



Evaluation of the Homelessness Prevention Trailblazers

Ministry of Housing, Communities and
Local Government

16 November 2018

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Ministry of Housing, Communities and Local Government

A report submitted by [ICF Consulting Services Limited](#)
in association with

[Bryson Purdon Social Research](#)

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Executive summary

ICF, with Bryson Purdon Social Research, were commissioned to undertake the evaluation of the Homelessness Prevention Trailblazer Areas by the (then) Department for Communities and Local Government. This is the final report of the evaluation, and provides findings from a programme of desk research and qualitative case study research with Trailblazer areas.

The Homelessness Prevention Trailblazer Areas programme

The £20m Homelessness Prevention Trailblazer Areas programme was created to help local authorities and their partners develop and implement innovative approaches to homelessness prevention. It provided funding to two early adopter areas since autumn 2016 and a further 28 areas since January 2017 for a period of two years.

The programme was launched prior to the introduction of new legislation to put prevention at the heart of how all local authorities tackle homelessness. The Homelessness Reduction Act received Royal Assent in April 2017 and came into force in April 2018. It increases local authorities' duty of prevention to those who are threatened with homelessness from 28 to 56 days, introduces a duty to assess all eligible cases and agree a plan of action, and requires other public bodies to notify local authorities of users they think are at risk of homelessness.

The evaluation

The objectives of the evaluation were to provide a robust evidence base on what works and good practice on how to design and deliver homelessness prevention activities. This was intended to provide learning to inform the ongoing delivery of the Trailblazer programme and how all local authorities respond to the Homelessness Reduction Act.

The findings in this report are based on:

- **A rapid evidence assessment (REA) of pre-existing approaches to homelessness prevention** - in terms of their design, effectiveness and success factors. The review focused on literature produced from 2007 in the UK and internationally. 68 sources were reviewed in detail, out of an initial long-list of 229 identified sources.
- **A review of the funding applications submitted by all Trailblazer areas** - to map their broad characteristics, dimensions and planned homelessness prevention activities.
- **Qualitative case study research with a sample of six of the Trailblazer areas** - to collect detailed evidence on success factors and challenges for effective delivery, and early outcomes. The case study areas were: Brighton and Hove; Bristol; Peterborough and Cambridgeshire; Luton; Newcastle; and Southwark. ICF researchers visited each area to interview people involved in the management and delivery of local Trailblazer activities, wider delivery partners and stakeholders, and residents who had come into contact with Trailblazer activities. Over 70 individuals were interviewed in total.

- **An impact assessment** - the impact assessment was initially intended to be based on case-level tracking data for households presenting to Housing Options in the Trailblazer and a set of comparison areas. However, as the collection of case-level data was new to the local authorities, considerable variation in the number of cases returned and outcomes recorded meant that the data could not be used in the assessment. This also meant that plans to undertake a cost benefit could not be taken forward.

Instead estimates of the impact of Trailblazer activities were produced using statutory homelessness and prevention and relief national (P1E) statistics for the 2017/18 year, using a comparison group of local authorities to establish the counterfactual. The analysis considered the impact of the Trailblazers on the number of homelessness acceptances, decisions, use of temporary accommodation and cases of prevention and relief¹. A distinction is made between impacts on Trailblazer areas that concentrated on those at risk of homelessness within 56 days (to help prevent homelessness earlier than previously), and those focussing on more 'upstream' prevention activities (where impacts were less likely to be detectable in the short term).

Findings

Preventing homelessness – evidence from the REA

The REA found a relative paucity of robust quantitative evidence on the outcomes of existing homelessness prevention approaches, but considerably more qualitative evidence and insights from previous reviews of policy and practice.

In combination the available evidence suggests the following critical success factors for the design of effective approaches to prevent homelessness:

- The provision of advice and assistance to people at risk of homelessness as an early intervention strategy.
- Packages of advice and information to address the multiple risk factor associated with homelessness, covering things such as finance, tenancy management, independent living, education, employment, and other areas.
- Flexible support and housing options based on good case-management. This may include offering supported and temporary stable accommodation when appropriate as a transitional option.
- Specialist tailored support for vulnerable groups (e.g. young people, people with mental health difficulties, offenders, care leavers, and people experiencing domestic abuse).
- Linkages to a well-coordinated network of broader support.
- Measures to build relationships with landlords in regard to their understanding of the risks to homelessness, opening access to the private rented sector, deposit schemes, and negotiating protocols for arrears and evictions.

¹ See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721285/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_Jan_to_Mar_2018_-_REVISED.pdf

The Trailblazer areas

Overview of the Trailblazer areas:

- The lead local authorities in the 30 areas being supported through the Trailblazer programme include London borough councils, unitary authorities, city councils, county councils, and district councils.
- A half of the lead local authorities also bid to the programme in partnership with one or more other local authorities, meaning in total over 100 local authorities have engaged.
- In addition, every Trailblazer area included plans to collaborate with other public and third sector partners in their bid.
- Trailblazer funding ranged from just under £100,000 to £1.7m, although in most areas was between £500,000 and £1.5m.
- Every Trailblazer area planned to introduce interventions to identify at-risk groups / upstream early prevention and to provide advice and information. Beyond this there was considerable variety, with areas proposing a range of different approaches.
- Evidence from the case study areas further highlights this diversity with, for example, contrasting approaches being adopted to identify at-risk residents, different models for the provision of case-worker support, and interventions targeted at a specific risk factor or group versus interventions with a more universal homelessness prevention focus.

Findings from the case study research

Success factors and challenges for effective delivery of homelessness prevention activities:

- There was a shared view that effective preventative work requires a more flexible, helping mindset than that of a conventional Housing Officer. Getting staff in place with such a mindset was an initial reported challenge but all areas had found ways to achieve this and cited it a key success factor.
- Trailblazer staff had typically been located close to, but not necessarily within, mainstream housing teams in the case study areas. This was thought to be effective in making provision more approachable to residents while still ensuring that linkages between preventative work and other housing services could be maintained.
- Case study areas said they had found a ready audience amongst third sector organisations and other housing services for collaborating on homelessness prevention. Progress had been more uneven in engaging wider audiences (e.g. private landlords and health providers) but where new links had been successfully established these were seen as significant.
- The identification of residents at risk of homelessness by front line staff and more data-based approaches had both been employed in the case study areas, and interviewees typically saw ongoing roles for both.
- Going out to engage with residents in their own homes was reported to be more effective in establishing contact than the alternatives of relying on self-referrals or

initial contact by letter and phone. There were also perceived benefits associated with conducting ongoing casework with residents in their own home.

- Participating in the programme had reinforced the belief of interviewees in the efficacy of intervening early to prevent homelessness. Equally staff in some areas reported difficulties in finding time to perform preventative work due to pressures to take on cases where a crisis point had already been reached.
- Collecting evidence on the local causes of homelessness and the effectiveness of local preventative approaches was considered a success factor. Evidence was being used to inform the design of local preventative activities, garner internal support for investment in prevention, and build consensus with local partners.

Emerging outcomes of Trailblazer activities in the case study areas:

- Residents who had come into contact with local Trailblazer activities described ways in which this had removed or reduced the risks to them becoming homeless, through: better enabling them to meet housing costs; mediating landlord and family member disputes to prevent eviction; securing new accommodation where existing housing was at risk; and support with drug and alcohol issues where these were impacting on their housing situation.
- Examples were also given in case studies of ways in which local Trailblazer activities were - at least starting to - promote homelessness prevention more widely in their areas. This was through: shifting attitudes amongst mainstream staff towards a more preventative and joined-up outlook; creating new delivery models that other housing teams were starting to adopt; and making new links between housing and non-housing providers that provide the foundation for future collaboration.

Findings from the impact assessment

The impact assessment suggests that there has been a Trailblazer effect on the number of acceptances and on the number of cases of homelessness prevention and relief in 2017/18. There is also some evidence of impact on the number of decisions, but as yet no strong evidence of impact on the numbers of households in temporary accommodation.

The effects identified applied to the Trailblazer local authorities that worked with 'within 56 day' cases, with the effects being greater in the second and subsequent quarters of 2017/18 (and only in Q4 for impacts on prevention and relief). In the 'within 56 day' areas:

- The rate of acceptances in the Trailblazer areas averaged 2.76 per 1,000 households compared to 3.16 in the comparison areas, a difference of 13 per cent;
- The rate of decisions in the Trailblazer areas averaged 5.31 per 1,000 households compared to 5.48 in the comparison areas, a difference of three per cent;
- The rate of households in temporary accommodation in the Trailblazer areas averaged 5.98 per 1,000 households, compared to 6.22 in the comparison areas, a difference of four per cent; and
- The rate of cases of prevention and relief in the Trailblazer areas averaged 7.83 per 1,000 households compared to 7.03 in the comparison areas, a difference of 11 percent.

In the more 'upstream' Trailblazer areas there was no detectable impact on the statutory homelessness and prevention and relief national statistics as yet, and as would be expected given the focus and nature of their activities.

Concluding comments

Taken together the findings from the evaluation demonstrate the Trailblazer programme has effectively helped local authorities and their partners to develop and implement innovative approaches to homelessness prevention. The design of these approaches reflects good practice from pre-existing approaches (as highlighted in the REA) and in several instances goes beyond it. While the Trailblazers were mid-way through implementing their provision, the case studies identified examples of outcomes secured for individuals engaging with them. More broadly, the impact assessment also showed a Trailblazer effect amongst the 'within 56 day' areas on the numbers of acceptances and cases of prevention and relief, and to a lesser degree on the number of decisions and those in temporary accommodation.

In the six case study areas there were new approaches that had been introduced – and viewed as being effective – but which did not feature widely in the evidence-base on homelessness prevention before the Trailblazer programme.

An example of this is an intervention in one Trailblazer area to identify residents potentially at risk of homelessness but not in contact with local housing services. 134 Jobcentre Plus work coaches received training from two leading homelessness charities in how to identify at risk cases, resulting in over 250 residents being referred to homelessness prevention support in six months. At the time of the research there was reported interest from other Jobcentre Plus districts and DWP in replicating the model in other areas.

The case study research findings also help to illustrate the challenges, as well as the success factors, for the effective delivery of homelessness prevention. The key learning on the effective delivery of homelessness prevention activities is:

- Recruiting individuals with non-housing backgrounds, retraining existing housing staff, and devolving elements of frontline delivery to third sector partners are all options for how local authorities can staff prevention roles.
- A degree of separation between mainstream housing and homelessness prevention teams may be desirable, but not at the expense of ongoing dialogue between the two.
- There is value in local authorities exploring the use of different models of colocation as part of their response to the Homelessness Reduction Act.
- Engaging organisations that are not used to collaborating with local authority housing services about homelessness prevention may take time, resources, and dedicated personnel but be worth this investment.
- Effective identification of at-risk residents by frontline staff have been underpinned by upfront engagement work with the organisations concerned, face-to-face training, and processes to ensure referrals can be made with residents' informed consent.
- Local data sharing agreements with other organisations should be sought early if local authorities intend to introduce data-based approaches to identify those at

risk.

- Local authorities should include provision for some element of outreach work as part of their response to the Act.
- Local authorities should carefully consider how resources are allocated to early preventative work, and how their deployment is monitored and protected.
- Justifying expenditure on research may not be easy but the benefits reported in the case study areas provide a strong case for trying to do this. In order to fully realise these benefits, evidence should be actively used and shared with local partners.
- There may be additional value in MHCLG facilitating further opportunities for the Trailblazer areas to share learning from their experience with each other, and to further share examples of the practical resources, intervention designs and lessons learnt with other local authorities.

1 Introduction

ICF, with Bryson Purdon Social Research, were commissioned in January 2017 to undertake the evaluation of the Homelessness Prevention Trailblazer Areas on behalf of the (then) Department for Communities and Local Government. This is the final report of the evaluation, and focuses on a programme of desk research (including a rapid evidence assessment of homelessness prevention activities), qualitative case study fieldwork in six Trailblazer areas, and the production of estimates on the emerging Trailblazer impact using statutory homelessness and prevention and relief national statistics.

1.1 The Homelessness Prevention Trailblazer Areas programme

The Homelessness Prevention Trailblazer Areas programme was launched in December 2016, with a budget of £20 million to establish a network of local authority areas across England to work with individuals and families to prevent them becoming homeless as early as possible. The funding was intended to support the enhancement of preventative services and, with appropriate local partners, develop innovative approaches to preventing homelessness. The Trailblazer Areas programme is part of a wider £40 million programme of investment to tackle homelessness and rough sleeping, which also included a £10 million rough sleeping fund and a commitment of £10 million to pay for outcomes achieved by Social Impact Bonds for the most entrenched rough sleepers.

The Trailblazer Areas were intended to reform responses to homelessness and to:

- Increase the number of successful early preventions carried out by authorities;
- Help a wider cohort of people (both those owed the homelessness statutory duty and otherwise) at an earlier stage; and
- Contribute to the wider objective of reducing statutory homelessness and the use of temporary accommodation.

As well as changing practice locally, the Trailblazer Areas were also intended to provide an evidence base and pilot the principles of:

- Earlier intervention by Local Authorities to prevent homelessness – intervening at 56 days before homelessness rather than the previous statutory requirement of 28 days;
- Stopping gatekeeping of services to both families and single homeless people to provide advice and support to all, not just those owed a legal duty, including those with complex needs;
- Increasing the number of effective preventions, stemming the flow into the statutory system and relieving pressure on other services;
- Improving outcomes for homeless households by helping more of them

avoid a homelessness crisis;

- Testing new, innovative approaches to deliver prevention, with Local Authorities seeing homelessness as a priority in their areas; and
- Increasing collaborative working with other agencies and services to prevent and reduce homelessness, identifying and addressing a household's needs earlier so tenancies can be sustained.

1.1.1 The Homelessness Prevention Trailblazers

The Trailblazer Areas programme comprised 30 areas, including two 'early adopters' (Newcastle and Southwark) who received funding in autumn 2016. In October 2016 a competitive bidding prospectus was launched inviting local authorities, alone or with partners, to bid for Trailblazer Area funding. The bidding process required applicants to set out:

- The scale and nature of homelessness in their areas and the impacts they intend to achieve;
- How they will deliver value for money – including expected savings resulting;
- The approaches they intend to follow, and any innovative/evidence-based elements;
- How they will deliver preventative provision through partnership working;
- Timetables for delivery and longer-term plans for sustainability; and
- How they will use data to target their intended services.

Following the submission and appraisal of the bids, 28 awards were made, each receiving funding for up to two years to work with all eligible (whether in priority needs or otherwise) households across their areas to prevent them becoming homeless as early as possible.

More detail on each of the Trailblazer areas is provided in Chapter 3, with their key characteristics and interventions listed in their bids being summarised in Table 3.1.

1.2 Evaluation methodology

The approach to the evaluation of the Trailblazer Areas included three main components:

- The production of a Rapid Evidence Assessment;
- A programme of case study research in six case study areas; and
- The production of estimates of the impact of Trailblazer activities.

Each component was underpinned by the comprehensive review of the bids submitted by each area, which set out their proposed activities, and demand for them locally, in detail.

1.2.1 The Rapid Evidence Assessment

The Rapid Evidence Assessment (REA) aimed to identify 'what works' in preventing homelessness based on the review of existing evidence reported nationally and internationally. The REA comprised the review of over 200 information sources, and the detailed review of 68, produced from 2007 onwards to identify effective practice in preventing homelessness. Chapter 2 summarises the findings of the REA by intervention type and target group.

1.2.2 The qualitative case study research

The case study research intended to provide qualitative evidence, based on the stage of implementation reached at the time of fieldwork, on:

- The activities being implemented in six Trailblazer areas – including delivery models and responsibilities between organisations involved;
- Effectiveness, barriers and challenges – including early key success factors and good/promising practice, and challenges negotiated;
- Emerging outcomes, including residents' experiences of the support received, and its benefits and impacts; and
- Key learning – for the Trailblazer programme and effective preventative approaches more widely.

The case study research was conducted in the following Trailblazer areas, including both 'early adopter' areas, between March and May 2018:

- Brighton and Hove (Lead local authority: Brighton and Hove City Council; Trailblazer funding: £2 million).
- Bristol (Lead local authority: Bristol City Council; Trailblazer funding: £925,000).
- Peterborough and Cambridgeshire (Lead local authority: Fenland District Council; Other local authority partners: Cambridge City Council, East Cambridgeshire District Council, Huntingdonshire District Council, South Cambridgeshire District Council, Peterborough City Council; Trailblazer funding: £736,400).
- Luton (Lead local authority: Luton Borough Council; Trailblazer funding: £1,580,616).
- Early adopter: Newcastle (Lead local authority: Newcastle City Council; Trailblazer funding: £936,223).
- Early adopter: Southwark (Lead local authority: Southwark Borough Council; Trailblazer funding: £1,345,000)

The case study areas were selected to represent the range of local characteristics and types of homelessness prevention activities introduced across the Trailblazer areas. Five areas were primarily delivered by a single lead local authority, while Peterborough and Cambridgeshire provided an example of a Trailblazer with multiple local authority partners serving an entire county. The case study areas included those whose Trailblazer activities focused on preventative activity with households at risk of

homelessness within 56 days, and others where the preventative focus was further upstream.

