

Experiences of the Homelessness Reduction Act 2018-2021: implications for Scotland



About Crisis

Crisis is the national charity for people facing homelessness. We know that homelessness is not inevitable, and we know that together, we can end it. Crisis is dedicated to ending homelessness by delivering life-changing services and campaigning for change.

Introduction

In 2018, one of the most significant changes in homelessness legislation in England was introduced. The Homelessness Reduction Act (HRA) was designed to put prevention at the heart of tackling homelessness.

Since campaigning for the change, Crisis has done in-depth tracking of the impact of its implementation. This report analyses three years of interviews and surveys with over 1,400 people facing homelessness and over 35 focus groups with staff working across the six local authority case study areas.

The final research report *I hoped there'd be more options*¹ was published on 30th May 2022. This briefing presents some of the key findings from that research, alongside their implications for Scotland, in the context of the proposed new Homelessness Prevention Duties.²

Part 1: About the Homelessness Reduction Act

In April 2018, the Homelessness Reduction Act 2017 (HRA) was implemented across all local authorities in England.

The origins of the HRA came from an independent panel convened by Crisis in 2015, to assess the strengths and weaknesses of the existing statutory framework. It drew from the Housing (Wales) Act 2014 which introduced similar prevention and relief duties on local authorities. Originally a Private Members' Bill sponsored by Bob Blackman MP, it was also supported by the UK Government and the Westminster Communities and Local Government Select Committee and received royal assent in April 2017.

The Act introduced two new universal homelessness duties on local authorities in England: a 'prevention duty' and a 'relief duty'. Under the prevention duty, local authorities ("housing authorities") must take reasonable steps to prevent homelessness for anyone at risk within 56 days. Under the relief duty local authorities must take reasonable steps to help secure accommodation for those who are currently homeless and eligible. Both duties apply to people regardless of priority need or intentionality and the prevention duty applies irrespective of whether the applicant has a connection to the local area.

¹ Sutton-Hamilton, C., Allard, M., Stroud, R. and Albanese, F. (2022) *'I hoped there'd be more options' Experiences of the Homelessness Reduction Act 2018-2021*. London: Crisis.

² Scottish Government (2022) *Prevention of Homelessness Duties: Consultation*. Online: Scottish Government. Available from: [Prevention of homelessness duties: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/prevention-of-homelessness-duties-consultation)

The Act also introduced the Duty to Refer, a new duty on specified public authorities to refer people to a housing authority if they are homeless or likely to become homeless within 56 days. The public authority must have the consent of the individual before making a referral. The public authorities with a duty to refer include prisons, probation services and youth offending teams, English Jobcentres, social service authorities, hospitals and emergency departments and the Secretary of State for defence in relation to veterans.

A new duty – an ‘assessment duty’ - was created to assess and create Personalised Housing Plans (PHPs) for all applicants who are eligible for assistance and homeless or threatened with homelessness, regardless of whether they are priority need or intentionally homeless. Personalised Housing Plans provide a framework for local authorities and applicants to work together to identify appropriate actions to address their homelessness.

Where the duty to relieve homelessness has *not* been successful, the duty to secure accommodation applies, otherwise known as the ‘full rehousing duty’ or the ‘Main Duty.’ Importantly, this duty is owed only to those unintentionally homeless, with a local connection, and who have priority need. In Scotland, the priority need test was removed in 2012.³

Under the HRA, the housing outcomes available to those at prevention/relief stage and Main Duty stage are different: at the prevention/relief stage, the authority must “take reasonable steps to help the applicant to secure” that accommodation which is suitable and available for at least six months becomes available for occupation or does not cease to be available. At the Main Duty stage the duty on the local authority is to secure that suitable accommodation is available – either a social tenancy or an offer (approved by the local authority) of a suitable private Assured Shorthold Tenancy available for a minimum of 12 months.

The Act also introduces an option for an authority to serve notice to end the prevention or relief duty, and if so, to deprive an otherwise eligible applicant of the full housing duty, if they are deemed to ‘deliberately and unreasonably’ fail to cooperate. This is not included in the proposed Homelessness Prevention Duties in Scotland.⁴

Part 2: About the research

Previous research on the HRA

The UK Government commissioned its own evaluation to assess the HRA two years after it was first implemented. It published its own review based on the evaluation, as well as results from a consultation which received 160 responses. The evaluation by ICF⁵ found that the prevention duty was viewed as the element of the Act that has been most effective in achieving positive outcomes for more service users. There was a more mixed picture on the relief duty, where the ability of local authorities to relieve homelessness was reported to be inconsistent depending on structural

³ Scottish Government has committed to revise legislative arrangements for intentionality and local connection and amend intentionality definition to focus more closely on ‘deliberate manipulation’. Since November 2019, local authorities no longer have a legal duty to investigate whether someone is intentionally homeless. This is now a discretionary power.

⁴ Scottish Government (2022) *Prevention of Homelessness Duties: Consultation*. Online: Scottish Government. Available from: [Prevention of homelessness duties: consultation - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultation-papers/collections/documents/Prevention-of-homelessness-duties-consultation-gov.scot.pdf)

⁵ MHCLG, Evaluation of the Implementation of the Homelessness Reduction Act: Final Report. DLUHC: Online. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/919748/Evaluation_of_the_Implementation_of_the_Homelessness_Reduction_Act_Final_Report.pdf

challenges such as the local supply of affordable housing. This is echoed in Shelter's study, *Caught in the Act*,⁶ and was reflected in Crisis' interim report on the HRA published in 2020.⁷

Report aims and methodology

Four years on, Crisis' *I hoped there'd be more options* report⁸ takes a step back from the legislation, seeking to answer whether the HRA is working and where it can be improved. The research places the legislation in the wider context, examining the impact of the pandemic on a prevention framework and the extent to which structural barriers stop the HRA from achieving its goals.

