of the local housing market strongly influences their ability to move people on and secure tenancies. Employment opportunities will also influence whether outcomes are achieved.
  - Clients may be linked in with other services or forms of support, and it is difficult to evidence the impact of one service.
- Outcomes may not address the needs of the client group:
  - There was concern that improvements made in areas not classed as outcomes, particularly 'softer' outcomes such as confidence and well-being, would not be recognised.
  - Outcomes may not be achieved within the given timeframe, and imposing a timeframe fails to acknowledge that people will progress at different rates. Furthermore, clients may feel pressured to achieve outcomes before they are ready and this would be detrimental to their progress.
  - A 'one-size-fits-all' approach undermines the personalised approach that many services are increasingly shifting towards.
- PbR could lead to poorer quality services:
  - Services may prioritise payment and funding above the needs of the client.
  - PbR systems would require too much paperwork and leave less time for service delivery.
  - A rigid focus on outcomes could potentially diminish flexibility and responsiveness.
- PbR can be risky for services:
  - A 'dry spell' with fewer clients or poorer outcomes would lead to less funding, which would further inhibit providers' ability to deliver a service and may even lead to closure.

Resources become dependent on outcomes — negative outcomes are not the sole responsibility of the support provider as chaotic lives inherently have many variables that contribute to success or failure outside of the support provider's control. If outcomes decline, resources to provide support decrease and capacity to deliver positive outcomes with depleted resources become increasingly difficult going forward.

Accommodation survey respondent

A number of respondents also expressed their lack of knowledge and experience of PbR systems and felt unable to really comment. Negative opinions or uncertainty about the approach tended to be reported by services that have not been funded in this way. However, some respondents who had been funded by PbR, spoke more positively based on their own experiences. Some respondents felt that the shift towards a focus on funding could be good for staff, challenging complacency and improving efficiency. There is in fact evidence of success when the nature of the client group is taken into account and the intended outcomes are realistic. The challenges of adopting a PbR approach for homeless clients needs to be factored into any service specification. The Y (Leicester YMCA) have been working with young people with very high levels of need through a PbR funded service, and they told us about how they are addressing the common pitfalls and challenges in order to make the service a success.

Case study — The Y (Leicester YMCA)

The Y is part of a special purpose vehicle called Ambition East Midlands, responsible for delivering a Payment by Results (PbR) service in the local area. The project has been funded for three years and The Y was tasked with recruiting 100 young people (18–25) to join the programme.

Funded through the Fair Chance Fund in 2014, part of the criteria was that the service needed 80% social investment. They worked with Triodos Bank to identify social investors and gain social investment tax relief. The money is provided by social investors upfront, and as they achieve the agreed outcomes the return is paid by Department of Communities and Local Government (DCLG) who fund the overall programme.

Being realistic about outcomes
Working with people with high levels of need means being realistic about outcomes while still providing a service that is worth investing in. Social investors that understood the work being undertaken and the nature of the client group was seen as essential.

Working with those most in need
To ensure that the service reached those most in need, young people had to meet the following criteria:

- Homeless but not in priority need
- Not in education, employment or training (but cannot have had support with this four weeks prior to the project)
- Have support needs but not be eligible for adult social care support
- Not a care leaver, unless intentionally homeless or over the age of 21

The strict criteria help ensure that support reaches those who need it most, as well as avoiding double funding, where young people may also be receiving support elsewhere. This also helps to ensure that any client outcomes from the service can be attributed to the service.

Although the young people do not meet the 'priority need' category, they still have very high support needs. An assessment of need in the group found that the three main support needs were substance misuse, mental health and offending. Most young people in the cohort have more than one support need, with 32 having all three needs.

Being flexible in the approach
It is possible to build flexibility into PbR services, including the ability to adapt outcomes and re-prioritise targets. The service specification was adapted to take possible contingencies into account, for example, if someone's circumstances change further down the line by becoming a parent and being 'priority need'. Targets have also been re-prioritised based on profiling — for example, Ambition East Midlands found that they want to focus more on getting people into employment as lots of the clients in their cohort already have qualifications. As long as the value and number of outcomes do not change there is leeway within the service specification to make these adjustments.

