



Nottinghamshire District Councils

Single homelessness pathways review

February 2026

Report Annex

Annex 1 – Additional implementation planning

Things currently underway/ in the pipeline



Cross-County

- New RSI procurement framework
- MEAM Test and Learn Pilots – Wrap-around MDTs/Changing Futures, CICs, Integrated Off the Street Offer, Rapid Rehousing Pathway
- Prison release protocol
- Potential expansion of Nottingham Prevention and Resettlement Service (+2 posts) / new Resettlement Navigator role
- Plans for this winter and SWEP/ night shelter offers
- Growing interest in collaboration with MH Trust – incl. Potential to pilot a mental health and wellbeing hub in Mansfield
- Accommodation needs of Change Resistant Drinkers (Alcohol Change UK)
- Mid Notts INT (Ageing Well - Ashfield, Mansfield, Newark, Sherwood)
- RSI Action Plan
- No Wrong Door Approach
- Supported housing game plan
- EMCCA asks
- Trauma-informed charter

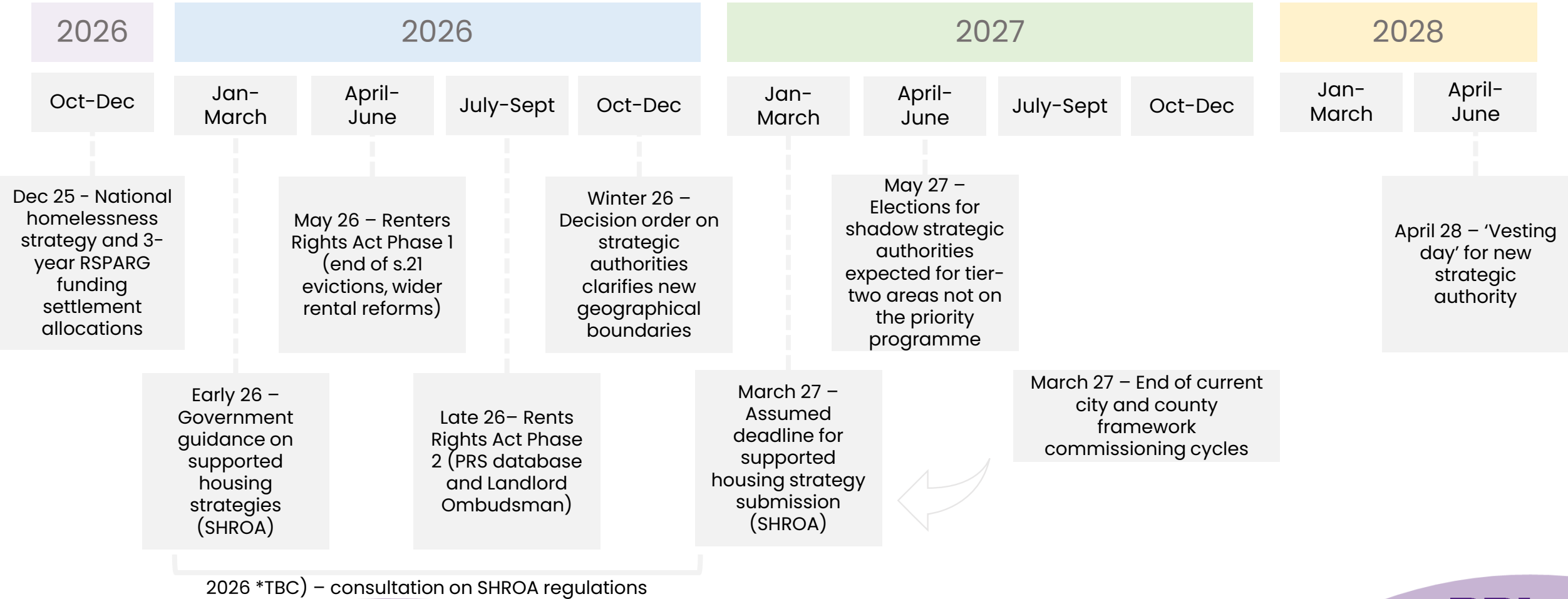


District and borough councils

- SH pre- eviction protocol pilot (Mansfield)
- SHIP (Mansfield) & universal referral form pilot
- Mansfield Next Steps pilot
- Private rental access scheme pilot (Mansfield)
- DV SMD embedded practitioner (Mansfield) – review of model underway to expand cross-county
- Recruiting PRS & Resettlement Officer (Ashfield)
- Empty Homes Officer pilot (Ashfield)
- Recruiting Homelessness Prevention Officer (Newark & Sherwood)
- Universal ready-to-move template pilot (N&S)
- Recruiting Tenancy Sustainment Officer (Bassetlaw)
- Rough sleeper housing officers (Mansfield/Bassetlaw)

Approach – timeline

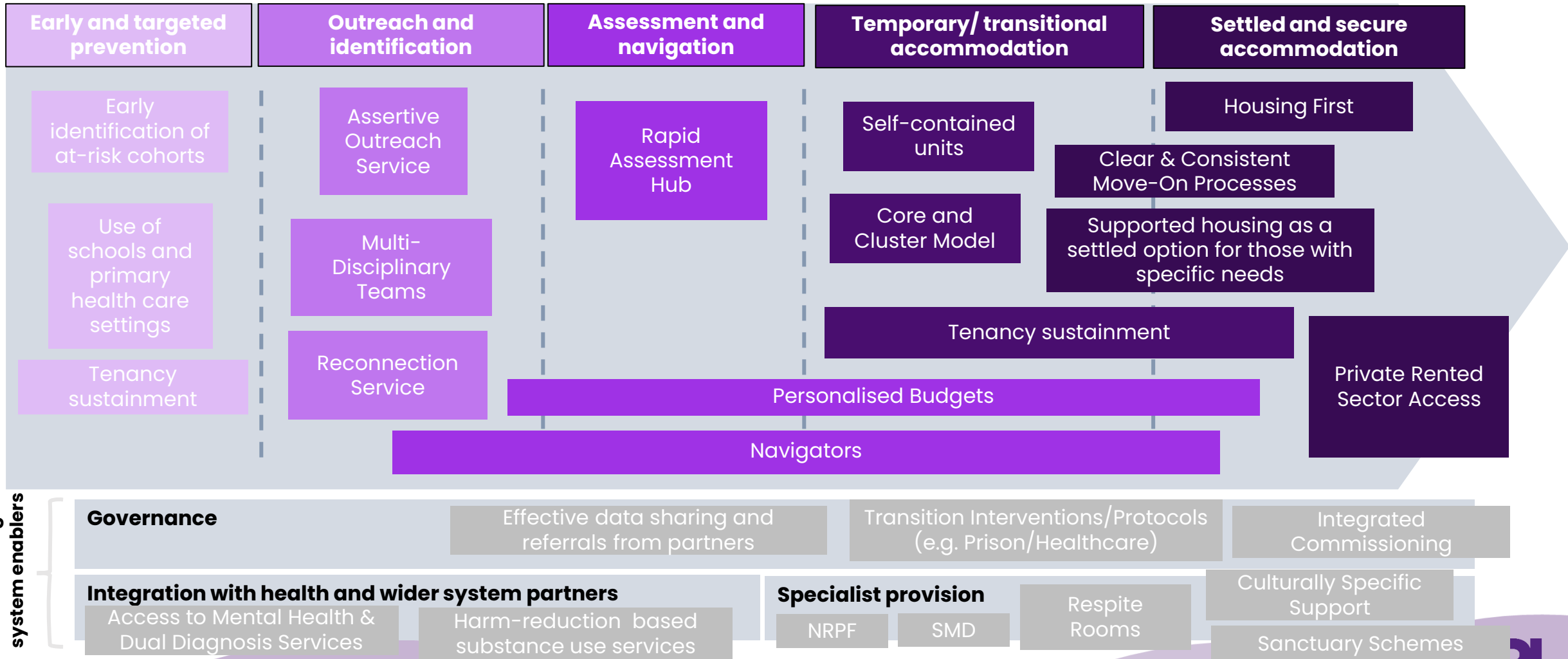
The national and regional developments outlined on this timeline will inform the order and timeframes under which recommendations are implemented –



Annex 2 – Evidence base

What Works Overview

After reviewing the evidence on what works best for this cohort (see Appendix 7), we found that an integrated, flexible, and person-centred pathway delivers the best outcomes.



Cross-cutting system enablers

High-Level Summary

Pathway Element	Best Practice
Prevention	<ul style="list-style-type: none"> • 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 integrated working (as in the Greater Manchester Combined Authority) 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 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, somewhere safe to stay assessment hubs (Fitzpatrick, Mackie and Wood, 2019, 2021)
Outreach	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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).
Temporary Accommodation	<ul style="list-style-type: none"> • 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. • 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, including 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
Secure Accommodation	<ul style="list-style-type: none"> • Housing First - Housing First is rolled out as the default option for homeless adults with complex needs • 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)
Integration with Health & Partners	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)

Housing First Principles

In line with best practice, we've also assessed the pathway against the seven key housing-led principles, as outlined below:

People have a right to a home	Bolstering the supply of affordable housing options and keeping any evictions to an absolute minimum. Removing the conditionality from the system, e.g. so people do not have to first prove they are tenancy ready, thereby earning the right to a home. The system views housing as a human right.
Flexible support is provided for as long as it is needed	Our need for support naturally fluctuates; it is almost impossible to predict exactly how much support an individual will need, around which issues and for how long. A housing-led system allows for support to flex around a person in their own home when they need it.
Housing and support are separated	This separation means that the housing offer is not dependent on the support offer; so if the support comes to an end, the person does not have to move. Conversely, a person does not have to move into a buildings-based project in order to access support; and the support relationship can stay with a person where they want or need to move. Separating the support from the landlord function can also help to clarify the role of different workers, thereby building better relationships.
Individuals have choice and control	Choice is often designed out of the service response to single homeless people: people are 'placed', 'sent', 'signposted' and, if very lucky, 'housed'. 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". Instead, a housing-led system treats people experiencing homelessness as adult citizens.
The service is based on people's strengths, goals and aspirations	Seeing the person as a survivor, as an individual, as a person, rather than a problem to be managed, and recognising that everyone has strengths. In a housing-led approach, we move from assessments which focus on risks, needs and eligibility to more creative assessments which recognise the strengths, resources and relationships the person brings to the situation and works with them to consider how they can build on these.
An active engagement approach is used	Recognising that services are often 'hard-to-reach', and that closing the case of a person who is experiencing homelessness, substance use or mental health challenges because they behave in a way we find challenging is often counter-productive. Instead, professionals are responsible for proactively engaging their clients; making the service fit the individual instead of trying to make the individual fit the service.
A harm reduction approach is used	Recognising that abstinence from substance use and other potentially harmful behaviours is not desirable and/or realistic for many at this point in time, and that these individuals may disengage if pressured into abstinence by professionals. Instead, workers support individuals to set their own goals and develop their own strategies to manage risk. A housing-led approach recognises the harm that comes from all forms of homelessness (especially rough sleeping) and seeks to reduce this by avoiding homelessness or by supporting a person to exit homelessness as quickly as possible.

Source: Housing-led Feasibility Study for Oxfordshire ([Blood et al, 2020](#))

System-wide evaluations (1/2)

Until the creation of the Centre for Homelessness Impact, we largely lacked reliable ways to understand what works to reduce homelessness – however, we now have a few key system-wide evaluations to draw on.

Homelessness has lagged behind other fields and more local evidence is needed, with large gaps in the evidence base around the most commonly used interventions (e.g. hostels); and the majority of relevant studies originating in the USA. However, there are a couple of ‘system-wide’ reviews which set out the key principles upon which an effective response to single homelessness and rough sleeping should be based:

1. Ending rough sleeping: what works? ([Mackie et al., 2017](#))

An international evidence review of what works to end rough sleeping examined a range of different interventions and suggested **five key themes to help underpin the approach taken to prevent and end rough sleeping**. These are:

- **Recognise the diverse needs of individual rough sleepers** – address each rough sleeper’s housing and support needs and their different entitlements to publicly funded support.
- **Take swift action – to prevent or quickly end street homelessness** – through interventions such as No Second Night Out, thereby reducing the number of rough sleepers who develop complex needs and potentially become entrenched
- **Employ assertive outreach leading to a suitable accommodation offer** – by identifying and reaching out to rough sleepers and offering suitable housing as part of the package of support. Where outreach leads to permanent, rather than temporary, accommodation; tenancy sustainment outcomes are better. Second, accommodating rough sleepers in shared or congregate housing appears to be less effective and less desirable than self-contained options.
- **Be housing-led** – offering swift access to settled housing, including the use of Housing First.
- **Offer person-centred support and choice** – via a client-centred approach based on cross-sector collaboration and commissioning

Underpinning all this is the provision and accessibility of affordable permanent housing stock and support services for people experiencing homelessness.

System-wide evaluations (2/2)

2. System-wide Evaluation of Homelessness and Rough Sleeping (MHCLG/CHI, 2025)

MHCLG – in partnership with the Centre for Homelessness Impact – is currently conducting a systems-wide evaluation of homelessness and rough sleeping. The first report, released in February this year, offers early insights. It finds that:

- **Wider social and economic conditions are placing strain on the system as a whole** – including the housing and rental market, value of universal credit/housing benefit, the cost of living and inflation, the arrival and processing of new refugees, and strains on specialist provision – particularly drug and alcohol and mental health.
- **The majority of government activity and spending is on crisis relief over prevention** – this was underpinned by findings from local authority spending. Under the RSI, for example, it was determined that less than 1% of funds were spent on prevention activities.
- **There's evidence of strong local partnership working across key partners, including health, housing, and social care** – where this happens, resources are more efficiently used: there's reduced duplication and enhanced communication and decision-making.
- **The three main MHCLG funded programmes (right) were viewed as having a positive impact on homelessness** – local authorities, at times, use funding from these interchangeably and in combination with other sources. This activity is generally positive and allows resources to be better tailored to the local needs.

The **Rough Sleeping Accommodation Programme (RSAP)** provides move-on homes and accompanying support to help people who are sleeping rough find long term accommodation solutions. The programme was **considered to have delivered well against its outcomes** in the local authority areas interviewed, with the provision of good quality, wraparound support for those accommodated a key success factor.

The **Rough Sleeping Initiative (RSI)** provides councils with funding to support those who are – or are at risk of – rough sleeping. The programme has been **effective in contributing to reducing the number of people experiencing rough sleeping**, largely due to the availability and success of off-the-street accommodation and outreach services. However, **reducing rough sleeping overall was felt to be beyond the reach of the programme**, given its lack of focus on prevention, and the much wider structural factors driving higher levels of new rough sleeping.

The **Homelessness Prevention Grant (HPG)** is a flexible source of funding to support local authorities to prevent and tackle homelessness and rough sleeping. The evaluation demonstrated that while **local authorities are making good use of the HPG to intervene to meet their statutory duty to offer temporary accommodation** to those who are homeless and in priority need, a **very limited share of the funding is spent on prevention activity occurring before the 56 days** provided for within the Homelessness Reduction Act or on improving the operation of the local system, as perhaps was envisaged.

Prevention (1/2)

The Centre for Homelessness Impact, together with academic experts, have also identified what works at each 'stage' of the homelessness pathway – the following slides outline best practice across each, starting with prevention.

The evidence base for preventative services has been criticised for many years. Recent reviews of prevention focused on Canada, the UK, the US and Ireland could describe the range of preventative services being used but reported limited evidence about which approaches were most effective. **There are also challenges in determining whether preventative services are effective.** On a case-by-case basis, it is difficult to prove prevention makes a difference, i.e. whether someone who uses a preventative service, who does not become homeless, would still have avoided homelessness without receiving any help. However, key studies have since developed an understanding of what works, including:

1. Homelessness Prevention in the UK ([Fitzpatrick, Mackie and Wood, 2019, 2021](#))

Academics Fitzpatrick, Mackie and Wood present a five-category typology of prevention, spanning:

1. **Universal** (population level activities e.g. preventing poverty)
2. **Upstream** (early targeting of groups at heightened risk)
3. **Crisis** (intervening when homelessness is likely to occur soon)
4. **Emergency** (immediate risk of homelessness); and
5. **Repeat** (services to stop people returning to homelessness)

This approach creates a **continuum of preventative services that increases in intensity as the risk of homelessness increases.**

Examples of effective preventative services across these 'types' include:

- **Universal** – activities designed to address structural causes of homelessness, including insufficient affordable housing, poverty and inequalities around health, income, life chances and wellbeing
- **Upstream** – services for people with multiple and complex needs who may be at increased risk of homelessness; case management services for people who are leaving foster care, psychiatric care, hospital or prison and assessed as at being at high risk of homelessness.
- **Crisis** – eviction prevention services and financial support, mediation between tenants and landlords, legal support.
- **Emergency** – street outreach to prevent rough sleeping, use of somewhere safe to stay assessment hubs.
- **Repeat** – use of floating support services to provide a range of basic to intensive for people with low/ medium level of need, not tied to accommodation, to help sustain tenancies in mainstream, self-contained housing.

Prevention (2/2)

2. A smarter approach to homelessness – prioritising prevention in the 2025 spending review ([CHI and IFG, May 25](#))

- **Authors put forward the argument for freeing up capacity for more targeted prevention work**, including identifying the predictable routes people may take when at risk of or experiencing rough sleeping or homelessness.
- **This is facilitated by integrated working** (as in the Greater Manchester Combined Authority) where silos of public services are broken down and integrated for delivery at a community level. For example, this would allow the use of schools and primary health care centres to become focal points for prevention.

3. EPOCH Research Digest: Preventing Homelessness ([Pleace, 2025](#))

- **Suggests that an effective prevention strategy should include a range of services**, from universal and upstream through to crisis, emergency and repeat.
- **However, notes the wider constraints on the effectiveness of prevention interventions** – these are likely to be limited in impact when affordable housing supply is insufficient, there are high rates of poverty and inequality, and public health systems are inadequately funded.
- Further, **attempts to effectively target prevention** (i.e. to ensure those who need help receive it, and people who do not require help are not assisted) **have been largely unsuccessful** and may be illogical if they only focus on individual characteristics. This is because homelessness is often caused both by structural factors and chance events.

Outreach & Assessment

Evidence suggests that outreach is most effective when combined with personalised budgets and the ability to immediately refer somebody into a 'safe space to stay',

- **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](#))
- **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/Somewhere Safe to Stay/No Second Night Out** – 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. Somewhere Safe to Stay model shown to be effective form of crisis prevention ([Hurst, Teixeira and Davies, 2025](#)).
- **Reconnection Support** – The provision of sufficiently intensive and tailored support to return to an area with local connection or family/support networks is a widely recognised and used intervention – though evaluations suggest that the effectiveness of these services is variable and limited ([Crisis, 2015](#)). The Centre for Homelessness Impact is currently working to evaluate the 'accommodate or connect' programme which looks to facilitate local connection in 4 UK local authorities ([CHI, 2025](#)).

Evidence-Led Approaches to Tackling Rough Sleeping in Rural Communities ([LGA, 2024](#))

The Rural Homelessness Counts coalition, co-ordinated by English Rural Housing Association, the Local Government Association and the Centre for Homelessness Impact worked to identify emerging practice to rural homelessness. Recommendations include:

- **Building an expansive model of outreach**, including; a network of community referrers, using Streetlink, and promoting self-referral
- **Re-considering verification barriers to speed up support** – even when people sleeping rough are identified and referrals are made, the time it takes to reach the individual and verify them as rough sleeping can reduce the effectiveness of interventions. Durham County Council and Stratford-upon-Avon District Council outreach teams use a 'balance of probability' approach to verification, which allows people sleeping rough to be verified and access services in a more flexible way, opening swifter access to emergency accommodation, housing and support.

Temporary & Transitional Accommodation

Where people are placed in temporary and supported accommodation, evidence shows that these should be self-contained units and facilitate a phased transition to housing-led models of support.

For people that experience homelessness and have support needs, **“Rapid Rehousing”** or **“Housing-Led”** means **to resettle people in mainstream housing as quickly as possible, with the floating support they need to make it work**. The approach **seeks to minimise the amount of time spent in temporary accommodation and the number of transitions** a person has to make before they move into a permanent home.

Within this group, there are a smaller number of people that need intensive floating and ‘wrap around’ support, as provided by the Housing First approach. And a smaller number of people that need a different housing option, with support on-site.

Where individuals are placed in temporary supported accommodation, evidence shows that self-contained options are preferred over shared or congregate models:

1. Ending Rough Sleeping: What Works? (Mackie, Johnson and Wood, 2017)

- Finds that the type of accommodation provided following Assertive Outreach impacts significantly on housing retention. First, where outreach leads to permanent, rather than temporary, accommodation tenancy sustainment outcomes are better.
- Second, accommodating rough sleepers in shared or congregate housing appears to be less effective and less desirable than self-contained options.

congregate forms of housing e.g. [Randall and Brown \(2002\)](#) discuss how shared properties resulted in high turnover, re-let times of four months on average due to the unpopularity of the accommodation, and tenancy failure rate of 26% - twice as high as the rate in self-contained accommodation

2. Everybody in: How to End Homelessness in Great Britain (Downie et al. 2018)

- Sheffield Hallam University research with low-income working age single adults in England and Wales found most had a strong preference for self-contained housing ([Cole et al., 2017](#)). However, some were prepared to accept sharing as a transitional solution. This was especially where shared tenancies provide a more affordable option than self-contained housing.

3. A Shelter by Any Other Name? Delivering Homeless Crisis Accommodation Services in a Hotel (Stambe et al. 2024)

- Argues that self-contained rooms are a significant feature that demonstrates a shift away from the paternalistic model of congregate shelters toward assuming people experiencing homelessness deserve autonomy and control over their environment.
- Outlines previous research where service providers and residents alike identified improved facilities, especially removing the need to share bathrooms, as significant enablers of dignity, respect, and privacy.

Housing First (1/2)

For individuals with support needs, the evidence base on Housing First is exceptionally strong; far stronger than is true of any other housing-related intervention targeting rough sleepers.