ICF researchers visited each case study area and interviewed over 50 key people involved in Trailblazer management and delivery, and wider delivery partners and stakeholders, to reflect the nature of activities and partner engagement on the ground. In each area individuals or households receiving Trailblazer services were also interviewed: one in Luton; two in Brighton, Cambridge and Newcastle; and three in Bristol and Southwark (13 in total). Documents and materials generated by lead local authorities and delivery partners were also reviewed and have been drawn upon in this report.

1.2.3 Impact assessment

The initial study methodology included an assessment of the impact of the Trailblazer activities, using data from a new case-level data system designed to replace the previous statutory homelessness and prevention and relief returns. However, the data provided did not prove to be sufficiently complete or consistent across the participating local authorities to give an unbiased estimate of impact.

Instead, data from 2017/18 statutory homelessness and prevention and relief returns was used to prepare the impact estimates, with a comparison group of non-Trailblazer local authority areas being established to provide the counterfactual. The analysis considered the impact of Trailblazer activities on: homelessness acceptances (i.e. households accepted by local authorities as owed a main homelessness duty by priority need category), decisions (i.e. decisions taken by local authorities under the Housing Act 1996 on applications from eligible households), the use of temporary accommodation and cases of prevention and relief in 2017/18, based on the analysis of statutory homelessness and prevention and relief national statistics for Trailblazer and comparison local authority areas.

1.3 Report structure

The remainder of this report is structured as follows:

- Chapter 2 – summarises the findings of the Rapid Evidence Review on good practice in preventing homelessness, setting out effective practice by intervention type;
- Chapter 3 – introduces the Trailblazer areas, providing an overview of all 30 and a more detail introduction to the six case study areas;
- Chapter 4 – sets out the findings from the case study research;
- Chapter 5 provides the findings from the impact assessment; and
- Chapter 6 – provides concluding comments and key learning from the study.

The report also features an annex, which summarises the effective practice in homelessness prevention identified in the REA.

2 Preventing Homelessness – Evidence from the REA

2.1 Introduction

At the start of the study a Rapid Evidence Assessment (REA) was produced to explore the nature and effectiveness associated with different types of homelessness prevention activity, and the key features of activities which are critical to their success. This chapter provides a summary of its key findings in terms of interventions found to be effective and findings for working with specific 'at risk' target groups. Annex I also provides a summary of the effective practice points identified.

The review focussed on literature produced from 2007 on and, given the comparative paucity of sources providing evidence of housing outcomes related to homelessness prevention, included evidence from policy and practice based on robust and well-evidenced insights into the effectiveness of prevention activities.

Sources of evidence were acquired from a combination of journal databases (EBSCO etc), Google searches and materials from research institutions, homelessness service providers and government. From an initial long-list of 229 sources, 161 were discounted (e.g. not including evidence of outcomes, interventions insufficiently specified, or being of poor quality) and 68 reviewed in detail. These comprised 17 primary research studies with relevant outcome evidence and 51 reviews of policy and practice – with the primary research being assessed using the Maryland Scale of Scientific Methods for quantitative studies and the EPPI-Centre's Weight of Evidence framework for qualitative studies. While the policy and practice reviews were not suitable for assessment using either of these methods, each was only included based on a consideration of their overall rigour, credibility, the extent to which they were evidence-based, and (as far as could be established) the robustness of the evidence they based their findings on.

The final sources were initially organised into four broad themes, with considerable cross-over between them, namely:

1. Accessing and sustaining accommodation;
2. Engaging and working with vulnerable and high-risk groups;
3. Young people and families; and
4. Health and wellbeing.

While the REA focussed on homelessness prevention, the distinction between this and activities to address homelessness once it had occurred was not always clear cut in the literature or in practice. Consequently the findings from the REA also set out the key learning on effective practice by intervention type, and by target group, to allow lessons to more clearly transfer to practical activities on the ground.

2.2 Findings from the REA – effective practice by intervention type

The REA identified a number of 'effective practice' points for specific interventions, many of which mapped closely to the activities undertaken across the Trailblazer Areas programme.

2.2.1 Advice and assistance to help retain existing accommodation

The provision of advice and assistance to help residents retain their existing accommodation is a key part of homelessness prevention services. Evidence suggests that this provision should include the following elements:

- **Early and holistic intervention** – to provide residents with help to address (one or multiple) risk factors associated with homelessness *before* a crisis point has been reached.
- **Targeting identified 'high risk' or 'high priority' groups** – to provide specific help for groups who may not be aware of, or whose needs might not be addressed through, 'generalist' approaches to advice delivery, e.g. ethnic minority households or victims of domestic violence. More information on the working with specific 'at risk' target groups is provided at section 2.3.
- **Outreach services** – to increase the accessibility to homelessness services, for example by co-locating housing advice with benefits and employment services, providing rural area services, and holding advice sessions in facilities used by 'high risk' groups.
- **Effective and appropriate referral procedures** – so that other local authority services and third sector organisations can also assist in ensuring residents who need it receive early advice and assistance.
- **Landlord liaison** - to develop constructive relationships that can help to prevent evictions, for example by prompting landlords to take greater account of housing benefit problems before moving to an eviction decision.

There is reasonably robust evidence on the effectiveness of early advice and assistance in helping residents retain existing accommodation. Evaluations of different forms of early advice and assistance (most notably holistic advice and assistance, debt advice and legal advice/representation) have reported lower rates of eviction and decreases in arrears amongst residents who receive it. There is more limited evidence on the outcomes of targeted provision, outreach services, referral procedures and landlord liaison.

Key points for practice identified in the REA included the importance of: **providing holistic advice and assistance as an early intervention strategy; considering how best engage with groups with specific needs and/or a low level of service awareness** (e.g. BME groups) and the **logistical and practical obstacles to accessing services**, taking specific measures to ensure advice and assistance reaches the whole community; and **engaging with private landlords to develop constructive relationships. Promoting advice and assistance as part of an organised**

network of agencies is also important, and authorities should consider enlisting voluntary agencies to deliver independent services. Finally, in terms of specific activities, research evidence suggested that **debt advice and legal advice/representation** could be particularly effective in preventing homelessness.

2.2.2 Tenancy sustainment services

Tenancy sustainment services offer more active help to prevent homelessness, beyond just advice and information. They are intended for individuals and households who are in housing but at risk of losing this, for example through eviction. A case worker undertakes tasks jointly with the resident and/or on their behalf to address the issues that put them at risk of becoming homeless. Support may include:

- **Liaising with landlords.**
- **Signposting and assisting with debt-counselling and budgeting skills.**
- **Liaising with mortgage companies, banks, Housing Benefit teams in local authorities and DWP/Jobcentre Plus.**
- **Facilitating dispute resolution and mediation.**
- **Completing benefit forms.**
- **Liaising with social services.**

There is evidence from a small number of studies in the UK, Australia and the US that intensive tenancy sustainment services that combine these different types of support can be very effective in preventing residents from becoming homeless, including residents with high levels of need.

Effective models of support are typically based on **ongoing case management delivered by specialist workers**, sometimes in the voluntary sector. Support should be designed to **meet a range of different needs** and be **client-focused** and **flexible**. This may require close liaison between key agencies and commitment to building in support from other agencies. Tenancy sustainment services may be most appropriately targeted those **at risk of repeat homelessness** but also **households with complex needs at risk of first-time homelessness**.

2.2.3 Support for rent and mortgage arrears

The tenancy sustainment services (discussed above) may include liaison with landlords and lenders, and help with budgeting skills, in cases where clients are in arrears. There are also other specific forms of support for rent and mortgage arrears:

- **Financial assistance** - All local authorities can currently provide Discretionary Housing Payments (DHP) to give further financial assistance to housing benefit and universal credit claimants to cover all or part of a shortfall in rent. There have also been additional discretionary payment schemes introduced locally in parts of the UK and in other

countries to help clients repay arrears, with differing eligibility criteria and levels of assistance.

- **Landlord and lender protocols** - In at least one part of the UK protocols have been introduced which require local social landlords to meet with the relevant support agencies to help people in arrears remain in their own home. There is also an existing national Pre-action Protocol for Possession Claims based on arrears, which stresses the role of lenders in 'effective, ongoing liaison' with Housing Benefit departments to prevent repossession where it can be avoided.
- **Support for households to exit a mortgage** - Assisted Voluntary Sale (AVS) schemes provide clients in arrears with lender assistance in selling their property and planning alternative accommodation. Mortgage Rescue Schemes (MRS) give struggling homeowners the opportunity to sell their house to the council, a housing association or the lender, but remain in the property and pay rent to the new owner.

There is limited evaluative evidence on the individual effectiveness of these different measures. Nevertheless the available evidence indicates that financial assistance increases the likelihood of clients in arrears maintaining their tenancy over the short-medium term, and that landlord protocols can be effective as part of wider landlord engagement and liaison.

Lessons for policy and practice from the evidence are that **discretionary housing payments should be included** in support for tenants in arrears. This may be best delivered as part of a broader package including **landlord protocols** and other tenancy sustainment support. **Lender protocols, voluntary assisted sale and mortgage rescue schemes** can also play a potential role as part of support for homeowners in arrears.

2.2.4 Accessing the private rented sector

Support for residents to access an affordable and sustainable home in the PRS can help to prevent homelessness, particularly in areas with a limited social housing stock. Equally it may be a more challenging option in areas with high PRS rents.

PRS access schemes include:

- **Rent deposit schemes** - to help to secure access to the PRS where the cost of a deposit would otherwise be prohibitive to the resident. The payment usually constitutes a bond for eventual repayment by the resident.
- **Introductory services** - to link tenants to available PRS properties. This has the advantage of the landlords not needing to market their property. Introductory services can also offer residents advice, recommendations on specific landlords, and practical help to secure the tenancy.
- **Social letting and leasing arrangements** - to minimise the perceived risks to landlords of renting to residents. Social letting agencies take on responsibility for finding tenants and managing properties on behalf of PRS landlords in exchange for a proportion of the rent. Properties can also be leased from landlords and let to residents for an agreed period of

time, in return for guaranteed payment of rent to landlord by the organisation leasing the property.

There is strong evidence that rent deposit schemes can increase access to PRS for residents at risk of homelessness and, in so doing, provide financial savings. Evidence from schemes in the UK show their costs are typically offset by larger saving made from avoiding the need to house residents in temporary accommodation. There is more limited evidence on the outcomes of introductory services and social letting and leasing arrangements but some lessons from policy and practice on their design.

This suggests that in areas where PRS rental levels are not prohibitively high, **rent deposit schemes are a cost effective means of increasing access to PRS**. They can also have the benefit of building **a more open and accessible local PRS market**. All PRS access schemes, including introductory services and social letting and leasing arrangements, depend upon **building good relationships with landlords and the tenancies being sustained**. Residents should be assessed before putting them forward for a tenancy and, if necessary, pre-tenancy training provided. Where landlords derive a market or financial benefit from a scheme, this should be used to secure **longer-term contracts and higher property standards for tenants**.

2.2.5 Working with young people and families

Preventative activities for young people and families can be split into two main intervention types: **family mediation and youth outreach**. Effective interventions of both types are based on early advice and support to all parties involved in disputes, and increased knowledge of options available for young people, such as temporary accommodation to provide a respite, and education and training programmes to reengage young people within the community and family.

2.2.5.1 Family mediation

Relationship breakdown has been shown to be the largest cause of youth homelessness, and family mediation can be an effective preventative strategy. Mediation can be defined as ‘a process for resolving disagreements in which an impartial third party (the mediator) helps people in dispute to find a mutually acceptable resolution’.

Family mediation can provide a means of helping young people to remain at or return home, move out of home in a safe and planned way, and/or regain positive and meaningful contact with their families. It may be beneficial in improving family relationships even if the young person is not able to remain or return to the family home, which can be important in reducing future risks of homelessness.

Few examples of robust evaluations of family mediation services were identified in the REA, with a lack of monitoring on medium and long-term outcomes of family reconciliations as a result of family mediation services. However, in the examples identified, mediation for 16 and 17 year olds at risk of having to, or leaving, the family home, was found to reduce the number of

homelessness applications. Intensive support to families over a long period of time and referrals to other services may be a further effective means of family mediation, and evaluation evidence also suggested the potential for wider beneficial outcomes such as improved family behaviour, reduced police involvement, maintenance of tenancies, and breaks in the cycle of evictions.

In summary, family mediation can be an effective intervention for preventing youth homelessness, with key elements including: **offering holistic support through working with other services within the community**, to ensure early referrals and ongoing support; **offering a safe, confidential and impartial environment** for both parties involved; not using family mediation **if a return home would put the young person at risk** (or as an alternative to temporary accommodation); and that family mediation can provide a **useful means of building positive relationships between families** to prevent risks of homelessness in the future.

2.2.5.2 Youth outreach

Youth outreach support to prevent homelessness can take several forms:

- **Early advice and education** - to increase general awareness and knowledge amongst young people of responsibilities around housing, the causes of homelessness, and strategies to address these.
- **Training** - to provide skills, for example in financial literacy, to young people identified as being at risk of homelessness.
- As above, **family mediation and respite accommodation** - specifically for young people who may be a risk of becoming homeless, or already homeless, due to a family dispute.

There is little evidence on the outcomes of early advice and education but more on training, family mediation and respite accommodation. Evaluations of youth outreach training introduced in parts of the UK have reported reduced homelessness outcomes in young people who were identified as at a high homelessness risk. Similar outcomes have also been reported for local UK schemes that have combined family mediation and respite accommodation for young people.

Wider evidence from policy and practice indicates that **early advice and information can effectively be delivered in schools and youth centres**. Appropriately designed training can play a positive role not just in giving young people new skills but also in **increasing their social networks, engaging / re-engaging them within the community and their families**. **Peer mentoring** may be an effective alternative or addition to conventional training for young people most at risk.

2.2.6 Supporting discharge from health and social care settings

Individuals being discharged from health and social care settings, and particularly from psychiatric settings, may be at most risk of being unable to meet their housing needs. There are multiple factors affecting the quality and effectiveness of discharge planning, including systemic issues such as pressure on health services, prejudice and the lack of available and

affordable housing upon discharge. There is strong practice evidence that **effective discharge planning can prevent homelessness**, and avoid patients being considered 'fit for discharge' without their housing wider support needs being considered. Homelessness agencies felt that more should be done to involve them in post-discharge care or follow-up.

The research evidence provided examples of different forms of effective discharge planning from cases examples across the world. These included highlighting:

- In Canada, the benefit of linking housing support and income support within a hospital setting - with a 'community housing advocate' providing assistance and advocacy in finding and securing affordable housing, and placing staff in acute and tertiary psychiatric wards to help ensure benefits and other support measures were in place pre-discharge and afterwards.
- In the UK, the Healthy Futures scheme (Derwentio Housing Trust) provided a similar service, providing a bridge between hospital and home for people with multiple and complex needs, and working with homeless people in hospital to broker housing and related support and prevent delayed and unsafe discharges.

Other evidence suggests the importance of the continuity of care during the period of transition out of treatment facilities, and passing responsibility to mainstream community support that will remain in place after the intervention ends.

In summary, effective models for supporting discharge from health and social care settings should include: **implementing discharge planning systems that take account of the risk of homelessness**, particularly in psychiatric hospital settings; **involving partnerships of housing bodies, benefit agencies and voluntary organisations** to managed discharge, to link housing support and income support within a hospital setting; providing **intensive support to patients leaving units** to help them identify, access and pay for accommodation; and **ensuring continuity of care during the transition period**, including passing responsibility to existing community support, and considering the development of independent living skills and other practical and emotional support.

2.3 Working with specific vulnerable or 'high risk' groups

Alongside the evidence on specific interventions to prevent homelessness, the REA also provided key learning for working with vulnerable and high-risk groups in relation to homelessness, which included: **people with mental health conditions; care leavers; individuals experiencing domestic abuse; offenders and prison leavers; and ex-service personnel**. However, evidence on preventative activities for these groups is limited, and was taken mainly from reviews of policy and practice with some case studies and programme/project evaluations.

