

## **Appendix 1**

### **Oxfordshire's Homelessness and Rough Sleeping Strategy 2021-26**

#### **Introduction**

This is the first county wide Oxfordshire Homelessness and Rough Sleeping Strategy and marks a commitment to an inter-agency cross sector partnership approach. Significant innovations include a Housing Led / Housing First approach, so that people are supported in tenancies rather than proving they are tenancy ready, and use of a By Name List to ensure real time data informs decisions and developments.

The Covid-19 response has shown things can be done differently when normal rules no longer apply. Councils, under the government's 'Everyone In' scheme were required to provide self-contained emergency accommodation to people sleeping rough during the lockdown. This took a public health approach, overriding existing legal tests of who might qualify for assistance. Services in 2020 are working to ensure those accommodated do not return to rough sleeping, in part funded by the Next Steps Accommodation Programme (NSAP), which has now become the Rough Sleeper Accommodation Programme (RSAP).

However, we collectively face challenges in coming months and years. The ongoing health threats of the Covid-19 pandemic put those who are homeless, or who live or work in shared housing and support services at increased risk and make the provision of services more challenging. The economic impacts have the potential to significantly increase financial hardship and put more people at risk of homelessness. Voluntary and community sector organisations that provide an important safety net are also experiencing financial and operational impacts.

This strategy draws on the year-long Housing-led Feasibility Study, undertaken by Crisis during 2019-2020, which engaged with people with lived experience of homelessness and rough sleeping in Oxford and countywide. A housing-led, or 'rapid rehousing', approach seeks to end a person's homelessness by moving them into their own home as soon as possible, before addressing any other issues they may need support with. This would be a significant change from the current provision which is heavily focussed on placements within supported accommodation, including hostel provision. Prevention of homelessness by working upstream is also fundamental to the strategy.

The strategy is informed by the recommendations of the Oxfordshire Safeguarding Adults Boards' Thematic Review (SAR) of Homelessness 2019, which explored the circumstances surrounding the deaths of 9 individuals who had all experienced what the report terms multiple exclusion homelessness leading up to, and at the time of, their deaths in 2018/19.

The strategy is also informed by the recommendations from the Homelessness Health Needs Assessment published in 2019.

The Oxfordshire councils, Oxfordshire County Council; Oxford City Council; Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire District Councils; the Oxfordshire Clinical Commissioning Group (CCG) and Oxford Health NHFT currently resource around £12.5 million worth of supported housing<sup>1</sup>, targeted at people in housing need and those who sleep rough. In addition, Oxfordshire benefits from a great deal of community-based support. However, this strategy is needed because:

- Over the course of a year around 600-700 people sleep rough in Oxfordshire
- 64 people were sleeping rough in Oxfordshire on a 'typical' night in November 2019
- Life expectancy for people who sleep rough, is on average 30 years less than the rest of the population. People who sleep rough die, on average, between the ages of 43 and 47 years
- People who sleep rough are 17 times more likely<sup>1</sup> to be victims of violence than those who do not
- Nationally, 14% of those who sleep rough are women. A quarter of women sleeping rough have been sexually assaulted while on the streets
- Three quarters of people who are street homeless experience mental ill health.
- Two thirds of people who are street homeless report using drugs and/or alcohol to cope
- In Oxfordshire, our housing, social care and health systems are fragmented. Access to housing is linked to location and can be dependent on district or city connection
- Those currently using housing and support services have very little choice over or input to these.

The Ministry of Housing, Communities and Local Government (MHCLG) is supporting Oxfordshire councils to work in a more coordinated and consistent way to tackle rough sleeping and homelessness by resourcing the partnership to deliver a 'one system' approach in Oxfordshire.

This multi-agency strategy will underpin a transformation in the way housing, social care and health services work together and work with people in need of housing and support. It will inform future commissioning of services within Oxfordshire. It will be subject to annual review with partners.

