



Homelessness Act 2002, Section 1

Cambridge City Homelessness Review

February 2026

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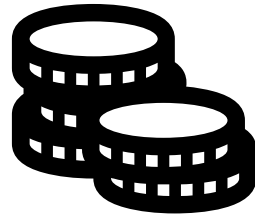
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0. Executive Summary

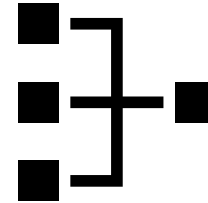
Review context



A **new national homelessness plan to end homelessness** with funding allocations for 2026/27 onwards published **in December 2025**



Fair Funding Review 2.0 reforming Local Gov Finance Settlement from 2026/27. All homelessness & rough sleeping funding, except TA, rolled into single grant. Other consolidations (e.g. public health, crisis and resilience)

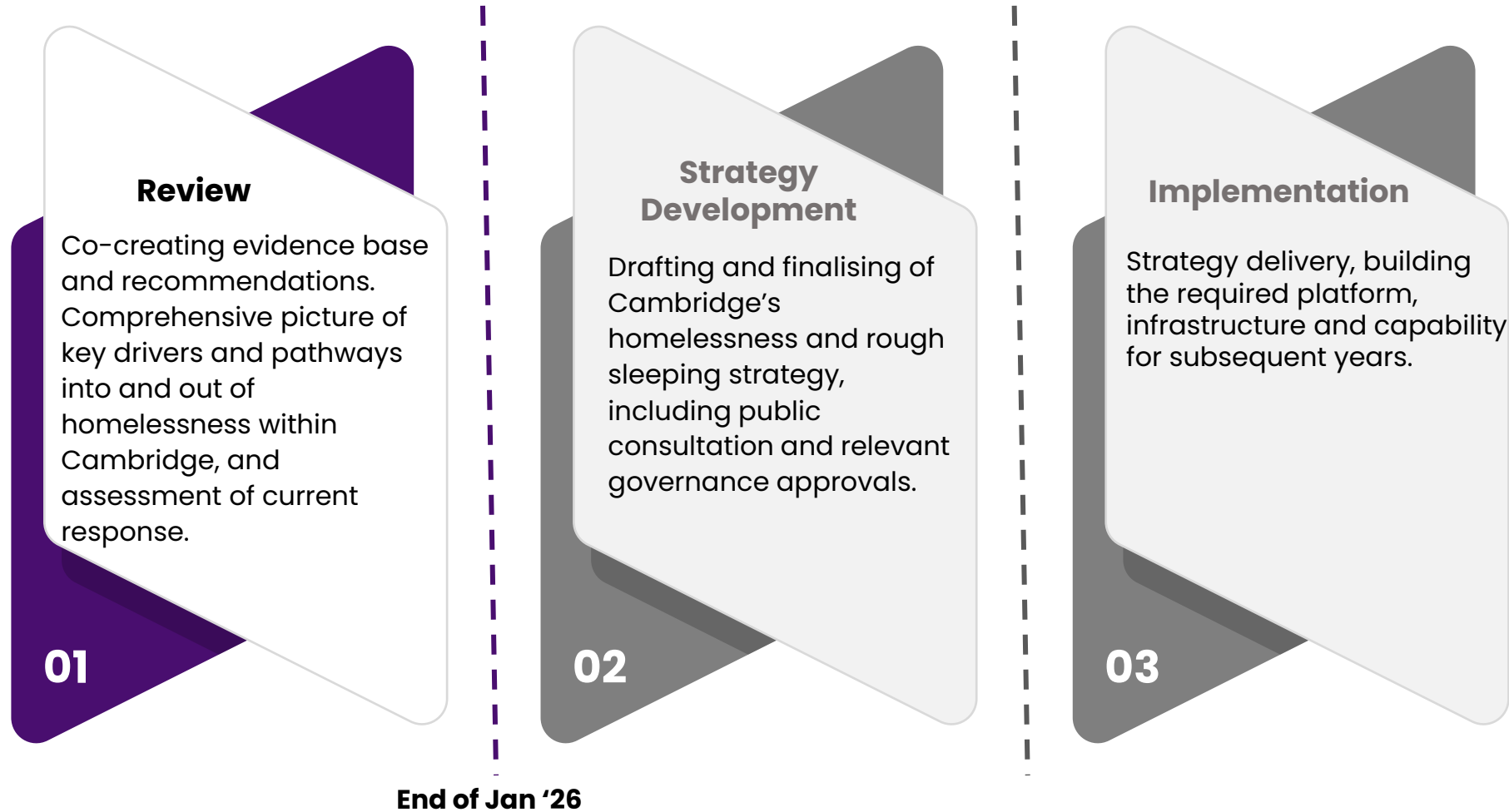


New strategic powers for CPCA and transition to established mayoral strategic authority. **LGR proposals submitted Nov 2025**

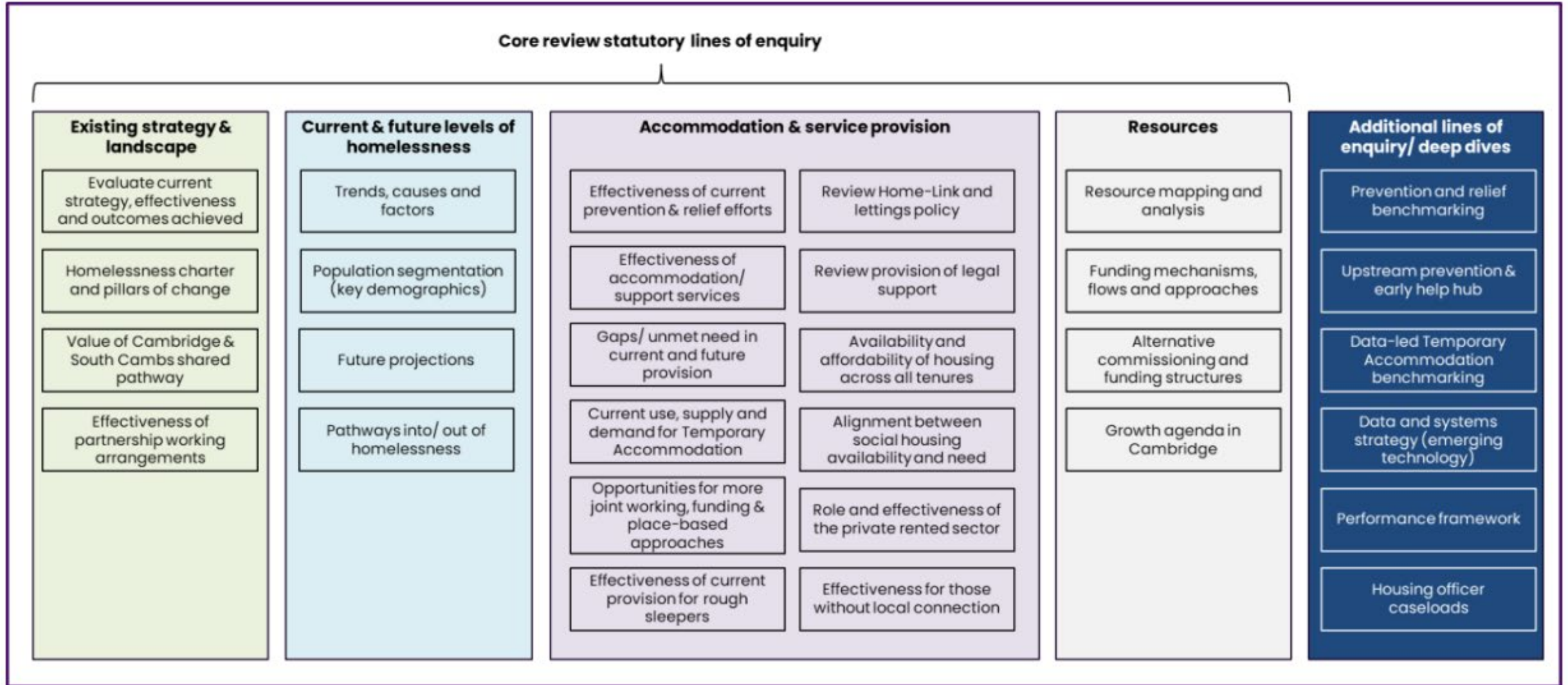


Upcoming legislative and policy changes, including **the Renters' Rights Act, the Supported Housing Regulatory Oversight Act**, and initiatives related to neighbourhood health and pride of place

Where we are



Review lines of enquiry



Current pathways

Pathway 1

Young People & Care Leavers

Individuals aged 16–24, including those transitioning out of care

Pathway 2

Victims (& perpetrators) of domestic abuse

People made homeless or at risk due to domestic abuse – may overlap with priority singles or families

Pathway 3

Families

Households with dependent children

“Priority” singles

Single adults who meet priority need thresholds due to vulnerability, health needs, or other priority criteria e.g. domestic abuse

Pathway 4

“Non-priority” singles

Single adults who do not meet the legal threshold for priority support but are still at risk of or experiencing homelessness (range of support needs)

Rough sleepers

Individuals who are sleeping outdoors or in places not meant for habitation, such as streets or abandoned buildings

Pathway 5

No recourse to public funds

Individuals with NRPF due to their immigration status (e.g. asylum seekers, those on temporary visas, undocumented migrants)

↑ Map relevant services in pathway 4 initially

People experiencing severe and multiple disadvantage

People facing overlapping challenges such as homelessness, substance misuse, mental health issues, and contact with the criminal justice system. Can cover all the cohorts outlined above.