Traditional responses to rough sleeping and single homelessness:

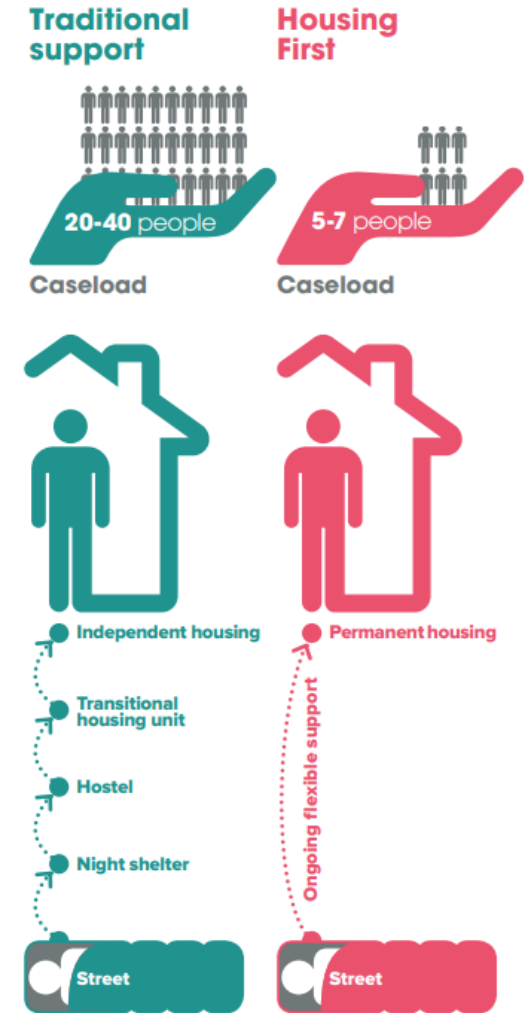
- The prevailing approach to housing homeless people in the US, Europe and Australia can be described as **'linear'** in nature ([Johnsen & Teixeira, 2010](#)). This essentially **involves 'progressing' people through a series of separate residential services.**
- **In the UK, the linear model is implemented more flexibly than elsewhere, but a 'treatment first' philosophy still prevails** – with most support agencies requiring evidence of 'housing readiness' before placing clients into independent, settled accommodation.
- The problems with the traditional response centre around both the principles and philosophy, and the assumptions and practicalities needed to make it work – for example, suitable accommodation with the right level of support, appropriate range of move on options, limited barriers to mainstream housing etc.
- The latest Annual Review of Support for Single Homeless People in England ([Homeless Link, 2023](#)) showed **a lack of move-on options** appears to be **leaving people trapped in homelessness accommodation longer than they need to be. Short term accommodation** is therefore **forced to operate as longer-term solution** but this is an **unsustainable and insecure approach.**
- **Hostels and shelters** (traditional, congregate provision) **protect residents** from many of the risks associated with sleeping on the street, but present their own health-related hazards ([Mackie et al, 2017](#)).
 - The onset and/or escalation of **drug misuse** amongst residents is widely reported, the **risk of communicable disease transmission high**, and **deterioration in mental health common.**
 - The management of **antisocial behaviour** is an ongoing challenge for staff.
 - People with complex needs are left at **high risk of frequent evictions, getting 'stuck' within the homelessness system, or rejecting services altogether.**
 - Concerns about using mainstream hostels and shelters tend to be **particularly acute for young people, transgender people, women and people with complex needs.**

Housing First (2/2)

The Evidence Base for Housing First

- Across England, there has been an almost **six-fold increase in the capacity of Housing First services across the country between 2017 and 2020** ([Homeless Link, 2020](#)).
- **Global evidence on Housing First shows that retention figures** range between **60–90%**, and typically coalesce around the 80 per cent mark. This is markedly higher than rates reported for Treatment as Usual comparison groups.
- The Housing First model **bypasses transitional accommodation by placing the most vulnerable homeless people directly from the street into independent tenancies** with tailored support, without insisting that they engage in treatment.
- Research indicates that the **Housing First approach is most cost-effective for individuals experiencing multiple disadvantage**. These are individuals with long or repeated histories of homelessness and other multiple, often interconnected, needs, such as substance misuse and mental health issues. Individuals are likely to have had repeat contact with services who have found it difficult to engage and support them effectively.

- Reviews of the evidence around housing interventions suggest neither a positive nor a negative **impact of Housing First (HF) or other supportive housing interventions on substance use**, but it was deemed **potentially helpful for stabilisation**, which is important if the aim is to reduce homelessness.
- **Housing First has been shown to have a significant impact on mental health**, with 66% of people reporting improvements ([Bretherton & Pleace, 2015](#)). There is a 71% improvement in engagement with mental health services plus 80% engagement with meaningful activity ([O'Campo et al, 2022](#)).
- Such outcomes **fundamentally challenge widespread assumptions** that chronically homeless people with co-occurring mental health problems and/or substance dependencies are incapable of maintaining an independent tenancy.
- A review of Housing First in the UK ([Homeless Link, 2024](#)) **found that 30% and 50% of those placed in Housing First showed improvements in their physical and mental health**, respectively. Alongside, housing stability facilitated engagement with wider services – such as health, dentistry and financial advice, leading to a reduction in acute demand.



Source: The Principles of Housing First ([Homeless Link, 2022](#))

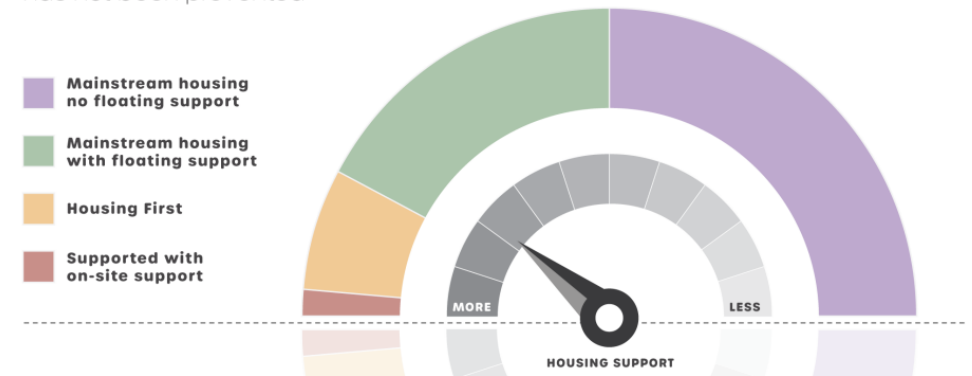
Accessing Secure & Settled Accommodation

When it comes to accessing secure and settled accommodation, best practice highlights the importance of consistent, swift move on into mainstream housing and floating support to ensure that tenancies are sustained.

- **Move-on into Mainstream Housing** – The evidence for housing first and best practice makes it clear that the majority of homeless people who want it should be provided with mainstream, self-contained housing as quickly as possible. This will help them avoid the destabilising and marginalising effects of prolonged homelessness.
- **PRS Access** – To enable this dedicated staff resource to source accommodation is needed, as is an appropriate landlord offer and liaison ([CHI, 2024](#)). For example, the use of Social Impact Bond in Greater Manchester meant providers overlooked past evictions, histories of unpaid rent etc. ([GMCA, 2021](#); [CHI, 2025](#))
- **Supported Housing as a Long-Term Option** – Supported housing may be used as a settled housing option for a small number of people who don't want and/or can't sustain a mainstream tenancy, including with Housing First support.
- This would most likely be a health and social care led response. Ideally a relatively small 'core and 'cluster' model of self-contained units with communal on-site support
- Evidence from 'Shared Spaces' in Scotland, long-term supported housing for those with SMD, found around only around 9% of people were not able or didn't want to sustain a Housing First tenancy ([Shared Spaces, 2021](#))

RAPID REHOUSING

when homelessness has not been prevented



Source: Policy Position. The future role of supported housing to prevent and respond to homelessness in Scotland ([Shared Spaces, 2021](#))

System Enablers (1/3)

Wider system enablers – including systems and data, health integration, and specialist provision – help to ensure that the system is working cohesively and supports a diverse range of individuals.

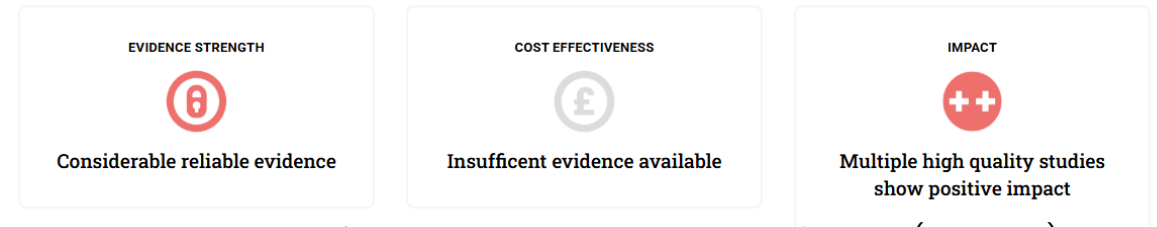
Health Integration

Access to health services is more complicated for people who are homeless and therefore interventions are needed to reduce the barriers to healthcare faced. Individuals who are homeless are also more likely to have multiple and complex health needs, such as mental ill health and substance misuse, which require a specialist approach. RCT evidence shows that programmes that attempt to improve access to health services for people who are homeless show positive effects on housing and employment outcomes ([CHI, 2025](#)).

- **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** – Should take flexible, person-centred harm-reduction based approach (needle exchange, managed alcohol programmes etc.) ([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](#)).

- **Change resistant drinkers** – Blue Light approach advocates for greater understanding of needs of change resistant drinkers, specifically: assertive outreach and peer mentors; accommodation facilities where people can continue to drink; care for individuals with cognitive impairment; community-based services; and wider workforce training and knowledge about alcohol dependency, brain injury, and emergency care ([Alcohol Change UK, 2025](#)). The report also calls for clear pathways out of prison and hospital (see following slide)

Access to Health Services



Source: Centre for Homelessness Impact Intervention Tool ([CHI, 2025](#))

System Enablers (2/3)

Transition interventions/Prison Release ([CHI, 2024](#))

CONTEXT - Homelessness resulting from discharge from hospitals, prisons and other institutions also increased by 22% (Crisis, 2025)

- **Critical Time Interventions (CT)** - model of case management common in the US that provides a person (or family) in transition between types of accommodation and at risk of homelessness with a period of intensive support from a caseworker. The caseworker will have an established a relationship with the client before the transition – for example, before discharge from hospital or prison.
- Critical time intervention involves three stages: (1) direct support to the client and assessing what resources exist to support them, (2) trying out and adjusting the systems of support as necessary, and (3) completing the transfer of care to existing community resources.
- By providing intensive support followed by a gradual and supported transition to community resources, critical time intervention is expected to reduce the likelihood that discharged people will end up back on the streets, as well as supporting their mental health and other needs. Such results have been found in three randomised control trials conducted in the US – though findings from the Netherlands were less conclusive.
- Example in the UK – Through the Gate Programme ([CHI, 2024](#); [MEAM, 2022](#)).
- **Re-entry programmes** - largely based on US policies and generally similar to Approved Premises programmes in the UK, are interventions that focus on various aspects of the transition from prison to living in the

community. Some of these programmes specifically target housing, and others focus on other tenets of successful reintegration, such as employment. These interventions typically involve service provision (e.g. rental assistance, employment training, mental health case management), focusing on improving coordination between services throughout the re-entry process.

- **Sustainable Housing on Release for Everyone (SHORE)** – In Scotland, a set of standards to ensure that people leaving prison have reliable access to stable accommodation upon release was implemented in 2017. Best practices for coordinating and maintaining access to relevant services for people in prison are organised into four timeframes: the point of imprisonment, the main duration of the sentence, the eight weeks prior to release, and the period after release.
- Evidence thus far suggests that these interventions can have a positive impact on relevant outcomes, such as increased engagement with mental health services and rates of reoffending, respectively. However, their direct impact on housing stability for people leaving prison has not been systematically evaluated.
- **Clear prison release protocols with local prisons and partner agencies and organisations** - covering entry, stay, pre-release and re-entry ([CHI, 2024](#)). Under the duty to refer, implemented in the Homeless Reduction Act 2017, prisons are required to refer individuals with no pre-arranged settled accommodation to local authorities – however the number of people referred is substantially lower than the number of individuals who experience homelessness after being released.

System Enablers (3/3)

Specialist support - Domestic Abuse

According to a recent rapid review, while domestic abuse is not always a direct cause of homelessness, experience of domestic abuse is near-universal among women experiencing homelessness ([CHI, 2024](#)). The Domestic Abuse Act 2021 places a statutory duty on tier one local authorities in England to provide support to people experiencing domestic abuse in refuges and temporary accommodation and funding has been committed to implement this duty. Best practice includes:

DA prevention through routine screening - training to equip professionals with the skills and knowledge to identify DA survivors through routine enquiry within maternal and midwifery services, mental health and child maltreatment settings ('Ask'), and provide appropriate support through referrals and interventions ('Act'). This might also be considered for landlords who engage in training to help them to identify tenants experiencing domestic abuse and refer them on to support, and who share domestic abuse helpline information within documentation shared with tenants.

CTI - Time-limited, support and assistance during periods of transition for individuals experiencing DA and homelessness (e.g. leaving shelter)

DA survivor Housing First - Prioritises immediate access to safe and stable housing for DA survivors, without preconditions, along with tailored support services. Adaptations include a greater emphasis on safety concerns and trauma responses, and replacing a harm reduction and a recovery orientation with an emphasis on increasing social and emotional well-being.

Sanctuary schemes - multi-agency initiative which aims to enable households at risk of DA to remain safely in their own homes by installing a 'Sanctuary' in the home. In their most comprehensive form, the scheme provides enhanced physical safety measures such as alarms on windows and doors, cameras, and personal alarms, as well as legal measures and specialist support, all provided in a coordinated and consistent way. The schemes that remain tend to be diluted versions that focus more heavily on the physical safety measures component.

Perpetrator-oriented interventions - There are several emerging models in which perpetrators are removed from the home, rehoused, and provided with a suite of interventions which seek to manage risk, hold perpetrators to account, and change their behaviour.

Wider 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](#))

Annex 3 – National and regional context

National Homelessness Policy (1/2)

There are several key legislative and policy instruments which shape the landscape of provision for single homeless individuals – these include:

The Homelessness Reduction Act 2017 (England & Wales)

The Homelessness Reduction Act, which came into force in April 2018, introduced new duties on local authorities to prevent and relieve homelessness for all eligible applicants – not just those in priority need.

Key provisions include:

- **Early intervention and support:** local authorities must now assess and provide information and advice to a wider range of individuals, including a greater number of single individuals (who would have not previously qualified for support under priority need criteria)
- **Duty to refer:** specified public bodies are required to refer households they believe are, or may be at risk of, homelessness to a local housing authority.

However, local authorities still do not have a duty to secure accommodation for all people experiencing homelessness. **Main housing duty remains for those who are in priority need**, which for single adults typically requires them to be considered 'vulnerable' due to age, disability, mental health or other circumstances (*Hotak v Southwark LBC* [2015] UKSC 30).

Homelessness Statutory Code of Guidance (2018)

The Statutory Code of Guidance outlines how local authorities should support people rough or at imminent risk, including:

- a. working with other agencies and/or commissioned services to ensure rough sleepers are aware of, and have support to seek, housing assistance from the authority and in the provision of appropriate accommodation and/or support;
- b. if the authority does not have reason to believe that the applicant may have a priority need and has not therefore provided interim accommodation under section 188(1), the use of discretionary powers to secure emergency accommodation to prevent nights on the streets, taking into account the risk of harm applicants may face
- c. if using discretion, to enquire into whether an applicant has a local connection, remembering that normal residence does not require a settled address and may include periods sleeping rough

National Homelessness Policy (2/2)

'Ending Rough Sleeping for Good' (2022)

The national strategy for ending rough sleeping, published in September 2022, outlines a four-pronged approach to rough sleeping: prevention, intervention, recovery and a joined up transparent approach. The strategy recognised the 'whole system' nature of rough sleeping, and launched a series of initiatives to support rough sleepers, including the:

- **Rough Sleeping Initiative (RSI)** ~ the government's flagship programme to drive the manifesto commitment to end rough sleeping. Funding to help provide emergency beds, off-the-street accommodation and wrap-around support.
- **Single Homelessness Accommodation Programme (SHAP)** ~ new funding seeking to deliver up to 2,400 homes and support services, including supported housing and Housing First accommodation
- **Rough Sleeping Drug and Alcohol Treatment Grant** ~ Since 2020/21 the Rough Sleeping Drug and Alcohol Treatment Grant has provided £50 million for substance misuse treatment services for people sleeping rough or at risk of sleeping rough
- **Housing First pilots** ~ extending Housing First Pilots in the West Midlands, Manchester, and Liverpool.
- **Transparency and data-led framework** ~ New data framework to measurably end rough sleeping with new monthly returns required from local authorities from the 1 May 2023.

Rough Sleeping Prevention and Recovery Grant (2024)

In December 2024, MHCLG announced a boost in investment in homeless prevention and reducing rough sleeping, allocating almost £1 billion of new funding for 2025/26 to reduce and prevent homelessness. The funding package included £185.6 million for a "new streamlined Rough Sleeping Prevention and Recovery Grant" (RSPARG). Through the RSPARG, authorities can fund:

- accommodation (including Housing First)
- outreach staff
- support for prison leavers to access private rented sector tenancies
- specialist services such as physical and mental health
- immigration advice

Resettlement programs and new refugees

Over the past five years the government has introduced several schemes to facilitate humanitarian resettlement for displaced Ukrainians and Afghans, including Homes for Ukraine, ARCS and ARAP. Those arriving under these schemes are eligible for statutory homelessness assistance – and there's growing evidence to suggest that these groups are at risk of being made homeless.

Further, there's been a notable rise in homelessness applications made by new refugees leaving asylum accommodation – with one report suggesting a 251% increase in the number of people becoming homeless from asylum accommodation between 2023–2024. These individuals are disproportionately likely to be single homeless individuals.

National Housing Policy

Changes to wider housing policies impact the drivers of homelessness, the availability and nature of supported housing provision, and flows through the homelessness system into secure and sustainable accommodation.

Supported Housing (Regulatory Oversight) Act 2023

Supported accommodation describes a range of housing types in which residents receive support to help them live independently. Since the removal of the Supporting People ringfence, there has been a 1700% increase in Housing Benefit as the main funding source for homelessness accommodation providers and a 71% decrease in local authority commissioned contracts.

As such, most areas have seen an increase in non-commissioned 'exempt' accommodation, where there is no contracted support in place, and projects are typically funded through a mixture of Housing Benefit claims, which are exempt from certain provisions, and service charges paid by residents.

There are **national concerns surrounding the growth and under-regulation of the specified exempt sector**.

In August 2023, the Supported Housing (Regulatory Oversight) Act became law, enhancing the regulation of the sector by:

- **The introduction of a National Supported Housing Standards** for England, to provide minimum standards in supported homes – as well as a national expert advisory panel to monitor the sector
- **Requiring local authorities in England to review supported housing** in their areas and develop strategies; and
- **Giving local authorities power to create local licensing schemes** for exempt accommodation

£20 million from the Supported Housing Improvement Programme (SHIP) was awarded to 26 local authorities from 2022 to 2025 to target quality and value for

money in supported housing. The first consultation on the implementation of the Act was published in February 2025 and the SHIP programme was extended for a further year.

Renters Rights Bill (2025)

Renters' Rights Bill became law in October 2025 and is expected to initiate a significant overhaul of the private rented sector in England. The bill aims to **provide greater security and fairness for renters, while also increasing transparency and accountability for landlords**. Key changes include:

- A ban on Section 21 "no-fault" evictions
- Introducing periodic tenancies; and
- Establishing a Private Rented Sector Ombudsman.

It has been reported that local authorities have seen an increase in Section 21 evictions as a result of the impending implementation of the act. This means in the short term the rental market is likely to contract although in the long term there should be a reduction in homelessness applications (as people will be able to remain in their tenancies).

Affordable homes programme

The Labour government is aiming to provide "the biggest increase in social and affordable housebuilding in a generation", with a pledge to build 1.5 million new homes. To date, an additional £500 million of investment for the Affordable Homes Programme (AHP) has been announced, bringing total investment in the AHP for 2025/26 to over £5 billion.

National Health and Social Care Policy (1/3)

While homelessness and housing policy have the most direct effect on single homelessness, wider health and social policy are in place to meet the needs of individuals – particularly those who are experiencing severe and multiple disadvantage

From harm to hope: A 10-year drugs plan to cut crime and save lives (2021)

Published in December 2021, the plan outlined a focus on delivering three strategic priorities: breaking drug supply chains, delivering a world-class treatment and recovery system; and achieving a generational shift in demand for drugs. It included commitments to:

- **transform the system** so that providing trauma informed care becomes the norm, and complex needs (such as homelessness) are recognised and responded to
- **work to make sure that there is locally joined-up service provision** between specialist mental health services and substance misuse services for people with co-occurring issues, including those experiencing rough sleeping
- **extend work to provide specialist treatment and recovery services** to people sleeping rough and offer help to people whose ability to engage in treatment is hampered by their need for support with their housing
- **Invest £53 million** over the next three years to fund a menu of housing support options which will improve the recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping

Fit for the future: 10 Year Health Plan (England) 2025

In July 2024, the Department for Health and Social care published the 10 Year Plan, outlining a three 'strategic shifts' in the national health service:

- Moving care from 'hospital to community';
- 'analogue to digital'; and
- from 'treatment to prevention'.

The plan explicitly cites homelessness (and those living in poor and insecure housing) as driving health inequalities.

The shift towards 'neighbourhood health' aims to move care into communities through the launch of Integrated Neighbourhood Teams (INTs) – multidisciplinary teams made up of health professionals and a wider range of statutory and non-statutory partners, including social prescribers, social care, and VCSE organisations.

The changing direction of the NHS presents an opportunity for local authorities and support services to more easily identify and reach individuals experiencing homelessness, as well as to connect them, in an integrated and timely manner, to a wide range of services. However, while INTs have already been launched across England, what this looks like in practice remains to be seen.