The research is based on three waves of an in-depth three-year research study, funded by the Oak Foundation, examining the impact of implementing the HRA across six local authority areas in England. A total of 1,477 participants took part in the research through 1,434 surveys, 229 follow up surveys and 161 in-depth/follow up interviews. 37 staff interviews and focus groups took place across two years of the research with Housing Officers, Team leaders/managers and senior managers/heads of service.

Part 2: Research findings and implications for Scotland

Principles behind the HRA

The design of the HRA was to focus more local authority resources on preventing homelessness happening in the first place.

Many staff felt that the ethos behind the HRA was a positive thing.

"I've found that the focus on actually working more on prevention and early intervention, the understanding of what a relief duty is, I'm comfortable with its ethos and what was developed from Wales coming across and that side of things, that embryonic legislation that was across the border." (Manager)

"I'm glad to see that we're helping people that we don't have any statutory duty to place into [accommodation], like people non-priority need, I really welcome that." (Manager)

There were exceptions to this, with some staff feeling that the legislation did not open up support to all those who should receive it.

Regardless of their views of the HRA and their service's design, staff across the board felt there were broader constraints that prevented them from offering as much support as they would like to. In line with the UK Government's review of the HRA, many felt there was a lack of funding for their service. Staff often felt they were under-resourced, and the increased level of demand created by the HRA was perceived as problematic by some. Some even felt their teams were stretched beyond capacity,

⁶ Rich, H. and Garvie, D. (2020) *Caught in the Act: A review of the new homelessness legislation*. London: Shelter. https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/report_caught_in_the_act

⁷ Boobis, S., Sutton-Hamilton, C. and Albanese, F. (2020) 'A foot in the door:' Experiences of the Homelessness Reduction Act. London: Crisis. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/a-foot-in-the-door-experiences-of-thehomelessness-reduction-act-2020/>

⁸ Sutton-Hamilton, C., Allard, M., Stroud, R. and Albanese, F. (2022) *'I hoped there'd be more options' Experiences of the Homelessness Reduction Act 2018-2021*. London: Crisis.

and that caseloads were unmanageably high. But the greatest restriction identified by staff was the lack of available housing options.

Many felt there is still more to do to shift further emphasis on genuine prevention centred approaches, including before the statutory 56 day period:

“So, the opinion of the act I think it’s, it feels like it’s a large step in the right direction, but we’re not finished yet in terms of the approach that local authorities should be taking around preventing homelessness. In the spirit of what gets measured, gets done, the fact that [Staff member] talked about the 56 days threatened with homelessness whereas we know the right thing to do is to be as upstream as possible, even before people are threatened with homelessness and do work with them. And for us to be able to do that, apart from finding the funding to do it and we know it’s the right thing we need to be able to somehow demonstrate the value of that and we need a mechanism of talking to government about that.” (Manager)

Implications for Scotland

Scotland is in the advantageous position of being able to learn from both the policy, the legislation, and the implementation of the HRA, to create a package of prevention duties that build on the strengths of the legislative frameworks in Wales and England and those that already exist in Scotland and move prevention further upstream.

Contact with other services

When people described how they came to be homeless, it was notable that in many cases they were in contact with other public services who, if they had the right knowledge about housing or homelessness, may have been able to help prevent someone from becoming homeless. The research also showed that opportunities to refer people to Housing Options from another service are still being missed. For example, while 24 per cent of people were in touch with Jobcentre Plus, only 6 per cent remembered receiving advice to approach Housing Options.

Implications for Scotland

This highlights the importance of involving other organisations in preventing homelessness. The Prevention Review Group recommended introducing new duties on other public bodies to ‘ask and act’ to identify homelessness.⁹ There are already similar duties on public services to ask about people’s experiences, particularly around safeguarding children and vulnerable adults. Services in Scotland are increasingly employing Routine Enquiry practices to identify individuals who have had Adverse Childhood Experiences (ACEs) or experiences of domestic abuse, or families struggling financially as part of their child poverty commitments (such as Healthier, Wealthier Children in Glasgow). Asking about someone’s housing situation could form a similar form of Routine Enquiry, and should be developed based on learning from similar approaches. Appropriate guidance should be developed, and training should be undertaken so that practitioners have the skills to respond appropriately to the information in a person-centred, trauma-informed way.

A strategic focus on homelessness prevention, and partnerships with other relevant services would also ensure that preventing housing crisis is not just the job of the homelessness service.

⁹ Reid, B. (2021) *Preventing Homelessness in Scotland: Recommendations for legal duties to prevent homelessness: A report from the Prevention Review Group*. Online: The Prevention Review Group. Available from: [Scotland Prevention Review Group \(crisis.org.uk\)](https://www.scotlandpreventionreviewgroup.org.uk/)

Experience of contacting English Housing Options

Overall, most participants felt treated with respect when they made initial contact (78%), and felt staff listened sensitively and with respect during assessments (73%). However, there were also reports of poor staff behaviour; many described feeling treated like 'a number,' were unclear on what support was available to them and why, or felt they were unable to get in contact with their Housing Officer easily.

Some issues people experienced seem linked not just to resourcing but also to poor staff behaviour and/or an unsupportive culture.

There were also differences by support needs, only 29% of people with complex needs felt their needs were being met by Housing Options compared to 47% of people with no support needs. There were notable differences at the assessment stage as well – 69% of people with no support needs left the assessment feeling positive compared to 44% of people with complex needs.