The focus of this strategy is on rough sleeping and single homelessness including couples without dependants. There will be close working and connection across to the work on families, young people, people with mental health issues and people experiencing domestic abuse.

There is a separate Action Plan setting out 1) actions, 2) by whom and 3) Outcomes/measures for each of the "We will" bullet points within the 5 priorities set out below. This plan will be kept under review.

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<sup>1</sup> This figure includes Mental Health supported accommodation

## **Vision**

To prevent and resolve homelessness, so that no one sleeps rough in Oxfordshire and that sustainable housing solutions are found so that the impact of homelessness on people's lives is reduced.

## **Principles**

- We treat people in need of our services with respect
- We acknowledge people as individuals and work with their strengths
- We work in a 'psychologically informed way', understanding how past trauma and adverse childhood experiences affect people who experience homelessness
- We actively involve people affected by homelessness in identifying solutions and offer choice wherever possible
- We avoid 'gatekeeping' in the delivery of services
- There is a human face to our services so that the person who is homeless has a named person they can contact
- We focus on the health, wellbeing and quality of life of people who experience homelessness, addressing the whole person, not just housing needs
- We co-operate to deliver a co-ordinated and consistent service across the county
- Take action to maximise the resources available to deliver the vision
- We will engage positively with the voluntary sector and faith-based groups
- Senior leaders across the system will seek to influence and lobby national policy and longer-term funding developments across MHCLG, Dept of Health, MOJ etc

## **Purpose/ Mission: transform the way we respond**

Developing a whole system approach is at the heart of this strategy. We need to coordinate the way services work together to prevent people from being passed between agencies without clarity as to who retains responsibility or who to contact; or from becoming lost in the gaps between services. We need to ensure we respond to the wider needs of individuals, not just their presenting or urgent issue. We will:

- Hold relevant organisations and system leaders to account for delivering strategic objectives and service improvement, through clearer countywide governance, in relation to the prevention of and effective response to 'multiple exclusion' homelessness.
- Ensure greater choice and flexibility in provision of housing and support and greater collaboration to deliver better outcomes.
- Prevent people in need of housing and support from being passed between agencies Establish system-wide performance indicators, focusing on

performance at the 'joins' between services and overall outcomes of the individual, not just the project

We need to transform the way our services understand and respond to the hopes, needs and experiences of individuals. We will:

- Ensure our services understand and adjust for the impact of past trauma and adverse childhood experiences, particularly on those experiencing 'multiple exclusion homelessness'. This means workforce transformation across the statutory and voluntary sectors.
- Ensure that our services are culturally competent and able to respond to the diversity and individuality of the people we work with, including the importance of informal networks to people's lives.

## **Priorities:**

### **1. Proactively prevent homelessness**

The Homelessness Prevention Act 2017 extended the period in which a household is defined as 'threatened with homelessness' from 28 to 56 days. It also placed a new 'prevention' duty on local authorities to 'take reasonable steps' to prevent the threatened homelessness of anyone who is eligible.

The City and district councils have implemented the new legislation and practices. However, research shows that the prevention rate can be further improved where intervention occurs before the 56 day timescale in the Act. Good practice initiatives need to be developed further, to ensure a coherent countywide prevention approach, informed by direct evaluation from those with lived experience. Crisis's research found Oxfordshire councils are more than five times more likely to give financial assistance to someone owed a prevention duty to secure alternative accommodation than to help them to secure the accommodation they were already occupying.

A significant focus on prevention will be essential over the coming months and years, as we recover from the impact of the COVID-19 pandemic. Between March - May 2020, the number of claimants of unemployment benefits in Oxfordshire increased from 6,655 to 17,500, an increase of 10,845 or 163%. This was above the increases across England (+114%) and the South East as a whole (+150%)<sup>2</sup>. The government put a hold on eviction processes following lockdown, but these recommenced in October 2020. Local authorities need to overcome any concerns that engaging with people at an early stage of housing need will increase caseloads. The Homelessness Code of Guidance for Local Authorities states that advice and information should aim to assist people as early as possible to maximise the chance

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<sup>2</sup> <https://oxfordshire.org/covid-19-economic-impact-showing-in-data-new-reports-added-to-ocf-insight-website/>

of preventing homelessness, as well as encouraging them to contact the Authority as soon as possible rather than waiting until crisis point.