National Health and Social Care Policy (2/3)

Care Act 2014

The Care Act sets out the duties of local authorities to assess and meet the care and support needs of adults in their geography, as well as the legal duties for safeguarding adults from abuse or neglect. Key relevant provisions include:

- **Assessment for care and support:** Section 9 of the Care Act requires single and upper tier local authorities to assess a person who appears to have needs for care and support, regardless of the level of need. Where the authority is satisfied on the basis of a needs assessment (that a person has needs for care and support), it must determine whether any of the needs meet the eligibility criteria (section 13).
 - Such needs may arise from physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. These are needs that many people experiencing multiple exclusion homelessness have.
 - If the needs are urgent, care and support can be provided before an assessment is completed. The authority is under a duty to meet the adult's needs for care and support which meet the eligibility criteria, if the adult is ordinarily a resident in the area or present and of no settled residence.
 - **Safeguarding enquiries:** Section 42(1) sets out the circumstances in which the local authority (under section 42 (2)) must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.
- This duty to make enquiries is triggered where an adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
 - **Relationship with housing:** Section 23 seeks to clarify the boundary between care and support and housing legislation. The lack of suitable accommodation puts health and wellbeing at risk. Suitable accommodation is one way of meeting a person's care and support needs.
 - However, where a local authority is required to meet a person's accommodation needs under the Housing Act 1996 (as amended by HRA 2017), it must do so. Where housing is part of the solution to meet a person's care and support needs, or prevent them, then the care and support plan may include this, even though the housing element is provided under housing legislation. Any care and support required to supplement housing is covered by the Care Act 2014.
 - Case law has also established that a need for accommodation on its own is not a need for care and support and local authority adult social care departments must consider if care and support needs are accommodation related. It is difficult to conceive of situations in which homelessness does not have a significant impact on an individual's wellbeing.

National Health and Social Care Policy (3/3)

Mental Health Act 1983

- **Accommodation may be provided for those who are eligible for after-care** (section 117). Judicial and Ombudsman decisions continue to remind local authorities that financial charges for mental health after-care services cannot be imposed and that these arrangements must continue for as long as mental health needs endure.

Mental Health Capacity Act

- **A local authority cannot accept a homeless application made by a person who lacks mental capacity.** Decisions about a person's mental capacity must be made with reference to the Mental Capacity Act 2005. The Court of Protection can authorise a deputy to make a homeless application on behalf of a person who lacks capacity. The deputy can decide whether to accept an offer of accommodation and enter a tenancy agreement on behalf of the person whose interests they represent.

No recourse to public funds

- **Many individuals who are subject to immigration control have no entitlement** to public housing and there are restrictions on most welfare

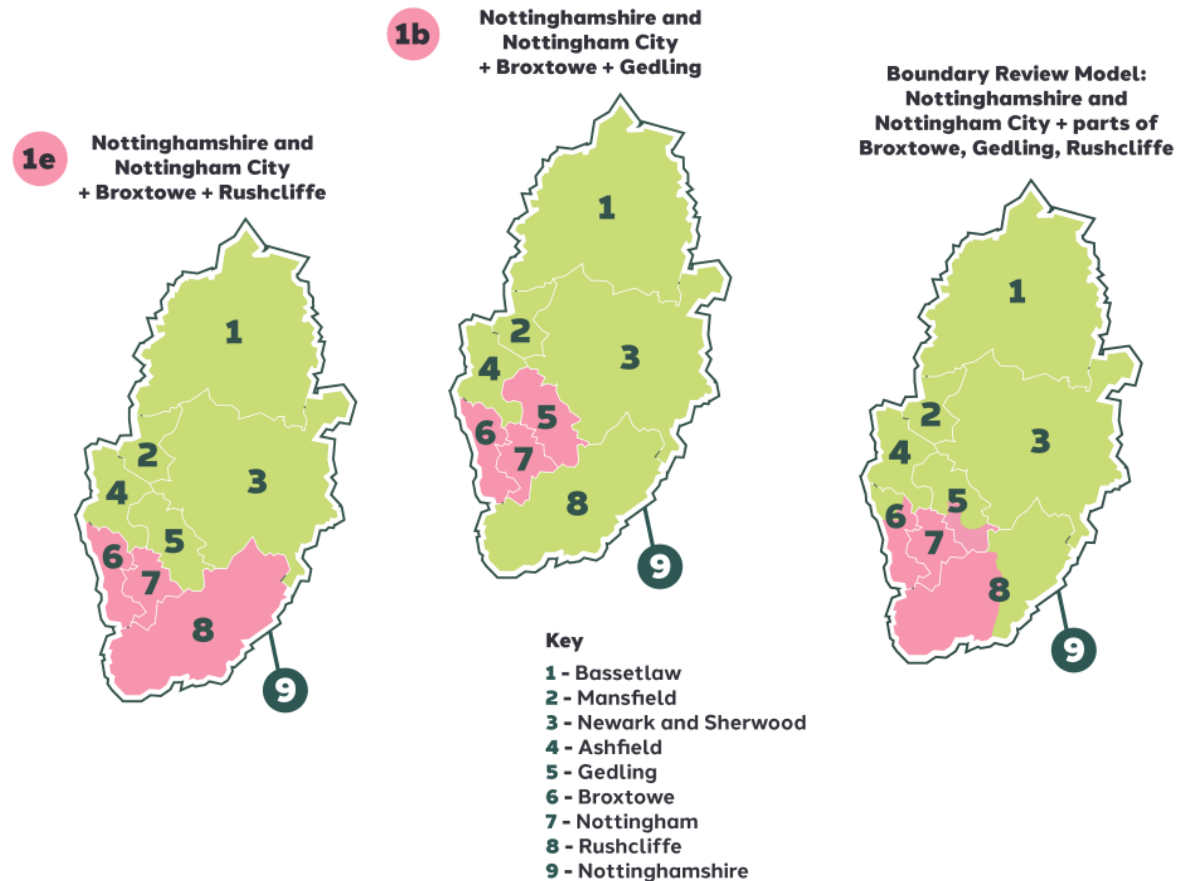
benefits. This includes homelessness assistance. However, access to other publicly funded provision may still be available, including health (NHS General Practice – GP services) and adult social care.

- Some individuals with no recourse to public funds may be given assistance under the Care Act 2014 provided that their needs for care and support have not arisen solely because of destitution or the physical effects, or anticipated physical effects, of being destitute. Provision can include accommodation owing to the individual's need for care and attention.

Local Government Reorganisation

The government is currently advancing an ambitious round of local government reorganisation (LGR) to replace two-tier local government – comprising county and district councils – with a new single tier of unitary authorities.

- At present **Nottinghamshire is a two-tier authority**, made up of the County Council – responsible for strategic and people facing services (transport, public health, children’s services, adult social care) – and 7 district and borough councils, responsible for place-related services (e.g. housing, planning)
- Under guidance from MHCLG, two tier authorities have been asked to submit proposals for transition to unitary local government
- So far, **three options (right) have been set out by Nottinghamshire authorities** – with work currently underway to appraise these before submission of a final proposal to Government in late November 2025
- Each council will need to decide on its own preferred option. On the 29th of September, a group of district and borough councils published a further report suggesting they preferred option 1e – this was then publicly rejected by the County Council.
- **The three proposals will be submitted** as part of Nottingham and Nottinghamshire’s submission to government by the deadline of 28th November 2025.
- The government will then review proposals before making a final decision on the LGR option for Nottingham and Nottinghamshire – as well as other council areas across England – in the **Summer of 2026**



Source: LGR Nottingham and Nottinghamshire Proposals ([LGR, 2025](#))

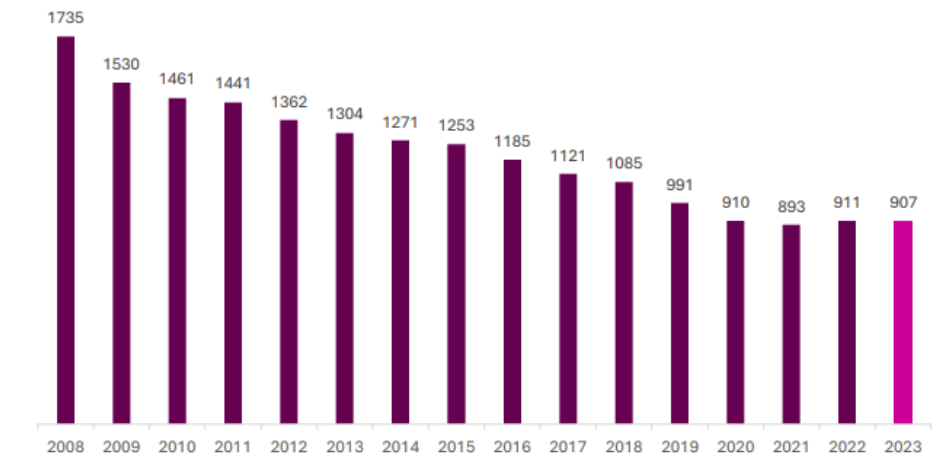
National Picture of Single Homelessness (1/2)

All forms of homelessness have risen since 2010 and are forecast to continue doing so. There's significant pressure on provision for single homeless individuals, with a 43% decrease in bedspaces observed since 2008.

Annual Review of Support for Single Homeless People in England ([Homeless Link, 2023](#))

- Between 2023–2024, an estimated 3,898 people were sleeping rough on any given night in England, with an additional 190,000 owed either a prevention or relief duty. Many more are considered "hidden homeless," sofa-surfing, or staying in squats.
- In 2023–2024, over 121,000 single individuals were owed a relief duty across England – with a further 70,000 owed a prevention duty. Consistent with previous years, single males without dependents make up the highest proportion of single households at both prevention and relief stage.
- Despite this growth, Homeless Link's annual survey of accommodation-based projects for single people experiencing homelessness in England suggests there has been a 43% decrease in the number of bedspaces available for this cohort from 2008 to 2024 – with the figure now at 32,466 bedspaces across England. 50% of accommodation providers and 79% of day centres are seeing an increase in people experiencing homelessness for the first time.
- Against this backdrop, the report finds that 71% of accommodation projects reported having to turn someone away from support because their project was full.
- Across the country, 79% of accommodation projects are mixed gender, with 11% men only and 10% women only. 38% of accommodation projects are youth specific, with only 9% able to support people with high or complex needs

Chart 3.1. Number of accommodation providers, 2008 – 2023



Source: Homeless England database, N=907.

Source: Annual Review of Support for Single Homeless People ([Homeless Link, 2023](#))

National Picture of Single Homelessness (2/2)

Annual Review of Support for Single Homeless People in England (Homeless Link, 2023) Cont.

The report highlights significant and evolving support needs among single homeless individuals:

- Mental health is the most commonly reported support need – with 81% of providers reporting it as a key issue. Though this represents a 16% decrease on 2021, it is still a 93% increase since 2020 and an 138% increase since 2017.
- Addiction, both drug (98%) and alcohol (100%), was the most common reported support needs amongst day centres.
- Further, 46% of accommodation providers and 63% of day centres have seen an increase in non-UK nationals with limited or restricted eligibility accessing their services.
- This picture builds on wider evidence that, since the pandemic, the level and complexity of the support needs of people accessing homelessness services has increased substantially – with barriers to statutory services, in particular health and social care, remaining the biggest challenge in terms of ensuring people are then accessing the support they need.

Rough sleeping snapshot in England: autumn 2024 (DLUHC)

- Numbers of rough sleepers have been rising, with the official autumn 2024 snapshot for England finding 4,667 people to be sleeping night on a single night – a figure which is 164% higher than in 2010 and 20% on 2023. However, the figure is 2% below the peak in 2017.

- Nearly half of all people sleeping rough are in London and the South East – the East Midlands represented 8% of the total figure (n=393).

The Homelessness Monitor: England 2023 (Crisis, 2023)

The Homelessness Monitor series is a longitudinal study providing independent analysis of the homelessness impacts of recent economic and policy developments in Great Britain. The most recent update was published in 2023, drawing on data collected in 21/22, it finds:

- **The general trend is that core homelessness* numbers have risen significantly over the last decade.** The overall numbers rose by 17.5% between 2012 and 2022 – with forecasts predicting that this would rise to 25% by 2024. Drivers of these increases are suggested to be pressures on real incomes under inflation and the cost of living, alongside rising private rents and evictions, and declining social lettings.
- Statistical modelling indicates that the **most effective policies for reducing core homelessness** include: increasing the allocation of social housing to core homeless groups; raising and indexing the Local Housing Allowance rate; and maximising the use of prevention tools by local authorities. Such policies in concert **could reduce total core homelessness by 22% in England by 2031**

**core homelessness captures the most acute forms of homelessness, including people sleeping rough, living in hostels, refuges, shelters and in unsuitable temporary accommodation and sofa surfing*

Annex 4 – Navigating LGR

Navigating LGR | Overview

Discussions are underway to assess how the three LGR unitary options could affect homelessness policy and services in Nottinghamshire – the summary below highlights key opportunities and risks outlined in an MDC report.

IT and Data Sharing

Each local authority has a different system for delivering housing allocations and there's potential for systems to be aligned in future to facilitate centralised collation and reporting of data.



Homeless Strategies and Action Plans

Currently each district, borough and City have their own (or shared) strategies and action plans – a more consistent aligned approach would be required under LGR.



Domestic Abuse

Unitary represents an opportunity to align the DAHA accreditation across all districts (though this also presents a risk), as well as the Domestic Homicide Review process, MARAC, and the Sanctuary Scheme for a consistent service for survivors.



Opportunities & Risks

HRA & Housing Allocations Policies

Each authority currently has their own approach to delivering the HRA and housing allocations – more consistent approaches would be required.



Housing First and Best Practice

There are currently examples of best practice across the County – LGR represents an opportunity to share learnings and scale across borders, including the MEAN/Changing Futures work.



Local Connection

Currently each authority applies a local connection criteria relative to their borough/district boundary. A different approach to local connection may be applied in view of LGR. Broadening this would support access to services and 'fresh starts' though may have implications for service demand in some areas.



Navigating LGR | Cross-Border Open Forum (1/2)

At the end of September, we hosted a **cross-border discussion on the implications of LGR for housing and homelessness** in Nottinghamshire, convening colleagues from the district and borough councils, county and city council, and Changing Futures. Discussion surfaced a **series of opportunities, challenges, and recommendations to take forward:**

Issue #1 LGR creates political uncertainty and division

- Concern was raised that political and financial interests may take precedence over coordinated system-level planning and service design under LGR
- At the same time, upcoming elections may also throw up changes in leadership and changing priorities



Opportunity to...proactively build the evidence base and advocate for housing as a priority

- Colleagues raised the importance of getting ahead of any changes and remaining visible by continuing to work closely together as the LGR process moves forward
- There was a desire to 'political proof' recommendations with strong financial arguments and clear outcomes

Issue #2 Working with adult social care remains a blocker

- Siloed budgets and unclear responsibilities create tension between housing and social care teams, leaving individuals to slip through the cracks
- The risk of closure of mental health supported accommodation services was a particular concern



Opportunity to...move towards joint service models

- There was a sense that coming under one roof and working towards prevention-focused, joint funding models would benefit both teams
- Colleagues resolved to pilot joint approaches (e.g., preventing intentional homelessness decisions through earlier social care involvement)

Issue #3 Supported housing currently fails to meet need

- The shortage of appropriate single-person placements is a central issue across the county, driving continued reliance on hotels
- Alongside this, there's significant and growing demand for high-need and specialist placements (e.g. women with complex needs, wet/dry housing)



Opportunity to...make the most of economies of scale

- It was suggested LGR would improve ability to meet need, as changes to local connection requirements could expand the placement pool for specialist services
- Colleagues highlighted the need for a 'supported housing game plan', building on the findings of recent reviews

Navigating LGR | Cross-Border Open Forum (2/2)

Issue #4 We're seeing growing demand from those with SMD

- Concern was raised that growing need from individuals with SMD requires a cross-border response
- Colleagues emphasized need for trauma-informed practice and preventing 'failure demand'



Opportunity to...have a joint vision of SMD support and focus on shared outcomes

- The importance of aligning the definition of SMD was raised to ensure consistency in support
- LGR is an opportunity to think strategically about SMD provision across housing, health, and social care – drawing on learnings from Changing Futures

Issue #5 The system is set up in silo

- District and borough councils expressed worry about losing autonomy over service design and quality
- The system is set up to work in silo, with different data systems, misaligned procurement cycles and different processes, which creates challenges for system partners (e.g. health) to work alongside effectively



Opportunity to...build relationships with the wider system

- Colleagues raised the importance of recognising the reality of LGR by aligning city and county approaches wherever possible from now on – including on data
- Time for relationship building, shared training and joint working pilots were suggested as ways to break down misunderstandings about roles, duties and funding

Going forward, it was agreed that colleagues would look to...

1 Scope a **region-wide data sharing framework**

2 Develop a **'supported housing game plan' linking housing and social care**, to prioritise the prevention of 'intentional homelessness'

3

Present at the November Housing Directors Partnership meeting to **further explore cross-cutting approaches to supported housing** (e.g. alignment of procurement frameworks)

4

Explore new funding models, including the flexible use of existing funds (Changing Futures) to test solutions, and pooled budgets for cross-border issues

5

Pilot collaborative responses (e.g. joint SMD pathways).

Annex 5 – lived experience insights

Frontline & LEX Voices | Frontline Staff Focus Groups

Frontline staff felt that the system was working towards the right values and approach, but that siloed working between the district and borough councils, county council, and providers remained a key blocker

Strengths

- **The system is values led** – both partner organisations and staff have broadly *“adopted a trauma-informed approach & a ‘systems’ approach to change”*
- **Current MDTs work well** – in particular, the rough sleeper action groups facilitate proactive joint working between councils and partner agencies
- **Communication** between the district and borough councils and providers is working well – particularly for Ashfield, Mansfield and Broxtowe



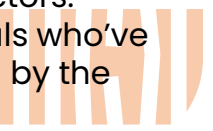
Opportunities

- **ASC colleagues are working towards a MEAM panel** to facilitate joined-up, flexible support for individuals presenting with SMD
- **The Nottinghamshire Prevention and Resettlement service** is a *“critical service”* but needs additional capacity to meet demand
- **Frontline staff noted significant variation in the quality of temporary and supported housing** – presenting an opportunity for the SHIP programme currently piloted in Mansfield
- **Local connection is a real barrier to collaborative working** between authorities and accessing services – staff suggested that reciprocal agreements and LGR may present an opportunity to break down any *“to-ing and fro-ing”* that currently happens.



Weaknesses

- **Breaking down silos** – staff raised a need to improve communication between various forums/MDTs, particularly for those with SMD. In turn, information sharing between providers was raised as a key system challenge.
- **Friction with ASC** was raised as a blocker for high needs cases. There was a sense that teams frequently pass responsibility to one another, with service users falling through the gap.
- **Move-on provision** – frontline staff recognised the wider constraints on the system presented by the lack of suitable accommodation in both the social housing and PRS sectors.
- **Entrenched and ‘intentional homelessness’** – individuals who’ve been *“bounced around services”* were seen to be failed by the system as it stands.



Ideas for Change

- **“Build more of a shared vision** for what we can deliver for service users
- **“The system needs to be totally monochrome”**... *“one person, one support worker, one flat”*
- **“Have a ‘go go go plan’ for individuals** when they are ready, particularly for cases that are ‘stuck’”
- **“Joint protocols and commissioning** between housing, ASC and other departments”... *“to have a better sense of the services and stock held by others”*
- **“More mediation services”**



Frontline & LEX Voices | Lived Experience Review (1/3)

Source	Lived Experience Participants	Key messages
Nottinghamshire RSI and RRP evaluation (UoL, Jun-2021)	Semi-structured interviews with 26 frontline staff & 12 service users; qualitative survey with 19 users	<ul style="list-style-type: none"> • Demand for mental health support for anxiety and/or depression, including specialist outreach and rapid access to services – incl. dual diagnosis • Value of street outreach and CGL – flexible, intensive support • Need for floating support and navigation, but concerns around capacity • Value of staff who have lived experience – need for council and other staff to be trauma informed
Ashfield District Council Public Consultation – Welbeck Street (Sept-23)	Frontline staff and Welbeck Street service users	<ul style="list-style-type: none"> • Quality accommodation – rooms are well equipped and comfortable; staff are supportive and helpful • Swift placement from first point of contact into temporary accommodation • Sense that placement in supported housing was a barrier to accessing work (cost of service charge) • Distrust of council due to poor prior experiences, including wait times and being bounced around departments and staff – preference to sleep rough • Sense that conversations with council staff are ‘transactional’; desire for housing advice to be more accessible in community spaces and to be clearer on processes and timeframes • Desire for more support with opening a bank account and managing finances, benefits and tenancies • Prison release a real barrier – with multiple interviewees having been released to the streets
Mansfield Homeless Review Consultation Report (Jun-23)	10 Beacon Project service users	<ul style="list-style-type: none"> • Strong partnership working with street outreach services (Framework and CGL) • Reticence to approach and work with council homelessness team due to a sense that nothing will be done/no options available • Poor quality supported housing (YMCA) with limited support from workers to develop skills to move on
Mansfield Homeless Review TA Consultation (Sept-23)	5 single residents (4 female, 1 male)	<ul style="list-style-type: none"> • Swift placement is a positive • Lack of privacy in temporary accommodation – feeling unsafe knowing anybody can enter rooms, frequent ASB in surrounding area • Unclean accommodation and unwelcoming environment – presence of graffiti, ineffectual security guard, broken white goods, and general state of disrepair

Frontline & LEX Voices | Lived Experience Review (2/3)

Source	Lived Experience Participants	Key messages
SEA RSI Reports (Jun-23 to April-25)	6 reports summarising findings of peer mentor engagement with rough sleepers from Mansfield, Ashfield, Rushcliffe, Broxtowe, Gedling	<ul style="list-style-type: none"> • Low quality temporary accommodation and supported accommodation settings (particularly the YMCA) – with a preference to remain on the street • Value of community services (e.g. Beacon project, The Friary, foodbanks) & drop ins as a way of connecting to the council • Maintenance issues and concerns around quality of Framework accommodation (repeated) • Desire for more personalised, flexible, consistent support to build trust slowly • Concerns over process of verifying rough sleepers (repeated in multiple reports – local connection) • Value of peer mentors for connecting with rough sleepers (repeated) • Importance of personal navigators and floating support (repeated)
Newark & Sherwood Homelessness Review 2024-2029 (LEX Survey)	11 young people living in an independent/non-commissioned supported housing provision	<ul style="list-style-type: none"> • Sense of a 'postcode lottery' of services across N&S • Ask for a 'crash pad' off the street for those not ready for placement in accommodation • Relatively easy to access council services, but mixed experiences of the housing team • Value of Emmaus Trust for connecting users with wider support, including council services • Demand for mediation service, mental health support, life skills & financial advice • Poor quality temporary accommodation
Framework Case Study (Q1-25)	Case study 'M' – tenant of Russell House	<ul style="list-style-type: none"> • Importance of financial support – debt accumulation as a key barrier to moving on from supported housing • Assault in supported housing and wider anti-social behaviour
Nottinghamshire's Women's Health Survey & Health Interviews	9 semi-structured interviews with underrepresented and vulnerable women	<ul style="list-style-type: none"> • Barriers to accessing healthcare include waiting times, system complexity and navigation • Stigma surrounding women's health and sexual assault – need to self-advocate and preference for female practitioners • Those who had been homeless talked about the challenges of living in temporary accommodation and not having access to basic facilities e.g. laundry or cooking facilities, it not meeting the needs of their disabilities • Benefits of living in supported accommodation include relationships with other residents and forming trusted relationships with housing support workers.