Outcomes
The project achieved its aims for the first year. There are three main outcomes: meeting the registration target; securing and maintaining accommodation; and entry into and sustaining education, employment or training.

The recruitment targets were revised up in recognition that there would be drop-outs and service is now closed for referrals. The length of time support can be offered will be a full three years for those who registered early; this contrasts with other commissioned services in the area that have a four to six-month window in which to prepare people for independent living.

In the first year the service housed 81 young people. Forty of these have sustained accommodation for three months to date, and nineteen have sustained their accommodation for six months to date. For the EET outcomes, 13 young people are now in education, eight are in employment (three of these have achieved 13 weeks full-time so far), and six are doing voluntary work. The service is also working with Business in The Community to provide six weeks' worth of employment training, which includes work placements and mentoring. Overall, the project is bringing young people closer to the job market and helping them understand what work entails.

[Please note DCLG has commissioned an independent evaluation of the Fair Chance Fund. Individual grantees, like the one featured in this case study, may also be doing their own local evaluations. Fair Chance is funded until 2017/18]

Improving outcomes and practice
In addition to emerging models of provision, homelessness projects are constantly improving and updating their policies and practices in order to respond to the needs of their client group. In open text questions, survey respondents were asked about the work they have been doing in the past 12 months to improve outcomes and

practice. Many providers have been introducing new ways of working and adapting what they currently do, in order to provide better services for homeless people and to do more with less.

Recognising strengths

There was evidence of a shift away from focusing on clients' limitations or problems towards what clients are able to achieve and their strengths. Placing greater choice and control into clients' hands was a feature of this shift. Asset-based approaches, psychologically-informed environments (PIE) and personalisation were given as examples of this kind of approach.

We continue to aspire to the [x] ethos of "Open Talent". Simply put, it is a call to re-focus attention away from what is wrong with the young person towards identifying and supporting the talent and potential of the young person. Young people who move into our services are often defined by what is wrong with them. It can become an endless cycle of low levels of self-esteem, aspiration and motivation leading to poor life choices ... Talent can be an intellectual ability — natural or acquired, it can be a skill in accomplishing something or it can be a special gift. A talented resident is someone who has an ability to be good at something and we have many talented clients in our services … we just need to help them identify those talents.

Accommodation survey respondent

We provide a person centred/person led service. Residents are given more choice and control. We know everyone has strengths, my staffs' skills are supporting people to recognise these, build on them and be in control of their lives and support = personalisation. New paperwork has been introduced by [X] service to help residents make choices about what is important to them and how we can support them to achieve their goals and aspirations and reach their full potential. Residents are involved in the day to day decisions of running the centre, from choice of keyworker to sitting on recruitment panels for new staff, reviewing policies and service risk assessments and financial decisions to wisely use donations made.

Accommodation survey respondent

Engaging with clients

Improving client engagement was also a common theme. This included securing funding to help clients access meaningful activities (including work, training and education, and volunteering), workshops, and activity rotas. In some services, there were increases in the expectations placed on clients to engage with activities.

We have become more strict [sic] with clients using the service with relation to meaningful engagement. We have a one month settling in period and then we expect clients to be showing us evidence weekly they are looking for work. If a client is signed off sick, we expect them to be engaging in volunteering work or engaging in services designed for those signed off.

Accommodation survey respondent

A number of services reported that they were introducing more group work. In some cases, this was intended to make more efficient use of staff time due to a reduction in resources. However, this was also seen as an opportunity as group work can be beneficial for clients, particularly when led by peers.

We have introduced more group work (healthy eating, move-on, budgeting, the importance of voting, film group, newsletter group... etc.). These groups are generally led by a staff member, though some have been peer led. They give the customers a chance to discuss topics and to learn something new, but also, with reducing staffing levels, make efficient use of a staff member's time.

Accommodation survey respondent

Outcomes

The most common response in relation to service improvement was improved ways of monitoring outcomes and client engagement. Some services had introduced In-Form and/or were using the Homelessness Outcomes Star[26] and Recovery Star tools[27]. For some projects this meant a shift towards online support plans.