Support Services – Commissioned/ Receiving Grant Funding

- CGL – Street Outreach
- P3 – Floating Support and Tenancy Sustainment
- Cyrenians – Older Homeless Floating Support
- Wintercomfort – Daycentre- welfare/food/laundry/showers, Crisis Intervention & Support Worker, (Streets to Home), Reconnection Worker (CHI Test & Learn)
- Cambridge Women's Resource Centre
- Cambridge Women's Aid – Domestic Abuse Helpline and Refuge
- It Takes a City – Survive and Thrive, The Haven
- Centre 33 – Young People's Homelessness and Housing Support Service, Schools Programme
- Cambridgeshire Community Foundation – Cambridge Street Aid
- Citizen's Advice – HB+/HB+ Family
- Hope into Action – Empowerment worker
- CHS – Employment support worker
- Cambs Home Improvement Agency

Additional Accommodation

- Housing First (HF1/HF2) (Cambridgeshire CC)
- Temporary accommodation (160 own stock units)
- CAS 1/2/3 accommodation (East of England)
- Asylum accommodation (1 unit)
- ASC commissioned supported housing
- Non-commissioned providers of supported housing
- Private landlords
- Hundred Houses Society – Young Parent Project

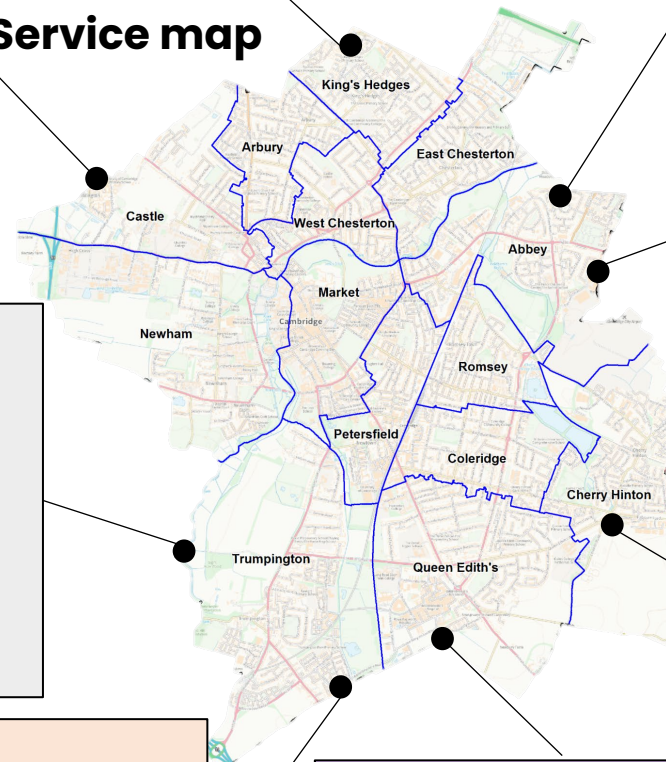
Social Housing Providers

- City Homes
- 32 registered providers

County Services

- Counting Every Adult
- Household Support Fund
- Streets to Home
- Young People's Supported Housing framework
- DA services – IDVAs, target hardening, DA outreach (Impact)
- CGL – HEaRT Homeless Drug and Alcohol Team / Drug and Alcohol Team
- Traveller Liaison service
- Safeguarding
- Cambridgeshire Local Assistance Scheme (CHS)

Service map



Statutory Partners

- DWP – Job Centre
- Cambridgeshire County Council – Adult & Children's Social Care, Public Health & Domestic Abuse
- C&P ICB – Cambridge Access Surgery
- CPFT – Dual Diagnosis Street Project
- HMPPS – East of England (commission St Giles Trust, BeNCH CRC)
- Cambridgeshire Police
- South Cambridgeshire District Council (& other districts)
- Cambridgeshire and Peterborough Combined Authority

Support Services – Non-commissioned

- The Edge – Food Hub/Drop-in
- Cambridge City Foodbank
- ITaC– Street Storage Space
- Cambridge Solidarity Fund – personalised grants
- Vicars Relief Fund – ID, accommodation, deposit and removals grants
- The Elms' – Rape and Sexual Assault Aftercare
- Experience Cambridge
- Cambridge Sustainable Food
- Street Pastors
- Cambridge Churches Homelessness Project
- CHS Charities Network

Co-production/advocacy

- Changing Futures Cambridgeshire and Peterborough
- Cambridge Ethnic Community Forum – User Led Migrant and Race Equality Group
- ITaC – Women's Homelessness Action group
- Law Stop Legal Aid Solicitors

Cross-Partner Protocols

- Hospital discharge protocol
- Young people and care leavers protocol
- Intentional homeless protocol
- Eligible households protocol
- Prison release protocol

Supported Housing (Commissioned)

- Cambridge Cyrenians – short & long stay, move-on, Jubilee
- Riverside – The Victoria Project, Springs and Youth Foyer Hostels
- Jimmy's – East Road, 451 multiple needs, modular homes, shared houses
- YMCA – Queen Anne Hostel (16-25)
- CHS – Young Parent Project, Young Futures Outreach, Corona House, Russell Street
- ITaC – Community Land Trust modular housing & Crossways Winter Accommodation
- Orwell's – Whitworth House
- Waythrough – Castle Service

nb. some of these services have beds/support available beyond what's directly commissioned and fundraise to support this

Council Housing Advice Services

- Statutory part 7 functions
- Income maximisation
- Financial and debt advice
- Rent Arrears Reduction Scheme (RARS)
- Tenancy sustainment
- Landlord mediation
- Family and friends home visiting
- Single Homeless Service
- Townhall Lettings / PRS access
- Housing Benefit Plus
- Homelink/social lettings
- Specialist DA housing worker
- Discretionary prevention spending
- RSAP Programme
- TAP & Prevention Panel

Strong foundations in the face of systemic challenges

Key messages from the review

- Cambridge has **strong foundations** in place to respond to homelessness. Partnership working is well established, the voluntary and community sector is a major strength, and there is effective joint delivery in areas such as rough sleeping outreach, domestic abuse and multi-agency support. People with lived experience consistently value trusted relationships and specialist services.
- These strengths are under increasing pressure. Demand for homelessness services is rising, temporary accommodation use has grown, move-on options are limited and the private rented sector is becoming harder to access. People are also presenting with more complex needs, including mental ill-health, trauma and multiple disadvantage.
- The review found that the system is often **good at responding to crisis**, but less consistent at preventing homelessness earlier or stopping it from reoccurring.
- Key pressure points include discharge from institutions into homelessness, gaps in high-needs supported housing, uneven access to health services and limited options for some groups, including women, people with no recourse to public funds and those experiencing hidden homelessness.
- The recommendations build on Cambridge's strong foundations while addressing these challenges. They focus on **strengthening prevention**, improving flow through the system and targeting resources where they will have the greatest impact. The strategy should be guided by a clear principle: **start less and finish more**, with a small number of priorities for the next two years and limited, targeted test-and-learn activity. The aim is a system that intervenes earlier, prevents repeat homelessness and delivers support with dignity and safety.

Key findings from the data

- **Demand has increased dramatically.** Requests for assessment have grown **140%**, and total approaches have almost tripled since 2020.
- **Domestic abuse, PRS insecurity, custody and LAC transitions drive growth.** Domestic abuse assessments have risen **171%** since 2021.
- **Singles dominate statutory workload.** Rough sleepers and single households account for around two-thirds of relief duties and TA entries, reflecting Cambridge's age profile, labour market and unaffordable housing.
- **Outcomes differ sharply by pathway.**
 - Families: ~43% relief; 53% relief unsuccessful leading to a main duty decision.
 - Rough sleepers: 95% relief; 35% successful relief; with a high rate of no-duty outcomes after 56 days.
 - Non-priority singles: only 41% successful prevention; high transition into relief.
- **TA demand has grown by 57% in four years.** Meaning that the budget has come under sustained and substantial pressure.
- **Acuity is rising.** "Low needs" cases declined from 41% to 23% of the total, meaning complex needs now comprise the majority of demand. Our projections show that future demand will rise in all likely scenarios and highlight the importance of embedding prevention and early intervention.
- **Social lettings are declining.** Reduced move-on capacity is driving blockages throughout the system—contributing directly to longer stays in TA and supported accommodation.

Key findings from system engagement



Cambridge has a strong, well-developed homelessness ecosystem. Stakeholders consistently praised the breadth of provision across statutory, commissioned, voluntary and community sectors.



Workforce churn undermines continuity and specialism. High cost of living and low sector pay results in turnover that destabilises care relationships and slows progress on complex cases.



CAS and the DDSP are vital but under substantial demand. NHS partners report reliance on the Access Surgery as a default for homelessness, which doesn't align with PCN funding formulas based on list size.



Services for rough sleepers are responsive and well-coordinated. The Streets to Home partnership structure is working well and the TAP approach has broad buy in.



There's a recognised gap in supported accommodation for individuals with complex needs. Expanding housing-led models of supported accommodation/housing first to address this should be a priority.



