PPL

Nottinghamshire District Councils

Single homelessness pathways review

February 2026

Summary Report

1. Who interacts with current pathways and services?

Single homelessness in Nottinghamshire – profiles

Rough Sleeping

- **655** individuals verified as rough sleeping within 2024/25 financial year (+89.3%)
- **108** people rough sleeping in October 2025:
  - 92% aged 26-59
  - 80% male, 20% female
  - Two thirds within Ashfield or Mansfield
  - 38% substance misuse
  - 40% following an eviction, 16% prison release

Target Priority Group

62 individuals who have been seen sleeping rough in two or more years out of the last three, or in two or more months out of the last 12

Women's Rough Sleeping Census

49 women out of the 55 taking part had experienced homelessness, or not having a safe place to stay, in the last 3 months

Statutory Homelessness

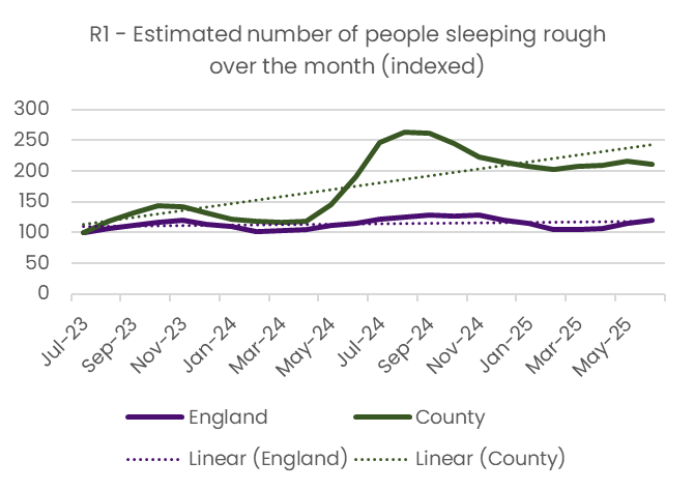
- In 2024/25, **1,918** single households were owed an initial prevention or relief duty by a Nottinghamshire district council
- As of June 2025, **133** were provided with Temporary Accommodation. c.75% had been in TA for a year or less; compared to 50% nationally

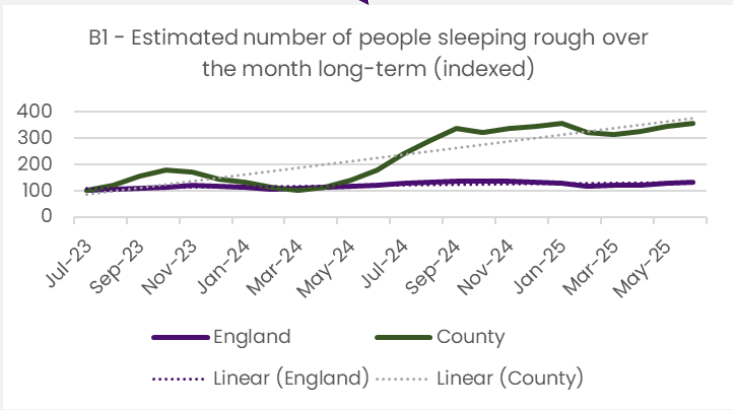
Supported Housing

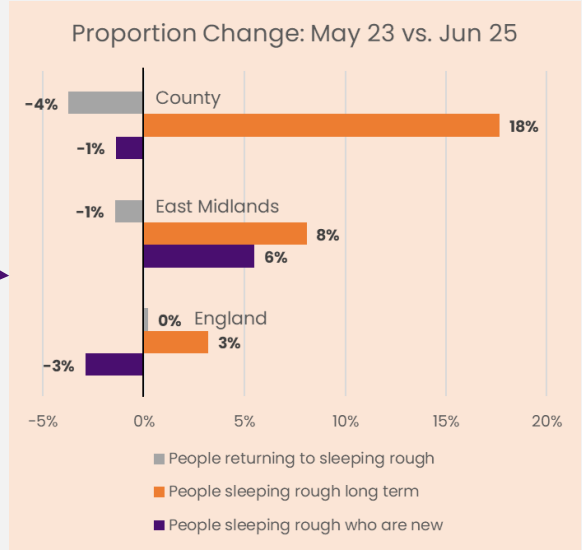
- 1,525 generic supported housing units in Nottinghamshire. 69% single adult only provision, est. **1,052** individuals
- 20% previously sofa-surfing, 16% rough sleeping, 25% were in settled housing
- 83% in current supported housing service for less than two years
- 78% disability or long-term health condition
- 47% with a formal mental health diagnosis
- 9% have a dual diagnosis
- 13% had a current social care package, and another 6% are thought to need one or are awaiting an assessment
- 10% probably never needed supported housing
- 47% "high level of support needs", with 82% providers only providing up to 4 hours per week
- 51% ready to move on
- 50% will need some form of continuing support when they do

Single homelessness in Nottinghamshire – trends

Rough Sleeping







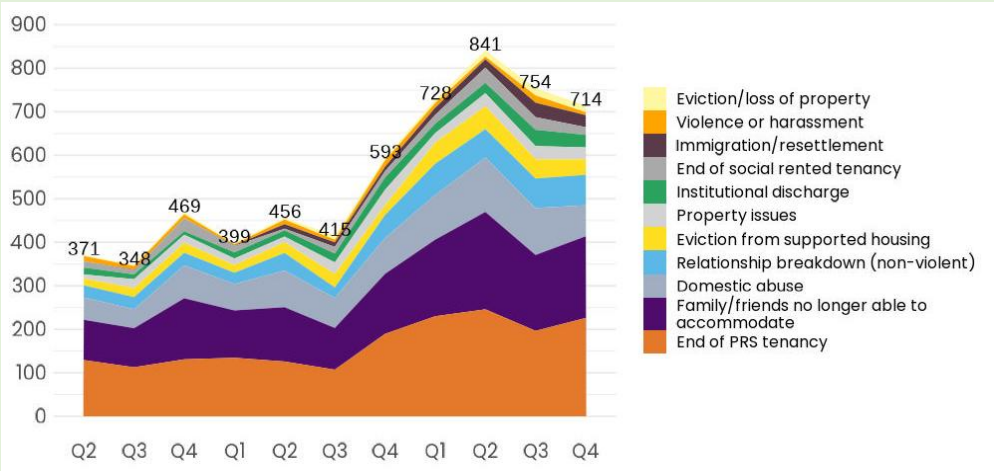
Note

- New: Not previously seen in last 5 years
- Long-term: Sleeping rough in 3 or more months out of the last 12
- Returning: After 2 or more quarters of no contact

Given vastly different absolute numbers, indexing is used to compare trends

Statutory Homelessness

Initial assessments by reason for approach, 2022/23 – 2024/25



What this means

- The number of **long-term rough sleepers** each month has increased markedly compared to national and regional trends, with high levels of harm associated with long-term street homelessness. Chronic homelessness is not solely a housing issue and the responsibility of health and care services
- The similarly high proportion of **“new” rough sleepers** presents the opportunity to intervene rapidly and prevent entrenchment through early engagement and support
- The proportion of individuals within settled housing immediately before entering supported housing suggests potential for more **upstream prevention**
- Initial approaches from single households has grown significantly across the County in the last 18 months. Many present late (58% at relief stage), when they are **already at crisis point**. This is similar to national comparators, but there is still opportunity to identify and support people sooner
- A limited proportion of single households meet the threshold for statutory Temporary Accommodation, where average lengths of stay are relatively low. The **majority access supported housing** if there is an immediate need for accommodation
- Some people are being referred to **supported housing provision that cannot safely or effectively meet their needs**. Needs are typically multiple and overlapping, with just under half considered to have specialist needs; with a substantial cohort described as having multiple and complex needs. Multi-disciplinary and whole system support mechanisms are therefore vital, as evidenced by the current MEAM approach and SMD focus
- Women make up a smaller share of supported housing residents, but show higher levels of safeguarding risk and **need for women-only or specialist accommodation**, often linked to domestic abuse. The census aligns with the evidence that women are under-represented in the main rough sleeping counting mechanisms
- Many of the service users currently within supported housing are thought to need some level of **ongoing support when they move on**
- The proportion of people **returning to rough sleeping** each month has averaged less than nationally in recent years, suggesting arrangements can be sustained if the right accommodation and support is available and found
- Whilst presented with a deficit-based lens, we are describing a group of people with **inherent assets, potential and capabilities** that we are currently under-utilising; rather than a collection of problems to be fixed

2. How well do current pathways work?

Current service system

The below summarises the current range of local services and interventions available, with a mixture of County-wide and district-specific provision. There is no single, coordinated "pathway" for single homeless households in the County. We have also reviewed how services are delivered, and broader system enablers such as data and systems, integration with health services; and specialist provision.