Statutory service cannot do this alone and will need to support a wide range of partners to ensure availability of accurate, accessible and timely help and advice.

We will:

- Implement effective, evidence-based prevention services with strong links to specialist services e.g. mental health, drug and alcohol misuse.
- Improve access to timely, accurate information and advice on all elements of homelessness prevention
- Ensure there are effective links and “wrap around care” between services, so an individual is supported to access all the services they require.
- Go beyond the homelessness legislation to intervene early and prevent homelessness whether there is a statutory duty or not
- Deliver consistent tenancy sustainment support across the whole county and all housing providers and tenures including in the Private Rented Sector (PRS), and supported housing including pre-eviction protocols where appropriate
- Use a data-led approach to proactively identify those who may be at risk of losing accommodation or of being discharged without accommodation
- Ensure housing options services are accessible and responsive to all who need them, including a strong PRS offer such as deposits and rent in advance.

## 2. Rapid response to rough sleeping

Current outreach services tend to focus on verification and the ‘processing’ of people who sleep rough, with limited opportunity for individuals concerns to influence what happens to them. The default option is often a referral to whichever supported housing project has a bedspace available. It is evident that many people with lived experience avoid or disengage from statutory services because of restricted options or placements that do not fit their wider needs.

These include concerns about physical and psychological safety and the opportunity to either abstain from or safely use alcohol and other substances.

The SAR highlighted concerns that in some cases people experiencing multiple exclusion homelessness are required to sleep rough before they can access necessary help, support and care services. Records show that 20% of those accommodated within county under **Everyone In** had No Recourse to Public Funds (NRPF) or were EEA workers who had lost their Worker Status. These are people

who are prevented by law from accessing mainstream housing, welfare benefits and employment.

**We will:**

- Ensure that people experiencing multiple exclusion homelessness are not required to sleep rough in order to be offered help
- Ensure rapid access for all those who are sleeping rough or at immediate risk of rough sleeping to a 'psychologically informed' assessment of their specific needs
- Wherever possible keep people in their local area, where long term housing solutions can be found, rather than having to travel to the City for accommodation and support services
- Provide access to advocacy and informal support from peer mentors
- Provide a range of safe, dignified provision for people coming directly from the streets
- Provide a range of flexible accommodation, which can be adapted for single people or couples and create safe spaces for women and LGBTQ+ rough sleepers
- Identify appropriate housing and support solutions by working jointly with individuals in housing need, using a strengths-based approach
- Ensure that people experiencing multiple exclusion homelessness benefit from an integrated approach to their care and support, mental health, physical health, drug and alcohol misuse and accommodation needs
- Identify appropriate safety nets for people with No Recourse to Public Funds (NRPF) including EEA Nationals having problems with Worker Status.

**3. Focus on the person, not the problem**

Many individuals remain involved in the homelessness 'system' for years, sometimes decades, unable to move forward despite the involvement of multiple professionals. There is concern that some individuals are not on any authority's housing register; they continue to be affected by past incidents and are dealt with in a 'deficit-based' way. A lack of collective responsibility too often allows individuals to drop between services, effectively 'ceasing to exist' until the re-present.

There is need for an oversight mechanism; shared responsibility for a list of those who need a multi-agency case-management approach to end their homelessness.

This needs to be based on a plan, co-produced with the individual, centred on their specific needs and aspirations.

Supported housing placements are often the 'default position', regardless of an individual's needs, concerns or aspirations. Most people who sleep rough are offered no other option. Much supported housing is of relatively low physical standard which is difficult to change when those living there have little incentive to maintain it, having been given no choice to live there and it being transitory in nature. It may be difficult for specific placements to accommodate couples or pets, which prevents the formation or sustainment of relationships and connections.