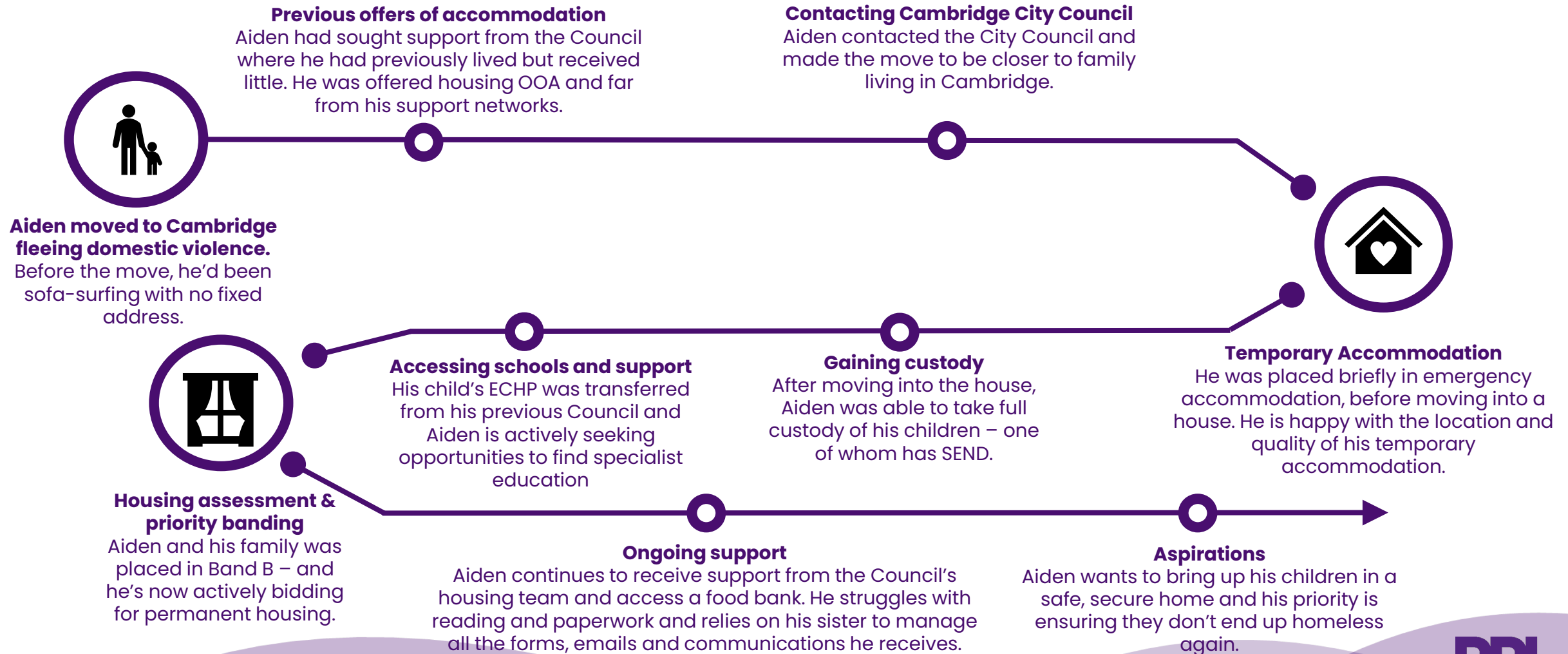
Cambridge has a number of innovative practices in place which respond to the City's local needs and assets. Examples include housing first, modular homes, a test-and-learn partnership with the CHI and the TAP approach.



The next step for Cambridge is to build on foundations of strong partnership working to include the wider system of services available. This includes strengthening relationships with adult social care, health and justice colleagues.

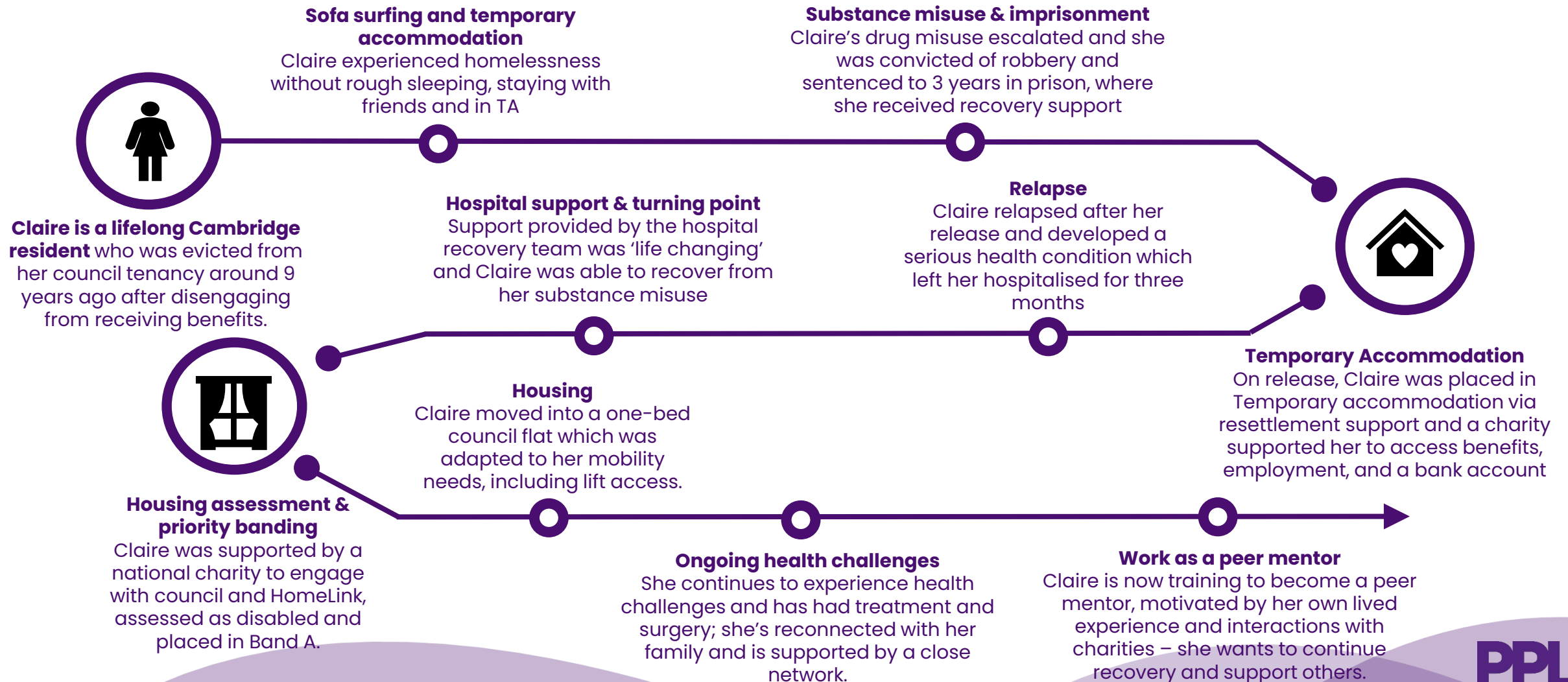
Case study from lived experience research: Aiden

Aiden is a parent living with his children in temporary accommodation in Cambridge. His timeline outlines the value of timely housing support for creating stability for his family.



Case study from lived experience research : Claire

Claire is a women with lived experience of homelessness, addiction and recovery. The below charts her journey through the homelessness system in Cambridge, which shows the importance of critical transition point interventions.



Recommendations: framing and context

Building on what works well

- Cambridge is not starting from scratch.
- The review found **strong foundations** across the homelessness system
- The recommendations are therefore **not about replacing what works**, but **strengthening, aligning and extending it**.

Preparing for LGR

- Local Government Reorganisation from 2028 provides important context for this review and recommendations
- These recommendations are deliberately focused on what can be achieved within the next two years
- The recommendations prioritise **system resilience**: clearer governance, stronger partnerships, shared data and evidence, and approaches that can transfer into future arrangements

Prevention

- Developing a consistent and impactful approach to preventing homelessness, particularly recurrence of homeless and entrenched rough sleeping are central priorities.
- The rising use of temporary accommodation, increasing complexity of need and pressure on move-on options all highlight the fact that without a stronger focus on prevention, demand will continue to outpace capacity.
- Developing prevention and early intervention is therefore the **central organising principle** of the recommendations.

Recommendations: summary

Area	Council-led
Targeted early prevention for PRS households at risk	✓
Strengthening communication standards	✓
Improving consistency and follow-up of the Duty to Refer. Refreshing homelessness governance to support the Duty to Collaborate	✓
Sharpening existing prevention panels to intervene earlier	✓
Improving internal processes and templates to support faster move-on	✓
Improving navigation and signposting for people approaching services	✓
Streamlining multi-agency forums and meetings	✓
Rebalancing the system towards earlier, proactive prevention	✓
Developing a whole-system demand and capacity model	✓
Embedding co-production as standard practice in commissioning and service design	✓
Launching a strategic forum with Registered Providers on social housing access and move-on	✓

Area	System
Primary care inclusion model linked to homelessness pathways	✓
Enhanced MDT / lead-worker model for people experiencing multiple disadvantage	✓
Debt-resolution pathways linked to housing outcomes	✓
Targeted pathways and improved data capture for under-served / hidden groups	✓
Increasing high-needs and step-down supported housing with stronger move-on and sustainment	✓
Strengthening discharge-to-housing pathways from prison, hospital and care	✓
Maintaining a clear local ambition and metric to reduce long-term and repeat rough sleeping	✓
Commissioning additional immigration and legal advice services	✓

Recommendations: prioritisation and impact

Prioritised quick-wins, test and learn opportunities and strategic change opportunities



"Quick Wins"

Low effort, high-impact initiatives which deliver fast and tangible results. Typically achievable within a short-timeframe e.g. 1-3 months



Test and Learn

Dealing with complex, high-risk challenges where there's uncertainty and evidence gaps. Includes small 'test' cases/proof of concepts.