Those who had more positive experiences characterised these as being more personalised. They often had a strong relationship with a specific Housing Officer, whom they found communicative. Some with positive experiences also characterised their Housing Officer as allowing them to feel involved in decisions about their situation and being given autonomy over what support would be helpful to them.

“They let me just do my, literally do my own thing and just kept in touch with me and supported me and made sure that I was applying for the right properties and things. So they’ve been in the background if I’ve needed them. Well, obviously, but yeah, they’ve done as I wanted them to do rather than sort of force me to make a decision that I didn’t want to do.”

Implications for Scotland:

The way someone is treated when they first approach a service for support is crucial to their overall experience of the service, and their expectations of that service. Developing a framework that supports a more person-centred approach, with the voice of the applicant central and embedding a culture of co-production, empowering people to take greater agency over their circumstances both now and for the future, is central to proposed new Homelessness Prevention Duties. This should include an open discussion with applicants about their circumstances and desired outcomes, giving them a voice and a sense of choice and control at a very challenging point in their lives. Being person-centred means that those with the most complex situations must get a service which meets their needs, and a strong mechanism for transparency and accountability to ensure all people receive a consistently person-centred approach.

Barriers to accessing help

Across the second and third waves of the research, 17% of respondents got no help at all. Reasons included not being eligible for assistance due to immigration status, application of local connection and early use of priority need and intentionality at the prevention and relief stage (even though these tests should not be applied at these stages).

On local connection: 12% people in our survey sample could only receive limited support because they had not worked or lived in the area for long enough. Some affected by this viewed it as unfair given they felt they had strong ties to the area in question, or because of the impracticality of moving to an area where they might qualify as having a local connection.

People described being put under pressure to view or accept properties that they did not feel were suitable for them, and that not doing so could mean they were seen as not trying to prevent their own homelessness, and could potentially be assessed as not co-operating or intentionally homeless further down the line. There were also cases where, rather than the local authority attempting to support someone to find accommodation before they became homeless, people did not receive help until they were experiencing a more severe form of homelessness.

Implications for Scotland

The Scottish Government already has plans to reform the local connection and intentionality tests, and the Prevention Review Group proposals were developed with the understanding that intentionality would not exist in its current form under the new statutory framework. These findings from England again reinforce that a system focused on prevention is less effective where legal tests prevent the individual from getting the help they need, when they need it.

If the Scottish Government does not remove the additional legal tests, they must give very careful consideration to the interaction of the various duties and legal tests, and ensure that the tests are not applied inappropriately. Conversely, there should not be any perverse incentives to avoid helping people at as early a stage as possible.

Assessments

The HRA led to the introduction of an in-depth assessment, used mainly to understand a person's housing needs and circumstances. Participants generally appreciated having the opportunity to speak to someone at length about their situation, particularly when their housing officer was knowledgeable about what options the person had in their circumstances, and when they showed empathy towards them.

However, worryingly, only 69% of survey participants said they received an assessment, even though this should be available to all who are currently homeless or facing homelessness in the next 56 days, provided they meet immigration conditions for support. This suggests that some people were not aware that they were being assessed, and that others did not receive an assessment – also indicating that measures such as priority need may have been incorrectly used to withhold support that people were entitled to.

Implications for Scotland

The proposed Homelessness Prevention Duties for Scotland also include an assessment duty, which is central to identifying the 'reasonable steps' that could be taken to prevent, resolve or alleviate someone's homelessness. The findings above serve as a reminder that legislation and statutory guidance must be clear about what the assessment entails, the value of a person-centred approach, the importance of the individual always knowing and understanding that they are being assessed, and receiving a copy of their assessment. This is also necessary for the right to challenge decisions and seek redress under the new system to work effectively.

Personalised Housing Plans

Once an assessment has been completed, a Personalised Housing Plan (PHP) must be developed which sets out the steps that the applicant and the local authority will take to help to address their housing needs. There was a correlation between use of PHPs and positive housing outcomes – suggesting that on balance they have a positive impact.

Staff felt that when given adequate time and when there are sufficient accommodation options, PHPs could be an incredibly valuable tool for helping someone feel involved in decisions about what accommodation is suitable for them:

“The whole idea of, tell us that your problem is, tell us what your aspirations are, and here’s what we think we can do, and here’s your, the role that you can play. That as a basic conversation is really powerful and is absolutely the way forward.” (Manager)

One of the key intentions behind personalised housing plans is that they should be delivered as a live, interactive document, flexibly adjusting to the needs of an individual. However, our findings suggest that PHPs are often not being delivered in this way. Overall, 57% of individuals who were aware of having a PHP reported that it was personalised to their needs, with 50% saying they had been involved in creating the PHP, and 19% reporting that their PHP had been reviewed or updated during the process.

In our survey we found many people were in fact unaware that a PHP had been created for them, with only 50% of participants in the last wave of our study being able to identify they had a PHP. Whilst this increased from 37% since wave 1, awareness remains far too low, indicating a lack of clarity in communication from local authorities as to the process they are engaging their customers in. Among those who were aware of their PHP, the level of understanding and explanation of their PHPs remained low, with only 56% of those who were aware of their PHP reporting that it had been clearly explained to them and only 61% reporting that they understood it. People who were aware of their PHP were more likely to have received advice and support to access the PRS or referrals to other agencies.

Staff felt that whilst assessments and PHPs were useful tools introduced by the HRA, staff sometimes lacked the time to use them meaningfully, which was particularly challenging when people had multiple or more complex support needs.