The common underlying theme for all these groups is that **accommodation support should also be accompanied by holistic support and services** (such as financial and tenancy training; access to education and

employment; life skills; access to social networks; and mental and physical health support), as these factors are important in helping individuals maintain tenancies and independent living once in stable accommodation.

2.3.1 People with mental health conditions

People with mental health conditions are consistently over-represented among the homeless population, and psychiatric illness is recognised as a common risk factor for homelessness.

Evidence from practice suggests that supporting people with mental health conditions involves similar measures to those described previously, but can also include:

- **Working with landlords to raise awareness and understanding of mental health problems** and the impact on a tenancy.
- **Negotiating more suitable accommodation with housing providers.**
- **Connecting people with appropriate care and support services.**
- **Support with the development of life skills.**

Practice suggested that service models could focus on two main principles: **ensuring housing stability**, and **supporting a household's connection to community-based resources**. This would place the responsibility for housing stabilisation within community-based systems rather than in a separate homeless services system, and support for the individual would rely upon a combination of community-based housing services and mainstream mental health services. It could involve, for example, offering tailored, one-to-one support to help individuals engage with social activities in a community setting; support for benefits, housing and finance issues; and more light-touch support such as signposting and referring.

The research evidence suggested that the acquisition of life skills, such as care of living space, self-care, money management, nutrition management and/or safe community participation, may help decrease the impact of traumatic symptoms on an individual, and help with housing transitions.

In summary, lessons for working with individuals with mental health conditions showed the importance of: **working with landlords to raise awareness and understanding of mental health problems**, and negotiate more suitable accommodation with housing providers; **providing specialist welfare advice while patients are in psychiatric hospital**; ensuring housing stability for people with mental health conditions is **seen as the responsibility of community housing services and local health and social care, rather than as the domain of separate homelessness services**; and **developing life skills for sustainable independent living** as part of support packages.

2.3.2 Care Leavers

The transition from care to independent living is associated with a heightened risk of becoming homeless. Practitioners agree that the success of care leavers in sustaining accommodation is affected by their experience of care

up to the point of leaving. Placement instability and experience of group care have been associated with challenges for care leavers in maintaining accommodation.

Practice evidence suggests that the smooth transition from care to independent living is reliant on the following characteristics being in place:

- **Few care placements, and experience of security and safety in care.**
- **Involvement in a care planning process.**
- **Leaving care at a later age.**
- **Feeling prepared to leave care.**
- **Successful first post care placement.**

Other external factors, such as a **reliable and consistent personal community** and **high quality accommodation**, are also important. Being discharged into inappropriate accommodation such as a refuge or boarding house can lead to a 'volatile transition', although emergency and short stay accommodation can be important options for a young person before finding stable accommodation. Supported accommodation can also be a good way to gain experience in living independently.

Practitioners also agreed that **planned transitions** from care to independent accommodation offer a greater chance of stable housing and tenancy sustainment. **Consistent support from a trusted adult** is needed throughout this transition, and practitioners also noted that landlords may not be confident with having young tenants. Young people leaving care should be prepared for independence through expectation management, which could take place in any pre-tenancy and moving-on preparations.

Evidence from the research on effective interventions to support transition included examples of **holistic transitional accommodation programmes**, the use of dedicated workers to provide intensive personal support to help them through the process, and the importance of developing **independent living skills** to help ensure that tenancies are sustained.

Key lessons from the practice and research evidence suggested the importance of: **offering support immediately from the point of leaving care**, or even just before; ensuring **consistent and trusted relationships** between case workers and clients; **offering suitable temporary and/or transitional accommodation** so young people can be supported to learn to live independently; and **providing access to wider holistic support**, such as training on finances and tenancy management, education, employment, life skills, mental and physical health services, and engagement in social networks.

2.3.3 Individuals experiencing domestic abuse

Individuals experiencing domestic abuse are considered to be at high risk of homelessness, with the volatile situations in which they live potentially leading to homelessness at any point. While most commonly women, men and children can also experience domestic abuse.

Practitioners believe that services **designed specifically for individuals experiencing domestic abuse** are more effective than more 'generic' services. Services identified to help individuals stay in their home or find new accommodation included:

- **Refuges and other accommodation based support services** – such as safety planning, welfare and benefits, support in finding and setting up a new home, health issues, counselling and social activities.
- **Floating support services** – including safety planning, counselling, welfare advice, accessing and sustaining settled housing, finding work or training, and access to flexible funds.
- **Sanctuary schemes** – such as fitting extra locks, fire safety equipment, alarms, and, external security lights within and around the home.
- **Access to settled housing** – with advice and support from a range of services such as LHA teams, specialist domestic abuse centres, and national and local domestic abuse helplines. Temporary accommodation, such as refuges, may also be needed before resettlement.

Much of the evidence in this area focused on **sanctuary schemes**, with Shelter advocating that schemes should: only be provided when it is safe for the persons within the household; be offered alongside temporary accommodation so that persons involved have access to a safe space while making a decision; and be offered alongside other domestic abuse services, such as specialist agencies and the police. Sanctuary schemes were shown to have mainly been successful in preventing homelessness by offering safe alternatives for households and enabling people to remain at home, with most service users feeling safer with safety measures installed.

Other services offering support for individuals to stay in their own homes were also reported, with **floating services** being more common compared to specialist accommodation services such as refuges. Floating support services can provide an accessible form of support to households who cannot access specialist accommodation support, such as those with older male children.

The research evidence suggested that flexible funding programmes can successfully enable individuals to stay in their own home or move into temporary and/or new accommodation, with flexibility being important in order to address the often multiple and complex needs of each case. Sanctuary schemes seem to be effective in enabling individuals experiencing domestic abuse to stay in their home.

Lessons for policy and practice from the research suggested that: **flexibility in the choice of support is key**, both in terms of funding provided and options to stay or leave the home; **offering a safe space in the form of temporary accommodation** can be important while they are deciding what form of support to accept; and **specialised services, covering a range of support for individuals experiencing domestic abuse, are more effective than general accommodation services** not specifically targeting this group.

2.3.4 Offenders and prison leavers

Prisoners are at high risk of being homeless upon release if they do not have accommodation to move into directly, with stable accommodation post release being seen as reducing the chances of reoffending and acting as a platform for reintegration into society.

Practitioners widely believed that housing advice and support should be **offered at all stages of the custodial period** for offenders, and that prison based housing advice is as important as assistance after release. It is also important that **links are formed with services post release so support can continue**, such as linking ex-offenders with community-based support. Specialist prison resettlement, housing services, and joint working protocols are important in enabling prisoners to access stable accommodation on release.

Holistic support is also important for ensuring sustainable tenancies for ex-offenders, rather than focusing solely on accommodation. Examples of protocols linking accommodation support with other forms of support on release were identified, and included providing housing support before custody, at sentencing, on entering prison, during prison, and on release.

Peer-led housing advice and support within and outside prison was another effective mechanism highlighted by practitioners, and was reported to be successful in terms of building individual capacity and increasing future employability, with peer workers having a better understanding of the issues faced by fellow prisoners and prisoners' preferring to discuss issues with peers rather than officials.

Other approaches identified to prevent homelessness for ex-offenders included **supporting the renewal of family relationships**, support in **accessing ID documentation, rent arrears advice**, and help with **rent deposits**. Barriers to effectiveness included a lack of willingness of housing authorities to re-house ex-offenders, difficulty having accommodation ready at the point of release, a lack of appropriate provision for women ex-offenders, and a lack of appropriate supported accommodation.

The research evidence also suggests that support at all stages of the custodial period is key, and that once a client is in a positive resettlement they have a good chance of sustaining or improving their accommodation. Offering courses pre- and post-release can also provide ex-offenders with the skills and information to better sustain accommodation once released – with examples including modules on benefits, budgeting, health, general wellbeing, social and good neighbour skills, goal setting and problem solving.

In summary, lessons for policy and practice include: **offering housing advice and support at all stages of the custodial period**; the importance of **services working together to link the necessary support** throughout the custodial pathway and post-release; that **peer led training can be effective in engagement** with accommodation advice and support; and that **accommodation support must be given alongside** training in life and social skills, financial skills and tenancy sustainment.

2.3.5 Ex-service personnel

Evidence on the effectiveness of homelessness prevention activities targeted at ex-service personnel was limited, with what was available suggesting that good practice included:

- **Recognising the need to break down the ‘shame barrier’** preventing ex-service personnel from accessing help.
- **Making housing and financial briefings available** within resettlement programmes.
- Commanding officers and settlement staff **being trained in detecting risk factors for homelessness and social exclusion** – especially with early service leavers,
- **Offering transitional accommodation** for those moving from a hostel to independent tenancies, and having **sustainable tenancy services** in place to assist with money/debt management.
- **Monitoring ex-service personnel’s wellbeing after discharge** – to identify and tackle social isolation and boredom, reduce the risk of substance misuse, and provide counselling for mental health problems.

Overall, while more research is needed on effective ways of working with ex-service personnel to prevent homelessness, **holistic support services around social isolation, and health and mental wellbeing**, should be provided alongside accommodation support to ensure tenancies are maintained long term.

3 The Trailblazer areas

This Chapter provides an overview of the main characteristics of the 30 Trailblazer areas, with more detailed information on the activities undertaken in the six case study areas.

3.1 Overview of all Trailblazer areas

Table 3.1 summarises the characteristics of the 30 Trailblazer areas, in terms of each area's lead local authority, the level of Trailblazer funding awarded, and the nature of the Trailblazer interventions proposed.

It should be noted that this is based on the plans that areas had at the outset of the programme, as described in their application for Trailblazer funding. It is possible that areas may have modified their plans after this point and have introduced a slightly different mix of interventions to those originally planned. Nonetheless the evidence from the six case study areas suggests few modifications had been made. Where plans had been changed this was generally in the form of delays to getting an intervention off the ground or modifications to the intended design, rather than to the overall focus of an intervention.

Table 3.1 shows that London borough councils, unitary authorities, city councils, county councils, non-London borough councils, and district councils had all successfully been the lead authority on applications for Trailblazer funding. Half (15) of the 30 lead authorities applied for Trailblazer funding in partnership with one or more other local authority. For example, Trailblazer activities are being delivered by partnerships of several London borough councils in the East London and Central and North London areas, while in other areas (e.g. Leicester and Leicestershire) a combination of city, county and district councils are in partnership together. Every Trailblazer area also included plans to collaborate with other public and third sector partners in their bids, including local and national charities, health providers, police and probation services, and Jobcentre Plus.

Trailblazer funding ranged from just under £100,000 to £2.5m, although in most areas was between £500,000 and £1.5m.

There are some clear patterns but also differences in the nature of Trailblazer interventions across the different areas. Every area has interventions to identify at-risk groups / upstream early prevention and interventions to provide advice and information. Coverage is more varied across other intervention types, likely reflecting pre-existing provision and local priorities for tackling homelessness prevention in the future.

The Trailblazers could however be divided into one of two groups - those whose activities focused on households at risk of homelessness within 56 days; and others where the preventative focus was further upstream.

Table 3.1 Characteristics of the Trailblazer areas

Trailblazer area	Lead local authority	Trailblazer funding	Nature of Trailblazer interventions planned										
			1. Advice and information	2. Mediation to prevent eviction	3. Financial payment to prevent homelessness	4. Support with underlying issues	5. Client training	6. Temporary accommodation	7. Securing / providing PRS accommodation	8. Securing / providing social rented accommodation	9. Domestic abuse refuge / support	10. Securing / providing supported housing	11. Identifying at-risk groups / upstream early prevention
Birmingham	Birmingham CC	£1,700,000	✓	✓	✓				✓				✓
Blackpool, Fylde and Wyre	Blackpool UA	£607,000	✓	✓			✓		✓				✓
Brent	Brent LBC	£900,000	✓	✓					✓	✓			✓
Brighton and Hove	Brighton and Hove CC	£1,300,000	✓	✓		✓	✓		✓				✓
Bristol	Bristol CC	£925,000	✓				✓	✓	✓				✓
Buckinghamshire	Aylesbury Vale DC	£625,996	✓	✓	✓		✓						✓
Peterborough and Cambridgeshire	Fenland DC	£736,400	✓	✓	✓				✓	✓			✓
North London Housing Partnership	Islington LBC	£917,500	✓	✓	✓		✓		✓				✓
Croydon	Croydon LBC	£1,000,000	✓			✓	✓						✓
Darlington	Darlington BC	£255,705	✓	✓					✓				✓
East Lancashire	Lancashire CC	£734,250	✓	✓				✓					✓
East London Housing Partnership	Barking and Dagenham LBC	£442,846	✓	✓	✓	✓	✓						✓
Essex	Essex CC	£891,300	✓	✓	✓	✓	✓		✓	✓			✓
Hammersmith and Fulham	Hammersmith and Fulham LBC	£603,373	✓			✓	✓	✓	✓				✓
Hart and Rushmoor	Hart DC	£385,000	✓	✓			✓		✓				✓
Kingston, Sutton and Merton	Kingston Upon Thames LBC	£1,004,790	✓				✓						✓
Leicester and Leicestershire	Leicester CC	£285,000	✓			✓	✓			✓			✓

Evaluation of the Homelessness Prevention Trailblazer Areas

Trailblazer area	Lead local authority	Trailblazer funding	Nature of Trailblazer interventions planned											
			1. Advice and information	2. Mediation to prevent eviction	3. Financial payment to prevent homelessness	4. Support with underlying issues	5. Client training	6. Temporary accommodation	7. Securing / providing PRS accommodation	8. Securing / providing social rented accommodation	9. Domestic abuse refuge / support	10. Securing / providing supported housing	11. Identifying at-risk groups / upstream early prevention	
Lewisham	Lewisham LBC	£985,000	✓		✓									✓
Luton	Luton BC	£1,100,000	✓		✓		✓		✓	✓				✓
Newcastle*	Newcastle CC	£936,223	✓			✓			✓					✓
Oxford and Oxfordshire	Oxford CC	£790,000	✓	✓		✓	✓							✓
Poole and Bournemouth	Poole BC	£449,435	✓	✓		✓	✓		✓					✓
Rugby and Warwickshire	Rugby BC	£864,206	✓	✓		✓		✓	✓					✓
Sevenoaks	Sevenoaks DC	£94,500	✓			✓	✓				✓			✓
Solihull	Solihull BC	£305,204	✓	✓		✓	✓							✓
South Norfolk	South Norfolk DC	£96,000	✓			✓		✓	✓					✓
Southern and Eastern Devon	Exeter CC	£359,000	✓	✓			✓							✓
Southwark*	Southwark LBC	£1,345,000	✓	✓			✓		✓					✓
Tees Valley	Middlesbrough BC	£710,094	✓	✓	✓	✓	✓		✓	✓		✓		✓
Westminster	Westminster LBC	£942,940	✓			✓								✓

*NB - Southwark and Newcastle were early adopter areas, whose budgets are in addition to the main programme funding

3.2 The case study areas

The case study research provided the opportunity to collect more detailed information about the management and government arrangements that had been put in place in the six areas and the specific homelessness prevention interventions they had introduced.

3.2.1 Management and governance

Each of the case study areas had introduced arrangements for the management and governance of their Trailblazer homelessness prevention interventions. Table 3.2 summarises these arrangements.

Table 3.2 Overview of management and governance in case study areas

Areas	Management and governance arrangements
Brighton and Hove	Trailblazer activities are coordinated by two new project leads managing a team of dedicated homelessness prevention staff in the lead local authority, Brighton and Hove City Council. A Project Board, consisting of senior representatives of council housing, adult social care and finance teams, is responsible for the strategic direction, operational implementation and management of Trailblazer activities.
Bristol	Trailblazer activities are coordinated by the Housing Options Service within the lead local authority, Bristol City Council, with activities being overseen by the head of Housing Options. The pre-existing Welfare Rights and Money Advice Service (WRAMAS) manager oversees the new dedicated 'Advice+' (Trailblazer) team, and a Project Board has been established to oversee the use of predictive analytics in one intervention, due to its wider information sharing/data protection implications.
Peterborough and Cambridgeshire	Activities are led by a central Trailblazer team hosted by the lead authority, Fenland District Council. Team members were recruited with Trailblazer funding and seconded in from other partner authorities. The programme is overseen by a multi-agency board, meeting monthly with representatives of the programme partners, including seven councils (housing/non-housing services), Cambridge Housing Society, Police and Crime Commissioners' office, offender management and probation teams and local health authorities. It is also supported by the Cambridgeshire Public Services Board and the Cambridge Sub-Regional Housing Board.
Luton	Trailblazer activities are led by a Homelessness Prevention Team within Luton Council which reports into a Partnership Interventions Manager. The team is located within the Customer Services Directorate and works closely with the Housing Directorate.
Newcastle	Trailblazer activities are co-ordinated by the Active Inclusion team in the lead authority, Newcastle City Council. The team had been in place since 2003 with a remit including homelessness prevention, with Trailblazer funding creating an extra senior post. The team is overseen by a Financial Inclusion and Homelessness Prevention Forum, attended by the Council's Deputy Leader, third sector organisations, service providers and Jobcentre Plus. Quarterly reports are produced and reviewed by the forum, with steering groups overseeing the operation of individual interventions.
Southwark	Activities are led by the Head of Housing Solutions, reporting to the Director for Housing within Southwark Council. From the outset, Trailblazer activities report against monthly and quarterly action plans to Southwark Council Directors and the Cabinet Member for Housing. A new Housing and Social Care Board, established across Council business, also receives Trailblazer reports every six weeks. The Trailblazer programme is also a regular item on the Council's Housing Forum.