Traditional

For larger, more sustained change which requires a business case and broad system buy-in. Moving from (potential) pilot to full roll-out/implementation.

HIGHER

Importance, impact and/or urgency

- Strengthen communication standards (clear explanations, decision letters, two-way feedback)
- Improve consistency and follow-up of Duty to Refer
- Sharpen existing prevention panels to intervene earlier

- Targeted early prevention for PRS households at risk (financial shock, arrears and eviction).
- Primary care inclusion model linked to homelessness pathways

- Increase high-needs and step-down supported housing with stronger move-on and tenancy sustainment
- Strengthen discharge-to-housing pathways from prison, hospital and care
- Maintain a clear local ambition and metric to reduce long-term and repeat rough sleeping

MEDIUM

Importance, impact and/or urgency

- Improve internal processes and templates to support faster move-on from TA and supported housing
- Improve navigation and signposting for people approaching services

- Enhanced MDT and lead-worker model for people experiencing multiple disadvantage
- Debt-resolution pathways linked to housing outcomes

- Develop a whole-system demand and capacity model

LOWER

Importance, impact and/or urgency

- Streamline multi-agency forums and meetings to reduce duplication

- Targeted pathways and improved data capture for under-served and hidden groups

- Refresh homelessness governance to support the Duty to Collaborate
- Launch a strategic forum with Registered Providers on social housing access and move-on
- Commission additional immigration and legal advice services

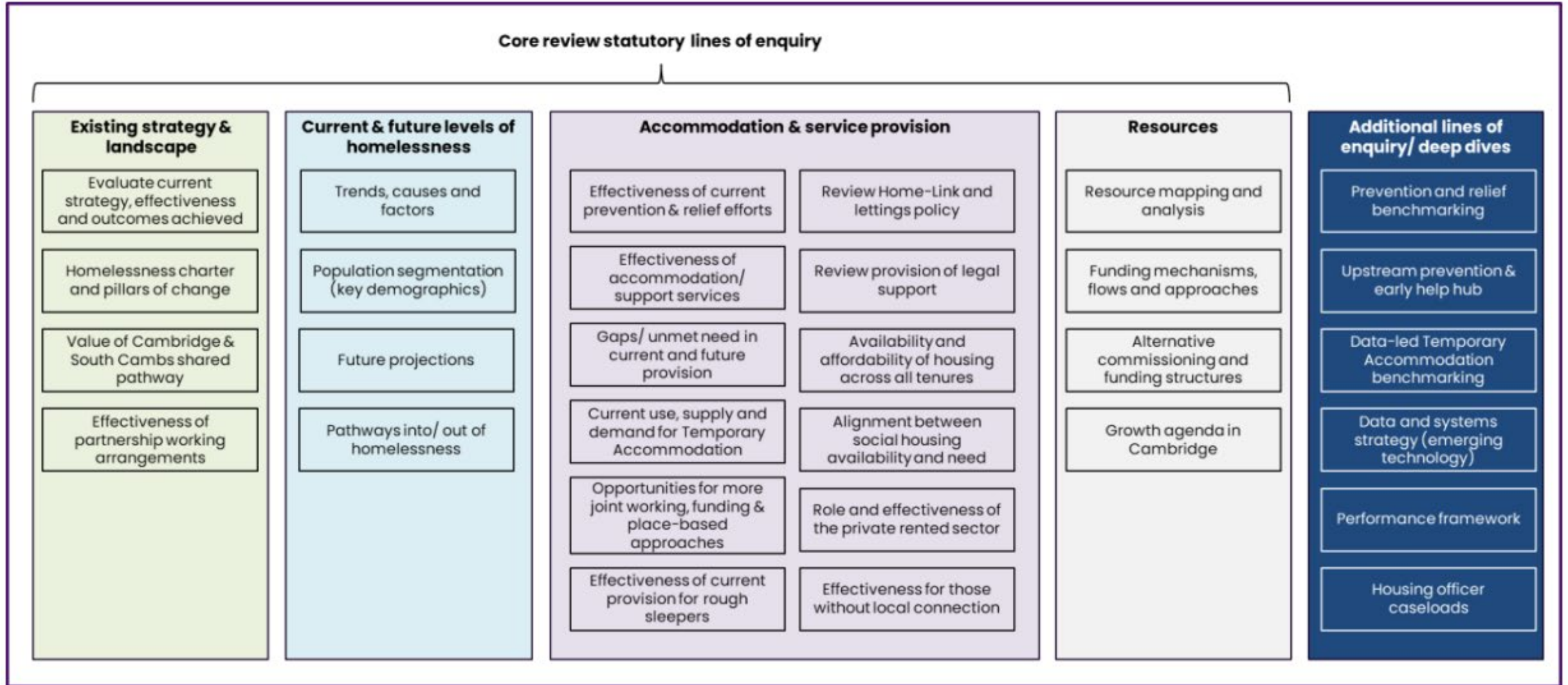
1. Existing Strategy & Landscape

Review context

Cambridge is a small city in south-east Cambridgeshire with a population of just over 150,000 (Census 2021). Between 2011 and 2021, it was among the fastest-growing cities in the UK, driven in part by the expansion of the knowledge and biomedical economy associated with the University of Cambridge and the wider 'Silicon Fen' area. While this has led to significant socio-economic growth, Cambridge has seen growing challenges in housing availability and affordability as a result. **This homelessness review was completed between September – February 2026, a time of significant change nationally for homelessness-related policy.** This review and development of the subsequent strategy should account for this where possible:

- **Local Government Reorganisation (LGR):** In December 2024, the government set out plans to move towards a new system of local government, abolishing all 'two-tier' areas in England by April 2028. Cambridge City, East Cambridgeshire District and South Cambridgeshire District Councils have backed the creation of a new unitary council for Greater Cambridge and another for North Cambridgeshire and Peterborough, known locally as option 'B'. Decisions on which LGR model will be followed are expected in the summer of 2026, following a period of resident consultation.
- **Supported Housing (Regulatory Oversight) Act 2023:** There are national concerns surrounding the growth and under-regulation of the specified exempt sector. In August 2023, the Supported Housing (Regulatory Oversight) Act became law, enhancing the regulation of the sector through several mechanisms, including the introduction of National Supported Housing Standards for England and giving local authorities the power to create local licensing schemes for exempt accommodation. The regulations/ provisions within the Act are expected to be implemented over the next 2 years.
- **Renters' Rights Act:** The Renters' Rights Act received Royal Assent in October 2025. The bill aims to provide greater security and fairness for renters, while also increasing transparency and accountability for landlords. Key provisions in Phase 1 (May) include: abolishing Section 21 evictions, banning rental bidding wars, and limiting rent increases to one per year. A PRS database and landlord ombudsmen will be launched later in 2026.
- **The National Plan to End Homelessness:** Published in December 2025, the Government's new national strategy commits £3.5 billion of investment in homelessness prevention and rough sleeping services over the next three years. The Plan introduces national targets to halve long-term rough sleeping by 2029, end the unlawful use of bed and breakfast accommodation as long-term housing for families, and reduce homelessness arising from discharge from public institutions. The strategy places new expectations on local authorities to meaningfully engage people with lived experience in the design of services and introduces a new statutory Duty to Collaborate across public bodies. It also allocates an additional £124 million to expand supported housing provision.

Review lines of enquiry



Strategic Landscape | Current strategy

The previous Homelessness and Rough Sleeping Strategy (2021–2026), informed by a review conducted in 2019, highlighted several key priorities for the council in addressing homelessness in the City (below).

- These priorities, and the City’s homelessness system more broadly, sit against the backdrop of a challenging housing environment in the city, characterised by high demand for social housing which outstrips supply, as well as a mismatch between applicants and stock; a shortage of PRS properties and high rents in the city (across all tenures); and income and wealth inequality.
- Cambridge has significant housing affordability issues, with only London having less affordable house prices relative to local pay rates. However, the State of the City update report in 2024 shows that from 2022 to 2023 average house prices fell and the affordability of private rents improved as incomes increased. The delivery of new homes in Cambridge has continued to outpace benchmarks with one of the highest housebuilding rates in the country.
- **Other local policies which inform the housing and homelessness landscape are:**
 - **Homes for our Future: Greater Cambridge Housing Strategy (2024–2029)** – These local housing issues, and plans to tackle them, are set out in the Greater Cambridge Housing Strategy. The document sets out the strategic direction for housing activity in Cambridge City and South Cambridgeshire District.
 - **Cambridge and Peterborough Health and Wellbeing Strategy (2022)** – Sets out shared ambitions of NHS, local authorities and health and care organisations, namely: ensuring children are ready to enter and exit education; creating a healthy environment; reducing poverty through boosting employment, skills and housing; and promoting prevention to support mental health and wellbeing.

2021–2026 Priorities

1. Support those at risk of homelessness to remain in their homes where possible:
2. Improve access to and range of permanent accommodation
3. Minimise use of temporary accommodation
4. Improve access to and effectiveness of support services
5. Prevent rough sleeping
6. Break the cycle of chronic and repeat street homelessness and rough sleeping

Strategic Landscape | Key forums & protocols (1/2)

Key Fora

- **Housing Board for Cambridgeshire, Peterborough & West Suffolk:** Meets monthly, a multi agency group made up of senior officers from regional local authorities, housing providers and partner agencies. As a high-level strategic forum, the Board works to highlight the importance of housing and its pivotal role when issues require an integrated response across a range of organisations, areas and agendas.
- **Sub-Regional Homelessness Strategy Group:** Made up of Housing Options and Homeless leads from City and District Councils across Cambridgeshire, Peterborough and West Suffolk, the objectives of the group are to improve joint working practices, learning from best practice, and identify and respond to key regional emerging issues and trends.
- **Streetlife Working Group:** Local forum led by Cambridge City Council to bring together key partners supporting rough sleepers in the City, with the aim of 'reducing the personal self-harm *and* public distress caused by rough sleeping'. Core group consists of senior and middle level staff from key Council teams (Safer Communities, Housing Advice, Public Realm Enforcement), the police, CGL, Counting Every Adult, Jimmy's, Cyrenians, Wintercomfort, Riverside and Cambridge Business against Crime. Meets bi-weekly.