“It doesn’t deal with the nuances around mental ill health, substance misuse, those at risk of other issues around, a young person fleeing domestic violence is not going to be trying to find private rented accommodation. It’s one of those other things that take priority.” (Team Leader)

Overall, the findings suggests that implementation of PHPs has been mixed. Staff felt that to improve PHPs, they needed to involve other agencies’ support, and involve less administration to focus more on the idea of delivering support.

Implications for Scotland

Crisis see personal housing plans (PHPs) as a critical part of the PRG’s package of proposals to achieve a person-centred approach. We understand PHPs to be an accessible form of the statutory assessment, which has already been co-produced with the applicant, so that the applicant has a clear statement of what has been agreed, what the local authority will do (and when) and when they may have been advised to do.

When combined with recommended requirements for joint working on other public bodies, notably health and social care, some of the issues around supporting people with complex needs may be addressed through the Scottish proposed approach.

However, if implemented poorly, there is a danger that PHPs could become a tick-box exercise and an administrative burden. We can learn from the research findings above that PHPs are most

effective where homelessness teams have adequate recourses to allow staff enough time to carry out a PHP. This is especially important where clients have complex needs. The findings suggest these tools are most effective when service users understand the process they are being engaged in, and how it can benefit them. Without understanding and explanation, individuals may find it difficult to follow the steps in their plan, or to know when the local authority is failing to fulfil their parts of the plan.

Duty to refer

The HRA introduced a Duty to Refer to widen the responsibility of identifying people at risk of homelessness across other public bodies. Positively, as our study went on, the Duty led to more people approaching for help following advice from another organisation. However, staff felt that more could be done to give other organisations a stronger role in preventing homelessness.

Our findings suggest that the duty is having a positive impact, with 59% of people in the final wave survey being advised to approach Housing Options from another service, up from 39% when we carried out the first wave. Both staff and people using Housing Options described the positive impact that this involvement of other services had, both on ensuring people were guided to relevant support, and on speeding up the receipt of support.

“I think it’s a really useful, it’s a really powerful bit of legislation... I think it’s really good, it’s really powerful... I think in terms of getting that commitment to early intervention and homelessness prevention, effective early intervention from other partners, all roads lead back to duty to refer.” (Manager)

However, it was highlighted by staff that the duty can be difficult to administer and that the level of information provided by the referring services can be poor.

“I still struggle with duty to refer. I can see why it’s there and it has merit but the practicalities of administering it and how it is administered nationally is, that needs finessing.” (Housing Options Manager)

In addition, there is a wider set of organisations not subject to the Duty who people were in contact with. For example, 38% were in touch with a GP, but only 10% were advised by the GP to approach the council. This is despite 18% of people speaking to their GP about their homelessness situation. This suggests that if there were a legal obligation upon GPs to refer patients facing homelessness to Housing Options, people in our sample could have their situation assessed at an earlier stage.

There was also a view that involving other agencies in the homelessness system was key for effective prevention.

“I think the culture for prevention though, it’s just, it’s got to, for it to be truly successful it’s got to be much wider than the housing department and we’re not backed up are we by adult and social care or mental health or NHS services” (Team Leader)

“What I think needs to change externally, there needs to be a Duty to Cooperate rather than just a Duty to Refer. It’s no good just putting somebody’s name on a bit of paper and sending it and washing your hands of it.” (Manager)

Implications for Scotland

In Scotland, informed by the Prevention Commission, the PRG went beyond the ‘Duty to Refer’ to propose instead duties to ‘ask and act.’ The intention is for individual services to implement this

duty in the way most appropriate to their work, bearing in mind the vast diversity of services across social work, criminal justice, youth services, health and social care etc. For example, a Probation Officer might work in a very different way with a client compared to staff on a hospital ward where an inpatient is no longer able to return to their home following a major change in their mobility.

Fundamentally, the policy intention is to identify where someone might be at risk of homelessness much earlier, and for public bodies to carry out actions within their own remit, as well as potentially referring to the homelessness service. The findings from this research demonstrate the need for these duties to be defined in a way that encourages joint-working and does not just place the administrative burden on the housing and homelessness service.

In addition, the PRG recommended duties on other services to cooperate with the homelessness service in relation to people with particular needs making homelessness applications (specifically people health and social care services and those with multiple support needs), and also duties for joint strategic planning.

Evidence and decision making

A key issue expressed by people was the need to provide documentation to prove their eligibility for support. Whilst in some cases this was linked to meeting specific criteria for support, the scale of evidence requests suggests some staff may be using requests for evidence as a means of gatekeeping or withholding support. Staff members talking about the need for service users to prove their support needs or homelessness situation provide some indication of how they viewed delivering help as conditional, and were not providing a more person-centred approach to support.

“They wanted a load of information, especially medical information, which I managed to provide... The thing was they wouldn’t accept my doctor’s, a doctor’s letter, they had to see the raw data so that their doctors could make an assessment. So that seemed strange in itself and when I queried that they said, oh no, it’s our doctors that do it. And then, so one doctor could, my doctor couldn’t say I’m ill and I thought to myself, well, they’ve got all this data, they don’t have any interactions with me, they were just looking at the raw data, they can make their minds up on anything, couldn’t they?”

The research also suggested that staff sometimes felt it was hard to confirm whether or not someone is homeless.

“But I think one big for me is confirming the homelessness, quite often people are staying with friends and here and there and they don’t have anyone, actually they don’t want the people who are staying with them, they don’t want to confirm the homelessness and it’s very difficult then to accept them as homeless people, because we don’t have that confirmation.”
(Housing Officer)

Implications for Scotland

The legislation and statutory guidance in Scotland needs to be clear about the definition of those who are ‘six months away from homelessness’ to enable practitioners to easily assess and decide people’s eligibility for support.