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[26] Homelessness Outcomes Star: http://www.outcomesstar.org.uk/homelessness/
[27] Recovery Star: http://www.outcomesstar.org.uk/mental-health/

The benefits of making these changes included less paperwork (with improved confidentiality), time-saving efficiencies, enhanced engagement with clients, and a better means of evidencing and monitoring impact.

We have overseen the digitalisation of client data, making information more accessible, lessening waiting times/ frustration for clients and improving productivity across the service (it has also proved to be far more environmentally friendly!). We also believe having a reduced amount of client information around the office, has increased the ease of security and confidentiality, particularly peer on peer confidentiality

Accommodation survey respondent

A number of services also reported that they have taken steps to reduce evictions for clients. This included introducing the reducing evictions and abandonments model[28], restructuring of house rules, improving how warning and sanctions are administered, and ensuring that eviction is a last resort only.

We have started to use an alternative response checklist, when issuing warnings and sanctions this has also included achievement reviews to reduce our evictions. This has improved our outcomes as since July 1015 when we implemented the process we have not evicted anyone from this service.

Accommodation survey respondent

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[28] This Homeless Link toolkit helps managers of supported accommodation projects to reduce evictions and abandonment by learning from good practice across England. Available at: http://www.homeless.org.uk/our-work/resources/reducing-evictions-and-abandonments-toolkit

CHAPTER 6: OUTCOMES AND MOVING ON

This chapter looks at the outcomes achieved by people in homelessness services and their experiences of moving on, specifically the barriers to moving on, where people tend to move on to, and whether services track people's progress once they have left. Data is drawn from the accommodation and day centres surveys.

Key headlines
- Around a third of projects reported that their clients are engaged in money management activities and meaningful activities and 25% reported engagement in training or education.
- The most common outcome was moving into independent or supported accommodation (35% of clients).
- Access to move-on accommodation is an issue. Across the sample, 30% of clients were ready to move but were not currently able to do so.
- The principle barrier to moving on was a lack of affordable accommodation – a third of services reported this to be the main barrier (34%).
- People leaving accommodation projects were likely to move into social housing (22%) or return to family and friends (19%).
- To support clients who have left their service, more than six in ten services reported that they offer informal support, such as contacting people on an ad hoc basis (63%), and 61% provide floating support on a regular basis.

Although moving into independent accommodation is often a primary goal for many people, clients also make important progress in other areas, such as better management of health, reduced offending and finding paid employment. Once issues have been resolved some people are able to return to live with family and friends. Other clients who transition to independent living with their own tenancy may need ongoing support for a period while they do this.

Even when people are ready to move, local pressures on the housing market can make this transition more challenging, and lead to people staying in supported housing for longer than they need. This is particularly the case in London and South East England. As well as being detrimental to the clients ready to move on, new clients are less likely to be able to access the support they need in time.

Tracking longer-term outcomes can also be challenging as little is known about what happens to people after they leave services and whether progress is sustained.

What is achieved by homelessness services and their clients
Homelessness services support people who are homeless to help them address issues they are facing and move forward with their lives. Although moving into independent accommodation is often a primary goal for many people, other goals include improvements in health, gaining employment and reducing offending behaviour. Engagement in useful and relevant activities can help people to achieve these goals.

Around a third of projects reported that their clients are engaged in money management activities and meaningful activities and 25% of clients are engaged in training or education, 13% engaged in work-like activities and 9% in paid employment (Graph 19).