Frontline & LEX Voices | Lived Experience Review (3/3)

Source	Lived Experience Participants	Key messages
Supported Housing Review – Quality Visits	Engagements with residents of Public Health contract supported housing prior to the most recent procurement period	<ul style="list-style-type: none">• Caring, approachable and knowledgeable staff• Residents struggle to access health care and wider services – including GP, CGL and mental health services – and ask for more personalised, face-to-face support• Daily welfare checks can be intrusive – though residents understand why they are necessary• Residents can feel a sense of hopelessness – with service users reporting that they “don’t know how to turn my life around”

Frontline & LEX Voices | K's Story

'K', is an asylum seeker who arrived in the UK in 2012 after spending much of his childhood travelling across Europe – on arrival in Nottinghamshire, he was placed in foster care and became homeless soon after his 18th birthday.

Lived experience case study

At 18, K was moved from his foster home into independent accommodation in Retford, Lincolnshire, far from his college and support networks. He was later relocated nearer to Nottingham City, but instability and lack of consistent support continued to shape his experience of leaving care.

Following a 20-month prison sentence, K entered into an abusive relationship and became a parent. Soon, K was placed in immigration detention – only to be released during COVID-19 to the streets. K slept rough in a tent for nine months and developed a dependency on drugs and alcohol. Contracting COVID led to a brief stay in emergency accommodation, after which he was connected with and placed in accommodation run by Arimathea Trust. After initially sharing a room with another resident, he later moved into a self-contained flat and described his experience as transformative, with patient but strict staff providing a stable environment where he was able to begin to recover from his substance misuse issues and reconnect with his son.

He now lives in Serco accommodation and continues to have no recourse to public funds. Despite these challenges, he has become a Peer Mentor, supporting others experiencing homelessness and insecure immigration status.

System and service recommendations

During the interview, K highlighted several gaps in local provision drawn from his own experience of the system and from his experience of supporting others – particularly those with no recourse to public funds.

He recommends that councils and housing providers:

1. Provide **specialist training** on immigration entitlements and homelessness rights.
2. Develop **tailored provision** for people with NRPF or unclear immigration status – including pathways for new refugees leaving asylum accommodation.
3. Improve **digital literacy and access support** for service users for online applications (benefits and housing).
4. Ensure that accommodation services provide **safe, stable environments** that enable family reconnection and recovery.

Frontline & LEX Voices | M's Story

'M' recently moved into social housing after spending just over a year navigating a local authority's homelessness system. His story highlights the kinds of support people access – and miss – as they move through the system,

Lived experience case study

M arrived in Nottinghamshire in early 2024. Other rough sleepers directed him to The Friary, where support workers helped him connect with vital services – healthcare, housing advice, and substance use support. Reflecting on the importance of The Friary, he said:

"You can go there, have something to eat, a cup of tea, and it's somewhere warm. You can charge your phone, have a shower, get your washing done... it was a godsend, basically."

When M first approached the council, he was told he had no local connection and to "come back in six months." He waited it out, rough sleeping in a tent. When he reapplied, his case was refused again – until staff from The Friary and RSI services intervened on his behalf.

Following this, M was placed in an RSAP property, but his experience was far from positive:

"It was freezing when it was cold, roasting when it was hot. I lived underneath a raging alcoholic... banging on my window at two or three in the morning every night for five months. To be honest, I'd have preferred to stay in the tent."

Although assigned a support worker, M felt his concerns weren't listened to. When he asked for help managing bills, he said the worker "just took them over," leaving him feeling powerless.

He continued turning to The Friary for practical help, community, and access to mental health and substance use services.

Though he "thought about leaving so many times," the prospect of moving on kept him in his placement – he said, "I knew I was on the register for a place and there was an end to it. Otherwise, I'd probably have just left."

System and service recommendations

Reflecting on his experience, M recommends that councils and housing providers:

- 1. Improve communication during homelessness assessments.** Clearly explain key criteria – such as local connection – and assign each person a named point of contact so they know who to speak to about their case.
- 2. Strengthen partnerships with VCSE organisations.** Continue close collaboration with services like The Friary, which provide accessible, low-barrier support and help connect people to wider networks of care.
- 3. Ensure quality and accountability in housing placements.** Regularly monitor conditions in RSAP and other supported housing, and address repairs promptly.

Frontline & LEX Voices | T's Story

'T' is a survivor of domestic abuse who is currently being supported in Temporary Accommodation, his story outlines the 'non-statutory' route individuals take when they don't qualify for support from the local authority.

Lived experience case study

T first became homeless in early 2025 after separating from his wife. She remained in their family home, while T initially paid for hotel rooms using his income as an HGV driver. When this became unsustainable, he began sleeping in his cab and occasionally returned to the family home when his wife was away in order to care for their daughter.

T reached out to SEA, who supported him to contact the local council's housing team and register a homelessness application. Because T was in work and still had partial access to his former home, the council developed a support plan but did not offer temporary accommodation at that stage.

With SEA's help, T applied to a supported housing provider and was eventually offered a studio flat. Although this gave him some stability, the accommodation is unsuitable for his lifelong disability. He currently receives a support check every two weeks.

SEA continues to work with T, helping him access the local authority's Private Rented Sector team to find a more suitable home. Through SEA and his supported accommodation provider, T has also been supported to apply for Universal Credit and to engage with Equation, a domestic violence support service.

T remains in supported accommodation while actively seeking a long-term, accessible housing solution.

System and service recommendations

T's experience highlights an alternative non-statutory 'pathway' through the homelessness assessment, where an individual is supported through voluntary and non-statutory services, rather than under a formal homeless duty owed by the county (under the HRA); he recommends that councils and providers:

- 1. Provide tailored support for those with disabilities** – particularly with completing application forms and by ensuring any placement meets the person's specific needs.
- 2. Ensure meaningful advice and guidance is provided, even when no statutory duty is owed** – instead of "*just saying no*"
- 3. Strengthen coordination between statutory and non-statutory services** – T's experience reflects the importance of these for those who may otherwise 'fall through the gaps'.

Frontline & LEX Voices | L's Story

'L', a survivor of domestic abuse, has recently moved into a social tenancy with her partner 'H' (see next case study). Together, their stories highlight that people labelled as 'single' often depend on relationships and support networks that need to be recognised and leveraged to make any housing solution sustainable.

Lived experience case study

L became homeless in early 2025 after fleeing domestic abuse in Nottingham City. For her safety, she was advised by police and support workers to leave the area – and so she moved, with her new partner H, to another council in Nottinghamshire.

On presenting at the council, Simone was offered temporary accommodation in a Framework service, but abandoned her placement – in a mixed-sex setting with self-contained units – after just under a week. During the interview L recounted feeling like she was *“locked in...in a prison”* and that this reminded her of the abuse she had fled. Despite explaining these difficulties, she received little support or flexibility from housing officers. She was also not connected to a domestic abuse specialist locally, though she's previously been supported by a worker from Juno Women's Aid in Nottingham.

When her partner H was refused accommodation and was barred from visiting her, L chose to leave the hostel and sleep rough alongside him. They slept in a tent outside the council offices for 5 months before moving into a council tenancy – based on L's registration on the local register.

Reflecting on her experience, L highlighted that she never wanted to sleep rough but felt unsafe in the accommodation she was placed in and *“more could have been done if we'd been treated as a couple”*.

System and service recommendations

L's experience highlights that the lack of flexibility and support for couples leads to both being unsupported and unsafe. L and H repeatedly requested to be treated as a couple but were consistently refused.

- 1. Suitability of temporary accommodation is critical:** placements must consider histories and allow support networks (including partners) when safe and appropriate.
- 2. Continuity of domestic abuse housing support must extend across local boundaries.** Cross-county services level would prevent victims losing access to advocates when they move for safety.
- 3. Couples should be considered, where appropriate, together.** Homelessness applications should allow joint assessments and placements where relationships provide mutual support and safety.

Frontline & LEX Voices | H's Story

Lived experience case study

H became homeless in Nottingham and relocated to a district council with L. Despite experiencing his own complex circumstances – including past trauma and poor mental health – he was deemed ineligible for help due to a lack of local connection and was advised to return to Nottingham, despite having no local ties there either.

This left him sleeping rough. During this period, he described how Council officers often communicated with him only by phone, apparently fearing a “*bad reaction*,” which left him feeling dehumanised and unsupported. H also described losing access to his P3 support worker who had worked with him in Nottingham City.

For over four months, the pair camped outside the local authority offices. During this time, H emphasised that it was “*people, not systems*,” who sustained them – council gardeners, passers-by, and churchgoers offering food and conversation. When Framework’s Street Outreach team eventually located them (4 months in), they began providing weekly check-ins, food, and practical support.

With sustained pressure from outreach workers and support from SEA, the Council convened a multi-agency meeting to resolve H and L’s case. This resulted in an offer of social housing in October 2025 – a moment H described as “*humbling*” and “*life-changing*.” However, they’ve struggled to set their new home up, moving in with no furniture and little ongoing tenancy sustainment support.

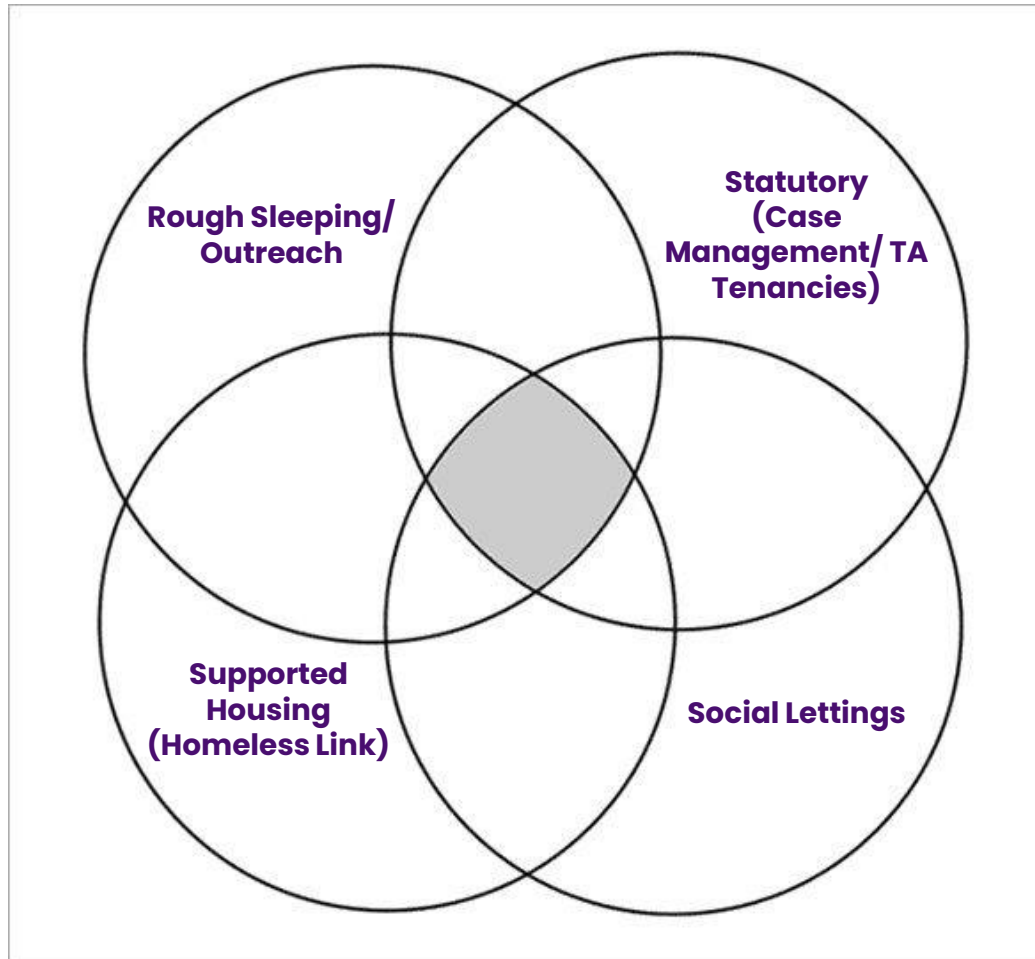
System and service recommendations

H’s experience highlights the challenges posed by local connection requirements and of services which struggle to follow people as they move around.

- 1. Continued support is critical** setting individuals up with (utilities, essential furnishings) is essential to sustain tenancies and prevent early crisis.
- 2. Human contact matters.** Officers should meet people face-to-face and work where people are – in churches, outreach hubs, or community spaces – rather than expecting individuals to travel while homeless. Partnership working between outreach, housing, health, and voluntary services can transform outcomes when agencies communicate effectively.
- 3. Local Connection** creates real barriers to access and a perverse incentive to sleep rough to establish connection. Addressing this would enable councils to more effectively support individuals in crisis across the County.

Annex 6 – detailed quantitative analysis

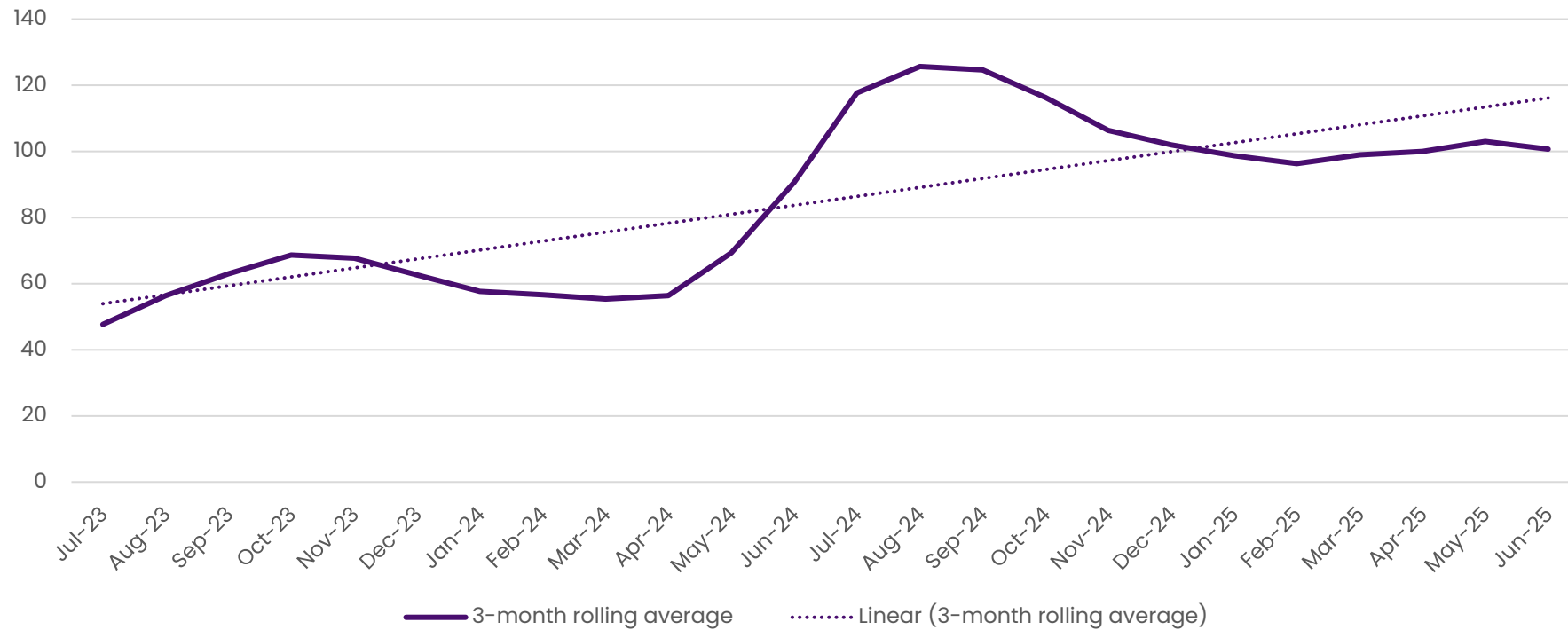
Quantitative data approach



- Pathways in and out of homelessness service system (**"Flow"**). Out = settled/ secure tenure with appropriate support
- Those currently within the system (**"Stock"**) e.g. transitional accommodation-based provision, statutory TA or duties, insecure or unsafe arrangements etc.
- Global population and segmentation

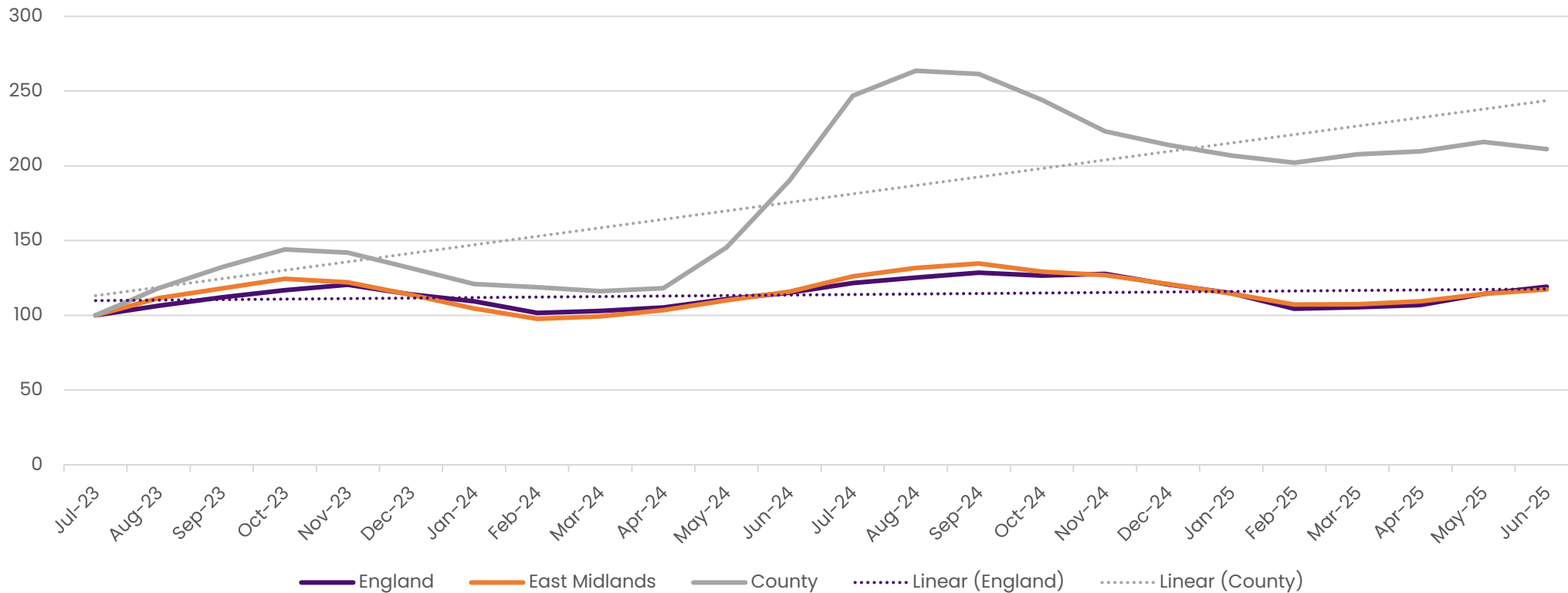
Making rough sleeping rare (1/2)

R1 - Estimated number of people sleeping rough over the month



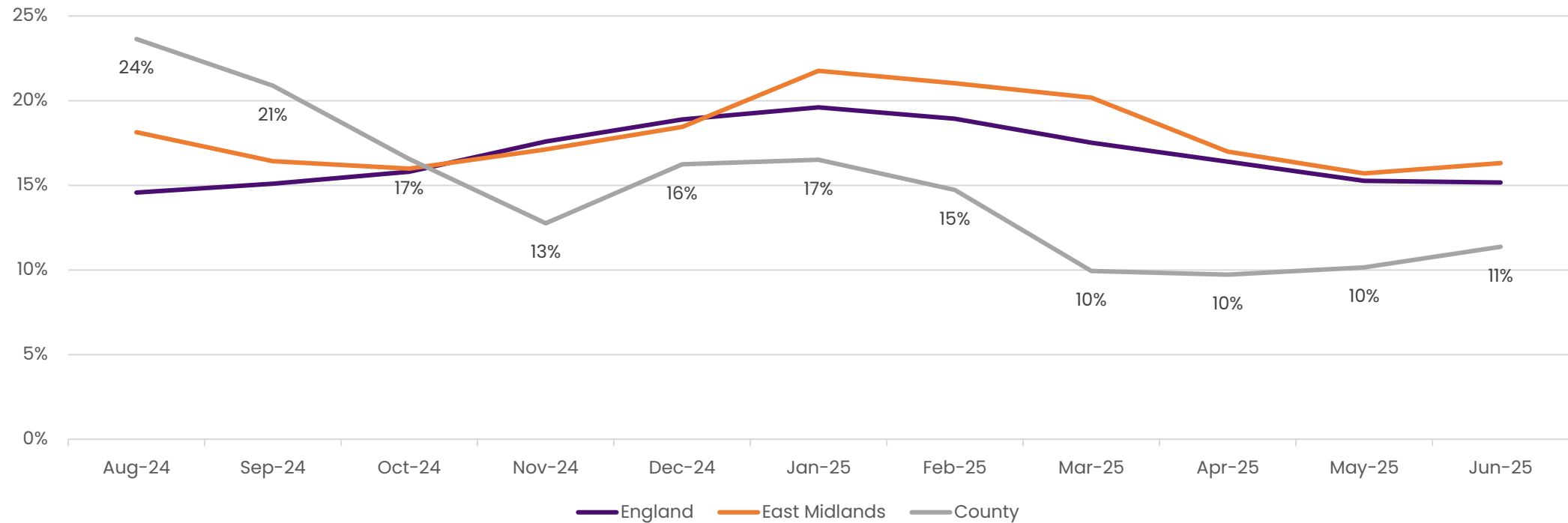
Making rough sleeping rare (1/2)