3.2.2 Interventions

Areas were given substantial freedom, within the objectives of the fund and ensuring adherence to its core principles and application criteria, to develop prevention interventions based on the nature of homelessness in their area, their pre-existing work on prevention, and local prevention priorities. This was reflected in the diverse range of interventions identified across the case study areas. Table 3.3 below provides an overview of the aims, delivery partners and delivery models being employed across examples of interventions introduced in each area.

Looking across the interventions a mix of approaches can be seen:

- Each of the case study areas have introduced one or more interventions to directly provide preventative support to residents at risk of homelessness (for example the Early Intervention Service in Brighton and Hove and the Caseworker approach in Bristol).
- Each of the areas have also introduced interventions which include activities to identify residents at risk of homelessness. However the delivery models for this vary, with some targeting increased identification and referral by frontline staff while others do so through data-based approaches (as in Newcastle and Bristol).
- Another common strand is the provision of more holistic support, either through more joint working between different service providers (undertaken in every area to varying extents), introducing multi-disciplinary teams (for example in Newcastle and Luton), or co-locating services (for example as part of the Partnership Advice and Advocacy intervention in Southwark).

While the majority of interventions aim to support as many households within their areas as possible, some have a more specific focus on defined groups of residents shown to be at a greater risk of homelessness and/or the causes of homelessness (for example the Drug and Alcohol Outreach, Night Stop and Mediation Service interventions in Brighton and Hove, and the Roof Over My Head intervention in Bristol). Two areas (Newcastle and Southwark) had also introduced interventions to develop personal housing plans for residents at risk – something all local authorities are now expected to do under the Act.

Third sector organisations and other local authority housing and non-housing teams are the most common delivery partners across all interventions. The involvement of other organisations, for example Jobcentre Plus and private sector landlords, has been less widespread. However these have been a specific focus of interventions in two areas (the Jobcentre Referrals Pilot intervention in Newcastle, and the Private Sector Rent Guarantee and Letting Schemes intervention in Peterborough and Cambridgeshire).

Table 3.3 Example interventions in case study areas

Intervention	Aims	Delivery partners	Delivery model
Brighton and Hove			
Early Intervention Service	To identify residents at risk of homelessness and deliver support to address risk factors.	Council Early Intervention Service	Recruitment/secondment of staff (inc. coordinators, housing needs visiting officers, and a social worker). Engagement work by the coordinators to raise the profile of homelessness prevention and encourage referrals by third sector organisations, statutory services and landlords. Delivery of outreach support to residents in their homes by housing needs visit officers and social worker.
Drug and Alcohol Outreach	To provide outreach support to residents at risk of or already homeless due to substance misuse.	Equinox (local third sector organisation)	Funding was provided for Equinox to recruit a full-time drug and alcohol outreach worker. Delivery of intensive casework by the outreach worker to residents at their home/ community venue, inc. advice on benefits and drug/alcohol treatment, accompanied appointments, and signposting to other support.
Night Stop	To provide those over 26 at risk of homelessness with secure accommodation while housing situation is resolved.	Nightstop (national third sector organisation)	Secondment of a part-time volunteer coordinator in Sussex Nightstop. Work by the coordinator to identify and recruitment volunteers to act as hosts for residents aged 26+ at risk of homelessness. Residents who are hosted can stay for a single night or a few weeks while their longer term housing situation is addressed. This was an extension of an existing service for residents aged 16-25.
Mediation Service	To prevent homelessness by mediating between families and young adults aged 18-25.	Brighton and Hove Youth Advice Centre (local third sector partner)	Funding for two family support mediators employed by the Youth Advice Centre. Young adults and their families are invited to participate in mediation sessions to address disputes and secure sustainable place to live for young person – either in the family home or in new accommodation. This was an extension of an existing service for residents aged 16-17.
Bristol			
Advice+	To identify residents at risk of homelessness due to financial difficulties and provide welfare and benefits support to address these.	Council Welfare Rights and Money Advice Service (WRAMAS) Six local third sector advice providers	Recruitment of new staff (inc. link workers, welfare rights advisers, and a business intelligence developer) to the Advice+ team in WRAMAS. Development of a predictive analytic model to enable the early identification of at risk cases. Provision of outreach support (e.g. help with accessing benefits, making appeals, and liaising with landlords) to residents at their home. Wider provision of site-based welfare and benefits advice by the third sector providers.
Early Help Coordination	To reduce the number of families being placed in temporary accommodation (TA) by Children and Families services.	WRAMAS Council Children and Families services	Recruitment of a new Early Help Coordinator post. Coordination between WRAMAS and Children and Families services to identify cases where families with children are at risk of homelessness or already in temporary accommodation. Complex case meetings between WRAMAS and Children and Families staff to agree coordinated early support to the families concerned.
Roof Over My Head	To provide residents who have been homeless with	WRAMAS Council Learning Communities team	Joint design of three-day training course by WRAMAS and Learning Communities team. Joint delivery of course by WRAMAS and Learning Communities team. The course covers landlord and tenant responsibilities, budgeting, welfare rights, and other topics.

Intervention	Aims	Delivery partners	Delivery model
	training to help prevent future homelessness.		
Peterborough and Cambridgeshire			
Homelessness Prevention Hub	<p>To provide support to at risk residents to prevent homelessness.</p> <p>To engage, educate and train other services to recognise early warning signs of homelessness.</p>	<p>Council Homelessness Prevention Hub</p> <p>Other council services</p>	<p>Floating team who work on co-location rotas in different services (including council housing options teams, multi-agency safeguarding and early help teams) to promote identification and referrals of at risk cases.</p> <p>Team deliver integrated case work to residents at risk of homelessness referred to them and provides small grants to residents to assist with the upfront costs of securing new accommodation.</p> <p>Team is also co-delivering training to housing and non-housing staff on homelessness prevention and leading multiagency discussions to establish better pathways for homelessness prevention in different services, including offender management.</p>
Private Sector Rent Guarantee and Letting Schemes	To increase the accommodation options available to people at risk of homelessness.	<p>Council Homelessness Prevention Hub</p> <p>S Cambridgeshire District Council</p> <p>Shire Homes</p> <p>Ermine Street Housing</p> <p>PRS landlords</p>	<p>Two development officers recruited using Trailblazer funding to build relationships with, and promote rent guarantee schemes to local authorities, letting agents and private landlords, and develop rent guarantee schemes across the region.</p> <p>Development officers have so far supported the creation of one new scheme and the development of another existing scheme. Both involve leasing properties from private landlords for rent to at risk residents. Work is ongoing to develop similar schemes elsewhere in the region.</p>
Debt Advice	<p>To support advice services to consider and monitor risk of homelessness when offering debt advice.</p> <p>To provide debt and benefit advice to social housing tenants.</p>	<p>Council Homelessness Prevention Hub</p> <p>Cambridge Housing Society</p> <p>Citizens Advice Bureau</p>	<p>Debt and benefits advice embedded in work of Homelessness Prevention team - CAB advisers encouraged to make referrals to Trailblazer team rather than developing more CAB housing advice volunteers (Trailblazer funding also used to support existing debt and housing advice capacity in CABs).</p> <p>A 'housing health check' tool for CAB advisers and workers from other voluntary organisations was also developed. It asks about factors which act as red flags to homelessness e.g. relationships with neighbours, family and friends.</p>
Luton			
Homelessness Prevention Service	To enable frontline staff to identify and engage with residents at risk of homelessness.	<p>Luton Borough Council</p> <p>Luton Access (incl: Citizen Advice Bureau, Luton Airport Limited, Luton CCG, You Turn Futures, Jobcentre Plus)</p>	<p>Redesigned how residents connect with the council's frontline services on a homelessness prevention pilot using learning from the Stronger Families programme. Customer Services' reception and services redesigned to offer triage services and improved interview space.</p> <p>At Quick Advice (first point of contact) a customer diagnostic tool is used to assess if the resident needs immediate homeless support or is assigned to a multidisciplinary homeless prevention team. Diagnostic tool seeks to get a holistic view, e.g. covering medical, financial and other information as well as accommodation status.</p>

Evaluation of the Homelessness Prevention Trailblazer Areas

Intervention	Aims	Delivery partners	Delivery model
Multi-Disciplinary Team	To recruit/train a team to deliver holistic homelessness prevention support.	Luton Borough Council	Recruiting and training a new team to offer a holistic homeless prevention service working in partnership with other Council teams and external partners. Team includes personnel with expertise in homeless prevention, welfare reform, accommodation procurement and brokerage, and family support.
Developing a Sustainable Service	To assess the customer experience of the new service and lessons for improvement.	Luton Borough Council Uscreates Policy in Practice	The council has commissioned external contractors to assess their current offer, including close working with some residents, to assess their current service in order to evaluate practice on the ground and identify ways in which the service can improve its sustainability.
Newcastle			
Multi-Disciplinary Team	To identify at risk residents early and deliver integrated casework. To generate learning on homelessness risk factors and the effectiveness of the MDT model.	Karbon Homes (HA) Your Homes Newcastle (ALMO) Council Debt and Money and Welfare Rights Services Jobcentre Plus	Members of the team have been seconded in full-time from each delivery partner. Potentially at risk residents are initially identified based on housing and benefit data. Individual cases then reviewed by team to share additional delivery partner data on resident, discuss risk factors, and agree if action required. Residents are approached and supported to address at risk issues. The team complete learning diaries and report on learning quarterly.
Jobcentre Referrals Pilot	To increase referrals of benefit claimants at risk of homelessness to appropriate support services.	Council Housing Advice Service Jobcentre Plus Your Homes Newcastle (ALMO) Crisis	Design of training for JCP work coaches in identifying risks of homelessness, sources of support, and referral processes. Joint delivery of training by JCP, Council, Your Homes Newcastle and Crisis. Identification and referral of at risk benefit claimants by work coaches to one of the delivery partners depending on individual needs.
Inclusion Plans	To co-design a holistic Inclusion Plan that reflected the requirements of the HRA and was suitable for use across council services and third sector organisations.	Council Housing Advice Service Uscreates Shelter Crisis Local residents	Us Create were commissioned to work in partnership with the Council's Active Inclusion team to develop an Inclusion Plan design for use across council services and third sector partners. Workshops were facilitated with residents, frontline staff, Shelter, Crisis and other third sector organisations to develop an initial design for the plan. This was further tested with users of the Council Housing Advice Service and finalised for roll-out in April 2018.
Outcomes-based Commissioning	To commission third sector providers to deliver integrated outputs that better address the potential causes of homelessness.	Council Inclusion, Commissioning and Procurement team Local third sector partners	Recruitment of a service improvement lead for commissioning. Review of existing council contracts to identify how and when providers come into contact with residents at risk of homelessness, and where a lack integration between providers may contribute to these risks. Events with third sector providers to facilitate more consortium bids for council contracts. Commissioning of more council contracts to consortia of local providers to deliver shared outcomes.

Intervention	Aims	Delivery partners	Delivery model
Southwark			
Case Worker Approach	To deliver a holistic and personalised service to residents.	Council Housing Solutions team Other Council services Third sector partners	Design of a new case worker approach such that each resident has a named case worker who works in partnership with other Council teams such as rent arrears, private landlord and social care teams and liaises with external partners and the resident's family as needed. The design was informed by a mystery shopping initiative of the new Trailblazer service undertaken by Shelter and by a partner agency group set up to help shape the service. 28 new staff were recruited.
Partnership Advice and Advocacy	To offer independent advice and advocacy to residents to enhance homelessness prevention.	Council Housing Solutions team Shelter Solace	Shelter have workers co-located within the Housing Solutions reception area so that residents have access to independent advice and advocacy alongside the Council team's support. Solace Women's Aid has workers co-located and working in collaboration with Housing Solutions teams to extend independent advice and advocacy for residents facing or at risk of domestic violence.
Personal Housing Plans and Toolkit	To offer a tailored plan relevant to a resident's situation and to enable them to take effective action themselves.	Council Housing Solutions	Design of 14 tailored Personal Housing Plan templates covering a range of resident situations, so that every resident at risk of homelessness can have a Personal Housing Plan suitable to their circumstances. Design of a self-help toolkit which all residents get with the aim of being clear on resident responsibilities and outlining actions residents can take to prevent homelessness.

4 Findings from the Case Study Research

This Chapter provides findings from the case study research on the reported success factors and challenges for the effective delivery of homelessness prevention, and evidence on early outcomes.

4.1 Success factors and challenges for effective delivery

Interviewees identified a number of factors that they believed had brought about the effective delivery of homelessness prevention activities in the case study areas. Figure 4.1 sets out these factors before each is discussed individually.

Figure 4.1 Overview of factors influencing effective delivery



4.1.2 Existing prevention infrastructure

Homelessness prevention was not a new concept in any of the case study areas, and all had some forms of activity orientated towards prevention pre-dating the Trailblazer programme. This was identified as a success factor as it meant that a range of existing evidence, delivery models, relationships and instances of collaborative preventative work were available for the Trailblazers to build upon. For example, Southwark had a pre-existing homelessness prevention team, and three of the interventions in Brighton and Hove built directly on existing schemes.

However, the case study areas are unlikely to be typical of all local authority areas in this respect. Anecdotally some interviewees said they were aware of other neighbouring areas where there had been less of a focus on prevention, and there was less previous experience and fewer partnership arrangements to build upon.

4.1.3 Staffing to perform prevention roles

All the lead local authorities in the case study areas had recruited new members of staff to perform prevention roles as part of the Trailblazer programme, with some also reassigning or seconding existing staff for this purpose. This included managerial and specialist as well as more frontline roles. The recruitment of new staff was reported to have been challenging in four of the six case study areas, and was cited as the main reason why planned interventions had been delayed, and in some cases only started 6-12 months into the Trailblazer programme. This was attributed to the slow pace of recruitment and comparatively low pay scales in some local authorities, but also latterly to competition for job candidates from other local authorities in the run up to the introduction of the new Act.

Another factor influencing both the recruitment of new staff and the reassignment of existing ones was the **attributes required to perform preventative roles**. For more senior roles flexibility, interpersonal and communication skills were emphasised as important attributes. For frontline roles, there was a general consensus that the required attributes were different to those of a conventional Housing Officer. **A flexible, “empathetic” and “supporting” mindset was seen as key**, as opposed to a transactional “gatekeeper” or “enforcer” role. Housing Officers were said to view their role primarily in terms of judging eligibility for support on set criteria, rather than understanding a resident’s needs in detail and helping them to address these. Areas had developed different approaches to address this.

Luton had changed its approach to recruiting people with customer service skills rather than those with a Housing Officer background.

Two areas (**Peterborough and Cambridgeshire** and **Southwark**) had used Trailblazer funding to recruit staff from a range of backgrounds - including young people on apprenticeships and individuals with personal experience of homelessness.

In **Brighton and Hove**, part of their rationale for devolving some of their frontline delivery to third sector partners was that staff in these organisations were already used to working supportively with residents.

Southwark had also combined the recruitment of new staff with retraining for some existing Housing Officers. A representative of the lead authority thought that, although it took them a while to “*get it*”, the training had been effective in most cases in preparing the officers to perform more preventative roles. Brighton and Hove had recruited new staff and provided them with additional training in psychologically informed ways of working with residents.

Despite initial delays and variations in approaches between areas, **all lead local authorities cited having staff in place with the appropriate attributes as a definite success factor**. At a strategic level, facilitating joint working between organisations and teams was considered important. At the frontline, residents drew positive comparisons between their experiences of engaging with Trailblazer staff and previous engagement with local authority housing services. For example, one resident in Southwark said “*This time was different people, had a different mood, was more ‘How can we help*

you?”. Another resident in Newcastle said while previously he had felt like he was being “*passed from pillar to post*” and that “*they don’t care about you*”, he felt the help he had received from Trailblazer staff had been “*brilliant*”.