Graph 19: Engagement in activities among accommodation project residents
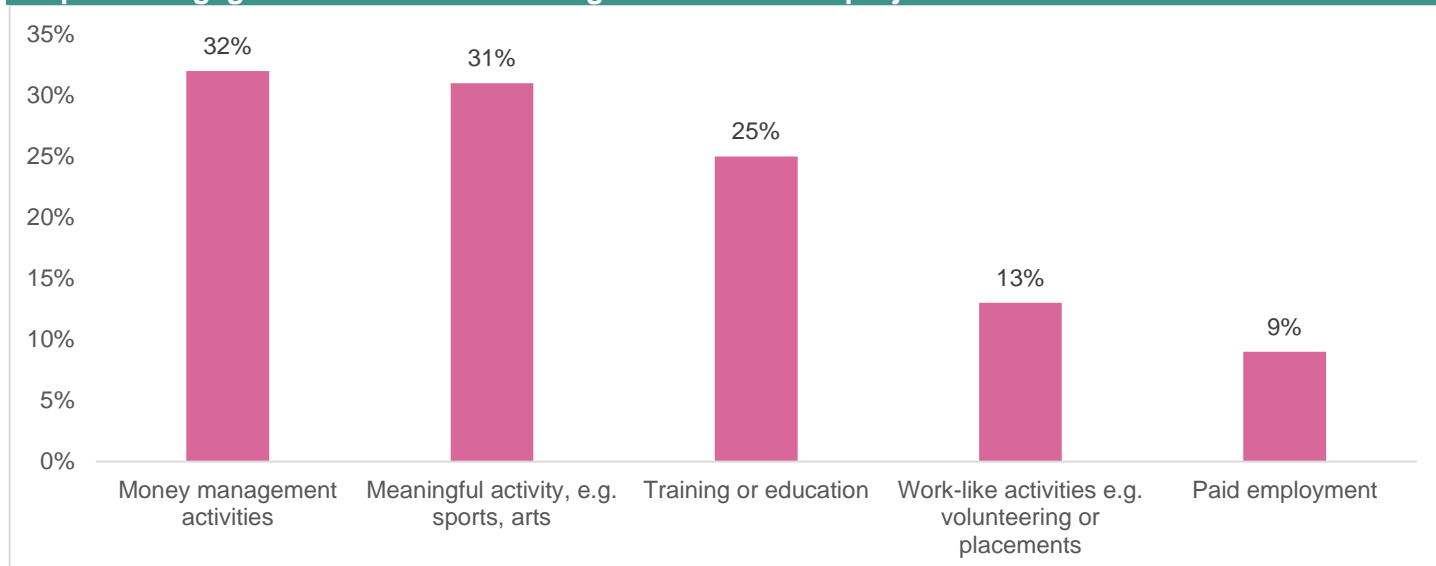
Accommodation survey 2016, N=245

In terms of outcomes achieved in the last year, the most common outcome was moving into independent or supported accommodation (35% of clients), (Graph 20). The proportion of clients managing their mental health problems better was 21% and 15% had learnt to manage their physical health better. Projects reported 11% of clients had reduced their offending.

Graph 20: Outcomes among accommodation project residents
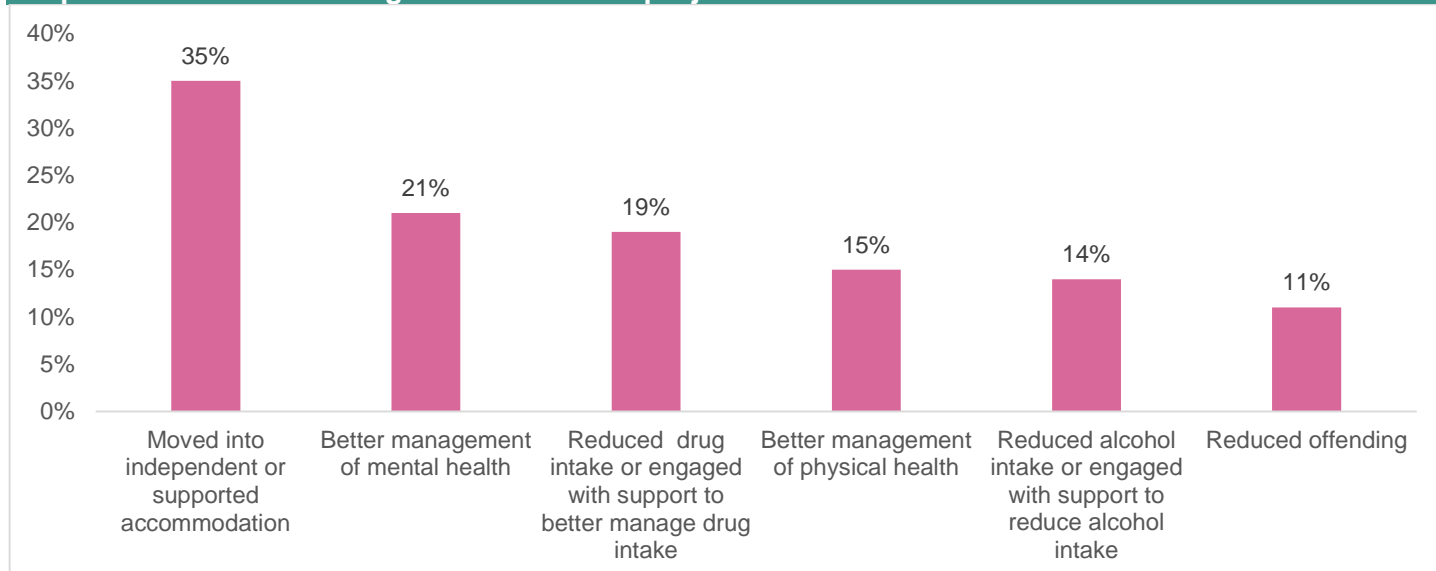
Accommodation survey 2016, N=247