Joint Working Protocols

- **Joint Housing Protocol for the Assessment of 16/17 year olds:** outlines how Cambridgeshire County Council and the five District Councils work together to support young people who present as homeless. Involves CCC Services – MASH, Assessment, Adolescent – and the District Councils – South Cambridgeshire, Cambridge City, East Cambridgeshire, Huntingdonshire, Fenland.
- **Joint Housing Protocol for Young People Leaving Care:** outlines how Cambridgeshire County Council, the five districts, Corporate Parenting Service, alongside key partner agencies will work together to support care leavers to successfully transition into independent living. Applies to care leavers aged 16/17, young people remanded into local authority care, and young people seeking asylum. Includes assurance that all care leavers are allocated band A on HomeLink.
- **Accommodation Protocol Pathways for People with Experience of the Criminal Justice System:** promotes a multi-agency approach to working together to provide effective support to people in prison and prison leavers. Brings together HM Prison and Probation Service (HMPPS), Local Housing Authorities, Commissioned Rehabilitative Services, Community Accommodation Services (CAS) – CAS1, CAS2 and CAS3, Department for Work and Pensions (DWP) – Job Centre Plus (JCP) and Adult Social Care.

Strategic governance | Key forums & protocols (2/2)

Joint Working Protocols (cont.)

- **Protocol for the assessment of the housing and support needs of families with children or young people who are homeless or at risk of homelessness (including ineligible and intentionally homeless):** Commits Cambridgeshire County Council, People and Communities (Children and Adult Services) Cambridge City Council East Cambridgeshire District Council Fenland District Council Huntingdonshire District Council South Cambridgeshire District Council to work in a coordinated way to ensure a prompt and efficient service to such families. Including appropriate assessments of housing and support needs, clarity and certainty to these families on the services that they can access, how they can access them and within what timescale and a joined up approach to the provision of suitable accommodation, particularly the aim to avoid the use of B&B.
- **Cambridgeshire and Peterborough TOCH Housing Escalation Process (Hospital Discharge):** for patients at risk of, or experiencing homelessness, with an unmet need and therefore requiring involvement of the Transfer of Care Hub to manage their complex discharge. Looks to mitigate any blocker to discharge as a result of homelessness by ensuring appropriate care in community settings (including specialist intermediate care where available).

Strategic Landscape | Wider developments

In Autumn 2025, It Takes a City launched the Cambridge Charter to End Homelessness, which sets out a strategic set of priorities to make rough sleeping and homelessness rare, brief and non-recurring.

- The Charter is organised around six pillars of change (right), each of which the Charter collaboration group believes is essential to ending homelessness:
- Organisations involved in devising the Charter, include a range of statutory, provider and charity partners, such as: Cambridge City Council, Cambridgeshire County Council, Cambridgeshire and Peterborough Combined Authority, It Takes a City, Centre 33, Cambridge Cyrenians, Cambridge 2030, Downing College Cambridge, Anglia Ruskin University, Cambridgeshire and Peterborough ICS, the Co-Production Group Cambridge, University of Cambridge, YMCA Trinity, Bidwells, Experience Cambridge, Changing Futures, Riverside, and Cambridge Ahead.
- The Charter is currently in early days and there remains an opportunity to consider how best to work alongside the Charter collaboration group to ensure alignment between the Council's strategy and Charter signatories.



Data – defining the goal, and measuring progress towards it



Information – keeping everyone informed on actions, progress and how to help



Housing – ensuring sufficient emergency, temporary, supported and permanent housing



Support – building trust and collaboration in wrap-around support “for the journey”



Health – ensuring sufficient health services and eliminating barriers to access the services



Employment – providing opportunity and training and encouraging employers.

2. Current and future levels of homelessness

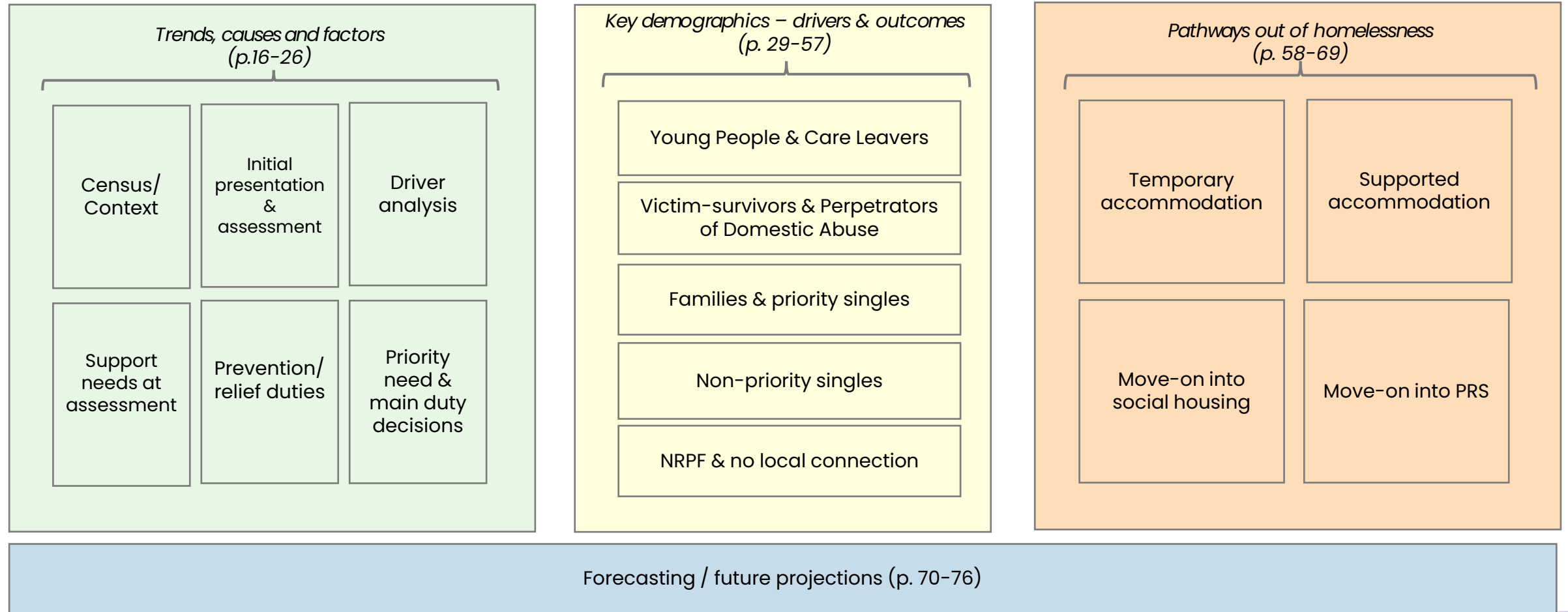
Key messages

Overview of findings from our quantitative work

- **Demand has increased dramatically.** Requests for assessment have grown **140%**, and total approaches have almost tripled since 2020.
- **Domestic abuse, PRS insecurity, custody and LAC transitions drive growth.** Domestic abuse assessments have risen **171%** since 2021.
- **Singles dominate statutory workload.** Rough sleepers and single households account for around two-thirds of relief duties and TA entries, reflecting Cambridge's age profile, labour market and unaffordable housing.
- **Outcomes differ sharply by pathway.**
 - Families: ~43% relief; 53% relief unsuccessful leading to a main duty decision.
 - Rough sleepers: 95% relief; 35% successful relief; with a high rate of no-duty outcomes after 56 days.
 - Non-priority singles: only 41% successful prevention; high transition into relief.
- **TA demand has grown by 57% in four years.** Costs have overshot budget by nearly **£380k** this year.
- **Acuity is rising.** "Low needs" cases declined from 41% to 23% of the total, meaning complex needs now comprise the majority of demand.
- Future demand will keep rising.
 - Low: 841 households
 - Medium: 926 households
 - High: 997 households
- **Social lettings are declining.** Reduced move-on capacity is driving blockages throughout the system—contributing directly to longer stays in TA and supported accommodation.

Structure of this section

This section follows the 'journey' of applicants, from initial presentation and assessment through to pathways out of homelessness/move-on, to assess changes in drivers, needs and outcomes across time and key cohorts.



Context | socio-economic factors that drive demand

Cambridge generally compares favourably to its statistical neighbours across socio-economic indicators

The table below compares z-scores* of socio-economic indicators in Cambridge against its Near Neighbours. **In many areas Cambridge compares favourably to its near neighbours.** Key exceptions being house price:income ratio, and the unemployment rate. Additionally, a greater reliance on the private rented sector highlights the inaccessible and stretched nature of the housing market in the city. All of which present and create a greater risk of insecure housing.