Staff and partner interviewees generally embraced the view that **there are multiple potential causes of homelessness, which was reflected in arrangements for professionals from different organisations and disciplines to work collaboratively** on Trailblazer interventions. For example, the multi-disciplinary team in Newcastle includes a Jobcentre Plus work coach, a welfare rights advisor and a debt advisor; the Early Intervention Service in Brighton and Hove included a social worker; and the Advice+ team in Bristol included a welfare rights advisor. Similarly, Southwark’s inclusion of a case worker from a domestic violence partner organisation in their team is helping build knowledge of the specific problems some clients will face.

This blending of expertise was perceived to work effectively by interviewees because it equipped teams with the ability to address different resident needs and facilitated learning between the professionals involved. Some areas had also adopted a kind of hub and spoke model, where different professionals were not in the same team but delivered discrete interventions as part of the area’s overall Trailblazer work. For example, Brighton and Hove had separate interventions delivered by a drug and alcohol worker and specialists in family mediation.

Interviewees acknowledged that none of these configurations could provide the breadth of expertise necessary to reflect every potential factor associated with homelessness. For example, mental health issues were recognised to be increasingly common amongst residents at risk of homelessness in some areas, and while none had included a mental health professional in their teams several examples were identified where strong referral links were in place with mental health services. In practice, **interventions were operating a mixed approach, delivering support directly to residents on certain issues and facilitating access to more specialist support with others**. This was not perceived as a weakness or challenge by interviewees, although they could see additional value in incorporating more professional disciplines within homelessness prevention teams in future.

4.1.4 Locating prevention roles

Linked to the attributes of staff was the question of where frontline homelessness prevention staff should sit, both physically and organisationally.

Lead authorities had generally positioned these staff close to, but outside of, mainstream housing teams – either by placing Trailblazer staff in non-housing teams or creating a new freestanding “Trailblazer” team.

Luton had chosen to locate frontline prevention staff within their customer services team rather than in a housing team, in order to “change the culture from a transactional issue-focused model to a holistic resident centred intervention.”

In **Bristol** prevention staff were located in a Welfare Rights and Money Advice Service which sits within the lead local authority's Housing Options team but was said by interviewees to have a "different" image amongst residents to other council housing services.

In **Brighton and Hove** preventative work was being undertaken primarily by a dedicated Early Intervention Service within the lead authority and by local third sector delivery partners.

Interviewees thought these approaches had been successful in helping make the Trailblazer support they were providing accessible to residents, while reinforcing the message to staff that they were not expected to perform a conventional Housing Officer role.

Equally it was emphasised that homelessness prevention activities **could not function effectively in isolation from other housing services**. Trailblazer teams were often reliant on these other services to refer residents to or to help resolve specific housing issues. Relationships between Trailblazer teams and other housing teams were reported to be very positive in the case study areas, with the Trailblazer teams reporting being **increasingly perceived as a valuable resource due to their ability to take on and resolve cases that might otherwise create an additional drain** on mainstream housing services.

Some areas had also introduced models of co-location and thought this had been effective in making support more accessible to residents.

In **Southwark** staff from Shelter were on site at the lead local authority's premises and a member of staff from a domestic violence charity was colocated with the council's Housing Solutions Team. Homelessness prevention staff from the lead local authority also ran surgeries in a local Jobcentre twice a week.

In **Peterborough and Cambridgeshire** there was a central Trailblazer team whose staff worked in different local authority teams on a rotating basis – an approach that was widely seen to have helped raise and maintain the profile of homelessness prevention in the teams concerned.

In Newcastle the members of the multi-disciplinary prevention team had been seconded from their host organisations and worked together on a full-time basis. This more permanent model of co-location was thought to be necessary for the success of the intensive complex casework being undertaken by the team.

4.1.5 Spreading the prevention message more widely

While lead local authorities were able to capitalise on existing joint-working developed prior to the Trailblazer programme, they had also sought to establish or strengthen relationships with a wider pool of stakeholders as part of their Trailblazer activities. This included housing and non-housing local authority teams, third sector organisations, landlords, health providers, Jobcentre Plus, and prison and police services.

Success factors to doing this included:

- **Investment of time and resources.** Lead authorities had employed a combination of upfront engagement work (going out to meet senior staff in other teams and organisations) and more targeted ongoing approaches (e.g. in Brighton and Hove dedicated coordinator roles had been created, including a PRS coordinator to build relationships with local private landlords). Interviewees thought there was no shortcut to building effective local partnerships, and that this investment of time and resource had been necessary to make the progress they had.
- **Personnel.** Interviewees emphasised the value of having more senior/managerial staff with strong interpersonal skills, and that new staff with pre-existing contacts could also add value. For example, one area had recruited a former estate agent who had a network of contacts with local landlords. Interviewees also praised the approachability, flexibility and openness of Trailblazer staff in their area, and in some cases compared this favourably to other local authority housing staff. Interviewees said they particularly valued the willingness of staff to talk to them on their own terms, adapt plans, invite challenge, and share evidence.
- **Senior backing.** Interviewees in Newcastle perceived that the longstanding support for homelessness prevention amongst the political leadership and senior officials in the lead local authority had been influential in engaging local organisations. This was also emphasised in Southwark, where the Cabinet Member for Housing was closely involved with the programme, and a local MP took a keen interest in housing issues.
- **Establishing areas of common interest.** An important perceived facilitator for external teams and organisations to engage was establishing how collaborating on homelessness prevention could support their interests (be these altruistic, pragmatic or commercial). Other local authority housing teams and third sector organisations were reported as being very receptive, partly because of the additional difficulties, pressures and/or costs that responding to homelessness cases placed on them as service providers. Interviewees also talked about finding common ground with a broader audience by emphasising the potential benefits to them of homelessness prevention. For example, engagement work with prison services in Peterborough and Cambridgeshire had established the potential for homelessness prevention to reduce reoffending, and identified ways in which prison release processes could be reviewed to support this.

Despite all the above, interviewees did still report challenges, or slower progress, with engaging certain organisations. For example, GP practices and hospitals were said to be difficult to engage in one area that had made a concerted effort to do this (Brighton and Hove). Interviewees attributed this partly to how busy health providers were, but also reported it had been harder to establish common understandings of how health partners could play an active role in preventing homelessness, as prevention lay outside their remit and experience. In Luton, staff are starting to build links with the

health sector through a wellbeing service commissioned by the CCG which aims to work collaboratively with homelessness prevention.

Local Jobcentres were reported to have been difficult to engage for similar reasons in one area, although in Newcastle they had participated extensively in the identification and referral of at-risk residents (see Section 4.1.6). Progress with private landlords was reportedly mixed across the areas where this had been a focus.

In **Peterborough and Cambridgeshire**, plans to create a region-wide rent guarantee and lettings scheme had been scaled back due to variable levels of interest. Landlords in parts of the region felt they could earn substantially more by renting their property privately than they could through the scheme, and on that basis declined to engage. Despite this Trailblazer staff had supported the expansion of one rent guarantee and lettings scheme and the creation another new one in two parts of the region.

Landlords were generally reported to be receptive, in principle, to anything that could minimise the non-payment of rent and the need for tenants to be evicted. For example, in Brighton and Hove, private landlords had agreed to participate in a Tenancy Pledge promoted by the local Trailblazer team and to refer at risk residents to the team. On an individual basis there were also several reported cases where Trailblazer staff had successfully mediated between a landlord and a resident.

4.1.6 Identifying intended beneficiaries

Each of the case study areas had sought to introduce measures that would enable people at risk of homelessness to be proactively identified, rather than relying on self-referrals. The two main types of measures were: identification by frontline staff; and data based identification.

4.1.6.1 Identification by frontline staff

Several examples were given of how frontline staff in different settings had started to identify and refer residents at risk of homelessness through the Trailblazer programme.

In **Luton** the local authority's reception area has been redesigned and a new service instigated with the intention that, when clients present themselves to the Council for non-housing support, officers can spot connected issues that may lead to homelessness and offer case worker support.

In **Newcastle** 134 local Jobcentre work coaches participated in training on homelessness prevention, and in the six months since the training over 250 residents were identified and referred on by work coaches to sources of specialist support. This intervention came about partly through dialogue between the lead authority and local Jobcentre Plus representatives prior to the Trailblazer programme. It was perceived to have been important in overcoming initial misconceptions, and highlighting the links between the benefits system and the causes of homelessness.

Examples of effective referral routes created with local third sector organisations and other local authority housing teams were also reported in Southwark, Brighton and Hove, Peterborough and Cambridgeshire, and Bristol.

Work coaches in Newcastle thought the training they received had been important in their subsequent ability and motivation to identify residents at risk of homelessness. Representatives of the services that would receive referrals jointly delivered the training, which interviewees said was effective in communicating a tangible idea of the support available to individuals if a referral was made. In some other cases senior staff had been engaged, although training had not been directly delivered to frontline staff, which appeared to have been reflected in lower numbers of referrals.

A common success factor was ensuring that **a process was in place for residents' details to be passed on at the point of referral** – i.e. by gaining the residents' informed consent to do this. This had been relatively straightforward amongst other local authority teams and third sector organisations. In Brighton and Hove, a Tenancy Pledge was being introduced to facilitate the sharing of residents' details in cases where a referral had come from a private landlord. As part of the pledge tenant's give their consent for their details to be passed on.

One other issue mentioned in instances where new referral routes had been successfully established was **whether these could be sustained over time**. A concern was that homelessness prevention might slip from the consciousness of frontline staff if it was not reinforced in some way, for example through further rounds of training. In Brighton and Hove a poster had been designed and distributed to reinforce the training already delivered to staff. In Peterborough and Cambridgeshire, the rotating co-location model employed by the central Trailblazer team was thought to have been effective in maintaining the profile of homelessness prevention and supporting referrals (across a large geographical area and several participating local authorities).

4.1.6.2 Data based identification

Bristol and Newcastle had both made progress in data based approaches to identifying cases, but had also encountered challenges related to data sharing between organisations.

In **Bristol** a Business Intelligence Developer had been employed to design a predictive analytics system that uses combined local authority, Jobcentre Plus and other data to identify and score individuals at risk of homelessness on a number of dimensions. At the time of the case study research the system was being used to identify at risk cases - but only using housing benefit data due to restrictions that came to light with accessing data from other sources.

Potentially at-risk cases were being identified solely on the basis that they were facing reduced housing benefit due to the benefits cap. The lead authority was seeking to set up data sharing agreements with the local Jobcentre Plus district and others to enable the identification of at risk cases on more dimensions in the future.

As part of the MDT intervention in Newcastle, the local authority, Jobcentre Plus, housing association and ALMO data was being shared in meetings of the multi-disciplinary team, although due to technical incompatibilities there was no single combined dataset or predictive system. The wider sources of data accessible to the team meant more dimensions were informing their identification (including rental arrears, previous evictions and information about the residents' family) than in Bristol's case. Reductions in benefit due, to either the benefits cap or the removal of the Spare Room Subsidy, and rental arrears were the main indicators being used to identify at risk cases. The wider information also informed this assessment, what types of support would be required in different cases, and who inside or outside the team was best placed to provide it. At the time of the case study research they were collaborating with an external contractor to design a predictive system along similar lines to the Bristol model.

4.1.7 Engaging intended beneficiaries

The case study area interventions were either based on engaging with residents at service provider premises, in their own homes, or a combination of both.

Interviewees did not see any intrinsic problem with meeting residents in a provider setting. Frontline staff often received self-referrals or identified that a resident was at risk of homelessness in such a setting, and it made sense to talk to the resident about addressing this at the same time. The co-location models adopted in some areas also meant that different professionals were on site together and could see a resident during the same visit.

Equally interviewees saw added value in engagement based on more proactive outreach, especially as a means of establishing contact with residents for the first time and better understanding their circumstances. Several interventions therefore included provision for making home visits.

Southwark operates a case worker approach where a client has the same case worker throughout their contact which enables the case worker and the client to build trust and a strong understanding of the client's issues. This can involve home visits. Case workers emphasised the usefulness of home visits to get a fuller picture of the issues clients were facing. Visits gave case workers the opportunity to engage family members in supporting clients with changing behaviours that might be contributing to homelessness.

Dedicated housing needs visiting officers had been recruited as part of the Early Intervention Service intervention in **Brighton and Hove**. They met residents at risk of homelessness in their own homes and acted as their long-term caseworker. The visiting officers that were interviewed perceived that this was very effective in establishing initial contact, maintaining this, and working with the resident to address their risks of homelessness.

Interviewees in areas employing an outreach model reported that there was still a minority or hardcore of residents who could not be engaged until their circumstances had effectively reached a crisis point. However they still reported engaging a much higher proportion of residents than other housing teams.

4.1.8 Balancing prevention priorities

The new Act extends local authorities' duty of prevention to those who are threatened with homelessness within 56 days rather than just 28 days, and encourages earlier preventative work with further upstream cases. Reflecting this, the case study areas were generally doing a mixture of work with within 56 day and upstream cases, and on a day to day basis were not necessarily drawing a sharp dividing line between the two. Interviewees also did not cite any quantum differences between the success factors and challenges associated with working with each.

However, several interviewees did contrast the pro and cons of working with residents who were already homeless (or very close to becoming so) and work to intervene earlier. There was a shared belief amongst interviewees across all the case study areas (which had only been strengthened by their experiences as a Trailblazer area) **in the greater value of intervening early**. Interviewees thought they could provide more effective support and save much subsequent time and resource by intervening with residents before a crisis point was reached. As highlighted in Section 4.1.5, interviewees also perceived that this message was starting to percolate through to mainstream housing teams.

The only caveat to this were instances where Trailblazer teams had found themselves in the position of having to balance their early preventative work with handling cases where residents were very close to becoming homeless.

In one area it was reported that resource pressures on other housing teams had contributed to an increasing number of late-on referrals being made to the Trailblazer team. Interviewees said that the complex and resource-intensive nature of these late-on cases had compromised the ability of the team to conduct preventative work with more upstream cases.

Interviewees in another area also alluded to some similar challenges.

4.1.9 Evidencing prevention

Areas were not required to conduct their own research and evaluation as part of the Trailblazer programme, but all had, to varying extents, invested in doing this. For example, most had collated case examples of how residents had benefitted from support received through Trailblazer activities, and thought these had been useful in promoting homelessness prevention to local stakeholders. Interviewees also talked about producing internal reports on Trailblazer activities, which included evidence on outcomes achieved and/or lessons learnt.

In **Newcastle** a “diagnostic” and “test and learn” approach to homelessness prevention had been adopted prior to Trailblazers and enhanced further through the programme. The council had cultivated links with academic researchers such as Heriot Watt University, one of the new members of staff recruited using Trailblazer funding was selected partly because of their research expertise, and their Trailblazer interventions had a strong data collection and learning dimension.

The MDT intervention was perceived to be particularly effective in this respect because of the ability of the different team members to identify instances where

residents had fallen between the cracks of service provision, or where the actions of one provider could contribute to the client of another provider becoming at risk of homelessness. Learning of this type was being collected through weekly learning diaries and reported back to the multi-agency Financial Inclusion and Homelessness Prevention Board.

The principle benefits of this approach in Newcastle were creating a strong evidence base on the local causes of homelessness and the effectiveness of different preventative approaches. It also played a subsidiary role in building trust and engagement with local providers, with an interviewee commenting that “*evidence helps create consensus and provide transparency*”.

Southwark had also invited Shelter to conduct a mystery shopping initiative in the early days of their Trailblazer provision, the results of which were used to validate and improve the service. In addition, Luton had built in an external review of their service to understand how it is working in practice and to identify ways in which it could become more sustainable. At the time of case study research this was ongoing with Policy in Practice and Uscreates conducting the review.

4.2 Emerging outcomes

The emerging outcomes identified by interviewees in the case study areas can be divided into two types:

- Direct outcomes for residents coming into contact with Trailblazer interventions (in terms of their housing and other circumstances); and
- Wider outcomes (that may indirectly benefit more residents in the longer term).

This evidence is indicative and illustrative only – reflecting the qualitative nature of the case study research and its timing in terms of the Trailblazers' life cycles. Chapter 5 provides the findings of the impact assessment undertaken using statutory homelessness and prevention and relief returns across the Trailblazer areas.

4.2.1 Direct outcomes for residents engaged

At the simplest level the outcomes reported by residents coming into contact with Trailblazer interventions were the same: they had been helped to avoid becoming homeless. However, within this, there were differences in what risk factors had been addressed through Trailblazer support, and therefore different intermediate outcomes that had ultimately contributed to them avoiding homelessness.