Early and targeted prevention

Healthy Homes Hub
Located in **Mansfield** – referrals in from partner agencies. Offers users a 'holistic home assessment' and signposts to available support.

Discretionary Housing Support
Flexible use of the **Homelessness Prevention Fund** and district and borough council core budgets to support with rent arrears and service charges.

Financial and Housing Advice
Where offered, provided by **Citizens Advice** or in-house.

Pre-Eviction Interventions
Includes **Call B4 You Serve** scheme provided by DASH (Derby) across 4 councils, in-house **landlord liaison** and tenancy sustainment roles, and pre-eviction and prison release **protocols**.

Targeted Support
Specific support services for groups at risk of homelessness e.g. young people, new refugees, hoarders - commissioned at individual council level

Floating Support
Cross-county CGL Housing Team (8 roles) offers flexible, floating support for those experiencing substance use and SMD and being supported by MEAM – key remit is to prevent evictions.

Domestic Abuse Services
Commissioned by the County Council – **sanctuary scheme & advice** services.

Outreach and identification

Outreach workers (incl. drug & alcohol)
Street Outreach Team for rough sleepers provided by **Framework** - includes mental health navigator and a social worker. Use of flexible budgets to provide immediate, tailored support. Work alongside **Sherwood Forest Hospital Nursing Team** (Mid-Notts Partnership), cross-county **SMD Dual Diagnosis Team** (ICB), **CGL substance misuse assertive outreach** (4 roles); and **NHT community practice nurses.**

Drop-ins & Direct Access
Various day centre/drop-in sites across the county – Beacon Project (Mansfield), The Well (Newark & Sherwood), Salvation Army (Bassetlaw) and The Friary (Rushcliffe). **One direct access emergency hostel** with space for 22 people – Hope House (Bassetlaw).

Assessment & navigation

Statutory Assessment
Districts have **different prevention and relief offers** for singles, with some use of discretionary powers to accommodate. **Duty to Refer** with statutory and other partners.

Navigators
Prevention and Resettlement Service (Framework) works with complex cases – 3 generic and 1 prison navigator. **Act like flexible floating support**. Navigation support also included in x-county **SOT** and **CGL** contracts.

Supported Housing Referral
Universal referral form piloted in Mansfield (SHIP) and Broxtowe.

Short term/ temporary/ insecure accommodation

Short-term, transitional supported accommodation
1,525 generic supported housing across 39 providers. Framework commissioned by public health (County) to provide 66 core spaces across Elizabeth house, Potter Street, Russel House, Sherwood Street House. Varying local connection criteria. Others have open referral – though in practice local connection is taken into account to facilitate move-on. **SHIP programme** in Mansfield.

RSAP Properties
Additional **19 RSAP Properties**. Self-contained 1-bed flats for occupation for up to 2 years, to achieve move on to general needs social housing. 5 units leased from PRS in Mansfield as part of **'First Steps' programme**, support delivered by Action Housing. Remaining located across districts.

Temporary Accommodation
Some individuals placed in temporary accommodation (nightly paid, B&Bs, hotels etc.) under a statutory s.188/s.193 duty. Limited designated support for these households with own stock and B&Bs forming over 90% of the County portfolio .

Winter Provision
Emergency accommodation offered during SWEP and between Dec/ Jan and 31 March with varying district offers.

CAS 3 accommodation
Coordinated by **The Housing Network**. 324 units across East Midlands - 100 in Nottingham City and County. Mostly shared houses. 84 nights of provision, limited to twice on a sentence. 30 move-on units.

Secure/ settled/ long term accommodation

Social Housing
Main outcome for singles across the County. Relatively consistent priority bandings allocated across the districts. Many social landlords have in-house tenancy sustainment services.

Private Rented Sector
Pilot PRS access scheme (Mansfield) from Oct 24-March 26. Temporary Accommodation Team provide cash incentives for landlords & direct matching. Other councils provide flexible PRS support incl. cash payments towards deposits and rent in advance, paper bond scheme (non-cash guarantee to cover damages, rent arrears, legal costs) etc.

Housing First
First Steps Housing First (15 units, Mansfield) delivered by **Action Housing.** Clear separation of housing & support. Where accessed, 3 Support Officers provide intensive support, life skills courses and activities. Funded by RSI grant.

Tenancy Sustainment
Cross-county CGL Housing Team (8 roles) offers flexible, floating support for those experiencing substance use and SMD. **Framework supported accommodation** contract includes move-on support as does the remit of the Prevention and Resettlement Service. Some councils have in house tenancy sustainment officers.

Summary of the evidence base

Prevention	• **Universal and Targeted Prevention** - Free up capacity for more targeted emergency prevention work, identifying the predictable routes people may take in being at risk of or experiencing rough sleeping; and identifying them early. Examples include integrated working where silos of public services are broken down and integrated for delivery at a community level. Use of schools and primary health care centres to become focal points for prevention (Hurst, Teixeira and Davies, 2025). • **Crisis, Emergency and Repeat Prevention** - Use of floating support services to provide a range of basic to intensive support for people with low/ medium level of need; not tied to accommodation. Alongside swift access to settled housing, will help sustain tenancies in mainstream, self-contained housing. Emergency prevention includes street outreach to prevent rough sleeping, and somewhere safe to stay assessment hubs (Fitzpatrick, Mackie and Wood, 2019, 2021)
Outreach & identification	• **Assertive Outreach Service** - Outreach workers deploy persistence and resilience to build trust, ideally multi-disciplinary with clear referral processes. Use of existing community spaces, such as food banks, to find those experiencing hidden homelessness (MHCLG, 2025). Flexible verification e.g. 'balance of probability' approaches in rural areas (LGA, 2024)
Assessment & navigation	• **Navigators & personalised budgets** - Support those with higher needs through their journey, with freedom to innovate and use personalised budgets. Navigators should be diverse and have high emotional intelligence, be trauma-informed, have small caseloads, report to cross-sector boards and have the seniority and confidence to respond flexibly (Fulfilling Lives, 2018, CHI, 2025) • **Assessment Hubs** - Safe emergency environment away from the street which is open and staffed 24 hours a day, 7 days a week, to anyone who is identified and referred as being at imminent risk (within 24 hours of) or already rough sleeping. Short stay (e.g. target 72 hours) with multi-agency coordination. Safe Space to Stay model shown to be effective form of crisis prevention (Hurst, Teixeira and Davies, 2025).
Transitional housing	• **Short Term/Transitional Supported Accommodation** - prioritising self-contained options over shared or congregate. Over time, a phased transition to housing-led models of support (floating support in mainstream housing) and away from hostels, B&B, and other similar models of shared and supported temporary accommodation.
Settled Housing	• **Housing First** - Housing First is rolled out as the default option for homeless adults experiencing multiple disadvantage • **Move-on** - Suitable, consistent, swift and measurable approach to accessing mainstream housing • **PRS Access** - Dedicated staff resource to source accommodation and appropriate landlord offer and liaison (CHI, 2024). Potential need for social/local lettings agency. Use of Social Impact Bond in Greater Manchester meant providers overlooked past evictions, histories of unpaid rent etc. (GMCA, 2021; CHI, 2025) • **Supported Housing** - Supported housing as a settled housing option for a small number of people who don't want and/or can't sustain a mainstream tenancy, even with Housing First support. Most likely a health and social care led response. Ideally a relatively small 'core and 'cluster' model of self-contained units with communal on-site support
Integration with partners	• **Mental Health** - Integrated support models, where specialist support is available at right time and place; access to adult social care is available for those with need (even where ordinarily resident criteria is not met or the person is resistant to help); and the requirement to stop using substances is removed. (CHI, 2022) • **Substance Use** - Harm-reduction based approaches (managed alcohol programmes etc.), flexible and person centred (CHI, 2021). Changing Futures model of integrated working shown to be effective in reducing rough sleeping and homelessness, A&E call-outs, domestic abuse and wellbeing (MHCLG, 2025). • **Transition interventions (discharge from prison, healthcare)** - Critical Time Intervention approach to institutional discharge (prison, mental health), intensive support from single caseworker, pre-, during and after discharge, connected support from array of services and with reunification e.g. Through the Gate Programme (CHI, 2024; MEAM, 2022). Clear prison release protocols with local prisons and partner agencies and organisations, covering entry, stay, pre-release and re-entry (CHI, 2024).
System enablers	• **Data systems and sharing** - promote and facilitate shared accountability for case management. Individuals can be tracked through the system, and at system level, flows of people into and out of homelessness can be monitored – this creates the possibility for system-wide performance indicators • **Integrated working / commissioning** – ensuring consistency in duty to refer processes; consolidating funding and programmes will help to avoid silos and fragmentation of efforts. Potential to help local areas enjoy some flexibility to meet urgent needs and support improved monitoring and understanding of impact. Within any combined funding stream, it would be important to safeguard funding for specific activities, such as homelessness prevention (MHCLG, 2025)

Prevention: what works?