Indicator	Cambridge	Oxford	Crawley	Welwyn Hatfield	Reading	Stevenage
Employment						
<i>Employment rate (%)</i>	-0.61	0.44	-0.07	0.2	1.66	-1.62
<i>Unemployment rate (%)</i>	2.13	-0.56	-1.01	-0.11	-0.34	-0.11
<i>Economic inactivity (%)</i>	-0.15	-0.24	0.5	0.05	-1.76	1.6
General Health						
<i>% Very good health</i>	1.69	0.4	-0.48	-0.88	0.56	-1.29
<i>% Good health</i>	-1.22	0.05	0.37	0.85	-1.38	1.32
<i>% Fair/Poor/Very poor health</i>	-1	-0.21	0.44	0.49	-0.39	0.68
<i>Life satisfaction</i>	0.95	0.53	0	-0.53	0	-0.95
Education						
<i>% NVQ4+ (16-64)</i>	1.5	1.02	-0.23	-0.13	0.4	-2.56
<i>% No qualifications (16-64)</i>	-1.42	-1.11	-0.41	-0.08	-0.82	3.84
Affordability and housing market						
<i>Median gross annual income (£)</i>	-0.68	-0.22	-1.01	-0.47	1.03	-1.64
<i>Median house price (£)</i>	1.33	1.12	-0.08	0.71	-0.06	-3.02
<i>LQ House price:Income ratio</i>	1.38	1.19	-0.38	0.78	-0.49	-2.47
<i>% Private rented</i>	0.4	0.25	-0.75	-0.25	0.43	-0.08
<i>Rough sleeping count</i>	0.29	0.88	-0.6	-1.11	0.43	-0.09

*A z-score standardises difference from the average. A z-score of less than zero means the value is below the average.

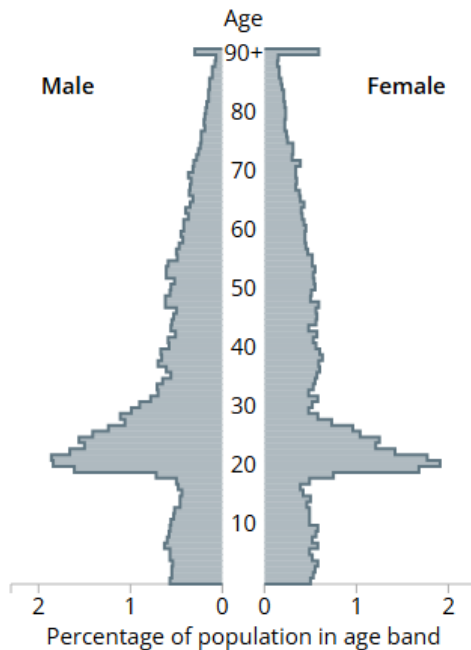
Context | population growth projections

The ONS projections based on the census suggest that the city's population will continue to grow

125,758 people in 2018

All ages

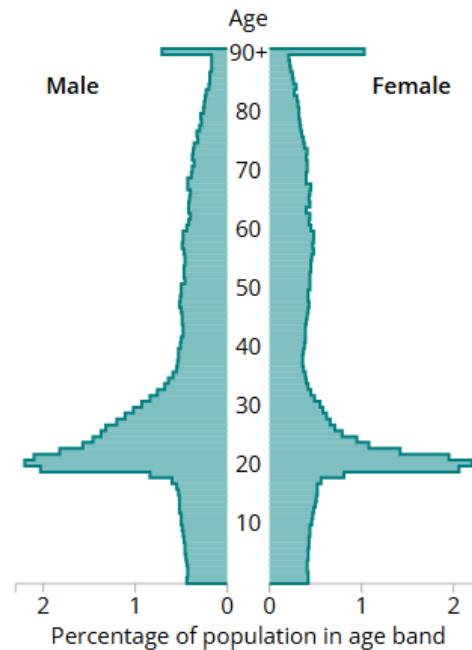
65,175 males 51.8%
60,583 females 48.2%



127,143 people in 2038

All ages

67,911 males 53.4%
59,232 females 46.6%



Commentary

ONS data allows us to see how Cambridge's population will change over the coming decades.

At a national level, it is projected that the rate of population growth will slow, and that in most areas the population will age – driven by lower birth rates and increased levels of internal migration toward economic centres.

The ONS data suggests that Cambridge will be an outlier from these national patterns.

The two pyramids to the right show that between 2018 and 2038 it is likely that the rate of population growth will remain low – growing by around 1%. The age and gender profile of the city is not expected to shift in any substantial way.

This will be due to the transient, student population of the city – it also reflects that the city draws in working age people and has a strong, high value labour market.

Source: Office for National Statistics, local area population projections

Context | demographics and demand

Gender of people owed a prevention or relief duty

Commentary

Public datasets allow us to compare the gender identity of single people owed either a prevention or relief duty and compare this to the five statistical neighbours (Crawley, Oxford, Reading, Stevenage and Welwyn Hatfield). There are some clear, though unexplained, variations between Cambridge and its neighbours. For example, a far greater proportion of people owed either a prevention or relief duty are single people (either male or female) without dependent children. Single parents are far more likely to be female in Cambridge compared to statistical neighbours – though the variation in Cambridge is far smaller, highlighting that female single parents are underrepresented relative to statistical neighbours.

Prevention

	Cambridge	Statistical Neighbours
Single Parent		
Male	2%	2%
Female	13%	22%
Gender not known	0%	0%
Single Adult (no dependent children)		
Male	36%	28%
Female	27%	19%
Gender not known	0%	0%

Relief

	Cambridge	Statistical Neighbours
Single Parent		
Male	2%	2%
Female	11%	15%
Gender not known	0%	0%
Single Adult (no dependent children)		
Male	56%	39%
Female	23%	18%
Gender not known	1%	0%

Context | demographics and demand

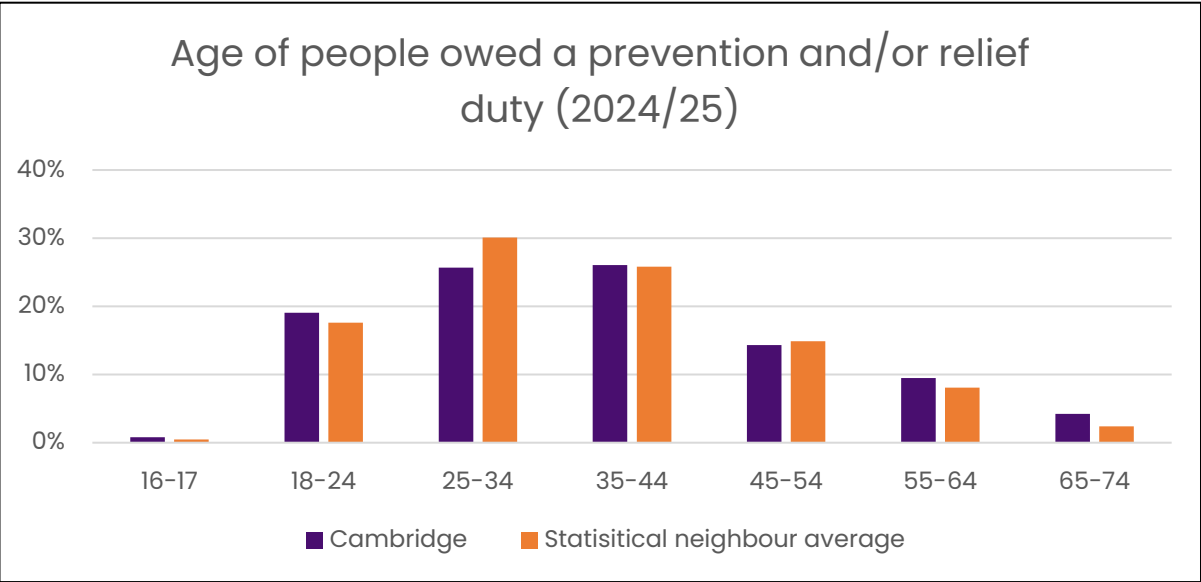
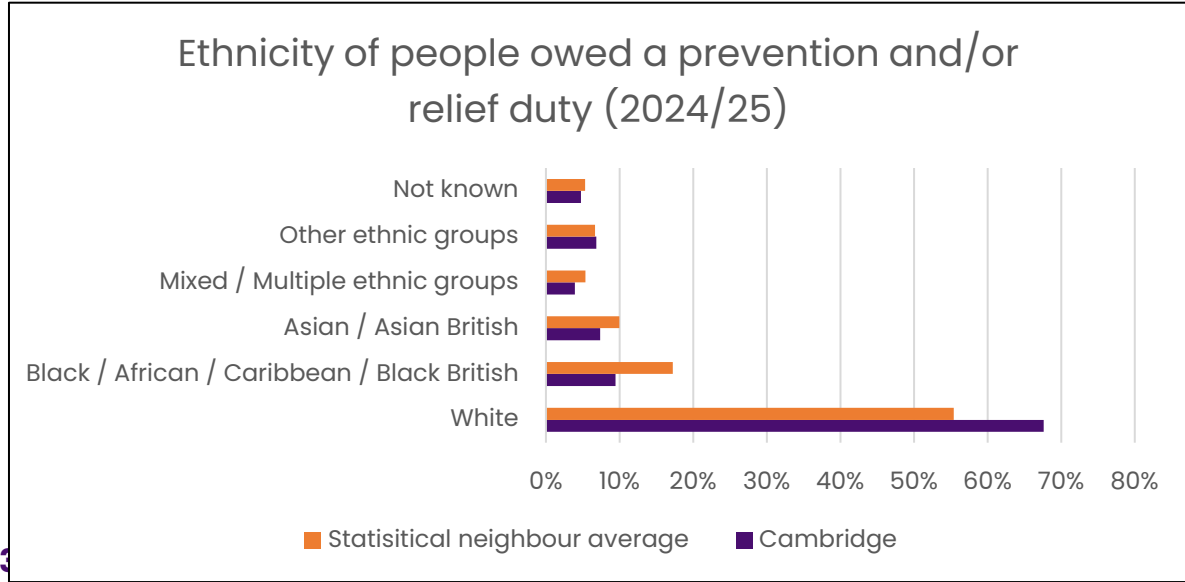
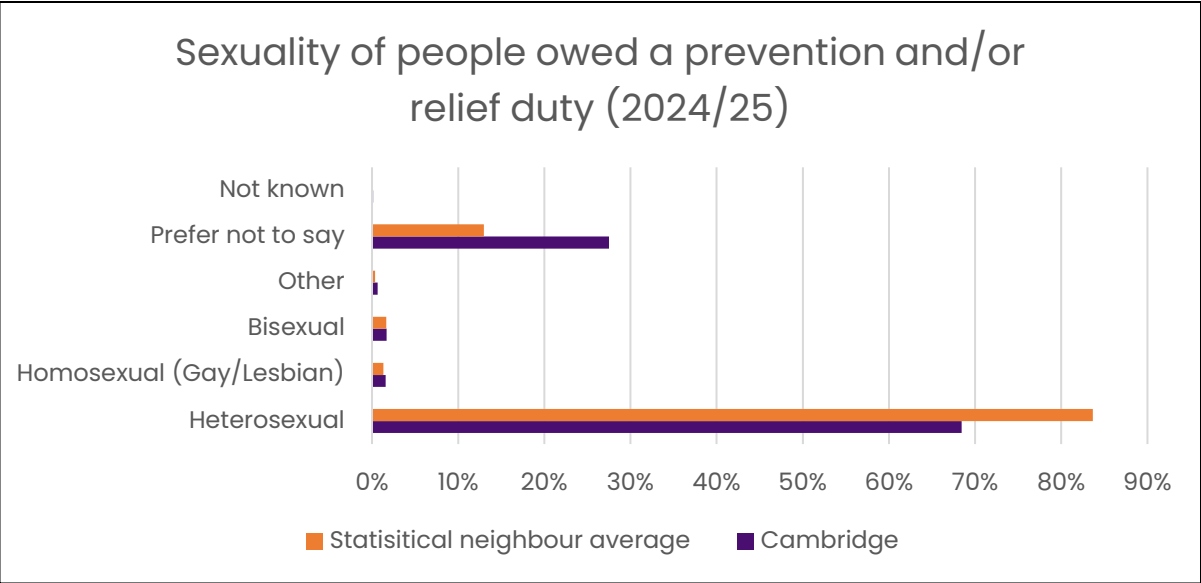
Age, sexuality and ethnicity of people owed a duty