R1 - Estimated number of people sleeping rough over the month (indexed)

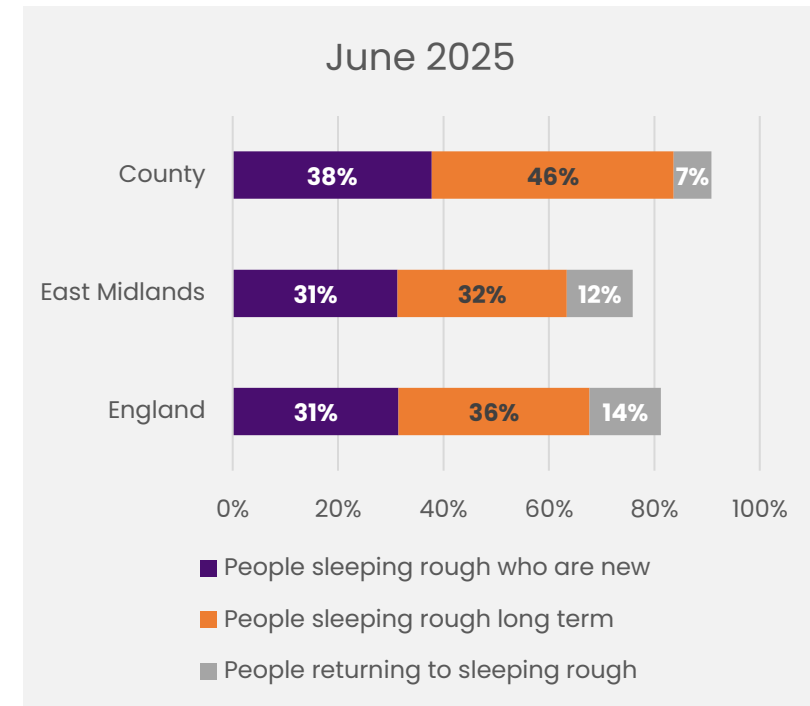
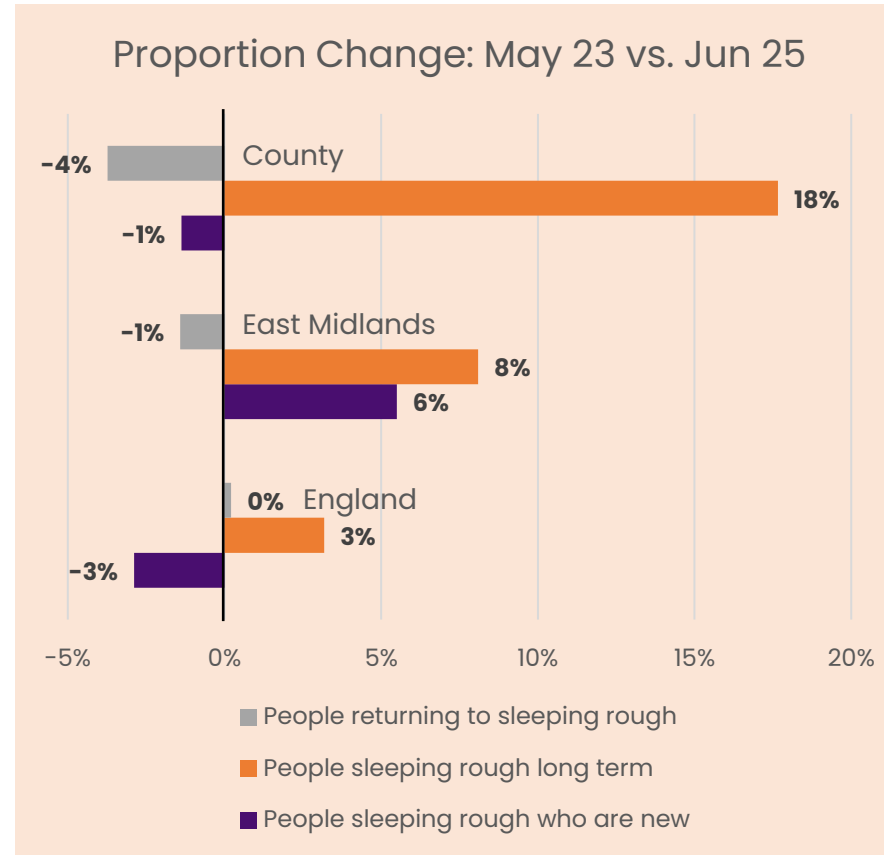
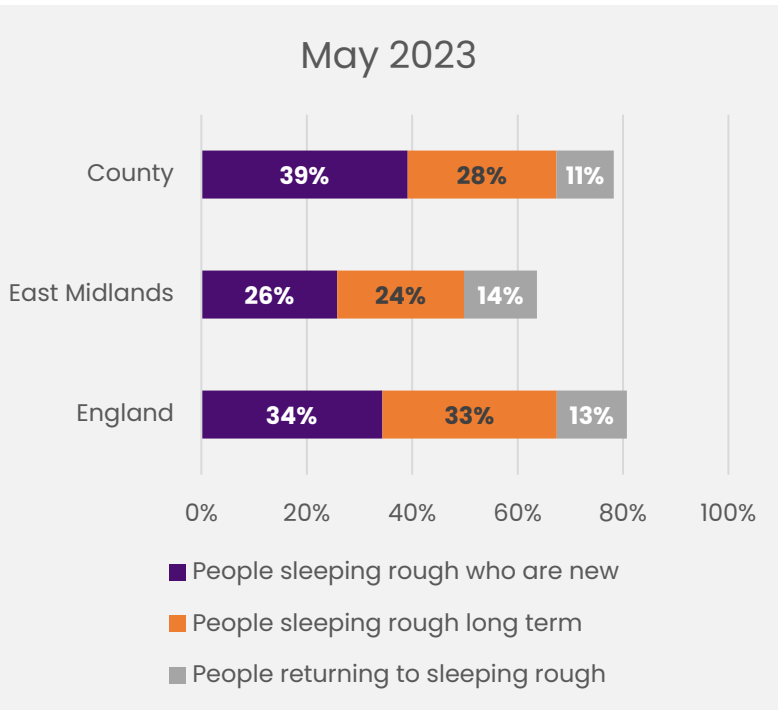


Making rough sleeping rare (2/2)

R2 - Estimated proportion of rough sleepers moved into accommodation by month end



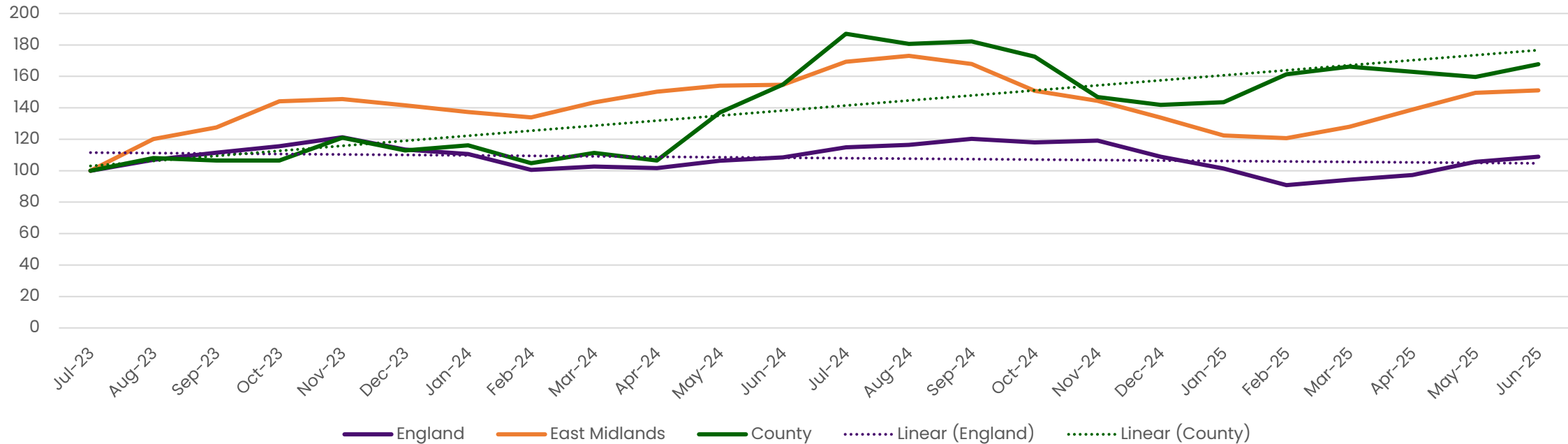
Prevention/ brief/ non-recurring



Preventing people sleeping rough

Effective prevention should see new rough sleepers decline over time

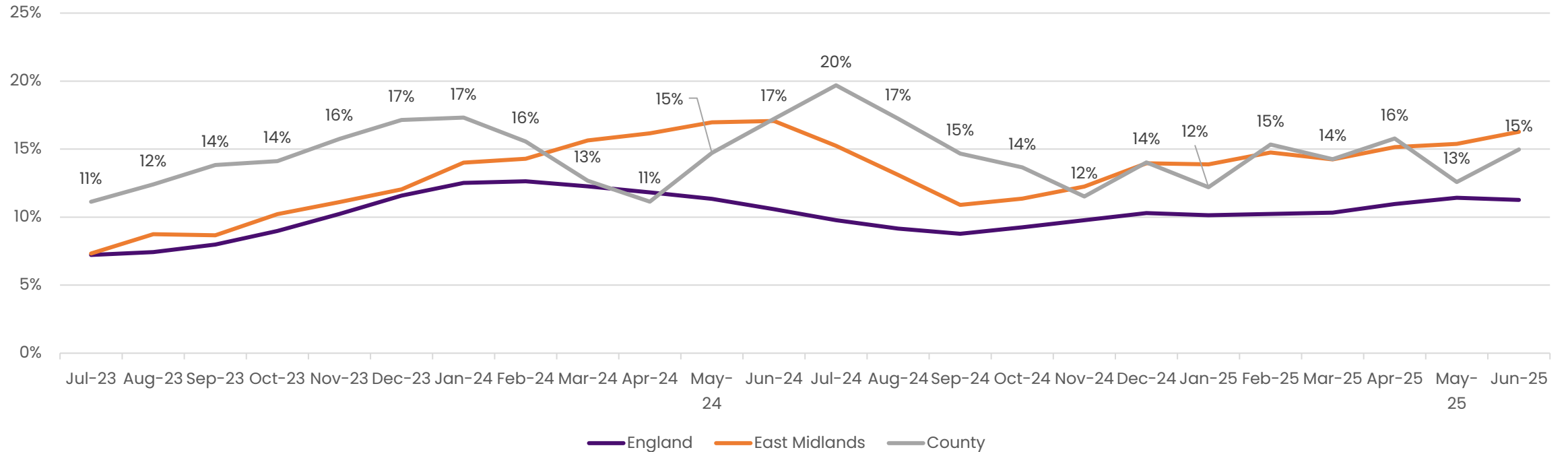
P1 - Estimated number of new people sleeping rough over the month (indexed)



	#	Change on previous year
May 2023	18	
May 2024	44	+144%
May 2025	33	-25%

Preventing people sleeping rough

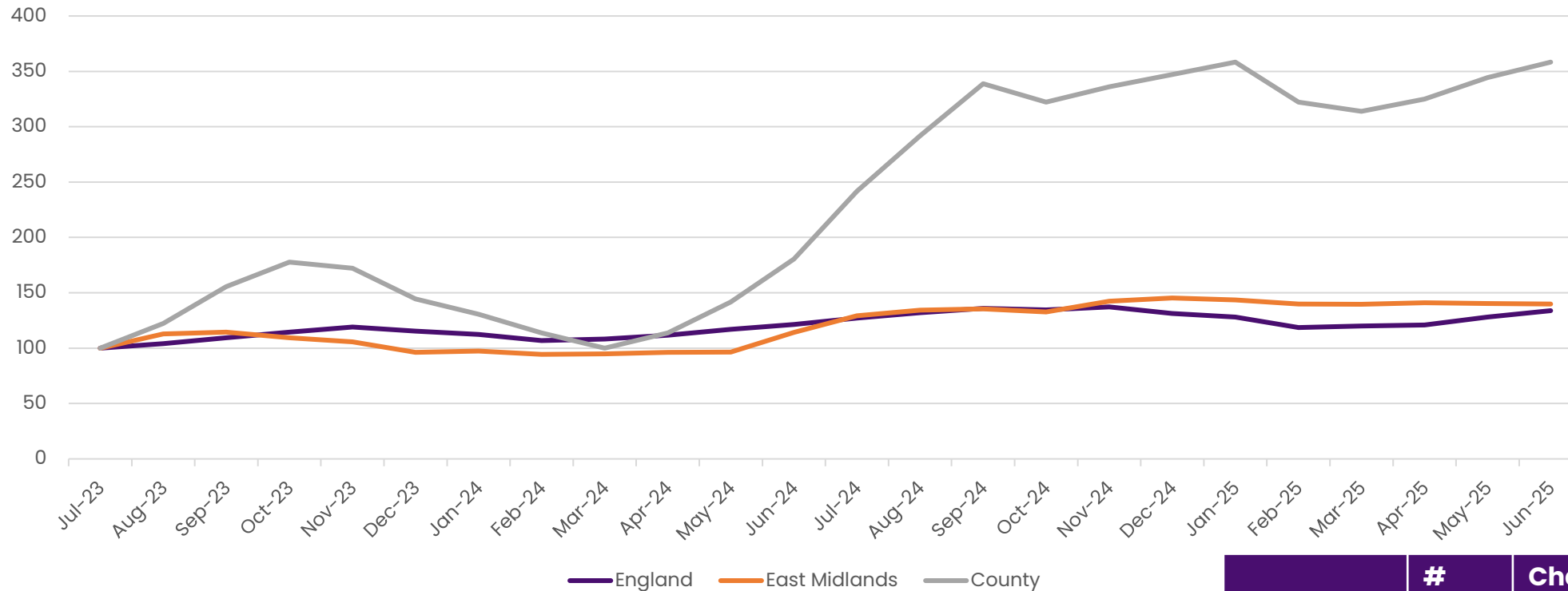
P2 - Estimated proportion of people sleeping rough over the month who have left an institution in the last 85 days



Making rough sleeping brief

High levels of harm are associated with long-term street homelessness. The purpose of this indicator is to assess how effectively local systems are able to rapidly identify people, support them off the streets; and then into long-term accommodation

BI - Estimated number of people sleeping rough over the month long-term (indexed)

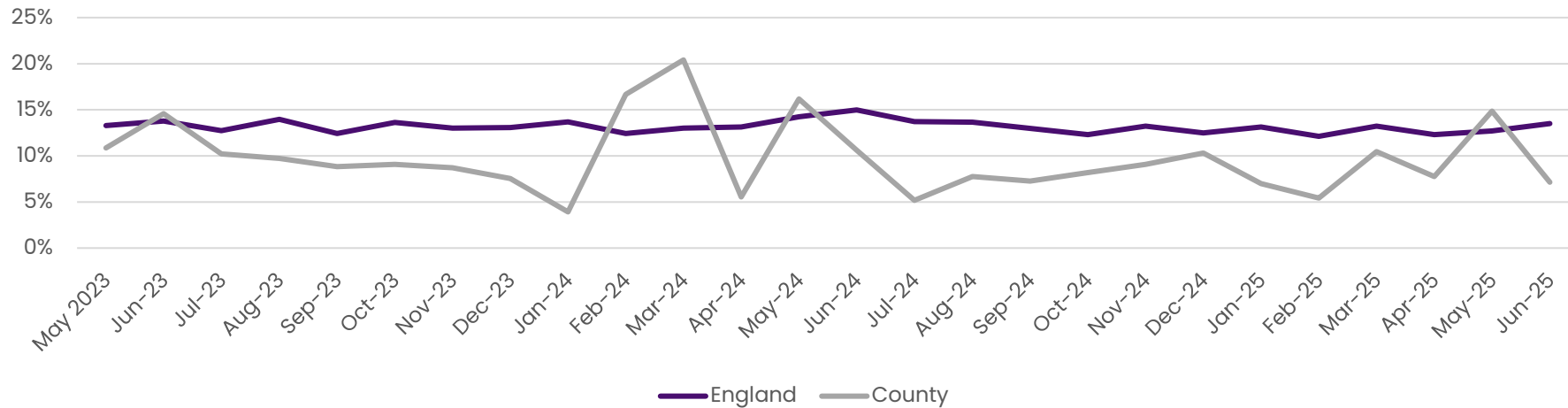


	#	Change on previous year
May 2023	13	
May 2024	23	+77%
May 2025	40	+74%

Making rough sleeping a non-recurring experience

How many people are experiencing recurring episodes. This number should reduce over time if prevention and off-the-streets pathways work effectively. How well we're doing at supporting people to not return to the streets. NR2 decreasing or remaining close to 0.

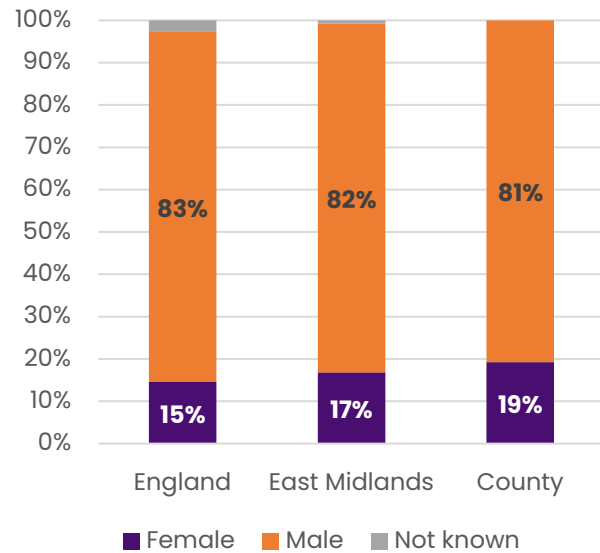
NR1 - Proportion of people sleeping rough over the month who are returning to sleeping rough