There are a **range of prevention services available across the county**, spanning universal, targeted, and crisis models of prevention – however **not all of these are consistently available.**

Areas of strength and positive practice

- **A wide range of prevention services are commissioned across the county**, spanning universal, targeted, and crisis models of prevention – however, not all authorities offer the full spectrum of provision resulting in an uneven landscape for single individuals. Examples of services include: Broxtowe Youth Homelessness school and college engagement; financial advice (Citizens Advice); landlord mediation; and specialist support services (e.g. Jigsaw service for hoarders, sanctuary schemes, refugee futures).
- **The *Healthy Homes Hub* model in Mansfield** stands out as an example of best practice in universal prevention, combining tenure-blind housing support with health and wellbeing services and acting as a de-facto single front door, offering integrated, early-stage support.
- The recent **launch of the *prison release* (cross-county) and *supported housing pre-eviction protocols* (MDC) represent an important step forward,** although early impact of the latter has been limited. These measures sit against a backdrop of growing numbers of single homeless individuals leaving prison and persistent challenges around the timeliness of duty to refer applications – especially in cases of recall.
- Given the numbers using drugs and alcohol across the County**, floating support models** such as CGL's *Housing and Intensive Support Team,* Framework's *Prevention and Resettlement Service* and the *'Connect'* floating support service, are examples of targeted prevention services working well, offering flexible support and connecting individuals to appropriate services (e.g. housing, health, ASC). However, their ability to deliver meaningful early prevention depends on being adequately resourced and able to engage with individuals before crisis point.
- **Most councils are flexibly using homelessness prevention grant funding** for individuals in rent arrears or financial difficulty ('crisis prevention'), with positive outcomes - in Ashfield, for example, 150 households received support from this fund between 2019-2023.
- The specialist **Rough Sleeping Early Intervention Officer (EIO)** in Mansfield has been successful, with the focus now on how to link people into the support and drop-ins via SOT as early as possible

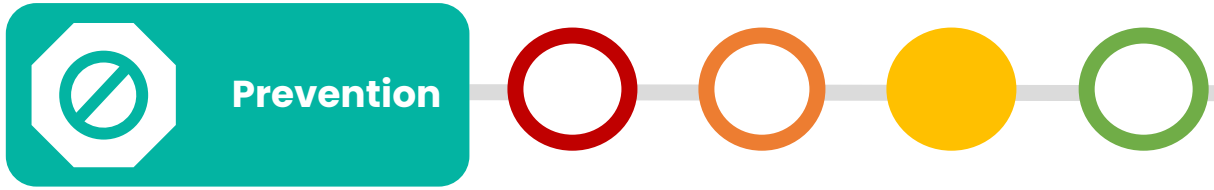
Frontline & service user insights

"the prison release protocol has been really positive – **what potential is there to develop more joint protocols** to ensure consistency across the county?" – Frontline Staff Member

"the Nottinghamshire Prevention and Resettlement service is really great & working well, but **there's just not enough of them!** Navigators and floating support are really important" - Frontline Staff Member

Alignment to best practice and evidence base

Investing in early prevention, increasing the floating support offer, and improving information sharing between councils, statutory and VCSE partners are clear opportunities to strengthen single homelessness prevention.



A range of prevention services are commissioned across the district councils, presenting opportunities to coordinate, streamline, and further invest in early prevention models.

Areas for improvement – gap analysis

- There is a widespread view that more prevention work is needed across the county. There is significant variation between districts, and work is needed to make provision more holistic and consistent
- Access to mediation, housing advice and rights services was highlighted as a clear area of variation (and gap in some areas)
- Emergency financial assistance could be improved
- Clear and effective institutional discharge protocols are also needed – drawing on learnings from the prison release protocol
- 25% individuals are in settled housing immediately before entering supported housing – this is a clear area with potential for more upstream prevention

Work in Progress

- Mental health and housing protocol
- Pre-eviction protocol pilot for supported housing (Mansfield)
- Potential expansion of Nottingham Prevention and Resettlement Service
- Mid Notts INT (Ageing Well)
- Recruiting Homelessness Prevention Officer (Newark and Sherwood)
- Coordinated community response ("No wrong front door" model)

Outreach & identification: what works?

The **Street Outreach Team (SOT)** is seen by colleagues across the county as a best practice service, offering assertive, flexible, and person-centred support; with targeted substance use outreach delivered by embedded CGL workers.

Areas of strength and positive practice

- **The RSI-funded SOT provides a key service for rough sleepers across the county.** The service is regarded as an example of best practice, providing accessible, non-judgemental, and persistent support. The team helps rough sleepers to connect with local authorities, housing providers, and a range of wrap around services, while also meeting immediate needs e.g. clothing, food, hygiene. The provision of flexible emergency funding for accommodation and individual needs follows widely agreed best practice.
- **Assertive substance use outreach provided by CGL facilitates access to substance use support**, including harm reduction equipment and advice. We've heard that the addition of a mental health outreach officer in the SOT and two Community Psychiatric Nurses (employed by NHT) has worked well, strengthening coordination between services.
- **Where drop-in centres exist – such as The Beacon Project, The Well and The Friary – they provide comprehensive services** including GP access, mental health nurse, benefits support, employment advice, while also serving as key contact points for outreach workers to engage with rough sleepers and other single homeless individuals (e.g. sofa surfing, staying with friends).
- There is a separate **clinical cross-county SMD/dual diagnosis team that is funded by the ICB.** It delivers physical and mental health outreach, as well as Drug and Alcohol services. This sits alongside the Sherwood Forest Hospital Outreach Nursing Team (MDC, ADC, N&S) which is widely viewed to be invaluable, conducting hospital in-reach and ward rounds in temporary and supported accommodation.

Frontline insights

"**Working with Broxtowe [DC] has been great** – they've helped us to get the right documents in place, work around red tape, and at the same time we're able to meet the needs that the council can't with food and clothes"
– Provider Staff Member

"**Street Outreach were good once they got to me** and checked in every week, but it took them four months to find me!"
- Service User Interview

Alignment to best practice and evidence base

Overall, there is strong alignment to best practice in this area.

The cross-council, integrated approach to street outreach is working well. However, we've heard that drop-in centres could be expanded and used more effectively to reach a wider group of people.

Areas for improvement – Gap Analysis

- Navigators and personalised budgets – while the outreach team do have access to personalised budgets for people they support, these are rarely used
- Access to housing advice and rights services
- Some of the current SOT drop in spaces are unsafe for staff and users – there is a need for more reliable, safe community front door(s)
- The verification process for rough sleepers is creating a barrier to accessing swift support – reiterated in stakeholder and service user interviews
- Where outreach leads to permanent, rather than temporary, accommodation; tenancy sustainment outcomes are better

Work in Progress

- 'No wrong door' approach
- RSI action plan
- New procurement framework
- INTs/neighbourhood health

Assessment & navigation: what works?

Assessment approaches vary across the county, with some utilisation of discretionary powers to accommodate.