In the draft legislation for the PRG it was proposed that certain aspects of the definition of ‘threatened with homelessness’ be defined with reference to particular circumstances, but it should be clear that this list is not exhaustive for someone to be considered threatened with homelessness. There should be a general definition of “likely to become homeless within the next

six months.” Such a definition will need strong, clear and comprehensive guidance to support it, setting out what factors a local authority should be considering. It would be useful for statutory guidance to include specific examples and case studies to help illustrate the distinction between being threatened with homelessness and being homeless, and therefore which duty applies. This will help both local authorities, applicants and non-statutory advice services to support people needing assistance.

Importantly, in implementing the new prevention duties in Scotland, we must aim to establish a culture in which anyone in need is offered support to resolve their housing situation, and avoid a culture which concentrates too heavily on evidence gathering, decision making and assessing eligibility.

Expectations of the Housing Options assistance service

There is a cohort of people that had *low* expectations about what support they might be given. In some cases, previous experiences with the local authority (whether this was with Housing Options or another part of the council) had put off some respondents who had repeat experiences of homelessness from approaching them for help again – suggesting that the system could even act as a deterrent for people to attempt to access support.

Similarly, staff felt they were constrained around how well they could work with their clients for several reasons, including a lack of funding, a lack of staff, and a lack of available housing options. Whilst the HRA was intended to change Housing Options culture to become more supportive and reduce gatekeeping practices, services were often more focused on deciding whether people were eligible for support over actually providing support. This had a negative impact on both experiences of using the service, but also on whether people felt it would be worth approaching for help: awareness that some service users are prioritised over others can act as a deterrent from accessing support.

People’s low expectations about what support they would receive from Housing Options contrasted with staff views that many people come to them mainly to access social housing.

“The reality is most people come to us for their council house and it’s not even for their flat in [area], it’s the house that they’re after, most people. A lot of people just say, well I don’t want private rented, I looked at that, but I’ve come to the council because I want my, you’re the council I’ve come to the council because I want my council house.” (Frontline)

It is true that when given a list of different types of support a council could provide, people did choose housing as the form of support that would have been most useful. However, it is important to note that rather than being a pre-existing motive for approaching Housing Options, it seems people chose these from the list simply because it felt like the best solution. One participant described how they didn’t see the point of returning to Housing Options without assurance that they could be put in some kind of accommodation. In this respect, it seemed that staff who felt people’s interest in social housing was ‘unreasonably’ high – regardless of whether or not this was true – were frustrated not because this accommodation type was inappropriate, but because it was in short supply.

Implications for Scotland

These findings have implications around how legislative changes are communicated to the public, so that people are aware of what support is available to them. This was a common theme emerging from focus groups Crisis carried out in Scotland between February and March 2022. Some participants spoke about how new homelessness prevention duties would need to be

accompanied by a public awareness campaign, and perhaps something like a national helpline, so that people were aware of what support was available to them and how to access it.

It also highlights the necessity of an open and honest conversation with applicants about the range of solutions and housing options that are realistically available as part of the assessment process. This discussion needs to be clearly documented and guidance should bring further clarity regarding how these interactions should take place.

It is also worth noting that the recommended prevention duty for Scotland is to “take reasonable steps to secure” accommodation is available or does not cease to be available, which is stronger than the HRA duty of taking “reasonable steps to *help the applicant to secure*” accommodation.

Types of support provided by Housing Options

There is a wide range of support that Housing Options can provide or signpost people to. Throughout this research, the most common form of intervention offered to those going through Housing Options was information on accessing the private rented sector, with 33% of those we talked to in the most recent wave saying they received this support. Those who received less common forms of support such as mediation, referrals to other support services and rent deposits described these as being extremely valuable.

Implications for Scotland

The fact that those who received mediation, referrals to other services and rent deposits found this support to be extremely valuable, should inform what ‘reasonable steps’ means in a Scottish context.

The way the PRG framed ‘reasonable steps’ meant that a duty is put on all local authorities to ensure that all the reasonable steps listed in statute must also be *available* in their area. This means for example that a local authority should have in place a PRS access service or mediation service, even if those are commissioned and delivered by other organisations.

Prevention duty

Findings from the research show that when more emphasis was placed on prevention, this improved outcomes for people. Between 2018-21 58% of households whose prevention duty ended secured accommodation, compared to only 40% of households where the relief duty had ended. However, there were lots of missed opportunities to keep people in stable accommodation. In wave 3 of the research, out of all participants owed a prevention duty, only 77% remain housed after approaching housing options. This was driven by staff mainly dealing with ‘crisis management’ due to the huge numbers of people already facing homelessness and owed a relief duty, as well as under-resourcing, and pressures to move people out of temporary accommodation.

The research found that more prevention work needs to be happening ‘upstream’. Currently people can only be helped under the prevention duty if they are facing homelessness in the next 56 days. In addition, people may not want or know to ask for help, whether because they are unfamiliar with homelessness services, they feel some embarrassment about approaching them, or may not have acknowledged the severity of their current housing situation. There are opportunities to help people in these situations both by involving other organisations in homelessness prevention, as well as doing more outreach work.

Implications for Scotland

Learning from the HRA suggests that 56 days is often too late to do effective prevention work, so a longer timescale for the duty would be valuable. The interim research report found that some local authority respondents expressed concerns that they no longer felt able to intervene at an earlier stage (prior to 56 days) because it is outside the statutory framework and these interventions would not be recognised or recorded.