Homelessness is not just a housing issue, but often involves a variety of other complex and overlapping factors. As the findings have shown, clients often have a variety of needs and improving outcomes for homeless people requires services to work together to address these. In particular, housing and health are interrelated; poor quality housing or homelessness can damage health, while health needs can make it difficult for people to sustain tenancies. There is evidence of different agencies working together towards joint outcomes in many settings. One such example is when people are in hospital and have no home to return to or are at risk of losing their tenancy while they are hospitalised, with the consequent negative impacts on their recovery. Ensuring that clients do not leave hospital without anywhere to go is about more than providing just a home. A holistic response requires a multidisciplinary approach, and the ASSIST (Advocacy, Sustainment,

Supporting Independence and Safeguarding Team) Hospital Discharge Scheme in Mansfield is an example of how this can be achieved.

Case study — ASSIST Hospital Discharge Scheme, Mansfield

Like in many areas, Mansfield has experienced high levels of demand to its Adult Social care and Health services. This demand is coupled with a considerable level of local health need; the area is one of the most deprived in the country, with a lower than average life expectancy. These needs place additional pressure on services.

A holistic approach to service provision is needed in order to reduce this pressure and continue to meet need. The ASSIST Hospital Discharge Scheme, based in Mansfield District Council, provides evidence of how working in partnership with Social Care and Health has led to better integration and built resilience to the pressures placed on public services.

The scheme reduces the burden placed on hospital and social services staff, by expediting the discharge process and reducing bed blocking. For example, the scheme has enabled patients to return home by fast tracking minor adaptations to properties, repairing faults, installing safety mechanisms (lifelines/fall detectors/smoke detectors), facilitating provision to essentials such as food parcels, clothing and white goods, and ensuring access to welfare entitlements and debt advice.

Key to the success of the scheme has been the appreciation of the council of the role of housing and related services in meeting wider social and economic objectives, particularly public health objectives. The council has prioritised its resources to respond to hospital/residential care discharges, and good relationships with private landlords and other services supporting vulnerable groups have further helped to secure the housing needed to make the scheme work. The scheme is also working with other services to focus on multi-disciplinary responses that will reduce and prevent hospital admissions.

The impact on clients has been measured by a tool called an Outcome Star, with clients often making progress across most of the eight areas[29]. Using a tool that covers different aspects of well-being has demonstrated the interconnectedness of housing and health and the benefits of a holistic approach; the circumstances of many clients revealed how poor housing and lack of basic necessities had been detrimental to both their emotional and physical health. One client reported that the improvements he encountered as a consequence of the scheme meant that he could foresee a future, where he had previously given up on life.

An independent evaluation found clear evidence for the continuation and extension of the scheme. Once the scheme was established and running, the number of interventions averaged over 30 per month, with activity increasing over time. The current savings to the NHS in terms of bed days were estimated to be £664,000, rising to a potential approximate saving of £1,328,000 (based on 60 potential interventions per month). Funding from July 2015–March 2016 to deliver phase 2 of the scheme, was secured through the Mid Nottinghamshire Clinical Commissioning Group. This has recently been extended until end of June 2016 to enable a further evaluation.