Areas of strength and positive practice

- Approaches to assessment and verification vary across the county, with some district and borough councils applying discretionary powers to accommodate. Feedback indicates that this approach is effective for many single homeless individuals, as it allows the council to build relationships and trust, maintain contact with individuals as they move through the system, and effectively link individuals to wider support services
- The **Nottinghamshire *Prevention and Resettlement navigator service***, a team of 3 generic navigators and one prison navigator provided by Framework, has proved successful. In collaboration with the SOT, navigators work intensively with small caseloads of individuals who are on the Targeted Prevention Group (TPG) and represent those 'falling through the gaps' of single homeless provision. These are typically high-need, high-demand cases requiring consistent, tailored support, ranging from referrals into supported accommodation through to tenancy sustainment.
- A key theme across interviews was the **importance of this kind of continuous, intensive, single-point-of-contact** support for entrenched rough sleepers in particular to identify unmet needs and prevent cyclical homelessness– with interviewees highlighting the Changing Futures navigators in Nottingham City as an example of best practice.
- **Mansfield's Universal Referral Form pilot is an example of best practice.** The form has already been adopted by 10 supported housing providers in Mansfield, making it easier for housing teams to assess referrals and applications. **Provider feedback has been positive, and there's been strong interest in the Supported Housing Steering Group in expanding the approach County-wide.**

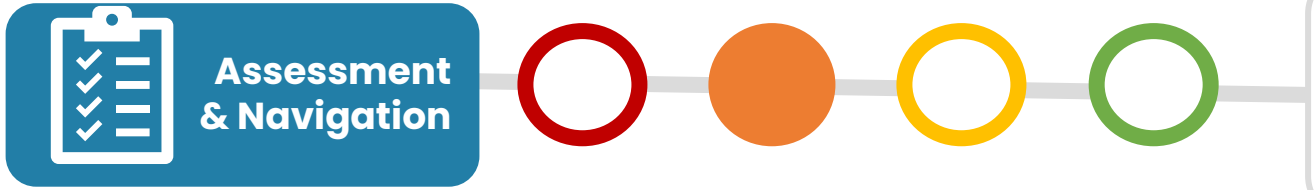
Frontline & service user insights

"More mediation and coordination services are needed to pull services together ***around a person***"
– Frontline Staff Member

"I only ever heard from the council on the phone….it was like they were **expecting me to have a bad reaction**" – Service User Interview

Alignment to best practice and evidence base

Whilst there are some clear areas of strength in assessment and navigation support, there are also some substantial gaps in provision and corresponding areas for improvement.



Approaches to homelessness assessments and discretionary powers vary across the county, creating a variable response. There's real interest in expanding both the scope and number of navigator roles to better support individuals moving through the system; and integrated direct access provision.

Areas for improvement – Gap Analysis

- There's a postcode lottery in 'front door offers' - while some district and borough councils use discretionary powers to accommodate wherever possible, others apply the legislation and accommodate those with priority need
- The *Prevention and Resettlement* team cannot meet demand, and the removal of directly funded navigator posts elsewhere has increased pressure on the service
- There is only one emergency accommodation space within the County, and this is not suitable for many
- Only 28% of supported housing referrals during a 12-month period were allocated a place. Access problems are driven mainly by fit, risk and level of need; rather than a lack of beds. This suggests there are also challenges around coordination, with no single access point/ gateway in place which are used in other local areas; particularly with the scale of need present in the County and number of bed spaces

Work in Progress

- MEAM test and learn pilot – Rapid Rehousing Pathway / Wraparound MDTs
- Plans for this winter – SWEP & night shelters
- New procurement framework
- Universal supported housing referral form

Temporary and transitional accommodation: what works?

Some commissioned supported housing services – such as those delivered by **Framework and Action Housing – are viewed as generally high-quality**, providing wraparound support that helps tenants prepare for independent living

Areas of strength and positive practice

- There are an estimated 1,525 generic supported housing units across the County, 37% of which is commissioned, 69% single adult only; and 31% located in Mansfield. The quality and suitability of provision varies across 39 providers.
- **Framework accommodation – commissioned by the County Council – is generally seen as high quality**, operating a core and cluster model in line with established best practice. Framework schemes typically offer self-contained units, on-site support staff, tenancy and life skills support, and access to communal areas. Stakeholders raised Elizabeth House as an example of good practice – with a strong, streamlined referral pathway and a wide range of support offered, including access to CGL and health services, mental health support, and life skills.
- **The strong working relationship with Framework is a system strength**, allowing teams to test initiatives – such as the pre-eviction protocol in Mansfield and MEAM rapid rehousing pathway.
- **Mansfield's First Steps and Next Steps projects, provided by Action Housing, were also highlighted as working well.** These services offer a step-down pathway to independent living, alongside flexible, wrap-around support, enabling individuals to prepare for independent living and access employment opportunities via IPS. The service goes beyond accommodation-based support, supporting clients to attend health and court appointments as well as wider life skills (.e.g. nutrition, cooking).
- Mansfield's **Supported Housing Improvement Programme (SHIP)** has been particularly successful. The SHIP team has successfully engaged with providers and inspected 96 properties, addressing over 150 hazards via formal and informal action. **It's estimated that the programme has saved nearly £100,000 in housing benefit claims** and up to a further £1.5 million in indirect savings (e.g. discouraging new, poor-quality providers to set up in the area). Furthermore, the programme team has worked to share best practice with surrounding areas, including Nottingham City.

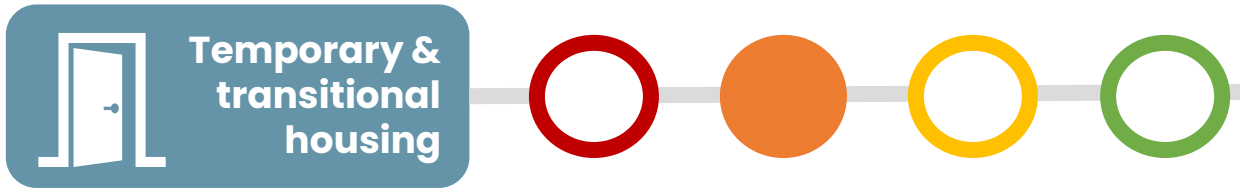
Frontline & service user insights

"We often have cases where housing are unable to accommodate a user because their needs are deemed to be too high, but the ASC panel finds no needs… its these people that **fall through the gaps**"
– Frontline Staff Member

"Clients are reluctant to leave their area of choice and this means that voids can't always be best used or the tenancy is abandoned – the **perceived or real risk of losing local connection is part of this**"
– Frontline Staff Member

Alignment to best practice and evidence base

Supported housing is no longer working as a short-term stepping stone out of homelessness for many. Some people are being referred to provision that cannot safely or effectively meet their needs, and existing provision is operating close to the limits of what it was designed to do.



The quality and suitability of supported housing provision is inconsistent, with particular concerns raised about the availability of space and support for people experiencing severe and multiple disadvantage – though new funding settlements represent a real opportunity to bolster provision.

Areas for improvement – Gap Analysis

- Very high proportion of exits from supported housing due to negative reasons. Some providers appear to be 'selective' about who they accommodate and are too quick to evict individuals, driving repeat homelessness
- Placement suitability is a real concern, particularly for individuals with high needs. This was seen to result in disengagement from support services, and people abandoning placements.
- There was also a clear call for improved support within supported housing (potentially in-reach), with increased monitoring from commissioners.
- These issues were seen to impact system flow - stakeholders described difficulties preparing individuals for independent living and there was a strong view that more consistent and intensive support is needed to help people progress through the system.
- Concerns over the quality and safety of temporary accommodation across the County were raised, particularly in B&Bs
- Significant need for women-only safe spaces, and a high proportion of current supported housing is shared (rather than self-contained)

Work in Progress

- MEAM test and learn pilot – CiCs ways of working
- Mansfield SHIP & Next Steps pilot
- Preparation for the Supported Housing (Regulatory) Oversight Act (SHROA)
- Alcohol Change UK and change resistant drinkers
- Mental Health Partnership – Housing Sub-Group

Accessing settled accommodation: what works?

Schemes to support access to settled accommodation exist across the county – these include private rental access (e.g. bond guarantee schemes, financial support, and landlord liaison/cash incentives), and a consistent 'ready to move' assessment.

Areas of strength and positive practice

- **The *First Steps* project (MDC) offers a Housing First adjacent model** in 15 dedicated units, delivered by Action Housing (RSPARG funded). There is a clear separation of housing and support and, where accessed, residents are supported by an intensive, wraparound team of three Support Officers, coordinated by a dedicated Service Manager. However, we heard that there is an expectation of move-on from these units, representing a misinterpretation of the Housing First approach,
- **To support fair and consistent decision-making around move-on, most Councils use a template 'ready-to-move' assessment**, which helps determine whether an individual is prepared to transition into settled accommodation.
- Where access to social housing is limited, some district and borough councils offer a range of **private rental access support**, including cash payments towards deposits and rent in advance, deposit or bond guarantee schemes, and dedicated landlord liaison services – often funded using the homeless prevention fund. In Mansfield, a pilot Private Rental Access Scheme has been introduced, offering **cash incentives to landlords and directly matching applicants to available properties.** Since January 2025, the scheme has successfully housed 41 applicants, although the majority have been families. A similar approach is in place in Rushcliffe.
- A **financial support scheme is run across the county**, commissioned through Public Health for individuals experiencing severe and multiple disadvantage – this is delivered by CGL and available to those actively engaged with its services.