The main risk factors and types of outcomes reported by residents from their contact with Trailblazer interventions are discussed in the following sections. As the case examples in these sections illustrate, **individual residents had typically benefited from help in addressing more than one risk factor** through their engagement with Trailblazer support.

4.2.1.1 Enabling residents to afford the costs of housing

A reduction in income was the most widely cited risk factor across the residents interviewed in each area. In most cases this was linked to a change in their benefit entitlement – either through the enforcement of the Spare Room Subsidy or benefit cap, a change in their household circumstances, or other reasons. Residents had typically fallen into rent arrears because of these changes at the point at which they came into contact with Trailblazer support.

What came across strongly through the interviews was the **difficulties some residents had in understanding and navigating the benefits system**. For example, some said they had remained unaware of recent changes in their entitlement until this had been established by Trailblazer staff. Residents were also generally unaware of the potential scope they had to challenge benefit entitlement decisions and apply for alternative sources of support, such as a Discretionary Housing Payment (DHP). Although residents themselves did not emphasise it, Trailblazer staff also perceived that some needed help with how they managed and planned their own finances.

Reflecting this, a large proportion of Trailblazer support (and subsequent outcomes) in each case study area revolved around **helping residents address reductions in income, stop further rent arrears from accruing, and putting residents on a more stable financial footing** in the longer term.

A couple in **Bristol** were supported through the Advice+ intervention. Neither were working - the husband was disabled and the wife his carer. When they were migrated from Disability Living Allowance (DLA) to Personal Independence Payments (PIP), they lost their entitlement to Carers Allowance and Income Support. The husband considered appealing this, but due to a mental health condition did not feel able to because of the anticipated stress involved. They had gone in rent arrears, were not able to pay for utilities, and had fallen into debt.

They contacted Advice+ after hearing about it from the husband's brother, who had previously received help from them. An advisor visited their home on several occasions and maintained regular contact by telephone. In the short term the advisor helped them to apply for a Discretionary Housing Payment and for financial help from a local charity (£110 a month). The advisor also instigated and provided special representation in their appeal against their loss of entitlements under the migration to PIP, a process that took 12 months.

The appeal was successful and the couple had their benefits reinstated at the same level they had received through DLA. At the time of the interview the couple said they were still in contact with the advisor and had begun to pay off their outstanding rent arrears and debt. The husband said *"They was 100% as far as I am concerned. There should be more. People should be aware of it. They should know that people will stand up for you."*

A middle-aged man in **Newcastle** was assisted through the Multi-Disciplinary Team (MDT) intervention. He lived in a three bedroom housing association property with his unwell brother and his son. However, his brother's occupancy had not been formally registered and his son was counted as a non-dependent due to his age, meaning his benefit entitlement had been reduced through the Spare

Room Subsidy. He had fallen into rent arrears, didn't understand why, and thought it was touch and go whether they would be evicted.

The resident had been identified as being potentially at risk by the MDT team based on data on the imposition of the bedroom tax and the rent arrears he had accrued. He was initially contacted by the team by letter and text message, but did not respond because, he said, he could not read very well. A member of team then introduced themselves to the resident when they were at a local Jobcentre to sign on. They formally registered the brother's occupancy at the property and helped the brother successfully apply for PIP, which increased the household's overall benefit entitlement. They also negotiated a rent repayment plan between the resident and housing association, and agreed changes to the resident's claimant commitment with his work coach.

At the time of the interview the resident said he was meeting the terms of repayment plan and feeling that his housing situation was considerably more "stable". He praised the MDT team for their ability to establish why he had fallen into rent arrears and "go deeper" in order to help him address this.

4.2.1.2 Resolving landlord disputes

Residents coming into contact with Trailblazer support included private tenants as well as those in social housing. Trailblazer interventions were reported to have helped to avert the risk of eviction faced by private tenants, **mainly through resolving tenant and landlord disputes.**

In **Brighton and Hove** a couple with joint tenancy of a private rented property received support through the Early Intervention Service. The couple had children, but at the time they came into contact with Trailblazer support were going through a relationship breakdown, and were in rental arrears with the landlord. The landlord was also concerned about how the rent would be paid if one of the couple moved out of the property, and intended to serve an eviction notice.

A Housing Needs Visiting Officer visited the property to engage with both partners in the couple and understand the terms of their tenancy. Using this intelligence the officer then negotiated with landlord, found the male partner an alternative place to stay, and secured an exemption from the benefit cap for the female partner.

The outcome of this was that the landlord did not serve an eviction notice, and instead gave a new 12 month single tenancy lease to the female partner, enabling her and the children to remain in the property.

As the above example suggests, **landlord disputes were typically also linked to drops in residents' income and benefit entitlements.** In several cases Trailblazer staff had effectively mediated between all three parties (i.e. tenant, landlord, and Jobcentre Plus) to secure positive outcomes for tenants. For example, in Bristol it was reported that Trailblazer staff had prevented the eviction of several tenants in one property by negotiating for Universal Credit payments to be made directly the landlord concerned.

4.2.1.3 Mediating in family disputes

Family disputes were cited by interviewees as a particular risk factor amongst residents in their late teens and early 20s. In some cases Trailblazer support was reported to have successfully mediated between residents and their

parents, to prevent disputes escalating to the point where the young person could not stay at the family home.

A mother and her teenage son have received support through the Mediation Service intervention in **Brighton and Hove**. The mother approached the third sector organisation delivering the intervention, reporting that living together was becoming extremely difficult due to the son's verbal aggression.

The son was reluctant to engage but agreed initially to take part in individual sessions with a mediation advisor, and then later in joint sessions with his mother. Telephone support has also been available to both at times of particular stress.

The son has remained living in the family home. Both have given feedback that they find mediation very useful, and that it has had a positive impact on their ability to deal with their frustration and stress.

4.2.1.4 Securing new accommodation for residents

The majority of Trailblazer interventions were focused around helping residents to remain in their existing home, but there were also cases where Trailblazer support had been decisive in residents securing new accommodation. These were residents who said they had been either sofa surfing, sleeping rough, or staying in insecure/unsuitable accommodation prior to their engagement.

A young couple in **Cambridgeshire** were helped to find a place to live through the Homelessness Prevention Hub intervention. The couple had lost their previous tenancy when the female became seriously ill and had to give up her job. They also had strained relationships with their respective families. At the time they sought Trailblazer support the female partner was either staying in hospital or with family and the male partner was regularly sleeping rough.

They had previously applied to the local authority for social housing, but claimed they were told they were "*not homeless enough*". They looked into private rented accommodation, and a letting agent told them about the Trailblazer, which the couple then approached for help. The team assisted the couple in finding a private rental property and gave them a grant to cover the costs of a deposit and the first six month's rent.

The couple had stayed in contact with the team, and at the time of the interview the female partner was pregnant. They were about to move into a larger flat suitable for when the baby is born.

A single mother with three children in **Southwark** received support through the Case Worker intervention. The family had been forced to move out of their previous two homes due to difficulties paying the rent and damage caused by flooding, and were staying with friends at the point she came into contact with Trailblazer support.

The mother was directed to a Trailblazer case worker when she approached the local authority for help. The case worker assisted her in finding available properties close to the children's school, secured financial help with the costs of paying a deposit, and applied for her to receive a food pack when she moved in. The case worker is also providing her with advice on managing her finances.

4.2.1.5 Support with drug and alcohol issues

Drug and alcohol issues were often a contributory factor to residents' housing difficulties, but in some cases were cited as being a more definite risk factor in their own right. Several interventions had supported residents with these issues by putting them in contact with drug and alcohol workers, alongside the housing support they were providing. An intervention in Brighton and Hove also provided holistic support to help residents at risk of homelessness with drug and alcohol issues, as illustrated in the example below.

A man in his fifties, with a long history of alcohol abuse, received support through the Drug and Alcohol Outreach intervention in **Brighton and Hove**. He had previously been housed in a succession of B&Bs and other temporary accommodation prior to coming into contact with this support, and had also received intermittent support with his alcohol use from different sources over a number of years.

The dedicated support worker employed through the Drug and Alcohol Outreach intervention helped the resident to maintain sobriety and find a secure place to live. They communicated with the local housing association and housing benefit staff on his behalf, helped with form-filling and correspondence, and assisted with day-to-day problems like paying utilities.

At the time of the interview the resident said they had remained sober and had now moved into a housing association flat. He was still receiving help from the support worker and, with their encouragement, had started volunteering at a local social enterprise.

4.2.1.6 Wider outcomes

These wider outcomes are harder to classify (as well as being harder to evidence), although interviewees emphasised their importance because of their **potential to benefit significant numbers of residents in the future**. They can loosely be grouped into three types of outcome:

- **Influencing mainstream provision.** Two examples illustrate how delivery models and ways of working introduced through the Trailblazer programme have the potential to directly influence mainstream service provision. It was reported that the visiting officer approach introduced in Brighton and Hove was seen as such a success within the lead local authority that it had been decided to roll it out to other housing teams. If implemented, every housing officer in these teams will become a visiting officer, and receive the same training in psychologically-informed approaches that the Trailblazer visiting officers received. The Jobcentre Referral pilot in Newcastle was reported to have garnered substantial interest from neighbouring Jobcentre Plus districts and policy officials in DWP, with the potential that the intervention will be now be piloted in other areas.
- **Changing attitudes.** Interviewees in some areas perceived that Trailblazer activities had started to shift attitudes - towards a more preventative and joined-up outlook - amongst mainstream housing services. This was said to have come about partly through the training that areas had undertaken with mainstream staff to encourage referrals,

but also partly through the attitudes of Trailblazer staff starting to “*rub off*” on colleagues. In Peterborough and Cambridgeshire it was reported that housing teams were “*finally becoming part of the multiagency conversation*”, thanks to the role of the Trailblazer staff in facilitating dialogue between teams and the personal example they set. In addition, some interviewees thought that awareness and support for homelessness prevention had been increased outside of housing teams and at more senior levels within local authorities - particularly where evidence was being collected and disseminated to illustrate the impact of Trailblazer activities.

- **Establishing new links.** Section 4.1.5 highlighted the challenges that lead local authorities had found with engaging some audiences about homelessness prevention. However, there was a strong sentiment that where new links could be established they were laying the foundations for positive future outcomes. For example, over 12 months into the programme, Trailblazer staff in Peterborough and Cambridgeshire had succeeded in convening a workshop with the local Police Commissioner, Crime Commissioner, probation services, prison services and housing teams. During this workshop a number of gaps were identified in existing pathways into accommodation for released offenders, and potential solutions identified. Attendees at the workshop, interviewed for this research, also said it had been effective in dissolving some of the blame culture that existed between the different organisations represented. They did foresee working together to take forward potential solutions.

These outcomes relate to some fairly entrenched institutional and cultural factors. As such interviewees were cautious in asserting that any fundamental or revolutionary changes had yet been achieved. Equally they thought their Trailblazers activities to date had provided **something to build on through the remainder of the programme and potentially beyond.**

5 Impact of Trailblazer Activities: Analysis of Statutory homelessness and prevention and relief National Statistics

5.1 Introduction and approach to analysis

This Chapter explores the impact of Trailblazer activities on homelessness acceptances, decisions, use of temporary accommodation and cases of prevention and relief in 2017/18 as recorded in statutory homelessness and prevention and relief National Statistics (referred to below as 'P1E statistics')².

This analysis was conducted instead of a planned analysis based on case-level tracking of individual cases presenting to Housing Options for Trailblazer areas and a set of comparison areas. The intention with the case-level data was that all cases would be tracked from initial presentation through to final outcome stage, with detailed data being collected on the demographics and circumstances of the households, as well as data on the prevention activities undertaken. The three advantages of this for an assessment of impact were that:

- (a) The impact on all households presenting to Housing Options would be captured, rather than just households included in the National Statistics;
- (b) The data on household characteristics would allow for an assessment of how impacts vary across sub-groups, which would help address the question of which types of households benefit most from prevention activities; and
- (c) The data on the prevention activities per case would allow for an assessment of which type of activities have most impact.

Nevertheless, the data collection was new to local authorities and there was always a risk that there would be inconsistencies in how the data was recorded across LAs. In practice, once the data had been collected, collated and assessed, there was found to be considerable variation in the number of cases returned across LAs and in the outcomes recorded, with this variation suggesting differences in how the data was recorded rather than genuine differences in case numbers or outcomes. Because of this we concluded that it would not be possible to generate unbiased estimates of impact from the data.

The analysis of impact based on the statutory homelessness and prevention and relief ('P1E') National Statistics was used as an alternative. This analysis addresses the question of whether the Trailblazer prevention activities reduce the numbers of acceptances, decisions and numbers in temporary accommodation, and increase the number of preventions recorded. But it does not address more the detailed questions of who the prevention activities

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are most successful for, or which types of prevention activities have most impact.

The approach followed to generate the estimates of impact from the P1E statistics comprised four stages:

1. **Within 56 days vs Upstream Trailblazer areas** – as it seems a reasonable assumption that 2017/18 would be too early to expect a detectable effect on P1E statistics for local authorities focussing on upstream prevention activities, the Trailblazer areas were split into two groups:
 - 'Within 56 day' Trailblazer local authorities – 51 in total; and
 - 'Upstream' Trailblazer areas – 26 in total.
2. **Analysis of rates rather than actual number of cases** – as local authorities vary considerably by size, the analysis focuses on the rates per 1,000 households rather than the actual number of acceptances, decisions etc. This essentially gives equal weight to each local authority regardless of size.
3. **Selection of comparison areas** - prior to the Trailblazers, the Within 56 day and Upstream Trailblazer areas differed quite considerably in their rate of acceptances per year. In 2016/17, the average rate of acceptances was 3.3 per 1,000 households in the Within 56 day local authorities and 1.6 in the Upstream authorities.

In order to ensure that non-Trailblazer comparison for these two groups were comparable in terms of rates of acceptances³, the non-Trailblazer authorities were divided into a group of 51 'within 56 day' comparison LAs and 26 'upstream' comparison areas. The comparison areas were selected as one-to-one⁴ matches per Trailblazer local authority, the comparison area being the non-Trailblazer authorities with the closest rate of acceptances in 2016/17.

Note, it is not possible to find a perfect comparison group for the 'within 56' group because this set of 51 local authorities includes seven of the 10 local authorities with the very highest rates of acceptances. But, nevertheless, the Trailblazer and comparison groups are, on average, reasonably close (see Table 5.1 below).

³ There is a risk with a straightforward comparison of the groups that the 'within 56 day' group would be on a different trajectory irrespective of the TB activity. That is, there could be regression to the mean. In principle this can be controlled for via regression, but the results could be highly sensitive to the regression assumptions made. Selecting a comparison group reduces this risk considerably because the comparison group are reasonably likely to have been on a similar trajectory.

⁴ Without replacement

Table 5.1 Average rate of acceptances in 2016/17 in Trailblazer and comparison groups

	Average rate of acceptances 2016/17
Within 56 day local authorities	3.3
Upstream local authorities	1.6
Non-Trailblazer local authorities	2.0
Within 56 day comparison local authorities	3.2
Upstream comparison local authorities	1.5

4. **Regression stage** - finally, because the comparison group is not a perfectly matched set of local authorities, the impacts have been calculated after controlling for:
- The equivalent P1E statistic per LA in 2016/17;
 - The equivalent P1E statistic per LA in 2015/16; and
 - The linear trend per LA in the P1E statistic over the last 5 years (2012/13 to 2016/17).

This 'controlling' has been done via a linear regression. The regression coefficients are then used to generate a regression-adjusted 2017/18 rate for the comparison group. This is the estimate of the counterfactual.

5.2 Findings – estimated Trailblazer impacts

The analysis suggests that there has been a Trailblazer effect on the number of acceptances and on the number of cases of prevention and relief in 2017/18. There is also some evidence of impact on the number of decisions, but as yet no strong evidence of impact on the numbers in temporary accommodation. The impacts are only seen in the 51 Trailblazer LAs that worked with 'within 56 day' cases. For the Trailblazer areas working more upstream there is not yet a detectable impact on the P1E statistics.

For the 'Within 56 day' Trailblazers, relative to a comparison group of 51 similar non-Trailblazer local authorities:

- The rate of acceptances in 2017/18 in the Trailblazer areas averages 2.76 per 1,000 households, compared to 3.16 per 1,000 in the comparison areas;
- The rate of decisions in 2017/18 in the Trailblazer areas averages 5.31 per 1,000 households, compared to 5.48 per 1,000 in the comparison areas;
- The rate of households in temporary accommodation 2017/18 in the Trailblazer areas averages 5.98 per 1,000 households, compared to 6.22 per 1,000 in the comparison areas; and
- The rate of cases of prevention and relief in 2017/18 in the Trailblazer areas averages 7.83 per 1,000 households, compared to 7.03 per 1,000 in the comparison areas.