Move-on and accommodation outcomes

People in supported housing who are looking to move into independent accommodation still face substantial difficulties. Accommodation projects reported that three out of ten (30%) people currently staying in their services were waiting to move on but had not been able to. Of those that were waiting to move, 45% had been waiting for up to three months, 28% for more than three months but less than six months, and just over one in five (27%) had been waiting for six months or more. In some areas, the length of time that people are able to stay in services is being reduced. In areas with limited move-on options this can increase the likelihood of people having to remain in services even though they no longer need the level of support.

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[29] The tool measures eight areas related to well-being: companionship, contentment, housing situation, health/wellness, money and admin, respect, safety, and self-care.

The service provision for 16–21 year olds will be shorter term supported accommodation — i.e. up to six months rather than two years. The gap is likely to be in move-on opportunities for young people leaving the support services.

Accommodation survey respondent

The principal barrier to moving on was a lack of affordable accommodation; one third of projects stated that this was the main barrier, with three quarters reporting that it is one of the barriers for people moving on in their area (Table 9). Clients being excluded from housing providers due to previous behaviour, such as debt, rent arrears or antisocial behaviour, was also a notable barrier, comprising the second main reason for exclusion (18%), and being a factor for three quarters of services. Other issues included a lack of accommodation available on LHA or SAR rates, and reluctance from landlords to accept clients that are on Housing Benefit or are homeless with complex needs.

Table 9: Barriers for clients moving on from accommodation projects	Main barrier	Any barrier
No affordable accommodation available	34%	75%
Client is excluded from housing providers due to previous behaviour (debt, rent arrears, antisocial behaviour)	18%	75%
Landlords won't take clients who are on Housing Benefit	11%	67%
Landlords won't take homeless clients or those with complex needs	10%	70%
Lack of accommodation available at the Local Housing Allowance rate	9%	67%
Availability of rent deposit/bond scheme is limited and/or unable to afford deposit or rent in advance	9%	68%
Other	5%	18%
Lack of accommodation available at the shared accommodation rate	3%	42%
No money available for furnishing flats	<1%	39%

Accommodation survey 2016, N=207–250

For those who left accommodation projects in the last year, 22% were housed in the social sector and one in five returned to family and friends (19%), (Graph 21). 'Other' accommodation tends to include hospital, community mental health placements and student accommodation.

Graph 21: Destination of people leaving accommodation projects

Accommodation survey 2016, N=275

Little is known about longer-term outcomes for homeless people[30], and whether the progress they have made during their stay in homelessness accommodation is sustained. Only 42% of providers continue to track outcomes for their clients, and of these, six out of ten do so for less than six months (Graph 22).

Graph 22: Proportion of services tracking outcomes for previous residents
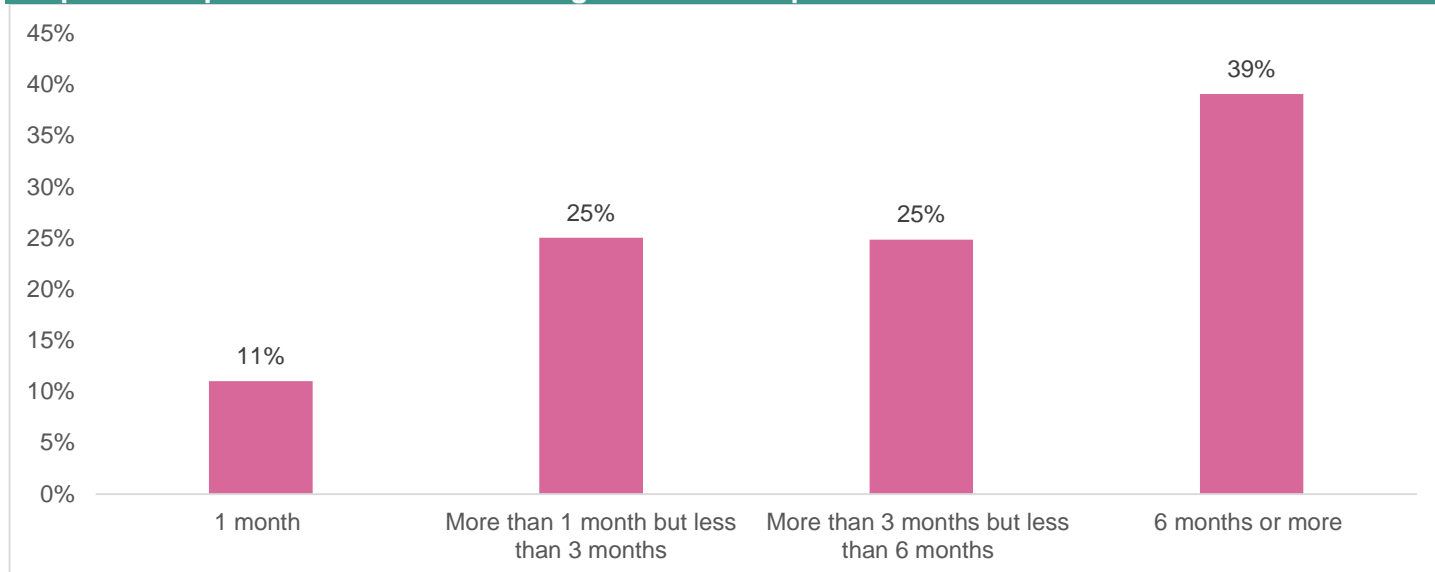
Accommodation survey 2016, N=119