Legislative change is needed to incentivise homelessness prevention activity at an earlier stage than 56 days in Scotland. But this should not preclude efforts to shift to more preventative practice across the country. It is through legal, policy *and* practice change together, underpinned by appropriate resourcing, that we will refocus the system on homelessness prevention and achieve consistency and leadership in services across all areas of Scotland. An extended prevention duty should not present a barrier to people being able to access support prior to the six-month statutory responsibility or through other channels. If people need assistance with housing issues prior to being 'six months away from homelessness,' for example where someone has begun building up small amounts of rent or mortgage arrears, they should still be able to access assistance from services. In other words, the extended prevention duty should not be used as a means of gatekeeping and preventing people from receiving support earlier.

Ensuring support needs are assessed and met as part of the overall assessment will be a key means to ensuring sustained housing outcomes for those facing homelessness, through the proposed housing support duty and co-operation with other public bodies.

Housing outcomes

Over half (56%) of survey participants experienced a positive housing outcome under the HRA – meaning that they either remained in accommodation or their housing situation improved after going to Housing Options. Furthermore, accommodation outcomes have improved over the course of the study. In the final wave of our research 67% of households experienced a positive housing outcome – up from just 51% in the first wave. But for many respondents (including those whose situation had improved) their housing outcome/situation was ultimately not a satisfactory one.

Among those whose contact with Housing Options had ended when we conducted the research, nearly half (46%) remained homeless after going to the local authority for support. A major cause of people remaining homeless following contact with Housing Options is the retention of the priority need test in England, meaning that many of those for whom homelessness is not resolved at prevention or relief stages are not owed the 'Main Duty' to be rehoused, but instead can be discharged and remain homeless. However, the priority need test was not found to be the only cause, others included other eligibility criteria (such as immigration status), people losing contact with housing officers, and even cases where people remained sofa surfing because the Housing Office did not deem them to be truly homeless.

When asked how they felt about their living situation after using Housing Options, half did not think it was secure for at least 6 months, more than half (58%) did not think it was suitable for their needs, and less than a third (30%) felt it was both secure and suitable. The reasons for this included homelessness not being resolved, accommodation being temporary, but also issues with more permanent forms of accommodation, such as affordability, poor quality living conditions, accommodation being inappropriate for support needs, and a lack of follow-up from Housing Options or other services after moving in.

Those living in rented properties, either within the private, social sector, or in supported housing, were most likely to report their situation being both secure and suitable.

Housing outcomes were worse when respondents reported they did not receive the right help to assist them. Of those experiencing a negative housing outcome, only 19% felt support from Housing Options helped to resolve their homelessness, whereas 51% of those who had a positive housing outcome felt the support had resolved their situation.

Some staff felt there was a need for major changes to the PRS in order to open up more accommodation solutions for their clients. Suggestions included increasing property standards with better access to the range of PRS needed, particularly considering access to large properties for families, and PRS that is accessible and suitable for those with disabilities.

Staff felt there were a range of issues that affected their ability to deliver positive Housing Outcomes – including lack of funding, short-term funding, under-resourcing. But the greatest barrier identified by staff to achieving more positive housing outcomes was the lack of available housing, noted by many different members of staff in our interviews and focus groups with them. People felt this was true across different types of tenure, and felt their area had both limited social housing stock, as well as a private rented sector that was either also limited and/or expensive.

“We’re seeing property prices still rising, we’re seeing rent’s still rising, we’re seeing the private sector, in the last 15 years, 20 years, someone correct me if I’m wrong, having replaced the social sector as the second biggest form of tenure after owner occupation. And so, yes, it is a challenge and so delivering on the HRA is difficult simply because it assumes that there are properties available for everyone who would be owed either a prevention or a relief duty.” (Manager)

Related to this, some staff noted that investment in Local Housing Allowance rates was too low for them to have an impact on people being able to afford accommodation in the PRS.

In addition, many participants described feeling under ‘pressure’ to accept housing options that they saw as inadequate or inappropriate for reasons such as suitability for their health condition, affordability, and location in relation to work, education, or a support network.

Overall, 19% said they turned down an accommodation offer. The most common reasons for doing this were that it was too far away from work, education or one’s family (15%), that it was in poor condition (14%), or fear of the area.

There were some participants who told us in detail about how they ‘gave up’ on Housing Options and chose to live in risky situations. As well as having immense personal costs, these decisions in practice seemed likely to lead to a worsening homelessness situation. One person described moving back into a motorhome despite it being unsuitable for his health condition and a domestic abuse victim described moving back in with her ex-partner.

Implications for Scotland

Above all, these findings speak to the need to prioritise the supply and availability of affordable homes. The Scottish Government has made welcome commitments to the Affordable Housing Supply Programme, but it is critical to ensure that future investment is effectively targeted, not only in localities with greatest need, but also providing homes which match the size requirements of households who are homeless. This means expanding provision of one-bedroomed homes in many parts of Scotland.

The findings also demonstrate the importance of strengthening the PRS. Crisis welcomes any steps to improve standards in the PRS which has positive outcomes not only for low-income households in that tenure who may be at risk of homelessness, but also for those with experience of homelessness who are supported into their own private tenancies. Our practice experience demonstrates that liaison with landlords and effective PRS support services can open up housing options even in challenging PRS markets. The Rented Sector Strategy and forthcoming Housing Bill represent important opportunities to improve security, affordability and standards.

Crisis believes that those experiencing homelessness, or who are threatened with homelessness, should have greater choice and control of their housing journey, and that this should be supported by a wider range of housing options which match those available to the wider public. Importantly, the HRA research found that housing outcomes are best when people receive the *right help to assist them*. Whether someone's preference is a social tenancy, a private tenancy or to remain in their current accommodation, they should receive the right support from the housing assistance service to facilitate this option, in as safe a way as possible.

How the HRA works for different people

The research shows how in England, two groups in particular are having both worse experiences and outcomes than other groups: people with multiple support needs and people sleeping rough.