Frontline & service user insights

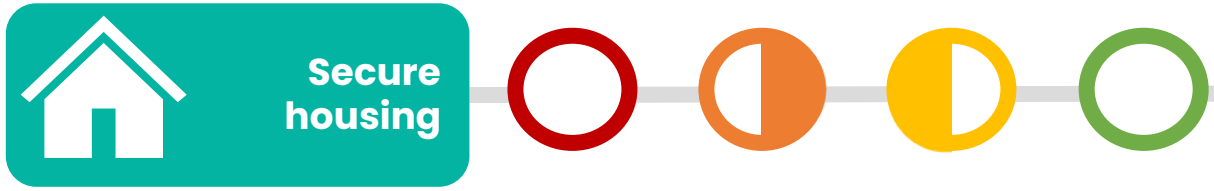
"we have pathways into supported housing, **we need stronger pathways out of it**, including all housing options not just local authority housing"
– Frontline Staff Member

"I knew I was on the register for a place and there was an end to it [stay in RSAP property]. **Otherwise, I'd probably have just left**."
– Service User Interview

"we need more services to support the move from shared to self-contained units"
– Frontline Staff Member

Alignment to best practice and evidence base

There is 'flow' through the statutory and supported housing systems into settled accommodation, with the potential, opportunity and imperative to significantly increase this.



Schemes to support access to settled accommodation are available across the county, but the lack of available suitable accommodation means that flow through the system is slow.

Areas for improvement – Gap Analysis

- Move-on options from supported housing into settled accommodation are limited ~ estimated 464 per year; this is partly driven by the limited floating support offer across the County, which was regular cited as a key gap by nearly all stakeholders. Once individuals are resettled, they often face challenges maintaining their new home as they struggle to build and access support networks in the community.
- Accessing the private rented sector is under-utilised and variable across the County – it is not used to discharge main housing duties, and accounts for a limited proportion of the settled moves from supported housing
- Some individuals are being placed long-term in Supported Exempt Accommodation, even when they do not require support
- Some registered providers remain cautious about whether individuals are genuinely ready to sustain tenancies. Equally there are varied approaches to priority banding for social housing for individuals who have previously slept rough or are moving on from supported housing
- High fidelity Housing First services

Work in Progress

- MEAM Rapid Rehousing pilot
- Expansion of Nottingham Prevention and Resettlement Service
- Private Rental Access Scheme pilot (Mansfield)
- Recruiting new tenancy sustainment (Bassetlaw) and PRS officers (Ashfield)
- Universal ready-to-move template
- Empty homes pilot (Ashfield)

System enablers: what works?

There are **strong foundations for integrated working across the system**, and it's clear there is a willingness to adapt services in response to the needs of people experiencing homelessness.

Areas of strength and positive practice

- **The foundations for integrated working exist in the system**, including the MEAM (Making Every Adult Matter) approach, test and learn pilots; and strong focus on multi-disciplinary working and coordination. We've heard that these integrated models are working well, allowing providers to work flexibly across district and borough borders; and to adapt their services to meet the needs of individuals. All district and borough councils hold regular MDT meetings to discuss rough sleeper cases (Rough Sleeper Action Groups). These forums represent flexible spaces that support integrated working and intensive, team-based case management. Other **examples of promising integrated practice include the severe and multiple disadvantage (SMD) and women's SMD working groups.**
- **2 SEA peer mentors are commissioned to accompany the SOT and CGL outreach.** These mentors encourage engagement with services by drawing on lived experience and collaborate with housing officers and Framework to provide feedback on RSI services.
- CGL's **outreach van delivers an innovative and effective harm reduction** approach to substance use support. The organisation is now exploring ways to reduce barriers to treatment by extending clinical interventions into street-based settings, such as offering methadone directly via the outreach van.
- Framework's **hospital in-reach workers** support patients in mental health and psychiatric wards, and are widely seen as effective. They help individuals through treatment and discharge**, ensuring that appropriate accommodation and support are in place** once they leave hospital.
- A **small dual diagnosis team**, focused on individuals with co-occurring substance misuse and mental health needs, now operates across the county, funded by the ICB. This **addresses a critical gap in integrating mental health, physical health, and substance use support**. Whether this team is able to meet growing demand is less clear – with interviewees consistently highlighting barriers to mental health assessment and long-term clinical support.
- **A range of domestic abuse services are commissioned across the county**, including: 42 units of emergency refuge accommodation for women, sanctuary schemes for women, a dedicated helpline and advice service for men and LGBTQ+ individuals, and a men's safe accommodation worker, provided by Equation. **Since 2021, domestic abuse workers from Juno Women's Aid and Nottinghamshire Women's Aid have been embedded within district and borough housing teams.** This approach aims to strengthen the response to domestic abuse by helping housing teams identify and support individuals at risk. In response to rising need, **Nottinghamshire Women's Aid has piloted a domestic abuse worker specifically for women experiencing SMD in Mansfield**. The worker carries a small caseload to allow time for relationship building, and to connect clients with VCSE services and accommodation.
- Tuntum housing association is commissioned to provide an **employment support worker for EU rough sleepers with no recourse to public funds** in Nottinghamshire. The scheme has supported individuals to access employment, apply for settled status, access UC, language skills, training and education – leading to significant decreases in EU rough sleepers across the county. **Notts Refugee Forum run an advocacy & support service for new refugees**, supporting them to access UC, education & training, housing (mostly in PRS) and specialist support where appropriate. We heard that county housing teams proactively engage with clients, facilitating referrals into services and taking a trauma-informed approach to assessing need.

Frontline & service user insights

"**Communication between teams and services** is what makes Nottinghamshire great to work with"
– Frontline Staff Member

"we see a lot of resistance to engaging with CGL – how do we engage these folks? We've tried peer mentors but **even then these relationships can be frayed**"
- Frontline Staff Member

Alignment to best practice and evidence base

Strengthening the **working relationship with adult social care is a key priority for the system**, alongside more specialist and targeted provision for key groups.

Areas for improvement – gap analysis

- **A consistent gap highlighted in interviews was integrated working with adult social care.** We heard that teams often work in siloes, leading to a limited understanding of the housing allocation process amongst social care professionals. This disconnect also affects hospital discharge, as patients cannot be discharged without an agreed and appropriate care package in place, as well as an appropriate place to stay. Interviewees also reported reluctance from social care teams to offer support packages for individuals with mental health or substance use needs.
- **There are examples of service duplication across the county**, presenting an opportunity to simplify. In addition, not all stakeholders are fully aware of the services available for single people experiencing homelessness and there were calls for the development of a comprehensive system map to improve awareness and coordination.
- **The Rough Sleeper Action Groups represent a real opportunity to build on good practice** by flexibly extending these meetings to include VCSE organisations, where appropriate. Interviewees raised the importance of making these forums 'action focused', with concerns raised that the majority of time was spent sharing updates. Better data sharing (below) would facilitate this shift. A review and streamlining of the multi-agency case coordination groups and forums would also be beneficial.
- **Effective data sharing amongst system partners** was highlighted as a key barrier and potential enabler for more joined-up and responsive service delivery. Interviewees highlighted lost time spent emailing other teams to share information about an individual, and the value of a single case management system.
- Some individuals – particularly change-resistant drinkers – remain reluctant to engage with CGL and other services. The **lack of tolerant supported accommodation options**, such as 'wet' or 'damp' houses or accommodation for individuals who use drugs, was consistently raised as a key gap. Best practice points to the importance of a housing-first approach to substance use, providing the stability needed for individuals to begin engaging with other forms of support (managed alcohol programmes etc.)
- **Discharge from health settings and hospitals was raised as a key concern** by both housing and health partners. Interviewees highlighted a lack of understanding across different parts of the system, including confusion around the duty to refer process - citing both low awareness and uncertainty about how to make referrals. Health professionals described frequent difficulties navigating between the different district and borough councils, with one noting they are "scrapping around every time" they try to arrange a discharge. Navigators may help bridge this gap by increasing awareness and training, as well as coordinating DTR processes. **The lack of appropriate accommodation (and the closure of Alfie House) was raised as a key blocker of discharge, creating a bottleneck** in the health and mental health systems. It was reported that individuals often lose their accommodation during hospital stays. Instead of discharging to no fixed above, individuals are often 'held' in the ward or in temporary settings (such as Beacon Lodge) for prolonged periods. The **need for not just more, but more appropriate, accommodation was raised**. Examples of individuals being placed in unsuitable units and/or far from their community were cited and moved frequently despite the need for specialised equipment – with concerns raised that this would lead to missed follow-up appointments, deterioration, and potential relapse. There's therefore a clear need to **reassess the process of institutional discharge from health settings** in collaboration with the ICB's discharge to assess team to include offers for individuals without local authority housing options.
- There's a **recognised lack of refuge spaces for LGBTQ+ survivors of domestic abuse**. Although the County Council has previously looked to commission this, there was limited interest from providers at the time. A recent quality visit to a hostel environment suggested that **staff knowledge and support for domestic abuse could be improved across the homelessness sector.** Working towards DAHA accreditation across the county represents an opportunity here. Whilst both Nottingham Women's Aid and Juno Women's Aid commission therapeutic support for their clients, there is **recognition that access to mental health services is limited. Fragmented working across domestic abuse, housing and health** prevents women experiencing SMD from accessing the full range of support needed for long term stability. Interviewees highlighted other key gaps in provision for women, namely: those who sell sex for survival, hidden homeless women; and support for women who have had a child removed.
- **Interviewees from the Refugee Forum raised concerns about how new refugees are assessed for priority need.** Refugees often struggle to provide the required evidence — due to language barriers, cultural differences, or lack of official documentation. The process was described as a 'tick-box' exercise that doesn't adequately account for the unique experiences of refugees and needs to be adapted to be more culturally appropriate and sensitive. **Nottinghamshire lacks freely available immigration advice services**, creating significant barriers for migrants with NRPF and migrant survivors of domestic abuse. **Health-housing support for individuals with NRPF is also limited**, leading to many being discharged from care into street homelessness.