However, some organisations do provide ongoing support for previous residents to help them maintain a tenancy and adjust to independent living. More than six out of ten services reported that they offer informal support, such as contacting people on an ad hoc basis (63%) and providing floating support on a regular basis (61%). Some projects also allow previous residents to use their on-site services, such as drop-in sessions and advice (46%), and one in five offer social care (19%), (Graph 23).

Graph 23: Proportion of services providing ongoing support for previous residents
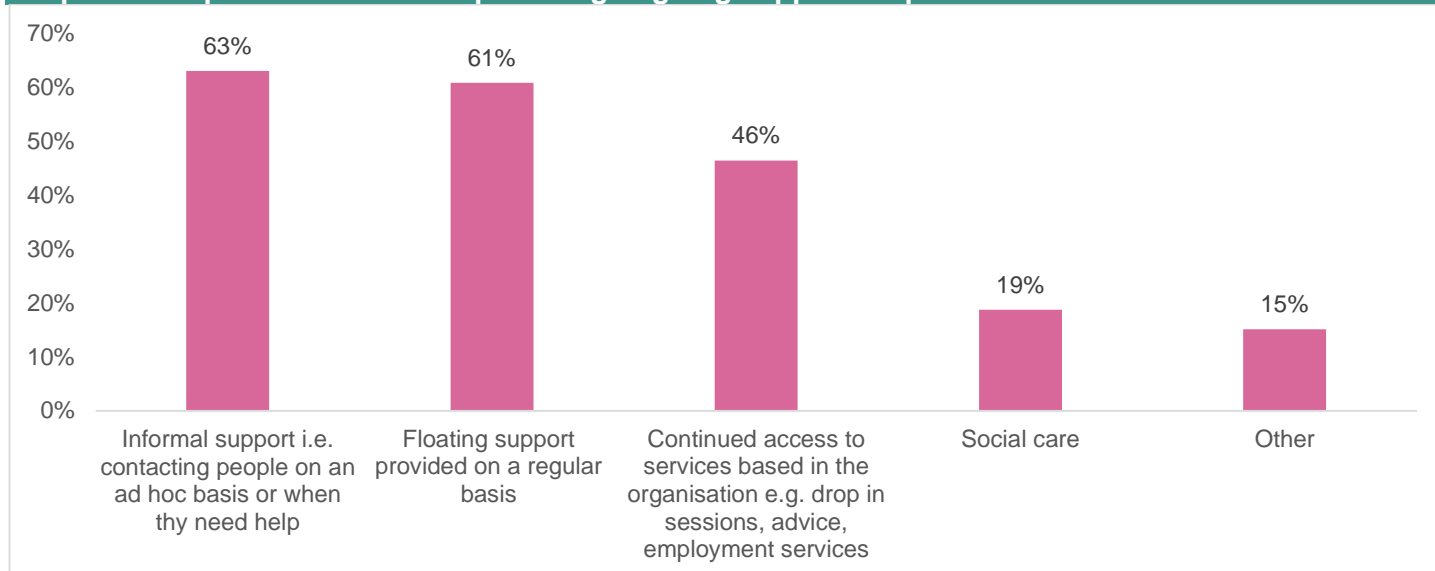
Accommodation survey 2016, N=275