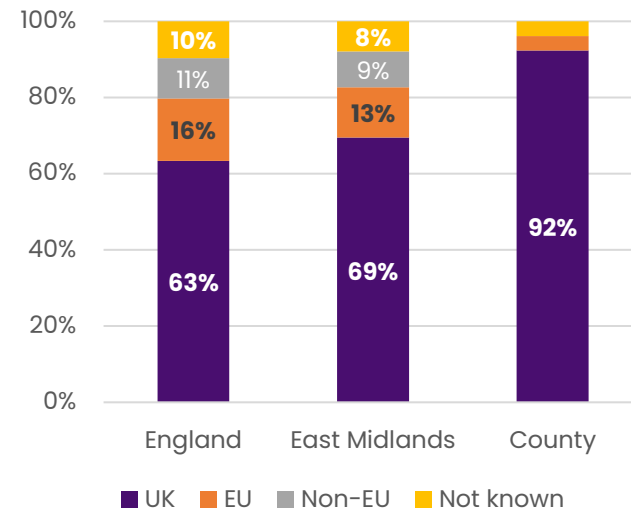
Demographics

2024 Annual Snapshot

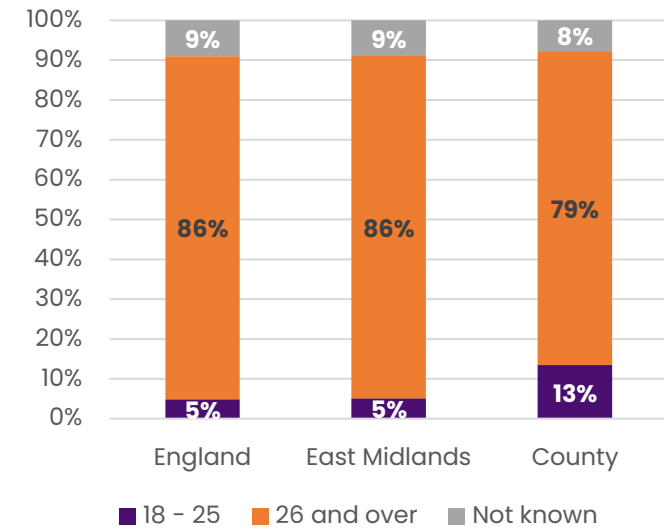
Gender



Nationality

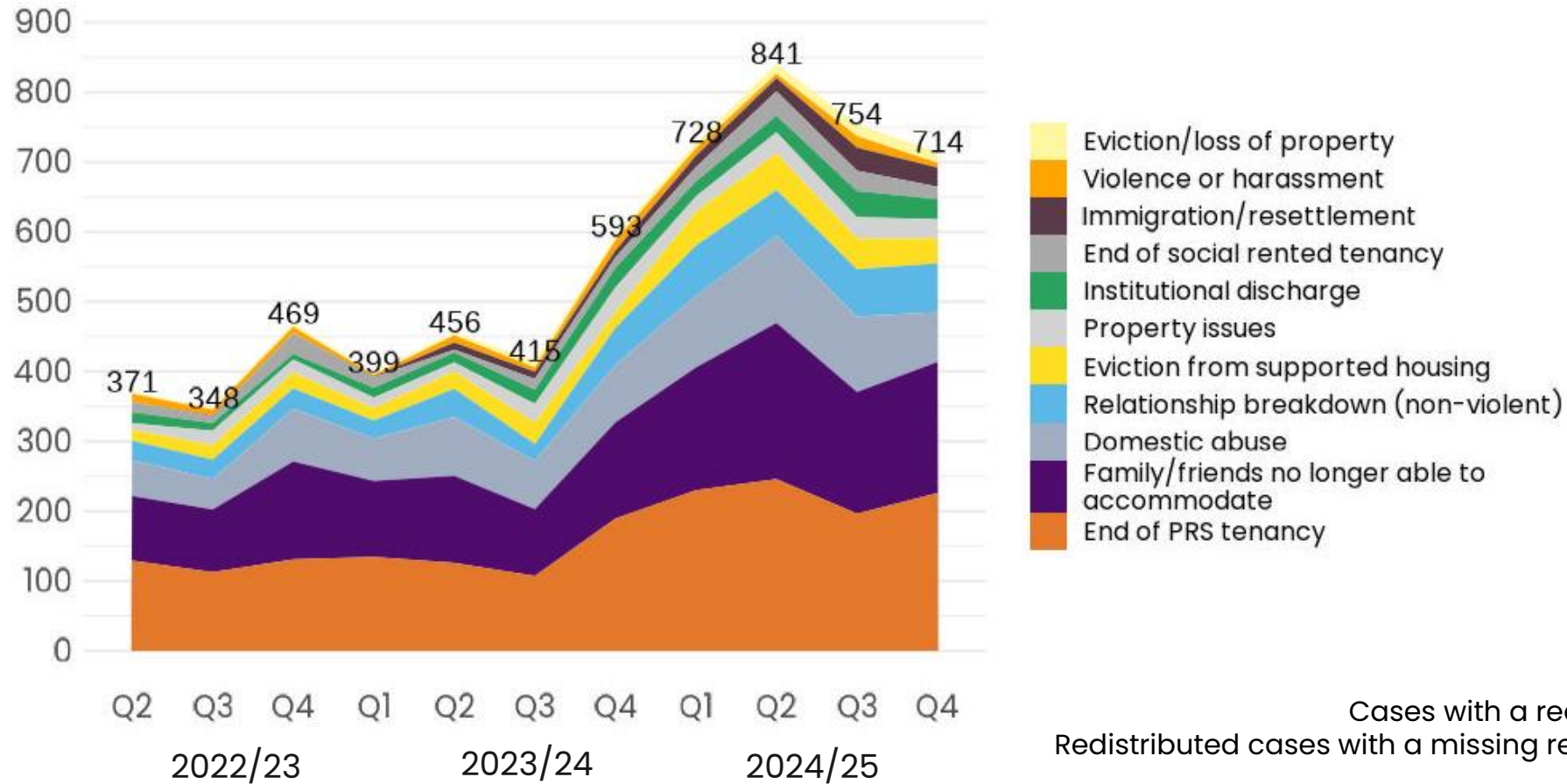


Age



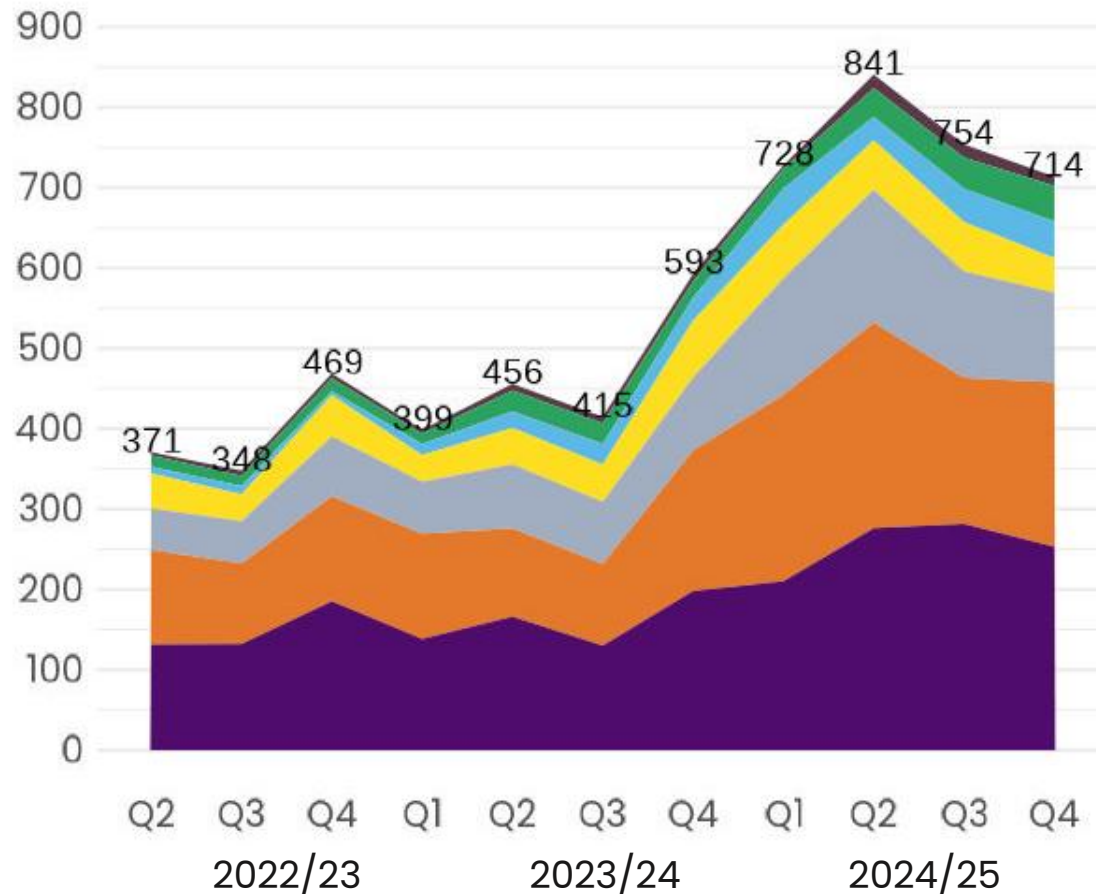
Initial assessments (1/2)

Initial assessments by reason for approach, 2022/23 Q1 – 2024/25 Q4



Initial assessments (2/2)

Initial assessments by accommodation at time of application, 2023/24 Q1 – 2024/25 Q4

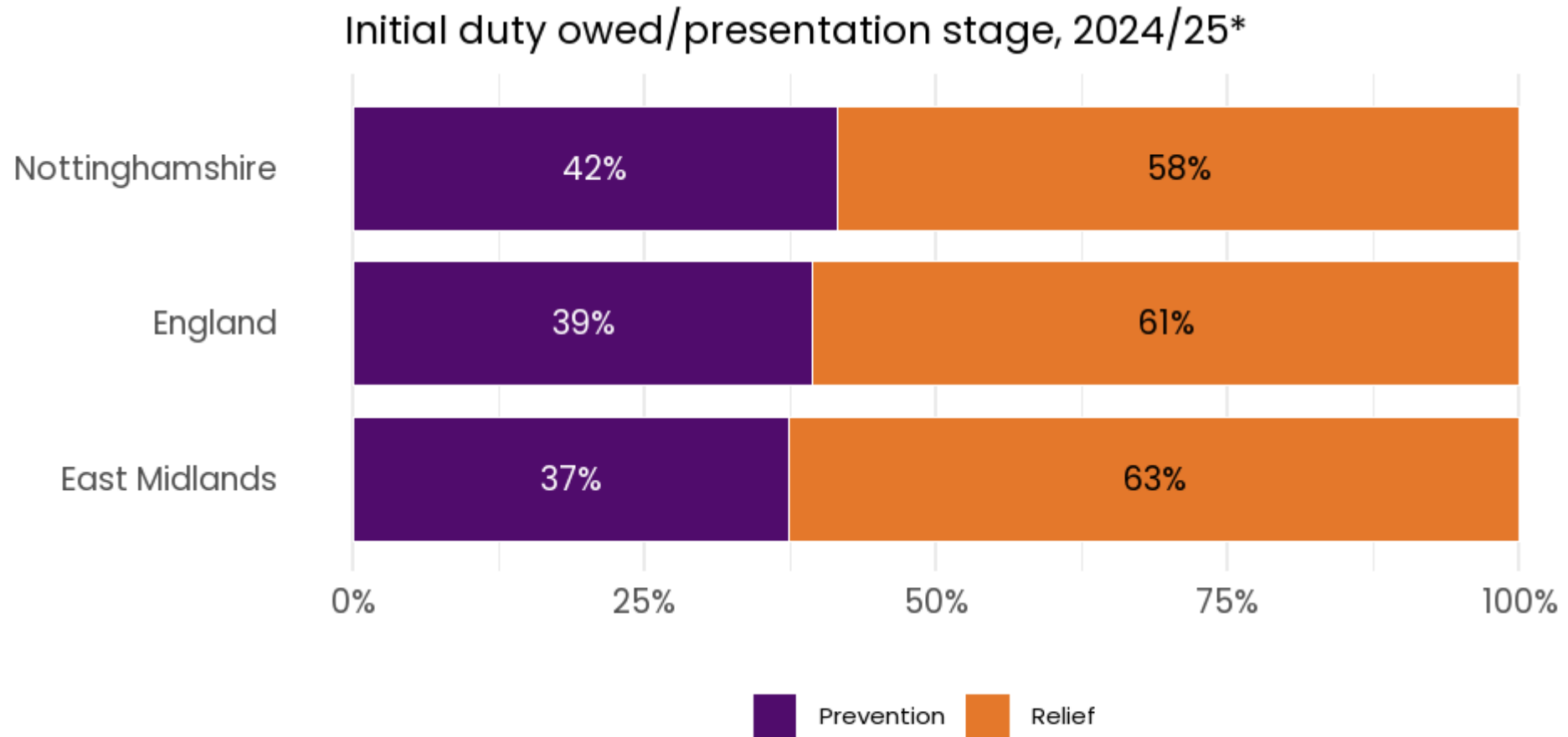


- Other
- Temporary/emergency accommodation
- Homeless on departure from institution
- Social/supported housing
- Rough sleeping/no fixed abode
- Private rented sector
- Living with family/friends

** Bassetlaw uses last settled accommodation field*

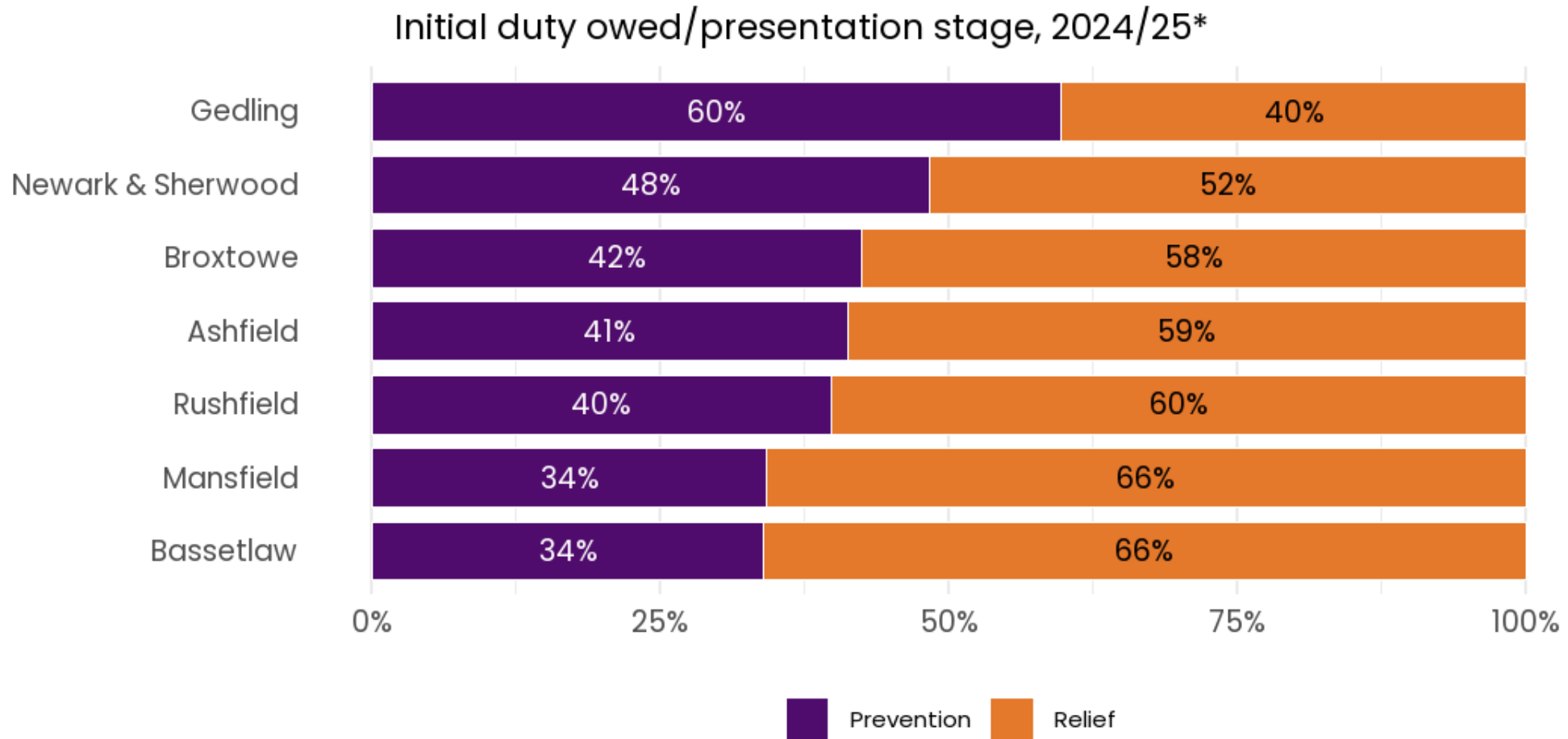
Cases with an accommodation at time of application: 4288
 Redistributed cases missing accommodation at time of application: 1800

Initial approach (duty owed)



*July 2024-June 2025, of single households assessed

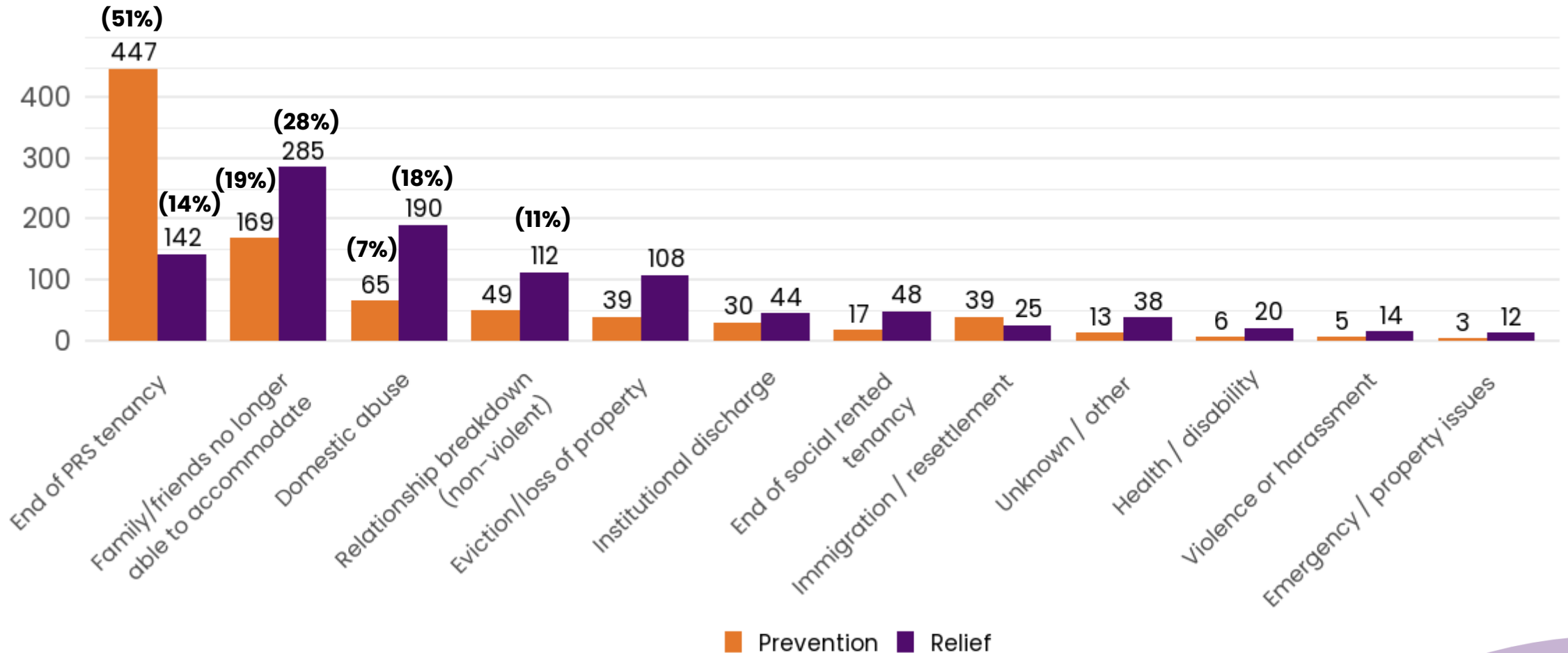
Initial approach (duty owed)



*July 2024-June 2025, of single households assessed

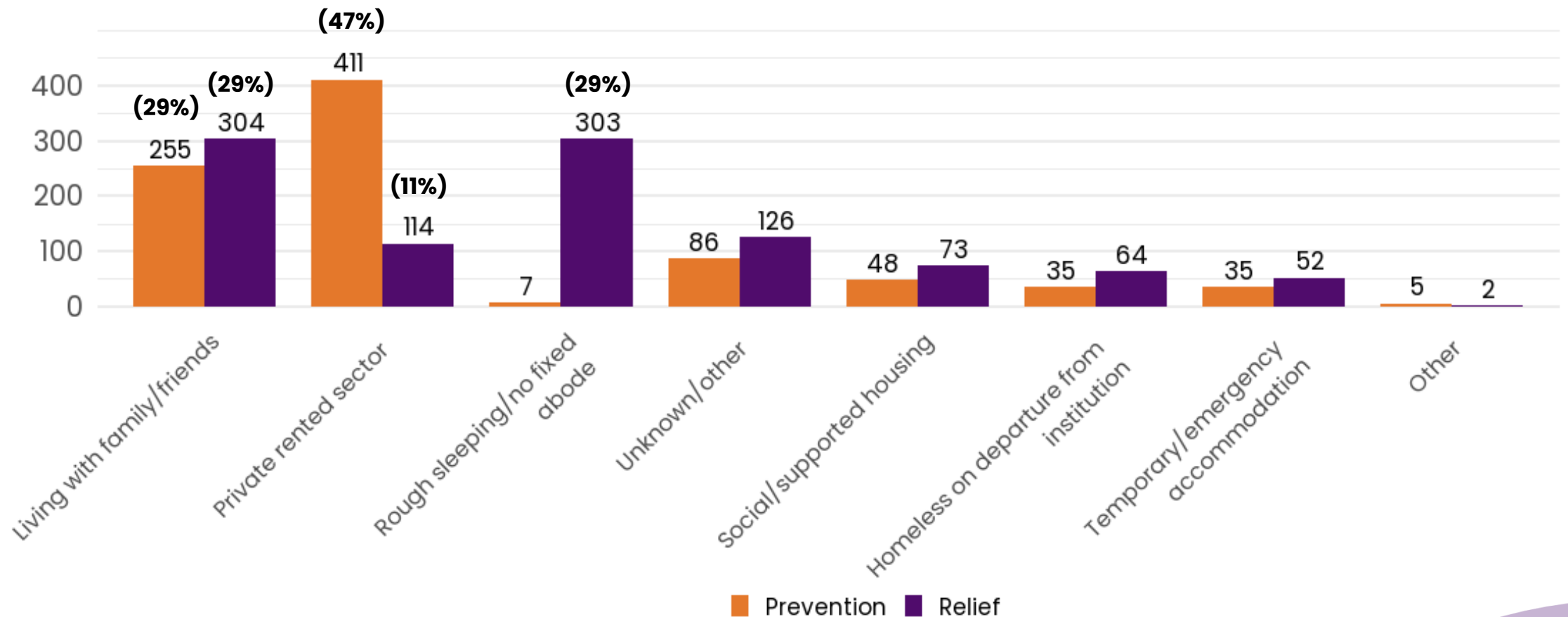
Initial approach by duty owed

Reason for & stage of approach (across districts), 2024/25



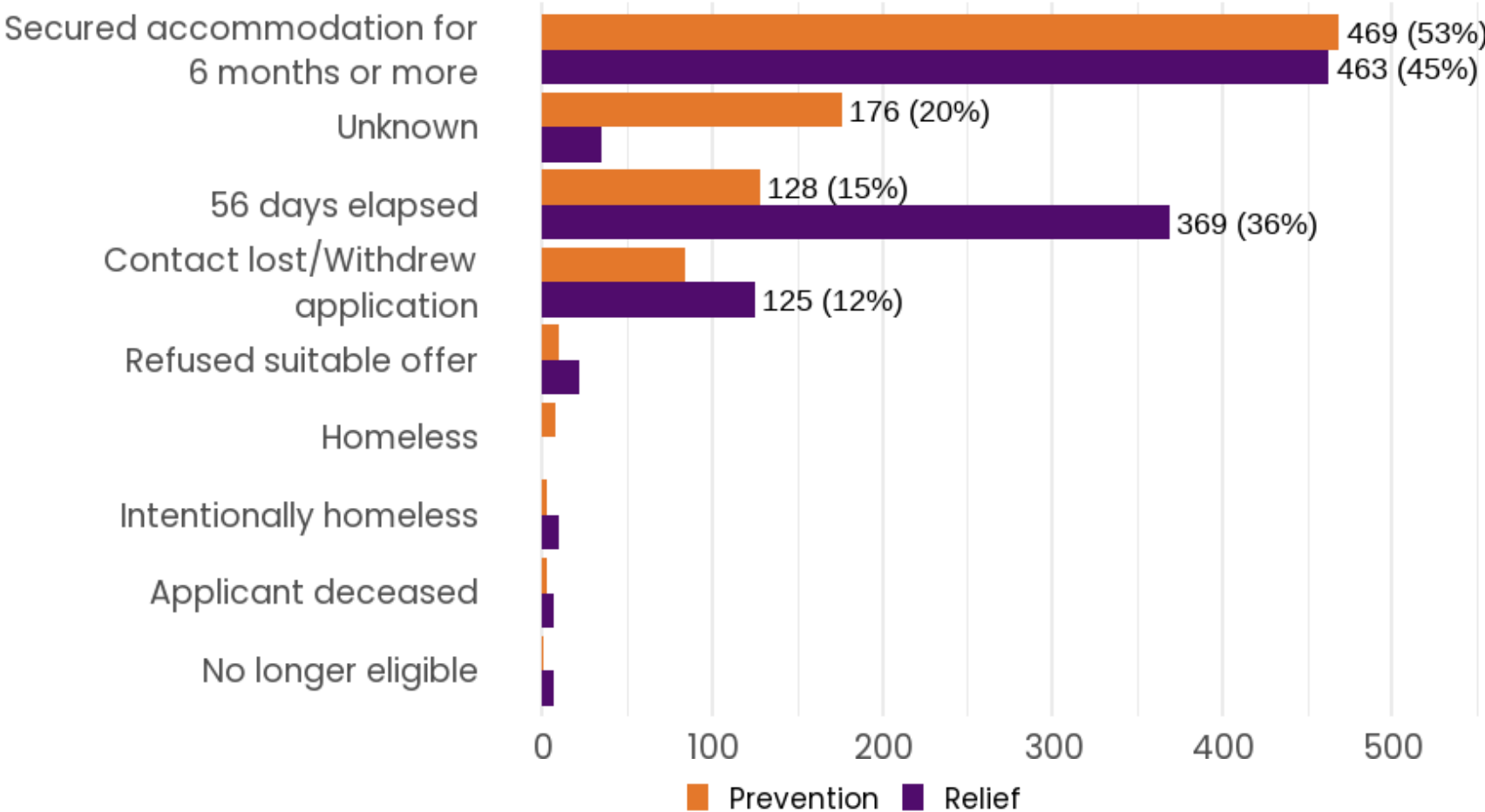
Accommodation at application by duty owed