System application of Housing First principles

We used the Housing First principles as a definition of quality and "how" we want service systems to work for people – including both the services available and the extent to which team cultures reflect and promotes these. These principles, and fidelity to them, represent the most researched and evidenced solution to sustainably end people's homelessness.


People have a right to a home


Flexible support is provided for as long as it is needed


Housing and support are separated


Individuals have choice and control


Services are based on people's strengths, goals and aspirations


An active engagement approach is used


A harm reduction-based approach is used

Key insights

- The Street Outreach Team are a good example of '**active engagement**', and there are opportunities to do this more with a wider demographic of single homeless individuals
- While there's evidence of some **separation of housing and support** – such as navigation/floating support provided by the NPRS and CGL – access to support is predominantly tied to the housing/ accommodation setting
- There's a small **Housing First** project in Mansfield, currently open to those with local connection – this offers an opportunity to share learning, increase fidelity to the model, and expand elsewhere. Flexible, open-ended support is limited within mainstream accommodation
- **Harm reduction** support is available (via CGL and the outreach van), however there's limited – if any – access to tolerant accommodation settings (e.g wet/damp accommodation or settings for people who use drugs)
- The growing focus on MEAM and SMD reflects a move towards a system which looks to **understand and to build on people's strengths, goals and aspirations** – where services are made to fit an individual, rather than an individual made to fit (into) a service. Research suggests that increasing a person's sense of choice and control improves their outcomes, and that services are less effective when they are "done to people".
- The district and borough councils are broadly aligned with the principle of a '**right to a home**', however there remains limited provision/routes for some groups; such as women experiencing SMD and those with NRPF. There remains a **culture of 'tenancy readiness',** which is partly driven by the limited floating support options. Addressing the latter should coincide with a shift from "is the person ready" to "what do they need to make a tenancy work"

Current system outcomes

Statutory Routes: **Successful duty outcomes i.e. "accommodation secured for 6 months or more" are broadly in line with national benchmarks**, although that means 55% are still homeless at the end of the relief stage; with only a small proportion owed the Main Duty. **Social housing was the most prevalent accommodation outcome**, and the relatively **high number of transitional supported housing placements (25%) used to end duties** for single households could lead to sustainment issues (see below). 15% of single households that were owed a duty in 2024/25 had at least one previous homeless application on record, suggesting repeat presentations are a driver of some demand.

Rough Sleeping & Supported Housing: Estimated number of moves into settled housing is 464 per year, representing a **30% move-on rate**. Whilst comparable benchmarks are difficult, this is relatively low. Affordability issues were only mentioned as reason for difficulties in 52% of cases where move-on was proving difficult, with lack of engagement and other areas cited; suggesting it's **not purely a 'housing market' issue**. A very **high proportion of exits from supported housing are due to negative reasons**, demonstrated by eviction (c.40%) as the most common reason for rough sleeping in the county. The proportion of people returning to sleeping rough each month has averaged around 10% in recent years, often lower than the national proportion (c.14%) but still material.

Supported Housing

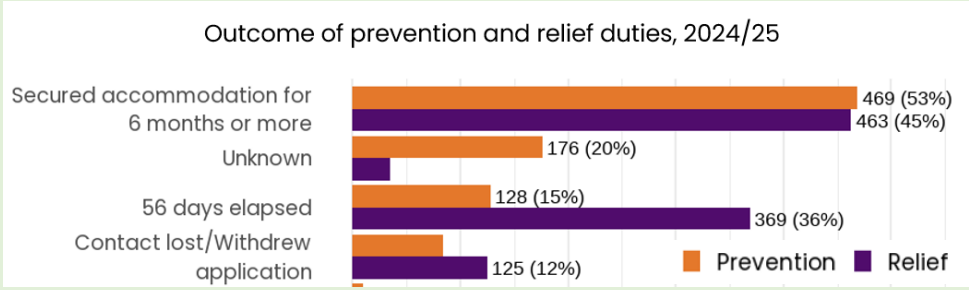
Where people moved to over a financial year

Authority	Other supported housing	Social rented	Private rented	Family and friends		Other TA	No place
				Long-term	Temp		
County	32%	28%	8%	17%	6%	4%	5%

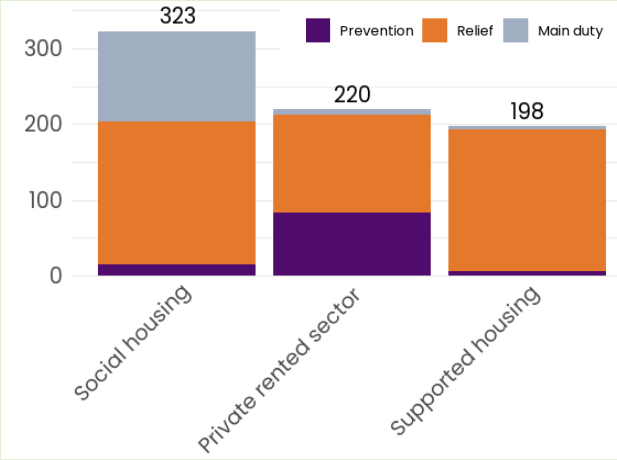
Categorisation of departures

Authority	Planned move	Negative reasons	Neutral reasons
County	66%	26%	8%

Statutory Homelessness



Successful accommodation outcomes of prevention, relief and main duties, 2024-25



Comparisons with Nottingham City

Both reviews were completed in parallel, and provide useful insights as we approach Local Government Reorganisation

Key Similarities:

- Higher proportion of long-term rough sleepers than national averages, which has been increasing over recent years
- Similar scale of supported housing units (commissioned & non-commissioned), and number of providers. Supported housing as both a driver of homelessness, and solution used to discharge statutory duties. Need for a single referral/ gateway process
- Similar number of single households in TA and length of stay
- Sufficiency gaps in high intensity/ Housing First provision, including supported housing as a long-term settled option
- Prevention services and pathways exist but emphasis is still geared towards crisis responses due to wider pressures
- Lots of data collected but inconsistent and hard to track system flow and performance
- Integrated support programmes in place for people experiencing multiple disadvantage
- Need for a joint working protocol with housing, health and social care. Sufficiency gaps in intermediate care for people experiencing single homelessness
- Need for a coordinated NRPF support pathway

Key Differences:

- Different scales of rough sleeping (city c.30% higher) with overall numbers stabilising in the City in recent years, whilst growing across the County
- Statutory single homelessness approaches higher (c.75%) in City but this is closer when looking at legal duties owed
- Proportion of statutory approaches due to immigration and supported housing evictions has grown in city, whereas proportionately these have been stable in County
- City has higher levels of floating support provision/ capacity, a prevention & assessment hub; and other "first stage" accommodation
- City has lower success rates for single households at prevention and relief stage
- Private rented sector not utilised as a main duty outcome for both - but PRS by far the most prevalent outcome for successful discharge of duty at prevention and relief stage in City (double social housing). In County, social is c.50% higher than private rented sector
- City's move-on rate from commissioned supported housing provision is c.47%, higher than County's 30%. This is not a like for like comparison as the latter is for all commissioned and non-commissioned provision. 61% of City's successful move-on outcomes are in the private rented sector (vs. County's 15%)

Implications for County

- Exchanging knowledge and practice around supporting and ending homelessness for long-term rough sleepers would be beneficial
- The single referral/ gateway process for supported housing should be developed concurrently, following a similar approach and principles. Likewise addressing other similar sufficiency gaps and service improvements
- Lessons from what has/ hasn't worked with City's floating support services and assessment hub should inform relevant commissioning exercises and service development
- Nottingham's Private Rented Assistance Scheme (NPRAS) should act as a useful case study to expand the utilisation of the private rented sector as a settled housing route within the County

Case for change

We are not calling for wholesale change, rather a continuation and acceleration of the progress made in recent years. Nottinghamshire's single homelessness system is at a pivotal moment. National policy, funding reform, and local government reorganisation have created both disruption and a time-limited **window of opportunity**.