There is evidence that the impact is greater in the second and subsequent quarters of 2017/18 for acceptances. An impact on preventions and relief is only seen in the final quarter of 2017/18. These patterns suggest the impacts grew as the Trailblazer activities became more embedded.

The rates quoted for the comparison areas are regression-adjusted and account for differences in the recent trends in the statistics between the groups of areas.

5.2.1 Estimated impact on the rate of acceptances

A ‘main homelessness duty’ is owed where a local authority is satisfied that an applicant is eligible for assistance, unintentionally homeless and falls within a priority need group. Priority need groups include those with disabilities, formerly in care, at risk of domestic violence, former asylum seekers, ex armed forces, formerly in custody and those with dependent children, drug or alcohol dependencies. These statutorily homeless households are referred to as ‘acceptances’⁵.

Table 5.2 shows the average rate of acceptances for 2017/18 both overall and by quarter. The top half of the table has the results for the ‘Within-56-day’ LAs; the bottom half has the Upstream LA results.

- The first row of data in each half shows the average rate of acceptances in 2017/18 and by quarter for the Trailblazer LAs;
- The second row shows the average rate of acceptances for the comparison areas after the regression adjustment. This row is the estimate of the counterfactual;
- The third row shows the estimated impact (a simple subtraction of the previous two rows);
- The fourth row has the p-value for the impact. Estimated impacts with a p-value of less than 0.05 are highlighted in red. Those with a p-value of between 0.1 and 0.05 are highlighted in orange – the intention being that highlighting those significant at the 10% level helps to identify trends across the quarters; and
- The fifth row has the 95% confidence interval for the estimate of impact.

Table 5.2 Average rate of acceptances per 1,000 households for 2017/18, overall and by quarter

	2017/18	Q1	Q2	Q3	Q4
Within 56 day LAs	2.76	0.73	0.72	0.64	0.64
Comparison LAs (regression-adjusted estimate)	3.16	0.79	0.92	0.74	0.70
Estimated impact	-0.40	-0.06	-0.20	-0.10	-0.06
p-value for estimated impact	0.01	0.203	0.014	0.042	0.222

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721285/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_Jan_to_Mar_2018_-_REVISED.pdf

	2017/18	Q1	Q2	Q3	Q4
95% CI around the estimated impact	(-0.70, -0.10)	(-0.16, 0.03)	(-0.35, -0.04)	(-0.19, 0.00)	(-0.15, 0.03)
Upstream LAs	1.50	0.34	0.40	0.37	0.36
Comparison LAs (regression-adjusted estimate)	1.69	0.39	0.45	0.41	0.40
Estimated impact	-0.19	-0.05	-0.05	-0.05	-0.04
p-value for estimated impact	0.217	0.245	0.318	0.319	0.473
95% CI around the estimated impact	(-0.47, 0.10)	(-0.13, 0.03)	(-0.14, 0.05)	(-0.14, 0.04)	(-0.15, 0.07)

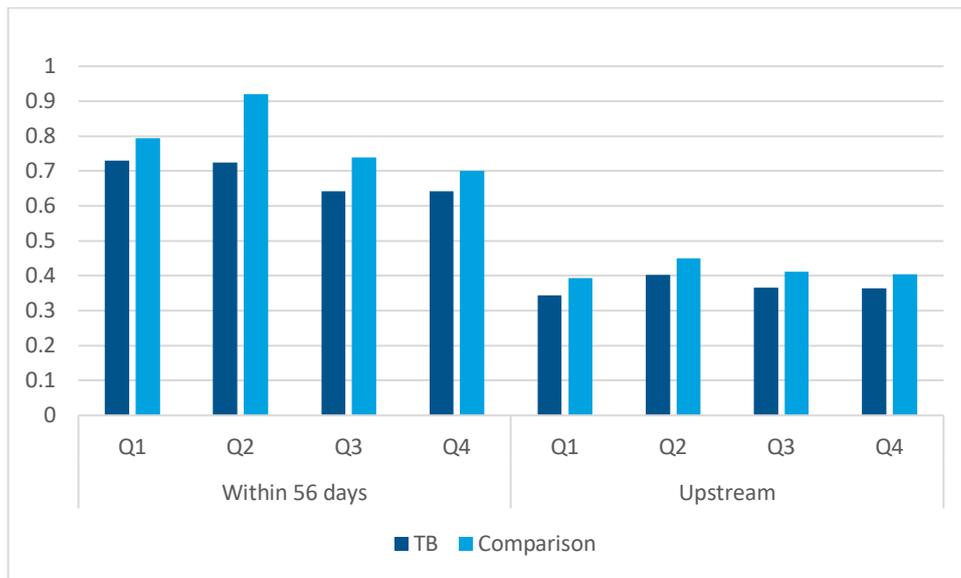
Overall, there are significantly fewer acceptances in the ‘Within 56 day’ LAs relative to the estimated counterfactual for 2017/18 as a whole, the estimated impact being a reduction of 0.4 acceptances per 1,000 households. (Or, relative to the counterfactual, a 13% reduction in acceptances.) There is no evidence of impact in the first quarter of 2017/18 – the impact only becomes significant for Q2 and Q3. This would be consistent with TB activity increasing over the year⁶.

In contrast there is no strong evidence of a TB impact in 2017/18 for the ‘Upstream’ LAs.

Figure 5.1 below shows the rates across quarters as a bar chart, with the difference between the height of the bars per quarter being the estimate of impact.

⁶ There is a dip in the level of impact in Q4. This appears to be because the level of acceptances decreases in the comparison areas in this quarter, rather than there being an increase in the level of acceptances in Trailblazer areas

Figure 5.1 Rate of acceptances per 1,000 households by quarter 2017/18: Trailblazer vs. comparison areas



5.2.2 Estimated impact on the rate of decisions

Decisions on homelessness include all decisions made during the quarter on homelessness where the local authority had reason to believe the applicant was homeless or threatened with homelessness. This means that only those households who have been assessed under Section 184, rather than all households who present themselves to a local authority, are included⁷.

Table 5.3 shows the estimated impacts for the rate of decisions. The evidence of impact on this broader outcome is less clear-cut. The impact for the whole of 2017/18 is not significant for either the Within-56 or Upstream groups. There is a significant estimate of impact for Q2 for the Within-56 group, but it is not sustained over the remaining two quarters of the year.

Table 5.3 Average rate of decisions per 1,000 households for 2017/18, overall and by quarter

	2017/18	Q1	Q2	Q3	Q4
Within 56 day LAs	5.31	1.41	1.37	1.29	1.23
Comparison LAs (regression-adjusted estimate)	5.48	1.43	1.58	1.29	1.17
Estimated impact	-0.17	-0.03	-0.21	0.00	0.06
p-value for estimated impact	0.486	0.701	0.049	0.969	0.376
95% CI around the estimated impact	(-0.63, 0.30)	(-0.16, 0.11)	(-0.41, 0.00)	(-0.17, 0.16)	(-0.07, 0.19)
Upstream LAs	3.36	0.83	0.88	0.85	0.79
Comparison LAs (regression-adjusted estimate)	3.50	0.87	0.93	0.84	0.86

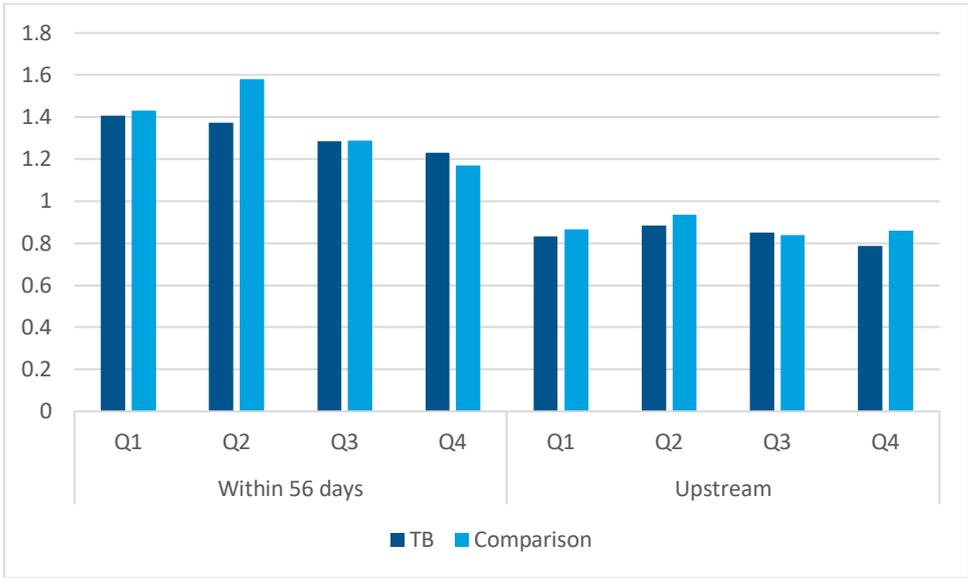
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	2017/18	Q1	Q2	Q3	Q4
Estimated impact	-0.14	-0.04	-0.05	0.01	-0.07
p-value for estimated impact	0.587	0.592	0.529	0.858	0.426
95% CI around the estimated impact	(-0.63, 0.36)	(-0.16, 0.09)	(-0.20, 0.10)	(-0.13, 0.16)	(-0.25, 0.10)

Figure 5.2 shows the rate of decisions across quarters as a bar chart, with again the difference between the height of the bars per quarter being the estimate of impact.

Figure 5.2 Rate of decisions per 1,000 households by quarter 2017/18: Trailblazer areas vs comparison areas



5.2.3 Estimated impact on temporary accommodation⁸

Households in temporary accommodation are reported in the National Statistics as a snapshot at the end of each quarter, rather than cumulative over the quarter. Households in temporary accommodation include only those households being dealt with through the Part 7 legislation. This includes those accepted as homeless but yet to find suitable alternative accommodation, those awaiting a homeless decision under a new application or reapplication duty, those undergoing an LA review or county court appeal and those intentionally homeless and in priority need who are being accommodated for a limited period⁹.

The evidence on temporary accommodation (Table 5.4) is broadly in line with that for acceptances, although none of the p-values fall below 0.05.

Again, there is no evidence of impact in 2017/18 for the Upstream LAs.

⁸ One Trailblazer area is excluded from this analysis because their P1E temporary accommodation counts for 2017/18 have been identified as inaccurate

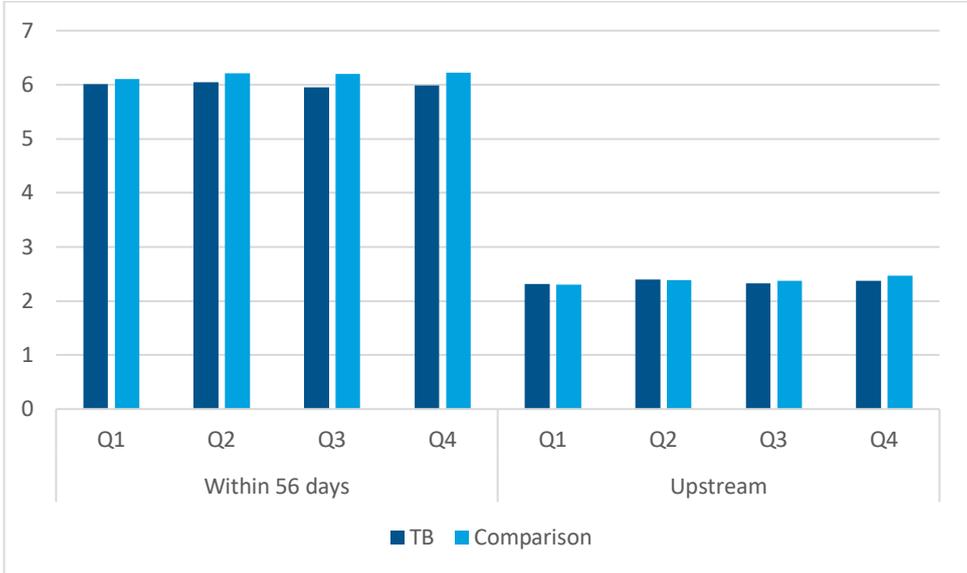
⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721285/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_Jan_to_Mar_2018_-_REVISED.pdf

Table 5.4 Average rate of households in temporary accommodation per 1,000 households for 2017/18, overall and by quarter

	2017/18	Q1	Q2	Q3	Q4
Within 56 day LAs	5.98	6.01	6.04	5.95	5.98
Comparison LAs (regression-adjusted estimate)	6.22	6.10	6.21	6.20	6.22
Estimated impact	-0.24	-0.09	-0.16	-0.25	-0.24
p-value for estimated impact	0.223	0.455	0.3	0.124	0.223
95% CI around the estimated impact	(-0.61, 0.14)	(-0.32, 0.14)	(-0.47, 0.14)	(-0.57, 0.07)	(-0.61, 0.14)
<hr/>					
Upstream LAs	2.37	2.32	2.40	2.33	2.37
Comparison LAs (regression-adjusted estimate)	2.47	2.30	2.38	2.37	2.47
Estimated impact	-0.10	0.02	0.02	-0.04	-0.10
p-value for estimated impact	0.255	0.752	0.819	0.602	0.255
95% CI around the estimated impact	(-0.26, 0.07)	(-0.08, 0.11)	(-0.11, 0.14)	(-0.19, 0.11)	(-0.26, 0.07)

Figure 5.3 below shows the rates of temporary accommodation across quarters as a bar chart.

Figure 5.3 Rate of temporary accommodation per 1,000 households by quarter 2018/18: Trailblazer v comparison areas



5.2.4 Estimated impact on prevention and relief

Under the Homelessness Act 2002, local housing authorities must have a strategy for preventing homelessness in their district. The strategy must apply to everyone at risk of homelessness, including cases where someone is found to be homeless but not in priority need and cases where someone is found to be intentionally homeless. This means that prevention can be

offered to any household, rather than a subset of the population considered eligible for assistance under the statutory homeless legislation. Homelessness prevention refers to positive action taken by the local authority which provides someone who considers themselves at risk of homelessness with a solution for at least the next six months. This is done by either assisting them to obtain alternative accommodation or enabling them to remain in their existing home. Homelessness relief occurs when an authority has been unable to prevent homelessness but helps someone to secure accommodation, even though the authority is under no statutory obligation to do so. Homelessness prevention and relief activities are carried out as part of a local authority strategy unlike acceptances which fall under a specific legal framework. These statistics are not designated as National Statistics¹⁰.

Table 5.5 shows the estimated impacts for the rate of cases of prevention and relief. Here there is no significant reduction in the rate for 2017/18 as a whole, but by Q4 the rate is significantly higher in the Within 56 day local authorities than the estimated counterfactual rate.

As with the other outcomes, there is no evidence of a significant impact on prevention and relief amongst the Upstream authorities.

Table 5.5 Average rate of prevention and relief cases per 1,000 households for 2017/18, overall and by quarter

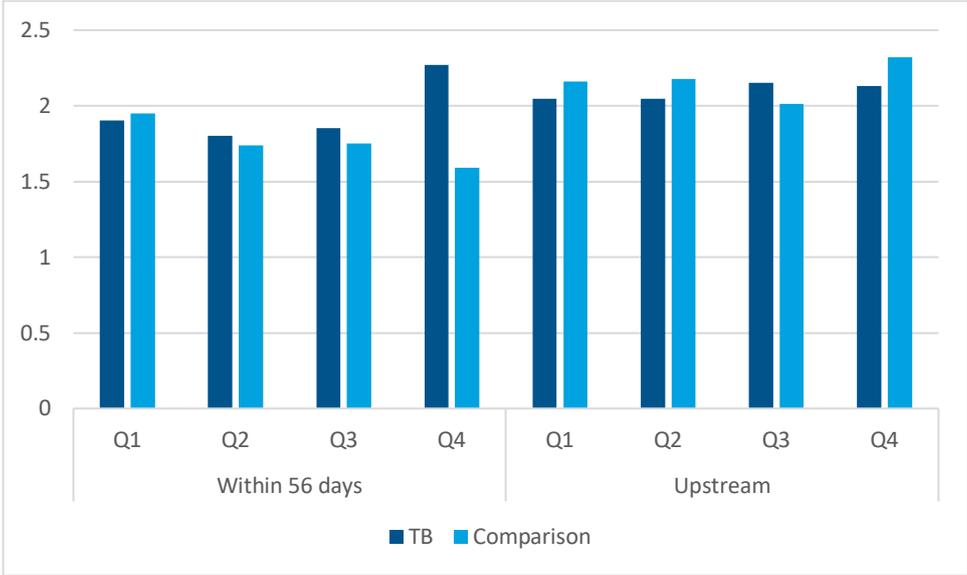
Within 56 day LAs	7.83	1.90	1.80	1.85	2.27
Comparison LAs (regression-adjusted estimate)	7.03	1.95	1.74	1.75	1.59
Estimated impact	0.80	-0.05	0.07	0.10	0.68
p-value for estimated impact	0.148	0.794	0.638	0.502	0.014
95% CI around the estimated impact	(-0.28, 1.88)	(-0.38, 0.29)	(-0.2, 0.34)	(-0.19, 0.4)	(0.15, 1.21)
Upstream LAs	8.37	2.05	2.05	2.15	2.13
Comparison LAs (regression-adjusted estimate)	8.67	2.16	2.18	2.01	2.32
Estimated impact	-0.29	-0.11	-0.13	0.14	-0.19
p-value for estimated impact	0.660	0.620	0.475	0.369	0.390
95% CI around the estimated impact	(-1.59, 1)	(-0.56, 0.33)	(-0.49, 0.22)	(-0.16, 0.44)	(-0.61, 0.24)

Figure 5.4 below shows the rate of prevention and relief across quarters as a bar chart.