Families: On the one hand, families were much more likely to see a positive change to their living situation after contacting Housing Options than other household types. 64% of families had a positive housing outcome, compared to 47% of single people, and 56% of those with another household composition. However, despite being more likely to remain in or move into accommodation after contacting Housing Options, families were less likely to feel it was adequate.

Support needs: having a support need often meant people had a worse experience or outcome than others under the HRA – despite needing help with additional challenges as well as homelessness. In addition, people with complex needs had even worse experiences and outcomes than other people.

Disability: Whilst more likely to have a more positive housing outcome, disabled people were also more likely to feel this accommodation was neither secure nor suitable for their needs. Indeed, they were also significantly less likely than others to feel their needs had been met by Housing Options, with only 22% feeling this way compared to 38% of others.

Young people: Young people aged 18-24 experienced worse housing outcomes than all other age groups, with only 47% experiencing a positive housing outcome compared to 64% of people aged 55-64.

Care leavers: experiences were even worse for young people who have experienced the care system, only 44% of whom experienced a positive housing outcome. In addition, only 29% of 18-24-year-old care leavers felt their accommodation was suitable and secure, compared to 40% of 18-24-year-olds without experience of care.

Domestic abuse: those whose homelessness was caused by domestic abuse were in formal terms prioritised by Housing Options, and had either similar access to or greater support than others – but this did not always translate into better experiences with staff. Whilst they were 19 and 18 percentage points more likely than others to be told they were in priority need and to be 18 percentage points more likely than others to be offered emergency accommodation, they were 7

percentage points less likely to be provided with advice and 10 percentage points less likely to feel able to access services outlined in their PHP.

Discharge from institutions: Those discharged from institutions tended to have either typical or better experiences than others. They felt more positively about assessments and PHPs; compared to the whole research sample they were 10% more likely to leave their assessment feeling positive. After using Housing Options they were 8% less likely to feel their accommodation was neither suitable nor secure; overall this meant they were 7% more likely to say their needs were met by Housing Options support.

People sleeping rough: had some of the biggest problems accessing and receiving support. A third (33%) received no support, advice or assessment from Housing Options; compared to others, they were twice as likely not to receive any of this. Whilst advice is meant to be provided to all, regardless of eligibility for support, just over half (56%) of people sleeping rough received advice and information from Housing Options, compared to 67% of the whole sample. Less than half (47%) felt able to access services outlined in their PHP. People sleeping rough experienced worse housing outcomes than average, with 44% feeling their accommodation was neither suitable nor secure. Consequently, this group provide particularly low ratings of Housing Options overall support: only 29% felt their needs were met, and only 22% felt support helped them to remain in or find accommodation.

Implications for Scotland

These findings serve as a reminder that a 'one size fits all' approach to homelessness prevention does not work; more work needs to be done to ensure there are dedicated approaches and pathways for different groups such as young people and those with experiencing domestic abuse, with partnerships established with relevant specialist services.

Overall, over half of people experiencing homelessness in Scotland have at least one support need, and the proportion of homeless households reporting a support need has increased over time.¹⁰ There is a high degree of overlap between homelessness, adverse childhood events, complex psychological trauma, contact with the criminal justice system and multiple exclusion.¹¹ Therefore Crisis supports the PRG proposals that a case co-ordination approach is put in place for people with complex needs and that health and social care services are involved in planning to meet the needs of applicants with relevant needs. Ultimately, we hope that such an approach would give people a more coherent experience of support from public services, enabling people to have the assistance they need to maintain stable accommodation and address other areas of need in their life, and supporting a longer-term approach preventing reoccurrence of homelessness or other issues.

¹⁰ Scottish Government (2021) *Homelessness in Scotland: 2020 to 2021*. Available from: [Supporting documents - Homelessness in Scotland: 2020 to 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions-and-statements/supporting-documents-homelessness-in-scotland-2020-to-2021)

¹¹ Bramley, G. et al. (2018) *Hard Edges Scotland: New conversations about severe & multiple disadvantage*. Online: Robertson Trust. Available here: [Hard Edges Scotland | The Robertson Trust](https://www.robertsontrust.org.uk/hard-edges-scotland)

Discussion:

Scotland is in the advantageous position of being able to learn from both the policy, the legislation, and the implementation of the HRA, to create a package of prevention duties that build on the strengths of the legislative frameworks in Wales and England and those that already exist in Scotland and move prevention further upstream.

What has improved under the HRA?

Housing outcomes have been improving for a larger group of people in England accessing help in the years since the Act was introduced. Whilst many people are not in appropriate accommodation after going to their local authority, our analysis highlights that participants ended up in a more suitable and secure living situation if they received more support or felt Housing Options had helped them to remain in or find accommodation – showing how critical their role was.

One of the reasons for these improvements is the HRA's new prevention duty. People owed this duty often have better outcomes, with 58% of those whose prevention duty ended in 2018-21 secured accommodation, compared to only 40% of those whose relief duty ended. Prevention can only work when support is provided early and in a timely fashion; importantly, the HRA created an opportunity to do this. Designing a system that enables more households to remain accommodated prevents the traumatic experience of losing accommodation but it also stops people's living situations becoming more complex, and therefore harder to solve.

To complete the 'reasonable steps' LAs must take to prevent homelessness, affordable and accessible accommodation options are needed, as well as services that are able to act quickly enough to find them. Often the best solution at the prevention stage is to find alternative accommodation, helping people to leave an unstable or dangerous situation. But this research has shown that some people are being asked to remain in unsuitable situations waiting for an eviction before more support can be provided. In many cases local authorities are still delaying action until the 56-day window has elapsed – people are in effect asked to become homeless, which goes against the ethos of what preventing homelessness should mean.