Why change now?

- Initial approaches from single households has grown significantly across the County in the last 18 months. The number of long-term rough sleepers has increased markedly, whilst the high proportion of "new" rough sleepers presents the opportunity to intervene rapidly and prevent the high levels of harm associated with long-term street homelessness
- More prevention work is needed across the county. The current variation between districts presents opportunities to coordinate, streamline, and further invest in early prevention models
- Access problems to supported housing are driven mainly by fit, risk and level of need; rather than a lack of beds. Approaches to homelessness assessments and discretionary powers vary, and access to emergency/ direct-access provision is limited
- A very high proportion of exits from supported housing are due to negative reasons, increasing the risk of prolonged and repeat cycles of homelessness
- There is 'flow' through the statutory and supported housing systems into settled accommodation, with the potential, opportunity and imperative to significantly increase this; and better utilise all tenures of settled housing. The needs assessment estimated an additional **413** settled units are required per year, alongside the capacity to support **241** individuals with resettlement and ongoing tenancy sustainment support at any one time. This is a large increase and will require a concerted, 'whole system' effort with housing providers
- There are opportunities to strengthen key working relationships within the system, alongside more specialist and targeted provision for specific groups
- There remains a culture of 'tenancy readiness', and an opportunity to further adopt the Housing First principles across the whole system
- There are strong foundations for integrated working across the system, with a clear willingness to adapt services in response to the needs of people experiencing homelessness. This is a ready platform to make further changes with ample potential to do more.

If not now, then when?

- ✓ Local Government Reorganisation and East Midlands County Combined Authority
- ✓ A new National Plan to End Homelessness and 3-year funding settlement
- ✓ Regulatory change: Renters' Rights Act 2025, Supported Housing (Regulatory Oversight) Act 2023
- ✓ Policy change: shifts to community- and neighbourhood- based models of public service delivery, relational approaches and innovation (e.g. test, learn and grow)

3. Redesigning current pathways

Recommendations (1/4)

The vision for how we want our future response system to look and feel will be co-created with system partners. It should, however, centre on:

- Everyone having a clear route to settled housing and out of homelessness
- Emphasis on swift action and rapid assessments/ early intervention for at risk households
- Solutions outside of the "staircase model" e.g. rapid rehousing pathways into settled accommodation with wraparound support
- Standards, quality and coordination across the supported housing provision, including a shift towards self-contained
- Shared system data to support flow, coordination and target prevention activity
- Integrated support for people experiencing multiple disadvantage
- Housing First principles as a framework of quality

The following recommendations have emerged from the review and should support the delivery of this vision.

Outcome & impact	Options	Owner/ scale	Alignment with National 'Plan to End Homelessness'	'One Front Door' Element
Early and targeted prevention				
Tackling homelessness is a shared responsibility. Effective prevention pathways for the common and predictable routes reduce flow into the system, and the associated harms of homelessness.	• Develop comprehensive, consistent prevention pathways, utilising predictive, data-led and 'case finding' approaches to better identify those at risk. Evictions from the private rented sector and friend and family exclusions should be the initial focus and this should align with the single gateway (see below) to divert need for supported housing • Increasing floating support service capacity – particularly within settled tenures (potentially via core HRS contract) • Build on learning/ success of rough sleeping early intervention officer role and expand • Develop a joint working protocol across housing, health and adult social care • Expand NPRS to support full implementation of the prison release and pre-eviction protocols (a single prison navigator is insufficient)	County (housing/ PH) County (statutory partners)	• Pillar 2: Targeted Prevention (High-Risk Groups) • Duty to Collaborate • Measurable targets to reduce homelessness for care leavers under 25 inc. national Youth Homelessness Prevention Toolkit • 50% reduction in people becoming homeless on their first night out of prison. Embed as standard practice local partnerships, co-location and pre-release planning. Continue to invest in integrating digital community accommodation services, maximising AI and automating information sharing • Zero-tolerance goal for discharging any eligible person from a hospital stay to the street • Review and update of relevant areas of the Care Act 2014 statutory guidance. New support guidance across housing, social care and safeguarding services • Standardised single notification point for all asylum accommodation providers to notify councils • Using data to prevent homelessness Test + Learn	Triage ~ Rapid risk assessment and early intervention (mediation, landlord engagement, floating support)

Recommendations (2/4)

Outcome & impact	Options	Owner/ scale	Alignment with National 'Plan to End Homelessness'	'One Front Door' Element
Outreach & identification				
Move toward a one front door model/ coordinated community response over time. Recognise the diverse needs of individuals and take swift action to prevent or quickly end their homelessness.	• Scale up the involvement of CPNs and other health practitioners in street outreach, building on success of current roles and supporting a more joined-up, person-centred approach as people enter the system • Consider broader strategic use of integrated drop-ins (and hub type models) over time • Reinvigorate the use of the Duty to Refer process and referral mechanisms across the County • Housing solutions teams to work more closely with drop-ins – as well as using other community spaces and outreach. to reach and identify people • Increase the use of, and opportunities presented by, emergency financial assistance (e.g. personalised budgets) • Revise the rough sleeping 'verification' process and shift to an 'on balance' model	County (statutory partners) Districts/ VCSE County (housing/ PH)	• Move away from "verification" (requiring someone to be seen bedded down) towards need-based assessment • Ending Homelessness in Communities Fund • Continue to invest in Family Hubs, 24/7 Neighbourhood Mental Health Centres in six pilot sites and 16 associate sites • Develop best practice toolkits covering Prevention, Single Homelessness and Outreach • Nurses in outreach teams Test + Learn • Personalised Budgets Test + Learn	Entry Point ~ Any service can be the front door; assertive outreach ensures people aren't missed
Assessment & navigation				
Provide a clear plan and route to settled housing for every individual. Offered person-centred support and choice until they get there.	• Develop emergency, multi-agency assessment hub(s) and bed spaces to facilitate rapid responses and a "No Second Night Out" approach; including women-only spaces • Rollout Mansfield's universal supported housing referral form • Improve methods to communicate the range of pathways and services available including virtual navigation, navigator roles and self-navigation • Floating support (potentially via core HRS contract) could support someone throughout their journey • Strategic data coordination and sharing (case level) would help coordinate access & oversight of supported housing placements and moves; transitioning to a single access "hub/ gateway" approach over time. This should be a joint initiative across sectors, with all the main referring agencies onboard and council/ provider coordinator roles	County (housing/ PH) County (housing/ PH/ ASC/ CJ)	• Pillar 3: Preventing Crisis (Immediate Intervention) • AI and the Ending Rough Sleeping Risk Assessment Tool • Accommodate or connect Test + Learn	Coordination ~ Multi-agency planning, navigator as single point of contact, flexible accommodation options

Recommendations (3/4)

Outcome & impact	Options	Owner/ scale	Alignment with National 'Plan to End Homelessness'	'One Front Door' Element
Temporary/ transitional accommodation				
Appropriate, safe and high-quality placements. Barriers to more independent/ settled housing are reduced. Opportunity to provide personalised and tailored support.	• Utilise lessons from Mansfield SHIP pilot across the County as we approach SHROA implementation. This includes a more proactive and positive approach with non-commissioned providers, and potentially utilising the core HRS contract to provide additional in-reach support • In line with the single gateway approach above, pre-eviction approaches across the supported housing system need to be strengthened; with an emphasis on 'managed moves' and collaboration if an eviction is unavoidable • Following the needs assessment, re-establish the expectations and profile of the current provision with providers. Gradual reprofiling as recommended, including access to specialist support, self-contained, women-only spaces, wet, damp and dry houses, LGBTQ+ survivors of domestic abuse etc. • Develop supported housing as a long-term settled option where Housing First isn't desired or appropriate (e.g. high stability housing for Care Act eligible adults experiencing multiple disadvantage)	County (housing) County (housing/ASC/health)	• Supported Housing Toolkit & Supported Housing Programme • New duty for councils to provide Staying Close support up to age 25 • Local Authority Housing Fund • Temporary Accommodation Toolkit • New earned income disregards into Housing Benefit for supported housing and temporary accommodation residents	Coordination ~ Multi-agency planning, navigator as single point of contact, flexible accommodation options
Accessing settled and secure accommodation				
Offering swift access to settled housing where tenancy sustainment outcomes are better, with the flexible and ongoing support needed.	• Expanded, broader and coordinated approach to accessing affordable PRS accommodation • (As above) expanded floating support / tenancy sustainment service within settled tenures (from basic to intensive support). This could include in-reach for those in unsupported TA • Work with RPs of mainstream social housing to set annual guidelines for the minimum proportion of social lettings to homeless nominees; and report on their performance. This should include the adoption of housing-led principles in their pre-tenancy check, allocations and lettings processes; including removing minimum income requirements for eligibility • Consistent use of existing ready to move processes/ templates for social housing, however these should be reviewed in the context of the housing first principles • Develop stable, self-contained options for people experiencing multiple disadvantage – work towards housing options funded jointly by Adult Social Care and health services to provide long-term, integrated support for high-need service users. This will be Housing First for the majority	EMCCA/ County (housing) Districts County (housing/ASC/health/ CJ)	• Social Housing Allocations Review inc. address the barriers faced by survivors of domestic abuse with debt when applying for social housing • Long-Term Rough Sleeping Innovation Programme & Long-Term Rough Sleeping Partnership Plans • Citadel: Support from community volunteers Test + Learn	Coordination ~ Multi-agency planning, navigator as single point of contact, flexible accommodation options