Accommodation at time of application & stage of approach (across districts), 2024/25

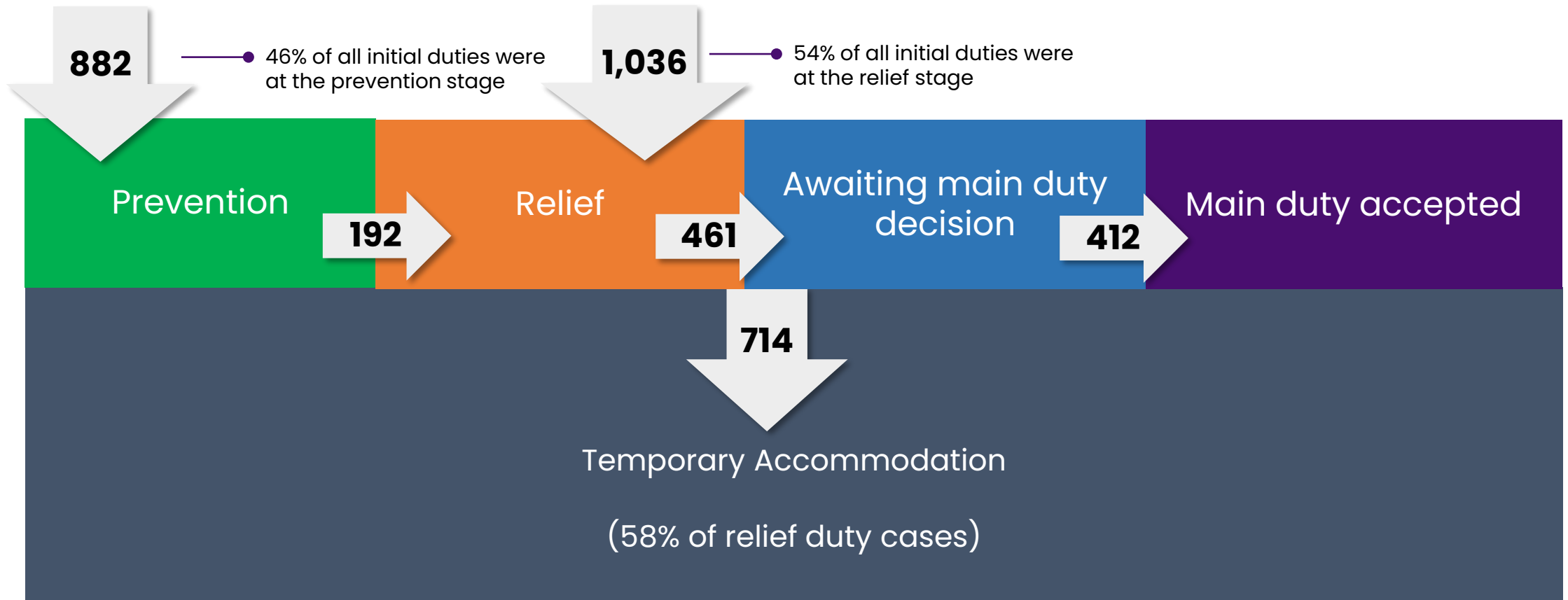


Duty outcomes

Outcome of prevention and relief duties, 2024/25



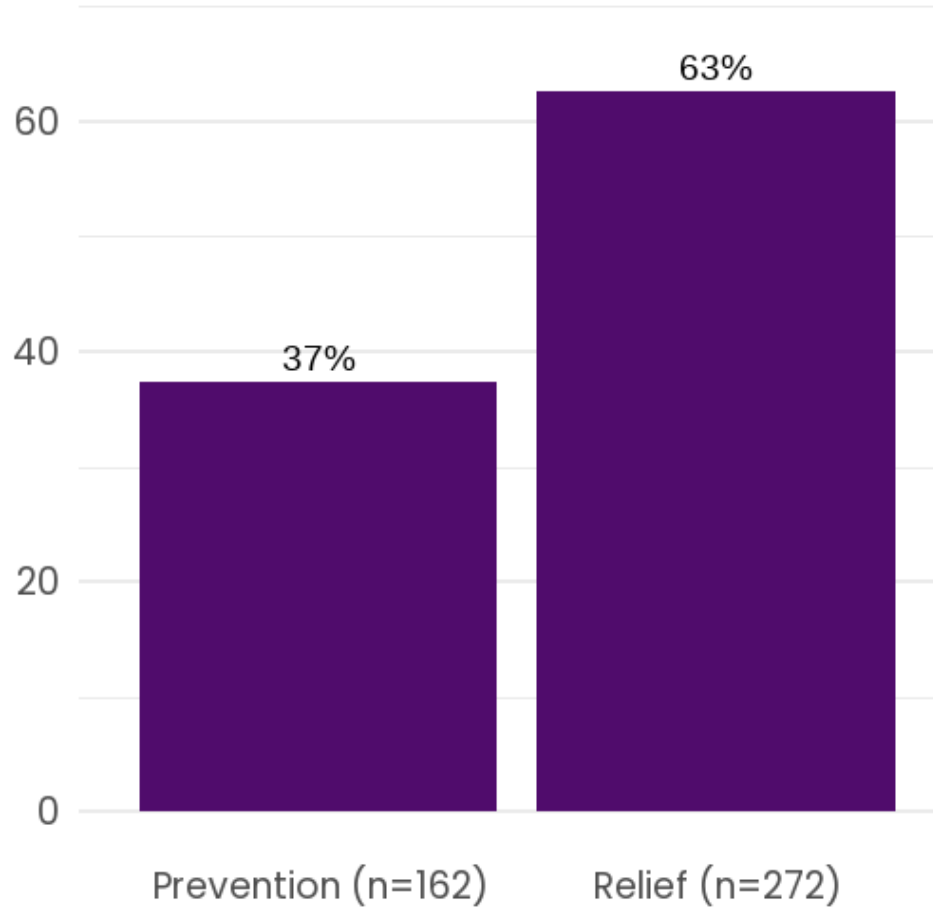
Single Household Journey (2024/25)



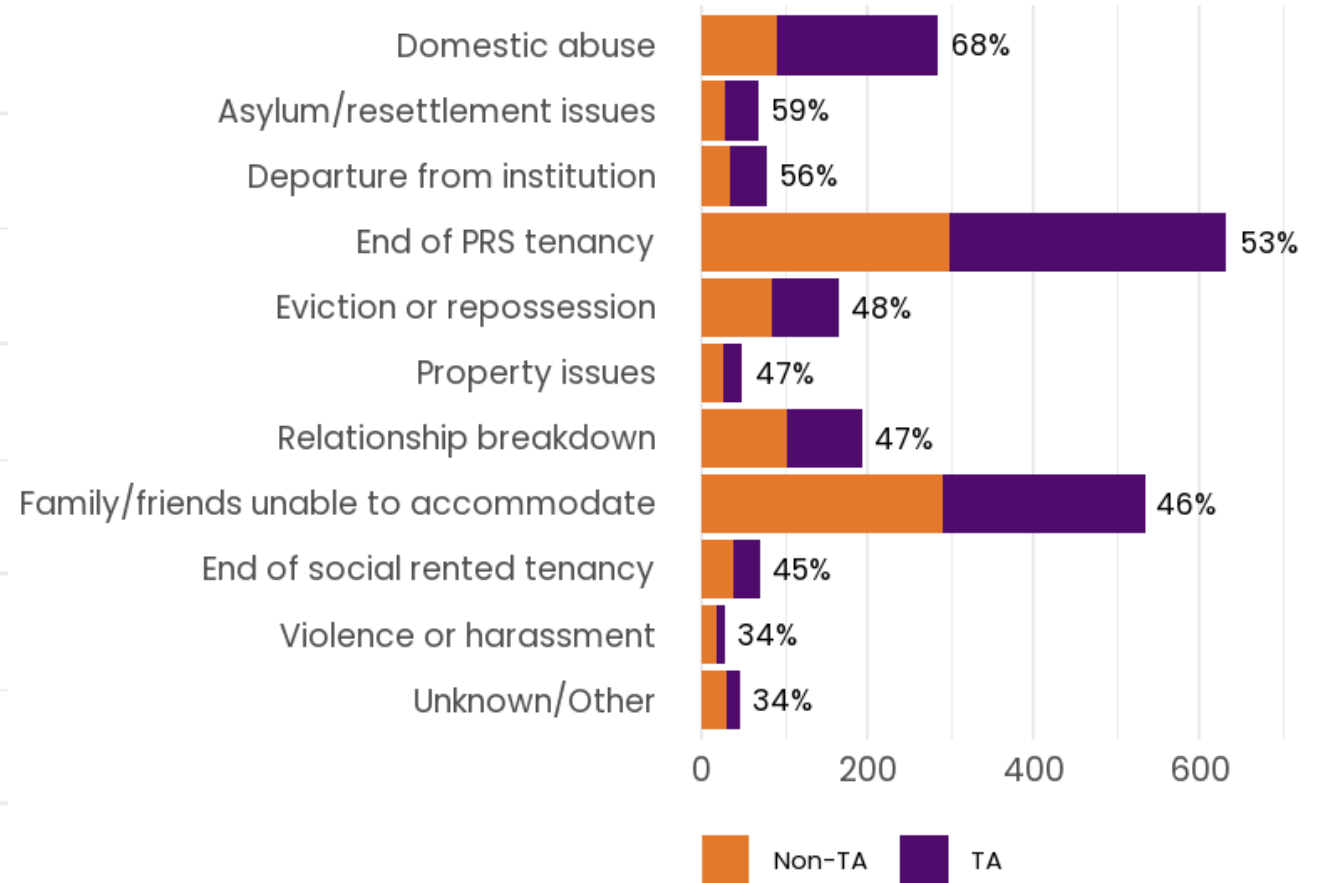
TA presentation stage and reason for approach

Includes data from Ashfield, Bassetlaw, Broxtowe and Rushcliffe

Initial duty of TA households, 2024-25



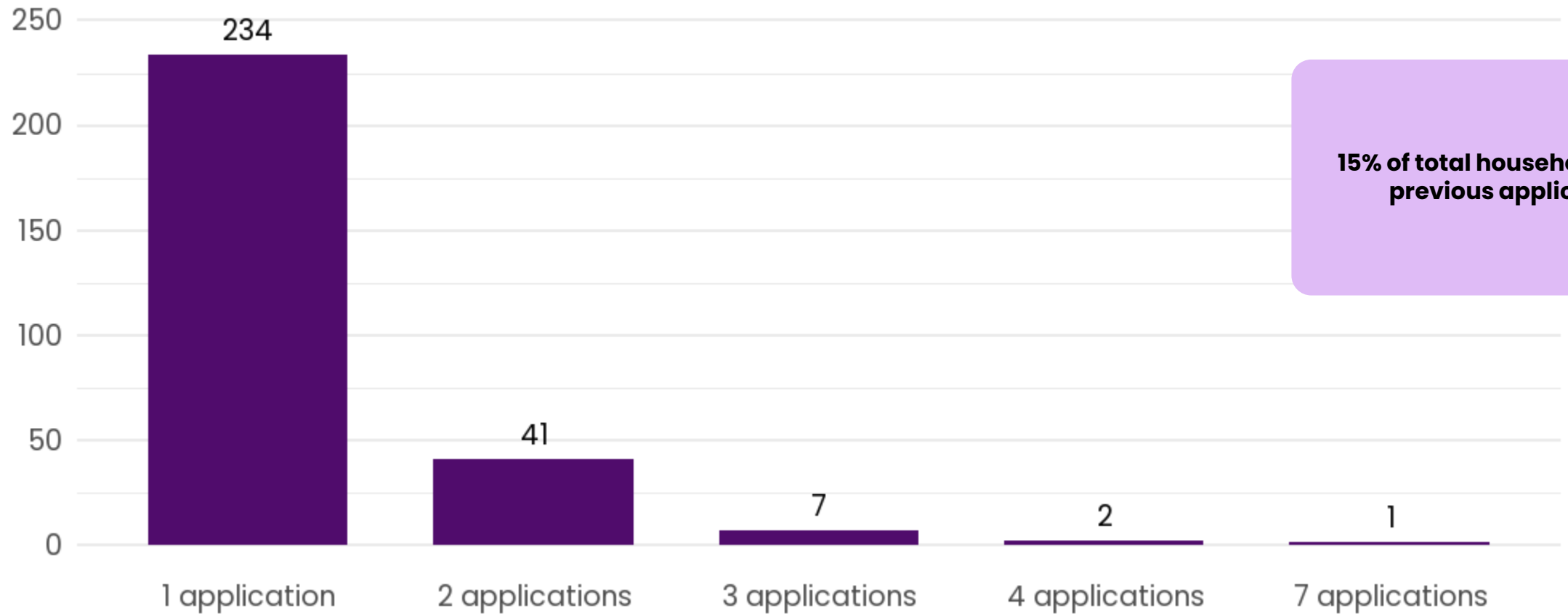
Reason for approach and conversion to TA, 2024-2025



Repeat applications

Excludes Broxtowe due to missing application id field

Previous applications of households with an initial duty in 2024/25



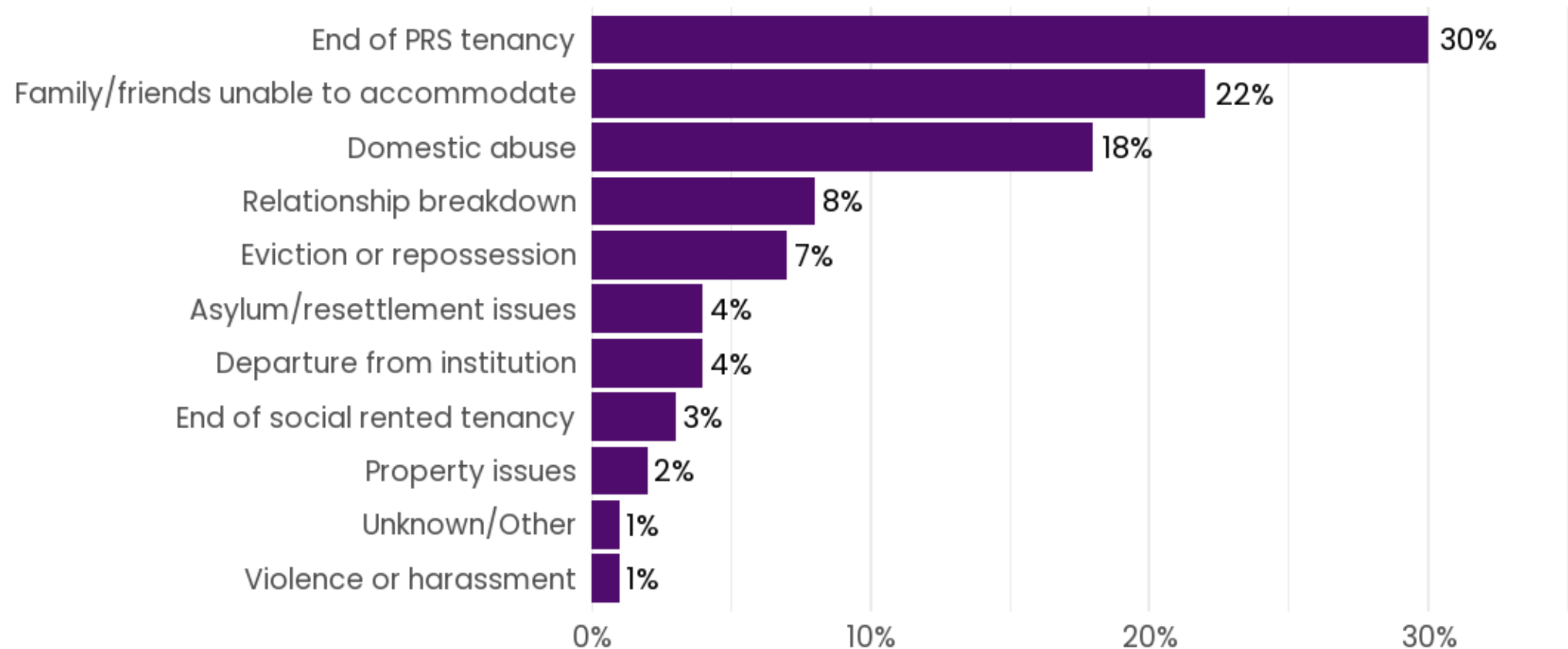
15% of total households had a previous application

**excluding Broxtowe due to no application id*

Current TA households, reason for approach

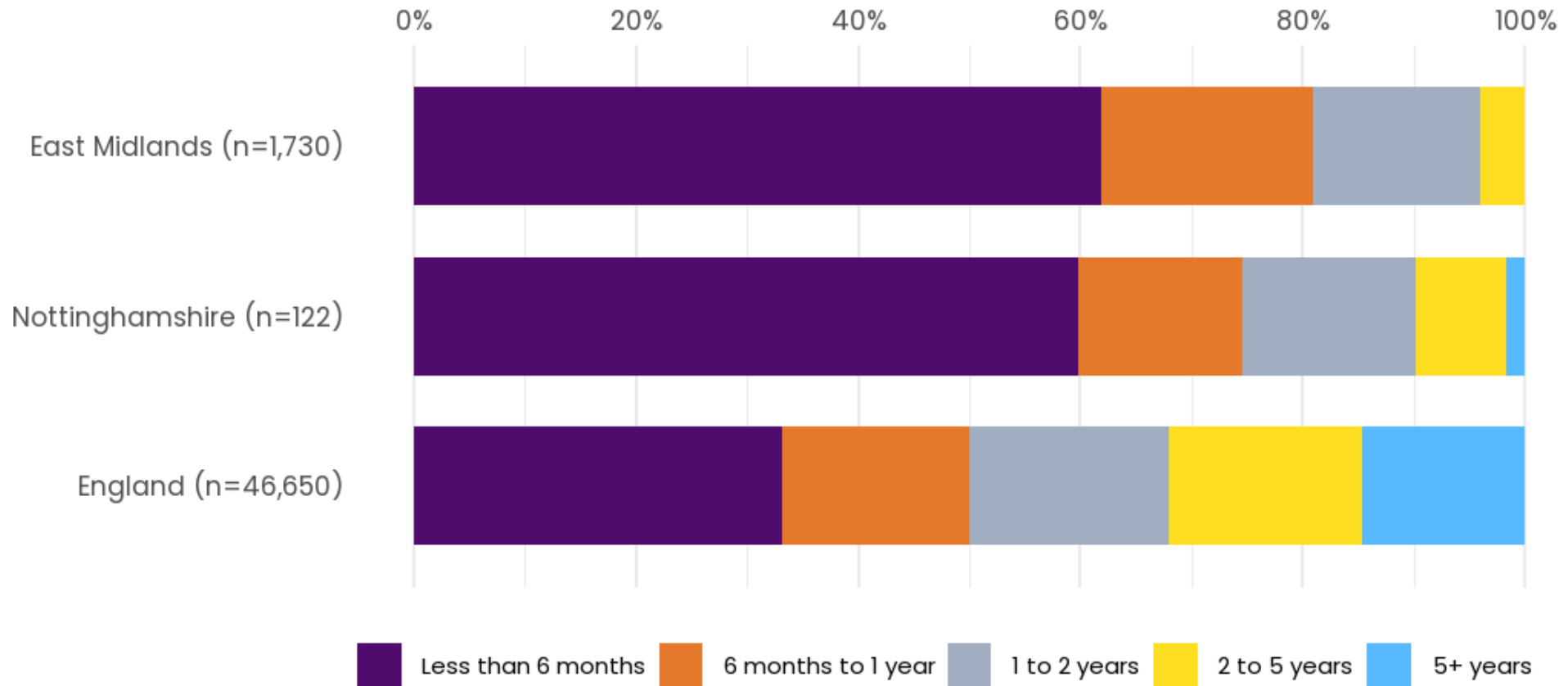
Includes data from Ashfield, Bassetlaw, Broxtowe and Rushcliffe