¹⁰

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Figure 5.4 Rate of preventions and relief per 1,000 households by quarter 2017/18: Trailblazer v comparison areas



6 Concluding Comments

6.1 Introduction

This Chapter provides concluding comments and consolidates learning from the study on the effective design and delivery of activities to prevent homelessness.

6.1.1 Case study findings

Overall, the findings from the case studies demonstrate that **the Trailblazer programme has effectively helped local authorities and their partners to develop and implement innovative approaches to homelessness prevention**. While around the mid-point of the delivery cycle at the time of the visits, the design of the approaches implemented reflects good practice from pre-existing approaches and as highlighted in the REA, and in several cases goes beyond it.

In the six case study areas there were new approaches that had been introduced – and viewed as being effective – but which did not feature widely in the evidence-base on homelessness prevention before the Trailblazer programme. An example of this is an intervention in one Trailblazer area to identify residents potentially at risk of homelessness but not in contact with local housing services. Over 130 Jobcentre Plus work coaches received training from two homelessness charities in how to identify at risk cases, resulting in over 250 residents being referred to homelessness prevention support in six months. At the time of the research there was reported interest from other Jobcentre Plus districts and DWP in replicating the model in other areas.

Elsewhere the case study areas **reflected many of the key activities, and elements of activities, identified as effective practice in the REA**. These included:

- Enhancing the advice and support provided for households at risk of homelessness - for example in Southwark and Luton, the Advice+ service in Bristol and debt advice service in Peterborough and Cambridgeshire;
- Targeting outreach services for specific high risk groups - as in the Drug and Alcohol Outreach service in Brighton and Hove;
- Improving to access the private rented sector - for example in Peterborough and Cambridgeshire, which included a rent guarantee scheme; and
- Providing mediation services - for example in Brighton and Hove to work with families and young adults.

One common theme was the **establishment of holistic approaches to homelessness prevention**, with multi-disciplinary teams being established for example in Bristol, Luton and Newcastle, which included piloting an approach to increase referrals of benefit claimants at risk of homelessness from Jobcentre Plus.

6.1.2 Impact assessment

While the case study fieldwork identified examples of outcomes achieved for homeless individuals, the impact assessment showed there to have been a positive effect on the number of acceptances and of cases of prevention and relief in 2017/18 for Trailblazers working with 'within 56 day' cases. The analysis showed less of an effect on the number of decisions and numbers in temporary accommodation – again in the 'within 56 days' areas, as shown below:

- The rate of acceptances in Trailblazer areas averaged 2.76 per 1,000 households, vs. 3.16 in the comparison areas;
- The rate of cases of prevention and relief in Trailblazer areas averaged 7.83 per 1,000 households, vs. 7.03 in the comparison areas;
- The rate of decisions in Trailblazer areas averaged 5.31 per 1,000 households, vs. 5.48 in the comparison areas; and
- The rate of households in temporary accommodation in Trailblazer areas averaged 5.98 per 1,000 households, vs. 6.22 in the comparison areas.

The findings for the 'within 56 days' areas were particularly positive given that the Trailblazers were around half way through their delivery cycles.

In the case of the Trailblazers working with more 'upstream' cases, no detectable impact on the statutory homelessness and prevention and relief national statistics was identified. This is not surprising, given that evidence of their impact would only be expected further in the future.

6.2 Learning on homelessness prevention

This learning is structured around the success factors and challenges discussed in Chapter 4.

6.2.1 Existing prevention infrastructure

The case study areas had typically invested in previous work on homelessness prevention prior to their involvement in the Trailblazer programme. This was acknowledged to have assisted them in developing effective interventions as part of the programme because they had existing knowledge, delivery models and partnerships to build on. Not all areas will have such experience to build upon, and so may initially not be in as strong a position to enhance their preventative activities as the case study areas have been.

Some of the case study areas said they had already hosted visits from other local authorities and been highlighted as case studies of good practice by MHCLG. However, there may be further potential value in **MHCLG disseminating examples of the practical resources, intervention designs and lessons from the Trailblazer areas to other local authorities, to assist their response to the Act.**

6.2.2 Staffing to perform prevention roles

There was a shared view that effective preventative work with residents requires a particular mindset – with flexibility, empathy and the willingness to engage to support individuals being key criteria. Getting staff in place with such a mindset was an initial reported challenge, but all areas said they had found different approaches to achieve this over time.

Their experiences demonstrate that **recruiting individuals with non-housing backgrounds, retraining existing housing staff, and devolving elements of frontline delivery to third sector partners are all options for how local authorities can staff prevention roles. Salary grades, job descriptions and CPD provision for homelessness prevention roles should also reflect the requirements of these roles.**

6.2.3 Locating prevention roles

Lead local authorities had placed Trailblazer staff close to, but not necessarily within, mainstream housing teams. This was thought to be effective in making provision feel different, and in some cases more approachable, to residents and differentiating the roles of the staff concerned, while still ensuring that linkages between preventative work and other housing services could be built and maintained.

The implication of this for other local authorities is that **some degree of separation between mainstream housing and homelessness prevention teams may be desirable, but not at the expense of ongoing dialogue between the two.**

The various models of colocation employed in the case study areas were also seen to have benefits, although there was no one model that stood out as being “better” or more effective than the others. Different models had been employed to reflect the characteristics of the area and what was trying to be achieved. This suggests there is value in local authorities **exploring the use of different models of colocation as they enhance their preventative efforts and as part of their response to the HRA.**

6.2.4 Spreading the prevention message more widely

Lead local authorities said they had found a ready audience amongst third sector organisations and other housing teams for collaborating on homelessness prevention. Progress had been more uneven or slower in engaging wider audiences such as private landlords and healthcare professionals that are not necessarily used to collaborating with local authority housing services. Equally where links had been established these had lead on to significant developments. The examples of the Jobcentre referrals pilot in Newcastle, and encouraging progress that had been made with private landlords in Peterborough and Cambridgeshire illustrate, what can be achieved.

This indicates that **engaging organisations that are not used to collaborating with local authority housing services about**

homelessness prevention may take time, resources, and dedicated personnel - but are worth this investment.

6.2.5 Identifying intended beneficiaries

The identification of residents at risk of homelessness by front line staff and by more data-based approaches had both been employed in different case study areas, and interviewees typically saw ongoing roles for both.

Some also saw particular promise in data-based approaches because of the potential to proactively identify cases based on a number risk factors, and target support accordingly. However, the sophistication of the data-based approaches so far employed had been limited by difficulties in gaining permission to use resident data held by other organisations.

Effective examples of identification by frontline staff have been underpinned by upfront engagement work with the organisations concerned, face-to-face training for the frontline staff, and processes to ensure referrals can be made with residents' informed consent.

Local data sharing agreements with other organisations should be sought early if local authorities intend to introduce data-based approaches. There may also be a potential role for MHCLG in engaging with DWP nationally to broker the sharing of Jobcentre Plus data with local authorities for the purposes of homelessness prevention.

6.2.6 Engaging intended beneficiaries

Case study areas had sought to engage with residents at risk of homelessness in provider settings and through outreach work. Going out to proactively engage with residents in their own homes was reported to be considerably more effective in establishing contact than the alternatives of relying on self-referrals or initial contact by letter and phone. There were also perceived benefits associated with conducting ongoing casework with residents in their own home.

This suggests **that local authorities should include provision for some element of outreach work as part of their response to the Act.**

6.2.7 Balancing prevention priorities

Participating in the Trailblazer programme had reinforced the belief of interviewees in the efficacy of intervening early to prevent homelessness before a crisis-point is reached. The qualitative evidence from residents collected through this research also supports this view. Equally frontline staff in two areas reported challenges in finding time to perform preventative work in the face of requests from other under-resourced housing teams to take on cases where a crisis point had been reached.

There is a risk this challenge could also be encountered more widely in non-Trailblazer areas. As part of a central government-funded programme, Trailblazer activities have partly been protected from the attendant resource and budget pressures in local government. In other local authorities, early

preventative work will feasibly be funded out of the same budgets as more crisis-driven work.

The case study findings do not provide a complete answer to how non-Trailblazer areas could or should approach this issue. However the findings do suggest that local authorities should **carefully consider how resources are allocated to early preventative work, and how the deployment of these resources is monitored or even protected.**

6.2.8 Evidencing prevention

Collecting evidence on the local causes of homelessness and the effectiveness of local preventative approaches was considered a success factor by case study areas, particularly by those investing the most in this area. Interviewees emphasised that this was not just “*research for research’s sake*”. Evidence was being actively used to inform the design of local preventative activities, garner internal support for investment in prevention by demonstrating the impact of activities, and build consensus with local partners.

Justifying expenditure on research as part of their response to the Act may not be easy for local authorities, but the benefits reported in the case study areas provide a strong case for trying to do this. In order to fully realise these benefits, evidence should be actively used and shared with local partners.

6.3 Programme learning

The case study areas welcomed the principles behind the Trailblazer programme and the opportunity to participate in it.

The freedom they had been afforded in devising their own interventions (and in some cases adapting the design of these as they went) was also seen as a key positive, as was the comparatively long duration of the programme. As an interviewee from one of the lead local authorities said, this had provided them with the resource and time to “*test the rhetoric*” in preparation for the Act.

The one recurrent recommendation across the case study areas was for **additional dialogue between MHCLG and the Trailblazer areas, and opportunities for the areas to come together to share learning.** Equally interviewees recognised that personnel changes and other competing Departmental competing priorities had created constraints with MHCLG.

ANNEXES

Annex 1 Summary table of effective practice in homelessness prevention

Intervention type	Points of effective practice
Advice and assistance for helping tenants retain existing accommodation	<ul style="list-style-type: none"> ■ Engage with private landlords in an attempt to develop constructive relationships. ■ Provide advice and assistance as an early intervention strategy, considering how to reach private housing tenants and mortgage holders. ■ Consider how to engage and work with groups that may have specific needs and/or a low level of service awareness (e.g. BME groups). ■ Consider logistical and practical obstacles to service access and take measures to ensure advice and assistance reaches the whole community. ■ Promote advice and assistance as part of an organised network of agencies, and authorities should consider the value of enlisting voluntary agencies to deliver independent services. ■ Debt advice and legal advice/representation offer considerable potential for homelessness prevention.
Tenancy sustainment services	<ul style="list-style-type: none"> ■ Deliver tenancy sustainment to those at risk of repeat homelessness, and to those with complex needs at risk of first-time homelessness. ■ Address households at risk of eviction due to ASB, often caused by unmet support needs and vulnerability. ■ Design support to meet a range of different needs and be client-focused and flexible. This may require close liaison between key agencies and commitment to building in support from other agencies. ■ Effective models of support are typically based on ongoing case management by specialist workers, sometimes in the voluntary sector.
Support for rent and mortgage arrears	<ul style="list-style-type: none"> ■ Support households to exit a mortgage either through a voluntary assisted sale or through a mortgage rescue scheme. ■ Employ protocols for landlords and lenders to encourage their engagement with Housing Benefit departments and/or support agencies where households are building up arrears. ■ Consider discretionary payments for things like unpaid rent and utilities as a way to maintain a tenancy. This may be best delivered as part of a broader package including holistic advice and case management.
Accessing the private rented sector	<ul style="list-style-type: none"> ■ The evidence is strongest for rent deposit schemes, which can have the benefit of building a more open and accessible local private sector rented market, but this depends upon building good relationships with landlords and the tenancies being successful. ■ Where landlords are likely to derive market or financial benefits from a scheme, use schemes to secure favourable conditions for tenants such as longer-term contracts, higher property standards, and maximum rents. ■ Assess tenants before putting forward for a tenancy, and ensure they are capable of independent living, and be likely to sustain a tenancy. Pre-tenancy training for a home-seeker may be required.
Care leavers	<ul style="list-style-type: none"> ■ Offer support immediately from the point of leaving care, or even just before.

Intervention type	Points of effective practice
	<ul style="list-style-type: none"> ■ Ensure a consistent and trusted relationship between case worker and client. ■ Offer suitable temporary and/or transitional accommodation so that the young person can learn to live independently under support. ■ Provide access to wider holistic support such as training on finances and tenancy management, education, employment, life skills, mental and physical health services, and engagement in social networks.
Individuals experiencing domestic abuse	<ul style="list-style-type: none"> ■ Flexibility in choice of support is key, in terms of funds provided and options to stay or leave the home. ■ Offer people a safe space in the form of temporary accommodation while they are deciding what form of support to accept. ■ Specialised services covering a range of support for individuals experiencing domestic abuse are more effective than general accommodation services who do not specially target this group.
Offenders and prisoner leavers	<ul style="list-style-type: none"> ■ Housing advice and support should be offered at all stages of the custodial period for offenders. ■ Services need to work together to link the necessary support at all points in the custodial pathway and release into the community. ■ Peer led training can be an effective mechanism of engagement in accommodation advice and support. ■ Accommodation support must be given alongside training in life and social skills, financial skills and tenancy sustainment.
Ex-service personnel	<ul style="list-style-type: none"> ■ Holistic support services around social isolation and health and mental wellbeing are needed alongside accommodation support to ensure tenancies are maintained in the long term.
Family mediation	<ul style="list-style-type: none"> ■ Family mediation can be a cost effective intervention in preventing youth homelessness. ■ Offer holistic support through working with other services within the community, in terms of early referrals and ongoing support. ■ Offer a safe, confidential and impartial environment for both parties involved. ■ Consider whether the process needs to be obligatory for all parties. ■ Do not use family mediation as an alternative to temporary accommodation. ■ Do not solely focus on return to the home if that young person would be at risk. ■ Consider family mediation as a useful means of building positive relationships between families to prevent risks of homelessness in the future, regardless of whether the young person is living with the family or not.
Youth outreach	<ul style="list-style-type: none"> ■ Offer early targeted advice which can effectively take place through schools and youth centres. ■ Peer mentoring is an effective way to address young people's issues in a holistic manner. ■ Temporary respite accommodation can be used to provide young people with space whilst dealing with family disputes. ■ Employ a single front door approach to all services so that young people can be helped by multiple agencies simultaneously. ■ Consider education and training programmes as a way of engaging / reengaging young people within the community and their families.

Intervention type	Points of effective practice
	<ul style="list-style-type: none"> ■ Increase young people’s social networks and training in financial literacy as a way of leading to a sustained tenancy.
Supporting discharge from health and social care	<ul style="list-style-type: none"> ■ In psychiatric settings, implement discharge planning systems that take account of the risk of homelessness. ■ In managed discharge, involve a partnership of housing bodies, benefit agencies and voluntary organisations. There is particularly strong evidence for linking housing support and income support within a hospital setting. ■ Give intensive support to patients leaving units to help them identify, access, and pay for accommodation. ■ Continuity of care is important during the period of transition, and this should involve passing responsibility to existing community supports. This may need to involve development of independent living skills and offering other practical and emotional support.
Supporting people with mental health difficulties	<ul style="list-style-type: none"> ■ In addition to typical advice and support, work with landlords to raise awareness and understanding of mental health problems, and negotiate more suitable accommodation with housing providers. ■ Offer specialist welfare advice while patients are in hospital. ■ Ensuring housing stability for people with mental health problems should largely be seen as the responsibility of community housing services and local health and social care, rather than as the domain of separate homelessness services. ■ Develop life skills for sustainable independent living as a part of support packages.