There was also a mixed response from staff about whether their service prioritised prevention, depending on the (re-)design of their services and the availability of housing and tools to truly prevent homelessness. There were mixed interpretations of what can be recorded as prevention activity, with some working within a strict statutory definition, and others doing and recording earlier interventions.

It was clear that prevention needs to go further upstream, engaging with households before they are at the point of losing homes, receiving eviction notices or forced on to the streets – this would place less of a burden on Housing Options alone, and widen access to preventative support.

One of the HRA's strategies for improving homelessness prevention was the Duty to Refer. This report shows the Duty is successfully connecting more people to Housing Options when they engage with other services. It has also helped to promote the provision of advice from other services. The above-average experiences of hospital and prison leavers highlighted in the report may also be linked to the Duty to Refer and involvement of other agencies in homelessness support (e.g. when delivering assessments). However, the delivery of the Duty to Refer was seen by staff as problematic, with Housing Options sometimes being sent very limited information about individuals referred to them, meaning they have to work harder to build up a picture of their needs. There are

some elements of good practice in this area but for many staff there needed to be a much stronger relationship with the NHS, community mental health teams, the probation service, and others.

Effective prevention has several positive impacts for services: reducing the demand for accommodation options for those with greater need, reducing TA use (and spend), allowing the PRS to be a more viable option, and most importantly, stopping people from experiencing homelessness and the associated trauma that it causes.

The HRA has delivered tools designed to deliver personalised support, intended to change the role of staff from being chiefly about decision making towards providing a plan and support that will help someone based on their needs. The assessment process is giving staff a fuller understanding of people's situations and giving clients more contact and a better experience, with the majority of participants finding them useful and leaving them feeling positive about their options. PHPs, when engaged with effectively, have a measurable impact on housing outcomes. Referrals, rent deposits, tenancy advice, and support with budgeting are highlighted as being particularly effective forms of support for those who had positive housing outcomes. This illustrates the importance of 'soft' support in a housing officer's role – having a strong toolkit and time to use it is vital for staff to deliver this.

What isn't working and why?

Levels of support are inconsistent, often not meeting people's needs, and becoming more generic as the HRA has bedded in. 17% received no support at all. Therefore, participants were leaving support without securing improved housing or with a housing outcome that was not suitable or secure. The main barriers to effective support are: a lack of joined up services able to cover a wide range of needs; a lack of affordable housing options, which reduce the effectiveness of the reasonable steps to accommodate at the prevention and relief stage; and the limited affordable options being protected behind a wall of priority and eligibility, the administration of which takes up a large proportion of officer time. For outcomes to improve, the availability of support must increase, and the barriers highlighted above reduced.

Participants with more support needs have poorer experiences and outcomes, that tend to get worse the more support needs someone has. Our research shows that those with multiple support needs had worse experiences during assessments with PHPs and having their needs met by the support available. This suggests the support available is not able to cover the range of needs that people facing homelessness have. Better joined up services are needed to combine wider forms of support with a client's housing issue.

The new system was designed to help more people, which it has certainly achieved, but for outcomes to improve we need to look at the role played by Housing Officers. Staff felt it was a contradiction to be both a support worker to clients and decision maker over what support is available to them. Despite the broader eligibility criteria brought in by the HRA the role of Housing Officers is still primarily that of a decision maker, demonstrated in staff interviews where some felt clients could be confused about housing officers' roles because of the new support duties.

The structure of gatekeeping that existed pre HRA, highlighted in Crisis' Turned Away research was one of the main drivers that led to the creation of the legislation. The positive correlation between provision of support and positive housing outcomes shows why it is so important that gatekeeping is truly removed. Eligibility criteria such as priority need, intentionality and local connection all mean that people who need help may not get it. This approach makes it difficult to deliver a person-centred service for some of the most vulnerable people in society.

Staff interviews and focus groups across the three waves of the research indicated that the “new burdens” funding did not cover the full costs of implementing the HRA. Staff felt it was not enough to cover the core cost of delivery, with this being supplemented by other sources.

The HRA was never designed to increase housing supply but the lack of housing options available in every area we researched is one of the largest barriers to achieving the outcomes people need. A lack of housing as highlighted above impacts on options available to staff, creating a culture of decision making and changing the relationship between client and staff. When asked what they would change, the majority of staff highlighted the need for additional social, supported, temporary and affordable PRS accommodation.

Recommendations

The report made a number of recommendations for the UK Government. These include:

1. Despite the widening of legal duties under the HRA there are still significant numbers of people that are not getting the help they need to address and end their homelessness. Steps should be taken to build on the intent of the HRA, but the **legal protections must go further to provide help to everyone who needs it**. This should be based on the following principles:
 - Everyone facing homelessness should be able to access help wherever and whenever they need it
 - Local authorities and other public bodies should have robust duties to prevent homelessness
 - There should be clear regulatory oversight of how they discharge their duties under the legislation
2. The research has highlighted the **critical shortage of housing which is stopping the HRA working as effectively as it could do**. The Westminster Government should set an annual target of delivering an additional 90,000 social homes each year for the next 15 years and invest in substantial increases in the delivery of social rented housing.
3. Practice varied considerably by area and Housing Officer which affected the quality of support and whether people had their needs addressed. **Improving standards of practice should be achieved through introducing a statutory code of practice which provides a clear and enforceable set of standards for local authorities with long term funding to achieve this**. The code of practice must be accompanied by training and support for staff to embed and deliver person centred services and commissioning services that are housing-led with tailored support to meet the needs of people facing homelessness.

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