Commentary

These three charts highlight how the demographic profile of people approaching the city council for an assessment compares to the five statistical neighbours.

Overall, the age profile of this group is broadly comparable to statistical neighbours.

However, the ethnicity profile of Cambridge is notably different. Of people owed a prevention or relief duty in Cambridge, 68% were White – the figure in nearest neighbours was 55% on average.



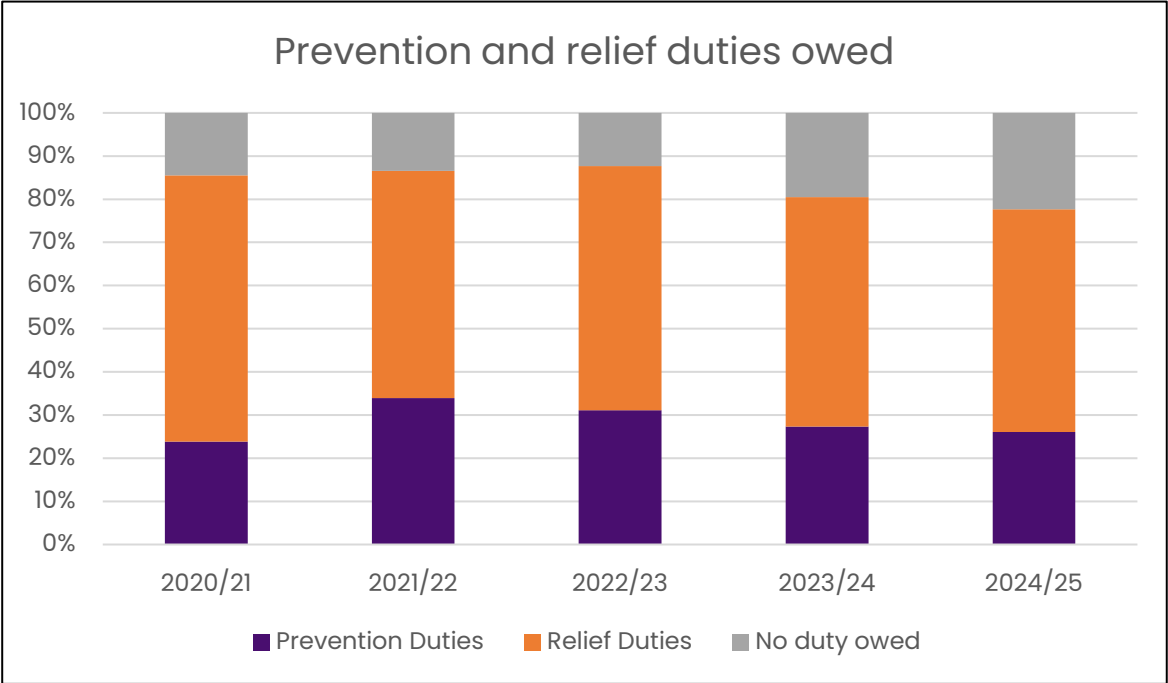
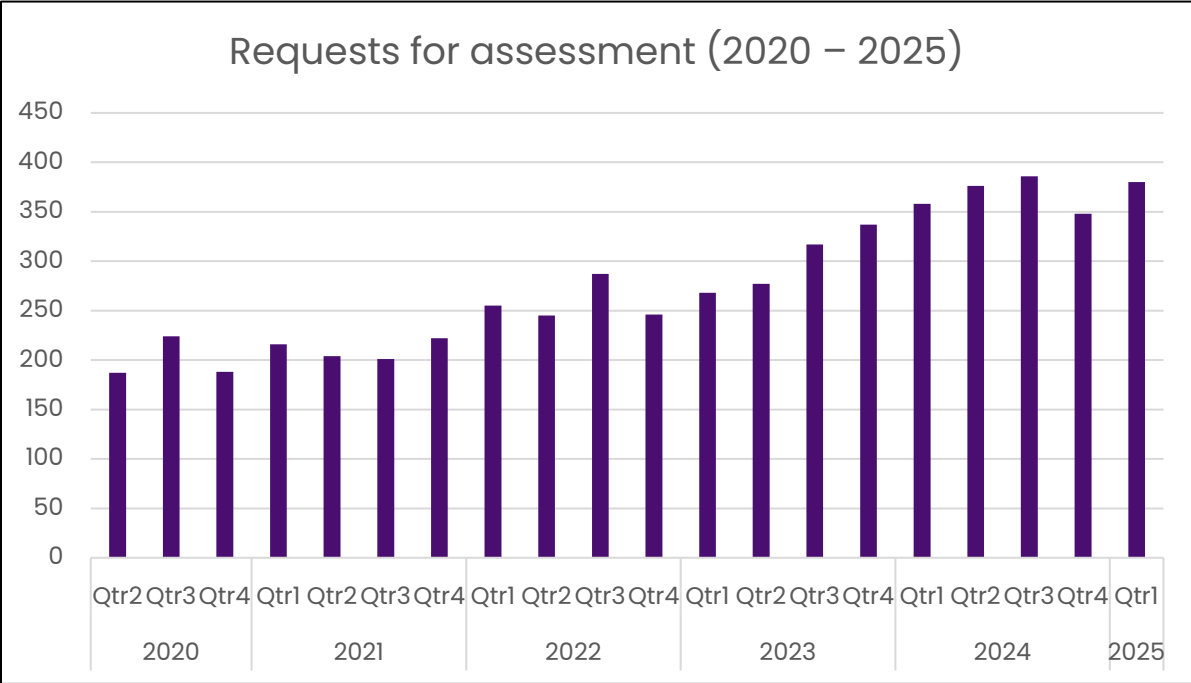
Initial presentations and assessments

The number of requests for assessment has increased by nearly 80% since 2020/21

Commentary

The below left chart shows the number of requests for assessments in Cambridge has increased rapidly over the last five years. A total increase of 127% has been recorded – though the data suggests that the rate of increase may have slowed over the last three financial quarters.