Reasons for approach for households currently placed in TA

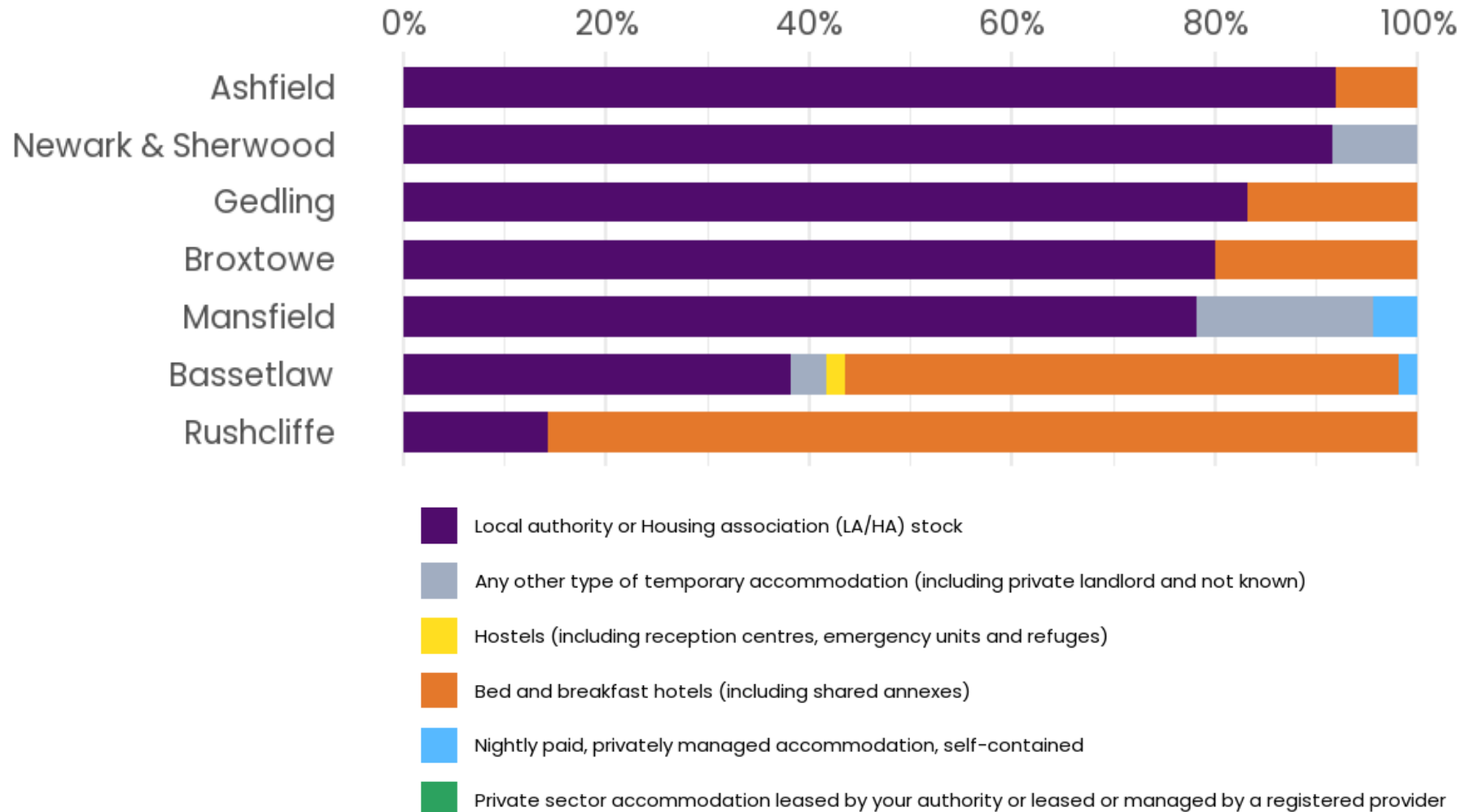


TA Length of stay - Benchmarking

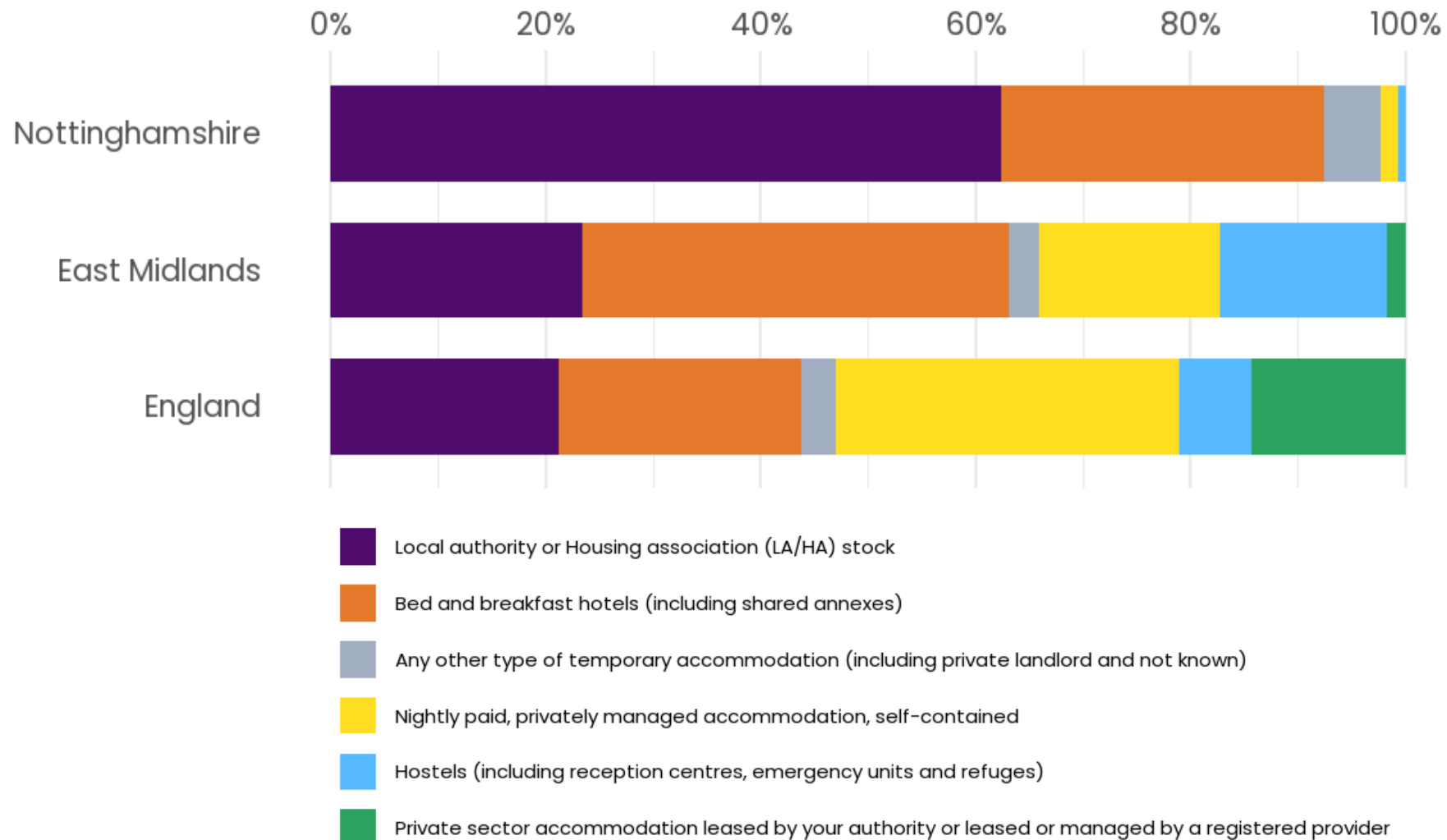
Length of stay of TA households (April/June 2025)



TA type across districts

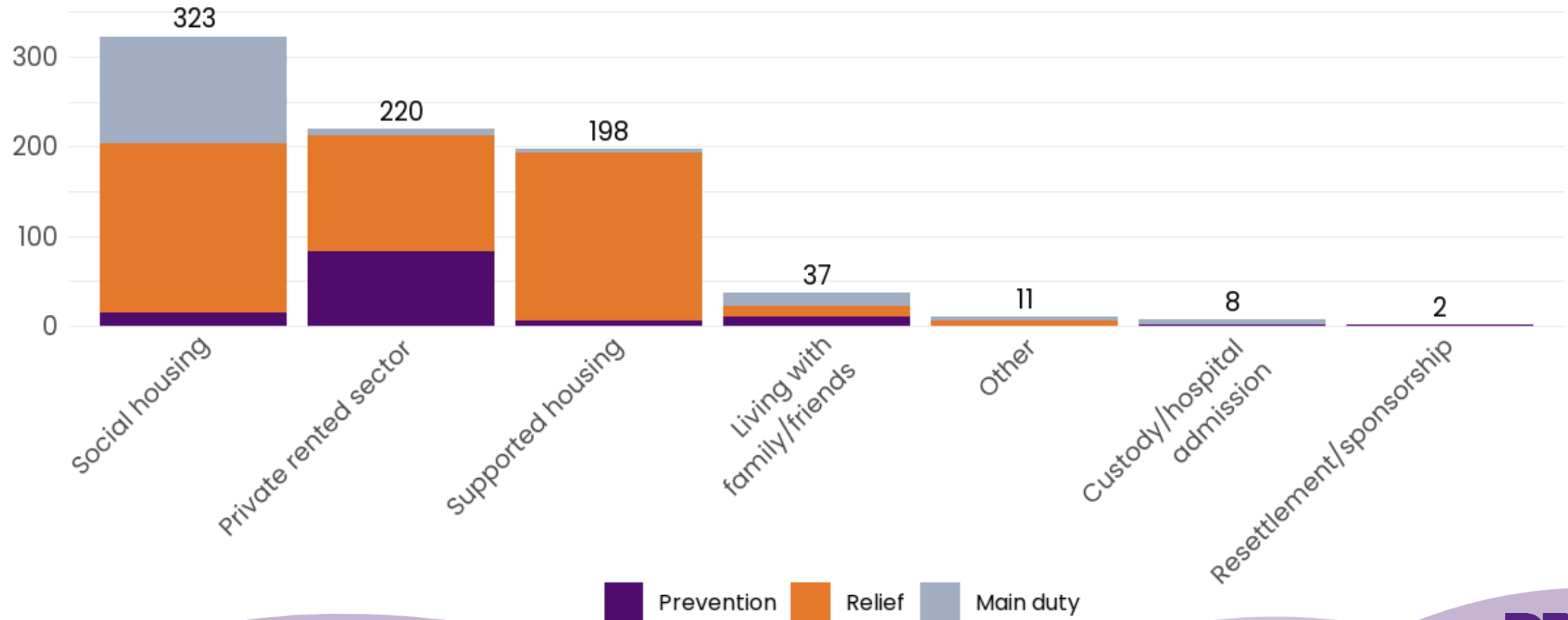


TA type - benchmarked



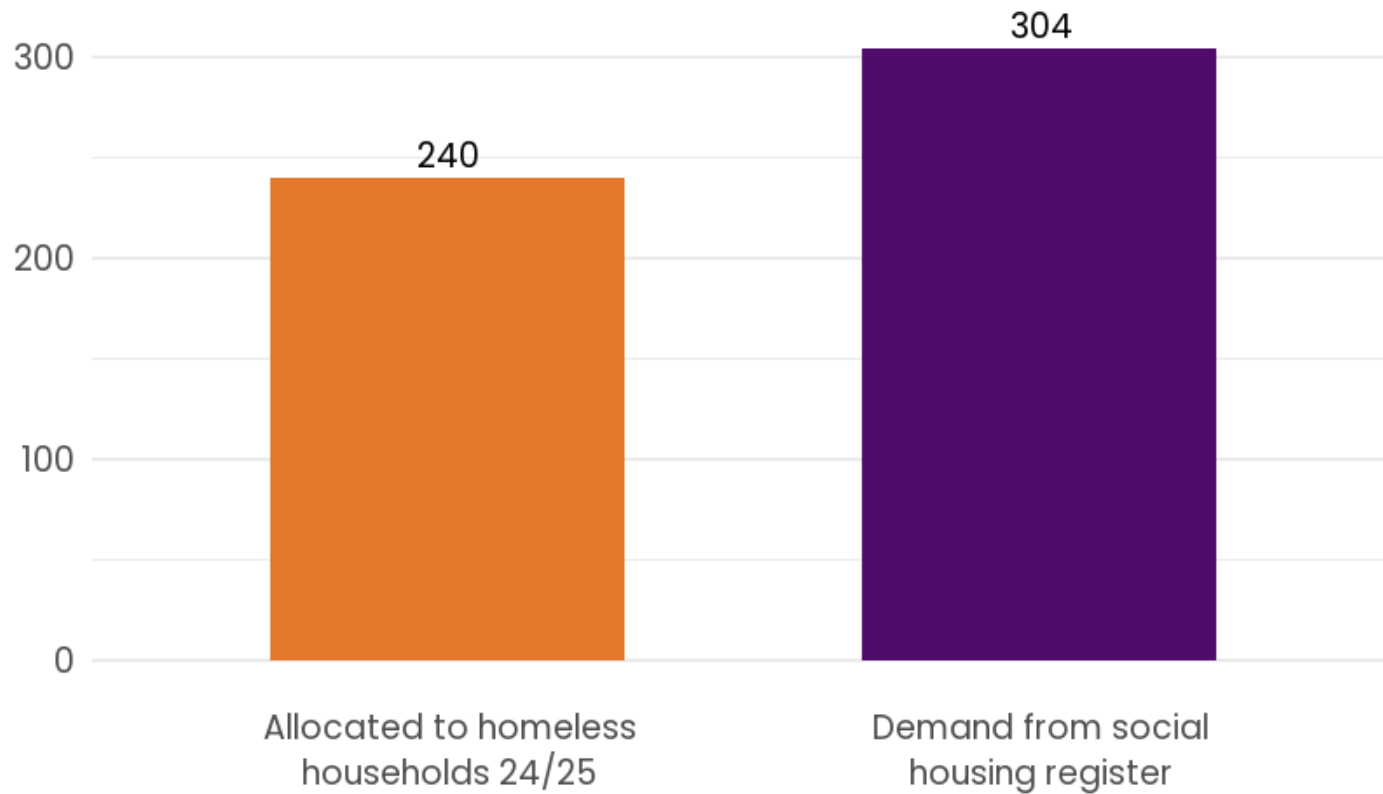
PRS as an accommodation outcome for single households

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



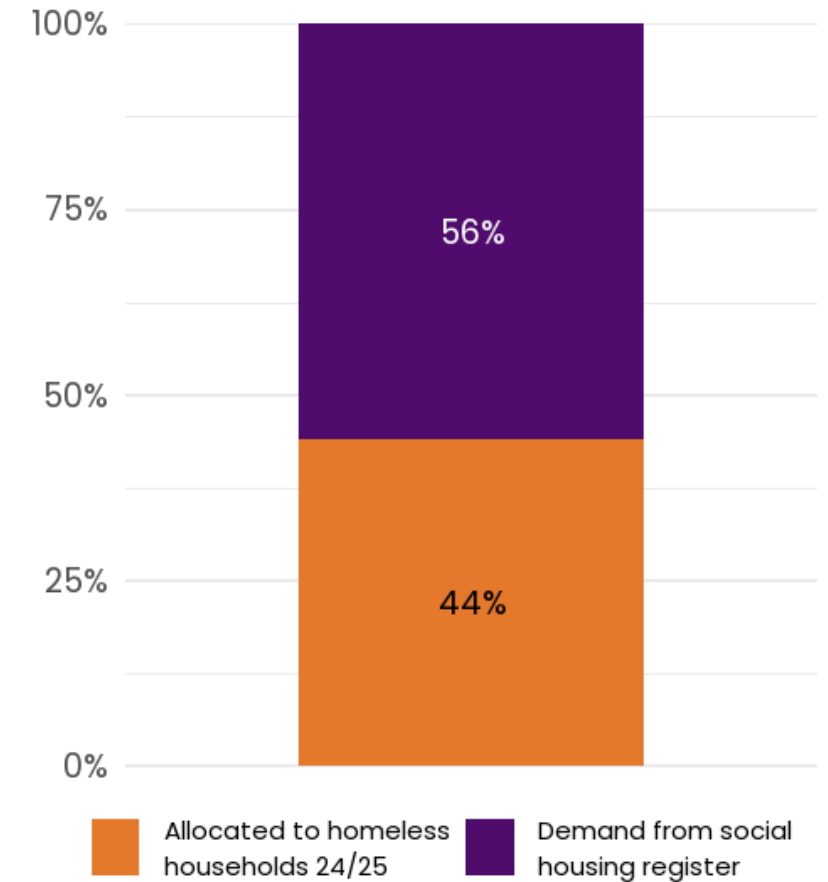
Demand and social lettings

Social lettings to homeless households by demand from housing register



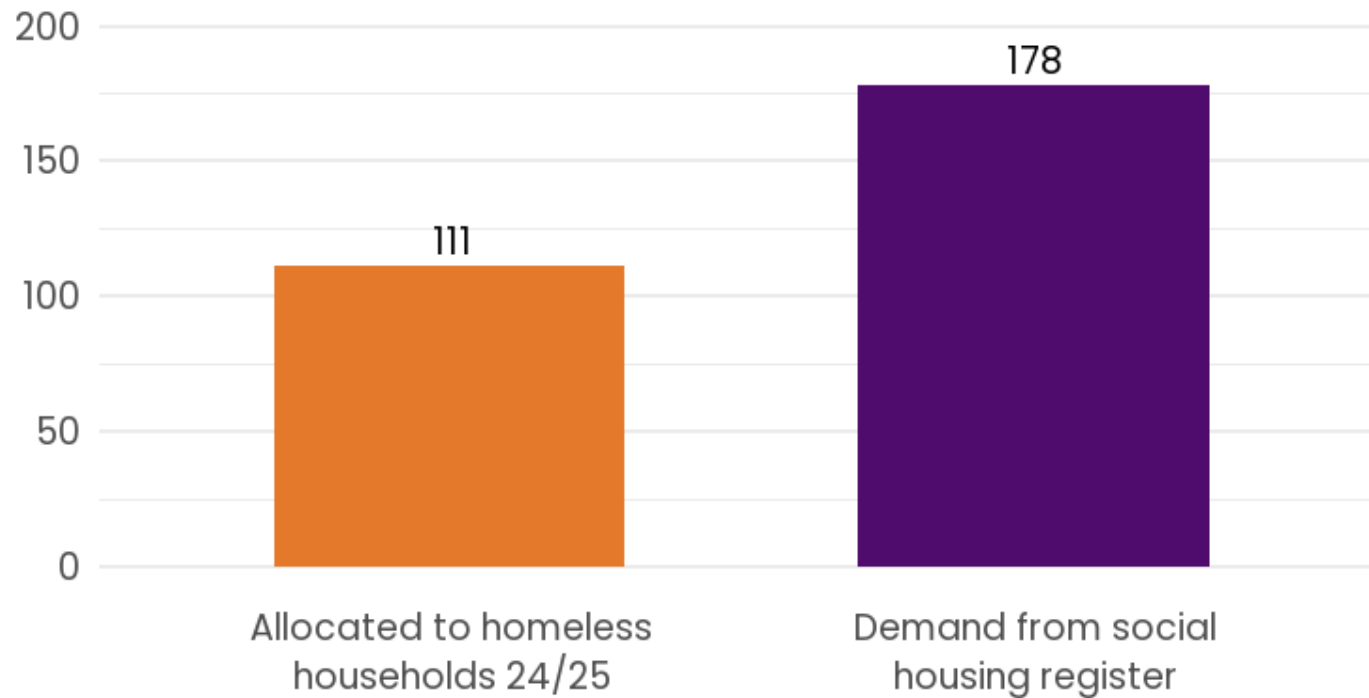
**Band 1/A used as a proxy for homeless households*

Proportion of demand to social lettings

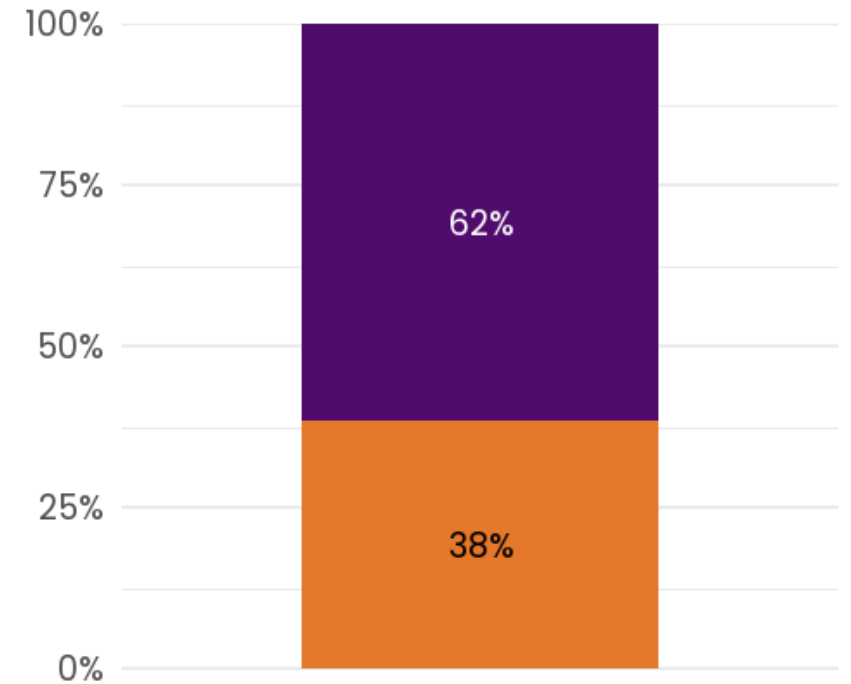


Demand and social lettings

Social lettings to homeless households by demand from housing register



Proportion of demand to social lettings



*Specific homeless cases only available for Bassetlaw, Broxtowe and Mansfield
Bassetlaw: Lets = A1: Statutorily Homeless; Demand = Band A
Broxtowe: Lets = Band 1 Homelessness Main Duty & Band 1 Relief Duty; Demand = Band 1
Mansfield: Lets = Band 1 HRA - Band 1 Needs Statutory Homeless; Demand = Band 1

Allocated to homeless households 24/25 Demand from social housing register

No fixed abode / Rough sleeping

Reason for loss of settled home	Prevention	Relief	No Duty	Total
Family/friends no longer able to accommodate	1	91	20	112
End of social rented tenancy	1	49	5	55
Relationship breakdown (non-violent)	0	44	8	52
End of PRS tenancy	0	36	4	40
Domestic abuse	0	30	4	34
Property issues	2	17	2	21
Institutional discharge	0	11	1	12
Violence or harassment	0	7	0	7
Immigration/resettlement	1	4	1	6
Eviction/Loss of property	1	4	1	6
Unknown	0	6	11	17
Total	7	299	57	363
TA Placements				43



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](https://twitter.com/PPLThinks) | www.ppl.org.uk