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[30] See Rebuilding Lives, a study on longer-term outcomes for formerly homeless people: http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2016/reports/RebuildingLives2016Report.pdf

Open text responses to the surveys revealed how some services had increased their floating support and the support they offer within the community. This work aims both to prevent homelessness, such as through mediation and counselling, and to prevent repeat homelessness by supporting people to maintain tenancies and manage in the community. Other endeavours to help people move on and stay in their tenancies included increasing access to move-on accommodation (such as through a private sector leasing model), the employment of support workers and a private rented sector scheme in partnership with landlords.

We now do more floating support.

Day centres survey respondent

We received external charitable funding for three years to set up a floating support service (two workers) to work with our service users. This has led to a reduction of men re-presenting as homeless. In the previous year we had nine men representing as homeless within a 12-month period. Since the floating support service has been set up in May 2015 no men have re-presented as homeless.

Accommodation survey respondent

CONCLUSIONS

This year's report shows how homelessness services continue to provide essential support to some of the most marginalised people in society. Despite ongoing structural challenges, including a lack of housing which is affordable to those on low income, changes to benefit entitlement and reductions in funding locally, many services are adapting to ensure they continue to meet the needs of their clients. Signs of innovation include the use of diversification of accommodation options for clients, prevention services and approaches such as Housing First. Some areas are adopting the MEAM Approach, which has been shown to be successful for those with the most complex needs. Services are also working together to support people during times of transition, such as discharge from hospital. The number of day centres that provide support for homeless people, often at the most difficult stage of their journey from the street to housing, has increased.

From the perspective of someone experiencing homelessness, however, these structural challenges are associated with a number of factors that can make the transition from homelessness to independence a greater struggle. This year's report has shown a decrease in the number of bed spaces and accommodation projects across the country. Homeless people are more likely to be turned away because projects are full. In addition, more homeless people are waiting to move on once they are ready, often due to a lack of suitable and housing which is affordable to them.

From the service perspective, the biggest challenge cited by respondents was reductions to funding, and this follows several years of pressures to resources, particularly related to the revenue available to provide services day-to-day. Although investment in homelessness has been maintained at the national level, there is evidence that locally, support for homeless people has been reduced. These financial pressures mean that many services are looking to diversify their funding streams even further. Yet the survey has shown that the proportion of accommodation projects funded by other statutory services (such as health and criminal justice) or through social impact bonds remains low. More needs to be done to support services to access new sources of funding. At the same time, a longer term investment strategy is needed to ensure services are able to continue their work supporting people experiencing homelessness to rebuild their lives.

As we continue to seek solutions to these challenges it is critical that a strong, cross sector approach is taken to promote innovation, ensure adequate resources are in place to enable local services to prevent and tackle homelessness, and build on the existing initiatives which have been shown to save money and improve lives.

TOPICS COVERED THROUGH THE ACCOMODATION AND DAY CENTRES SURVEYS

The following topics were addressed through the two primary data collection methods used in the research:

1. **Accommodation projects survey:**
   - Bed spaces and voids
   - Number of clients
   - Client demographics
   - Reasons for homelessness
   - Number of clients engaging in activities
   - Client outcomes
   - Number of clients ready to move on
   - Length of stay of clients
   - Accommodation type clients have moved on to
   - Access and refusal to projects
   - Project funding and changes in funding
   - Services available through the project
   - New approaches to delivering homelessness support
   - Rent and service charges
   - Staffing and volunteers
   - Homelessness services in your area

2. **Day centres survey:**
   - Number of clients
   - Client demographics
   - Reasons for homelessness
   - Number of clients engaging in activities
   - Client outcomes
   - Access and refusal to day centres
   - Day centre funding and changes in funding
   - Services and activities available through the day centre
   - Client difficulties in accessing other services
   - Staffing and volunteers
   - Homelessness services in your area

What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

Let's end homelessness together

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