Recommendations (4/4)

Outcome & impact	Options	Owner/ scale	Alignment with National 'Plan to End Homelessness'	'One Front Door' Element
System enablers				
A coordinated, integrated system that is able to 'wrap around' an individual and provide flexibility support	• Build on Rough Sleeper Action Groups and flexibly extend to include VCSE organisations where appropriate. A review and streamlining of the multi-agency case coordination groups and forums would be beneficial • Reassess the process of institutional discharge from health settings following the closure of Alfie House, in collaboration with the ICB's discharge to assess team (and broader joint working protocol) • Adopt a standard operating model to identifying, triaging and coordinating support around people experiencing multiple disadvantage ('One Front Door') • Develop a specialist migration/resettlement accommodation and support offer • System level flow data is vital for system learning and improvements. There is a need to develop metrics enabling total homeless journey time to be recorded for people in the pathway, record refusals, outcomes etc., aided by the Gateway. This shared intelligence can also be used to inform upstream prevention approaches; and is reliant on a common case management system and/ or "By Name List" • Formally adopt the Housing First principles as a framework of standards to inform a consistent understanding of 'quality'	County (housing) County (housing/ ASC/ health) County (whole system) EMCCA	• Requiring councils to develop local targets and publish annual action plans • Expansion of the Rough Sleeping Drug and Alcohol Treatment Programme • Multiple Disadvantage Programme • Intermediate care services tailored for those experiencing homelessness • Ensuring councils receive information from asylum accommodation providers. Homeless migrants capability training package for councils and voluntary sector organisations • Piloting access to immigration advice, short term accommodation and a named point of contact within the Home Office (Support for non-UK nationals "Test + Learn") • Toolkit on homelessness prevention and support for survivors of domestic abuse, including drawing on the Whole Housing Approach • Independent evaluation of the NHS England Mental Health Rough Sleeping Programme • Co-occurring Mental Health and Substance Use Delivery Framework • Connect to Work programme strengthening specialist employment support	Escalation & Learning ~ MDTs, RSAGs, shared case management, governance, and continuous improvement

Prioritising the recommendations

Note: these are suggestions and should be revisited once the substantial amount of pre-existing activity has been added

	"Quick Wins" Low effort, high-impact initiatives which deliver fast and tangible results. Typically achievable within a short-timeframe e.g. 1-3 months	**Test and Learn** Dealing with complex, high-risk challenges where there's uncertainty and evidence gaps. Includes small 'test' cases/proof of concepts.	**Traditional** For larger, more sustained change which requires a business case and broad system buy-in. Moving from (potential) pilot to full roll-out/implementation.
HIGHER Importance, impact and/ or urgency	• Rough sleeping early intervention officer roles • Ready to move processes/ templates for social housing	• Comprehensive, consistent prevention pathways ~ PRS evictions and friend/ family exclusions • Emergency, multi-agency assessment & NSNO • Single access "hub/ gateway" approach	• Floating support in settled tenures • Emergency, multi-agency assessment hub(s) and bed spaces • SHROA implementation • Reprofiling existing supported housing • Housing First • Expanded PRS access
MEDIUM Importance, impact and/ or urgency	• Universal supported housing referral form • Community spaces and outreach to identify people earlier • Revise the rough sleeping 'verification' process • Adopt the Housing First principles as a framework of standards	• Comprehensive, consistent prevention pathways ~ other drivers • One Front Door model for people experiencing multiple disadvantage • System level flow data, shared intelligence and 'by name' list	• Annual guidelines with RPs • Joint working protocol across housing, health and adult social care inc. discharge and intermediate care • Floating support/ navigation "within the system" • Develop supported housing as a long-term settled option
LOWER Importance, impact and/ or urgency	• Reinvigorate the use of the Duty to Refer • Personalised budgets in outreach • Methods to communicate/ navigate pathways and services available • Streamlining multi-agency case coordination groups and forums	• Strategic use of integrated drop-ins (and hub type models) over time	• Health practitioners in street outreach • Specialist migration/resettlement accommodation and support offer

Delivery roadmap and framework

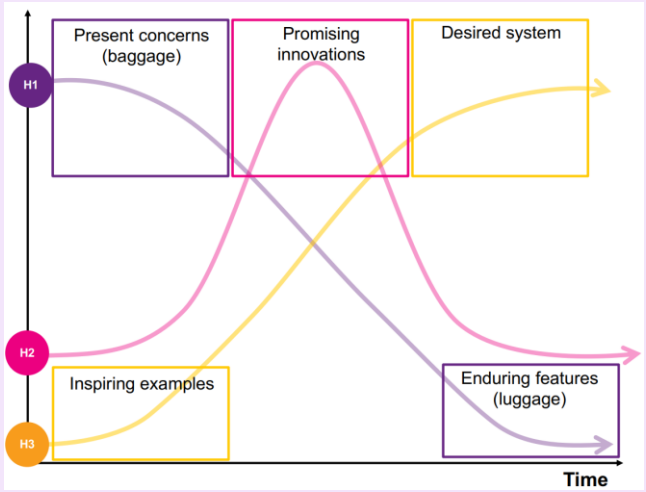
Three broad phases have been outlined, alongside a framework to help develop and communicate a roadmap for transition and change

Jan 2026 – Mar 2027
- RRA implementation and SHROA preparation, decision order on new strategic authorities, EMCCA regional blueprint project
- Recommissioning of previously RSI (and related) funded services with new 3-year settlement
- Delivery of priority quick wins
- Stocktake on current activity/ initiatives, consolidation of learning and commencement of small set of priorities (test + learn, projects etc.)
- Refreshed governance and system change resource

April 2027 – Mar 2029
- RRA and SHROA implementation, shadow then new strategic authorities, EMCCA regional blueprint delivery, recommissioning of (current) County services, implementation of National Plan locally
- Embedding of previously RSI (and related) funded services
- Delivery of roadmap, "starting less and finishing more" with a mixture of quick wins, traditional project delivery and test and learn
- Grow/ transition early test and learns throughout system

April 2029 onwards
- Ongoing and incremental delivery of roadmap with regular re-prioritisation
- New funding settlement
- Continue growing and embedding test and learn projects throughout the whole system
- Next general election

Three Horizons Framework (3H)



3H is a framework for creating a shared vision of a new system, and a plan for moving towards it. Each of the three horizons represents a different phase in the lifespan of a system.

- **Horizon 1 (H1)** represents the current system, or the paradigm of 'business as usual'
- **Horizon 2 (H2)** represents innovations which, if appropriately developed, can help bring about a different system
- **Horizon 3 (H3)** represents the desired future system

These horizons are not sequential. We can be dealing with elements of each simultaneously, and all are needed in the transition to a new system. It helps plot out where you are, where you want to get to, and how to move between these two places.

It emphasises that elements of any current system (H1) will be needed i.e. "luggage" (the things we want to take with us) vs. "baggage" (the things we want to leave behind). The promising innovations (H2) should help transition to the new system, rather than prolonging the existing one e.g. greater efficiency.

London

St. Saviours Wharf, 23 Mill Street

London, SE1 2BE

South West

Generator Building

Counterslip, Redcliffe

Bristol, BS1 6BX

Tel: +44 (0)20 7692 4851 | Email: info@ppl.org.uk | Twitter: @PPLThinks | www.ppl.org.uk