The Crisis research highlights inherent conflicts in the current 'staircase model' which requires people to remain in supported housing for around 12 months to demonstrate 'tenancy readiness'. The nature of supported housing prevents those accommodated from treating it as their home and forming any kind of connection. Concentrating people with a range of 'behavioural problems' in one location is challenging for individuals. It also means that staff must try and balance the need to enforce necessary rules with the development of positive relationships that those placed need in order to achieve positive change.

Crisis acknowledge that a minority of people in housing need may benefit from congregate models of supported housing, mainly where:

- their needs for assistance to sustain independence is based around health needs that may benefit from therapeutic group work, rather than behavioural challenges
- their health and wellbeing require a significant degree of constant active monitoring to ensure their safety
- an important element of assistance is the provision of mutual support from those with shared experiences or a shared commitment to behavioural change.

Ultimately, supported housing can be an expensive way of delivering housing support because of the staff time involved in managing interactions between people with different but complex behavioural problems.

**We will:**

- Adopt a 'Housing-led' approach to providing the level and type of support agreed with those at risk of rough sleeping or experiencing multi- exclusion homelessness
- Improve the multi-agency case management of people who have been sleeping rough long term, by implementing the 'By Name' approach
- Improve wider wellbeing and improve quality of life of those in housing need, including those experiencing multiple-exclusion homelessness. This will include timely intervention from specialist services e.g. mental health, drug and alcohol misuse, physical health and Safeguarding including neglect as well as implementing the learning from the Mortality Review Panel which investigates the deaths of all homeless people in Oxfordshire.

- Ensure rents are such that people are able to work, and are supported to maintain / return to work.

#### **4. Timely move on**

Over 1000 bedspaces are currently commissioned across the county, plus a significant amount of floating support, outreach, advice and day provision. Investment in the total resource, including mental health provision, was estimated at £12.5 million. Crisis found that most people moved into supported housing do not go through the Housing Options process and only 13% of those placed in supported housing gained access to settled housing during 2018/19.

Significantly, the difficulty in finding move-on accommodation means many individuals stay far longer in what is intended as transitory, supported housing than intended. The frustration this causes can undo positive changes made by the individual in conjunction with the support staff. The SAR highlights that a bedspace in supported accommodation is not a 'solution' to people's needs or aspirations. Delayed move on can impact negatively on people in a similar way to delayed discharge from hospital

Funding arrangements in supported housing impact on individuals often not being able to afford to move on if they gain employment. This is not the case where support is provided separately to housing.

#### **We will:**

- Ensure those accommodated in supported temporary housing have clearly identified and regularly reviewed routes to settled accommodation
- Improve access to social housing by single households experiencing or at risk of homelessness by ensuring a strong focus in the work of the Housing Needs teams and necessary changes in relevant policies.

#### **5. The right home in the right place**

In Oxford the average house price of £513,754 is around 17 times the UK average yearly household income of £29,600. The lack of supply of affordable one bed properties remains a problem countywide. However, research found examples of quotas for move-on allocations not being filled, and of registered providers (RPs) letting their accommodation via Right Move because they have not been let through Choice Based Lettings schemes. The level of social housing lettings per 1000 households in Oxfordshire is currently above the national average. However, the numbers of those social housing registers in Oxfordshire have fallen faster than the national average. A significantly lower proportion of lettings to those in



'reasonable preference' categories are made to those who are homeless, within the county. The proportion of lettings going to the most vulnerable single homeless applicants in Oxfordshire is half the national average. There is evidence of overly restrictive practices in the way local authorities manage access to their housing registers for those who have had problems in past tenancies, although there is a lack of data as to the numbers affected.

During *Everyone In*, researchers identified many individuals who were not on a housing register despite having been homeless in a locality for many years. Mental health service providers gave evidence that people with a diagnosis of mental health issues are frequently denied access to housing registers.

Local authorities are not using their powers to create their own additional preference categories. The only example of this is at CDC, for people experiencing domestic abuse. A much higher proportion of social housing allocations in Oxfordshire go to households nominated by local authorities to RPs than is the case nationally.

There is anecdotal evidence that some RPs are risk adverse in relation to housing more vulnerable residents, but this is not adequately monitored or evidenced. Policies relating to move on from supported housing focus on demonstrating 'tenancy-readiness' when this could be achieved by being 'tenancy-supported'.

There is good work being undertaken by councils and voluntary and community sector organisations to secure access to the private rented sector (PRS) for those experiencing homelessness, but this is patchy and not consistent across the county. Some council schemes do not focus on single households and tenancy sustainment provision is not consistent.

All opportunities need to be explored to widen the range of housing options for single people, to better respond to individual needs and choices.

**We will:**

- Minimise all barriers to allocating social housing to single homeless households in greatest housing need, monitoring, reviewing and developing allocation policies, working positively with Social Landlords to understand and mitigate concerns, ensure excellent and persistent delivery of support, which can be long term when needed
- Work with Registered Providers to ensure applicants with support needs are 'tenancy supported', not 'tenancy ready'.
- Promote access to and sustainment of good quality tenancies in the private rented sector
- Increase the supply and range of housing options for single households by: setting targets for allocations to Housing First, measure results and hold system leaders to account; influencing developers, Planning policies and

registered providers, including considering new build options; considering retention of some shared housing as low or no support.

## **Appendix A Strategic Context**

### **Housing Act 1996 as amended/ Homelessness Reduction Act 2017**

Our District and City housing authorities have a statutory responsibility for publishing an homelessness and rough sleeping strategy every five years and must prevent homelessness and offer assistance.

### **The Care Act 2014**

Places a duty of the County Council, explicitly referencing housing as key to promoting the integrations of health and care

**The County strategy, [Oxfordshire 2030](#)** set out the overarching strategic plan for the future of Oxfordshire, including the priorities:

- Healthy and thriving communities
- Reducing inequalities and breaking the cycle of deprivation

The strategy is to be achieved through a partnership approach.

## **NHS Long Term Plan**

## **Appendix B Resources**

### **Local housing authorities**

Oxford City, Cherwell, South Oxfordshire, Vale of Oxfordshire and West Oxfordshire District Councils

- Housing options teams
- Housing allocations teams
- Strategic Housing Teams
- Revenues and Benefits teams
- Economic growth teams

### **Health, Education and Social Care (HESC) Commissioning, Oxfordshire Clinical Commissioning Group (OCCG)/Oxfordshire County Council**

- Financial resources: commissioning
- Staff resources in relevant teams – Adult social care/ mental health/ Childrens Services/ education
- Public Health

### **NHS Health Trusts**

- Oxford Health for mental health and Community Services Directorate where Luther Street and District Nursing sit and links for Out Of Hospital project
- OUH linked in re the Out Of Hospital project and have significant role re health and wellbeing of homeless population including a community safety and safeguarding agenda around homelessness. Homeless people are

invariably high demand users of healthcare, in particular urgent / emergency care services

**MHCLG funding**

- Rough Sleepers Accommodation Programme formally called Next Steps
- Rough Sleepers Initiative
- Cold Weather Fund
- [Extra help for rough sleepers with drug and alcohol dependency - GOV.UK](https://www.gov.uk/government/news/extra-help-for-rough-sleepers-with-drug-and-alcohol-dependency)  
([www.gov.uk](http://www.gov.uk))

**Voluntary and community sector organisations** and the general public who want to see an end to rough sleeping. This includes Oxfordshire Homeless Movement and the Lived Experience Advisory Forum. Also the current providers of homelessness services: Connection Support, Homeless Oxfordshire, Mayday Trust and St. Mungo's. But also the many locally based community groups and charities who offer important help and support to people affected by homelessness.