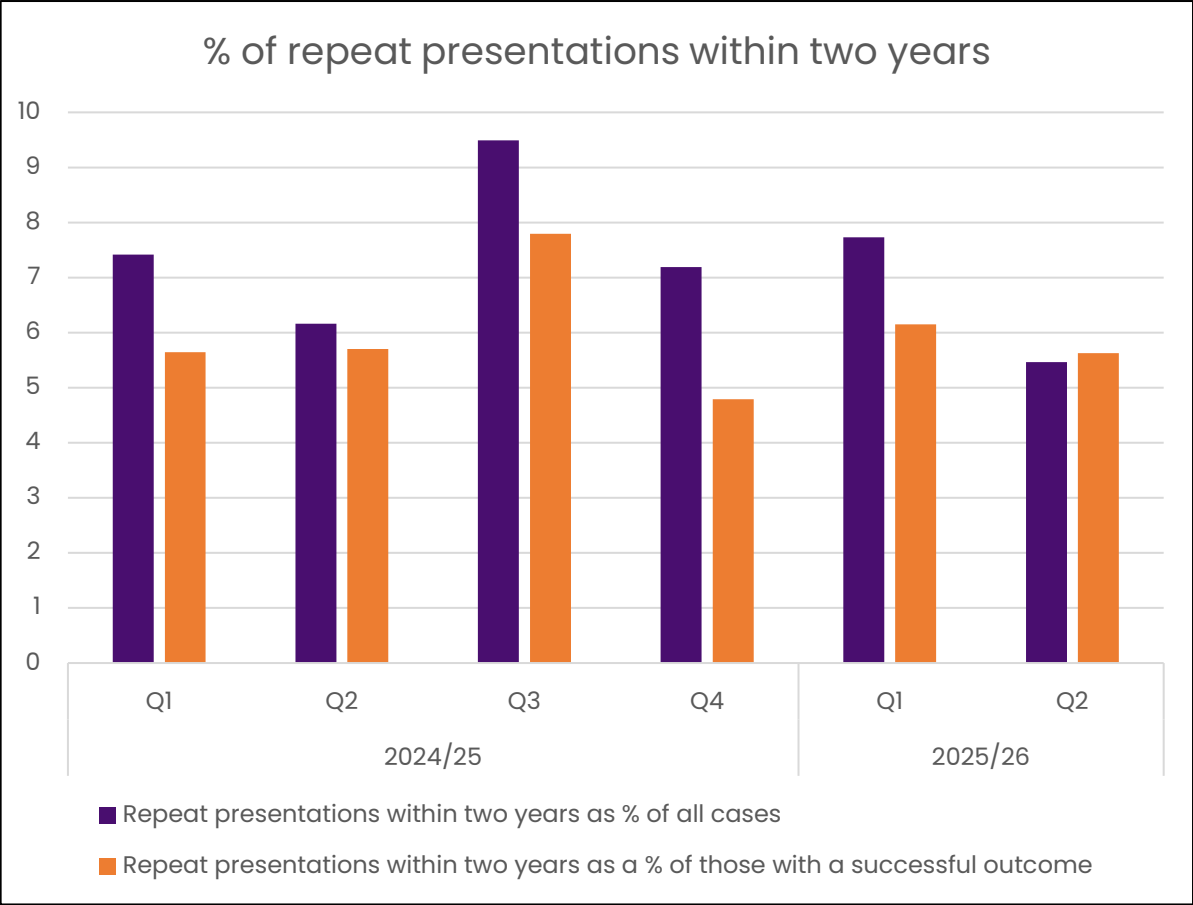
The majority of the increase occurred through 2022 and 2024 – this is likely linked to the end of Covid-19 support schemes. At the same time, there has been a steady decrease in the proportion of people owed a prevention duty and a corresponding increase in those found to not be owed a duty.



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Repeat assessments

The proportion of people who re-approach the Council within two years



Commentary

Repeat presentations provide a useful metric to understand how effectively the system and tenancy sustainment support are working.

A higher proportion of repeat assessments would suggest that prevention and relief duties were being closed at a time, or in a way, that was not leading to a sustainable positive outcome.

Over the last six quarters (Q1 2024/25 – Q2 2025/26) an average of 7.2% of all cases were repeat assessments, of a case that had previously been assessed.

In the same period, 5.9% of assessments were for someone who had previously secured a positive accommodation outcome.

While these two rates have fluctuated, there is no clear trend.

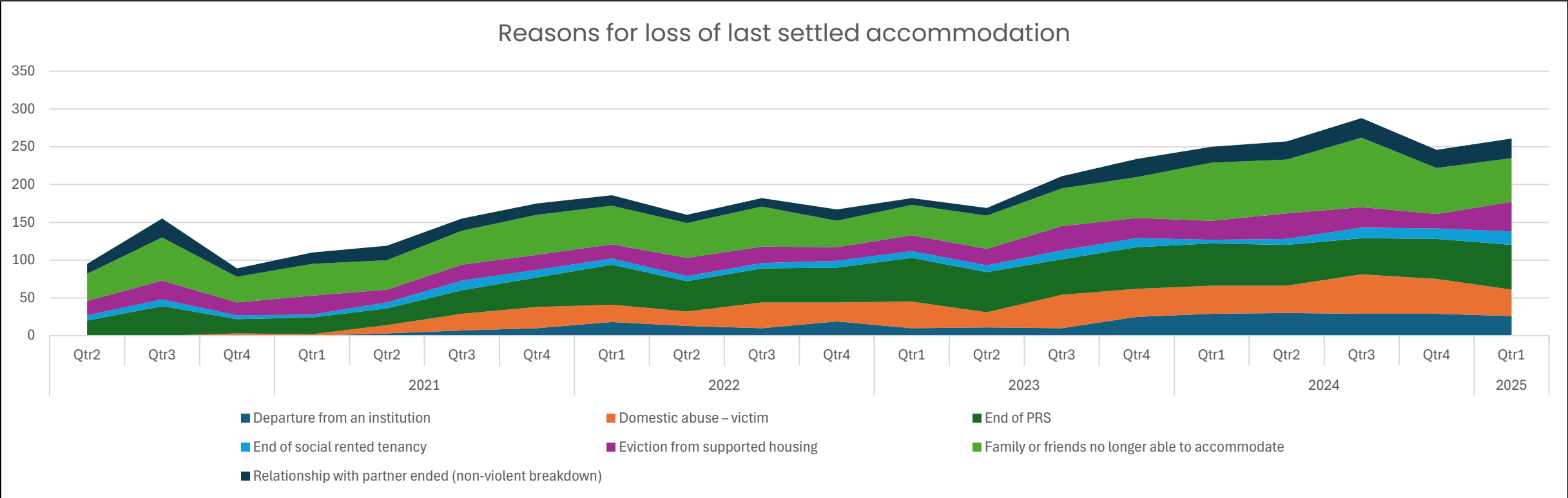
Additionally, the average rates we have seen are low – suggesting that repeat assessments are not an endemic issue.

However, we should note that these figures only cover statutory homelessness – there may be a substantial number of additional cases that are cycling in and out of homelessness but are not picked up in this dataset.

Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Demand drivers – loss of last settled accommodation

“Family or friends no longer able to accommodate” is the most common reason for people to have lost their last settled accommodation, but it has not significantly increased as a proportion of the total. End of PRS and Domestic Abuse (victim-survivor) have increased rapidly as a proportion of the total, and leaving custody has also seen a significant rise.



Source: Cambridge City Council, Statutory Case Management Data ((Q2 2020 – Q1 2025)

Demand drivers – accommodation at time of application

PRS has increased most rapidly as an “accommodation type” at the time of a statutory homeless application

	2020/21	2021/22	2022/23	2023/24	2024/25
Owner-occupier	6	5	4	10	14
Registered Provider tenant	17	16	15	21	39
Looked after children placement	3	2	1	13	29
Refuge	18	23	25	33	33
Departure from hospital	14	17	14	25	35
Temporary accommodation	18	29	38	68	55
Homeless on departure from institution: Custody	44	61	54	67	72
Social rented supported housing or hostel	52	68	67	83	95
Council tenant	46	49	48	65	94
Living with friends	68	75	101	105	108
Rough sleeping (in judgement of assessor)	84	56	66	96	143
No fixed abode	87	75	89	137	159
Living with family	145	152	140	156	201
PRS	86	134	190	230	225
TOTAL	688	762	852	1109	1302

Commentary

Over the course of the last five years, we have seen levels of demand for assessments more than double, increasing by over 140%.

To understand some of the drivers of this rapid increase in demand, we have looked at the last settled accommodation, to see if any particular accommodation type is driving demand.

In the last financial year, **PRS was the most common place of last settled accommodation accounting for 17% of all assessments.**

This figure has grown substantially over the last five years – in **2020/21 PRS accounted for 12% of all assessments.**

In this time PRS has overtaken “Living With Family” as the most common last settled accommodation type at time of application.

This clearly shows that issues in the PRS are playing a greater role in driving demand than other accommodation types. However, we should be mindful that all accommodation types have seen rapid increases as a source of demand.

While PRS may have grown as a driver in relative terms, all types have grown in absolute terms; suggesting systemic factors.

Demand drivers – support needs at assessment

How primary support needs have changed

- “Low needs” remains the most common support need described in the data. While in absolute terms it has remained steady, it has dropped rapidly in real terms. In 2020 it accounted for 41% of primary need type, in 2025 it is just 23%.
- At the same time, overall demand has increased by nearly 60%. This suggest both a rapid increase in demand and a rising acuity of need.

	2020	2021	2022	2023	2024	2025
Physical or sensory disability	10		3	5	5	5
Young people at risk of exploitation	10	11	12	4	10	5
Autism spectrum	3	9	10	14	15	14
Learning disability	9	7	13	14	14	16
Mental health issues - offender	14	28	27	14	29	16
Refugee/asylum seeker	2	3	5	13	18	21
Age related infirmity	1	1	5	9	19	31
At risk from domestic abuse	12	13	13	24	34	34
Physical health issues	2	16	22	39	64	54
Offender or at risk of offending	45	48	37	52	68	71
Care leaver	8	8	25	44	88	94
Alcohol problems	73	59	52	80	115	102
Drug problems	66	85	76	117	117	115
Mental health issues	99	111	109	146	180	165
Low needs - main issue is housing	249	289	217	217	218	219
TOTAL	603	688	626	792	994	962

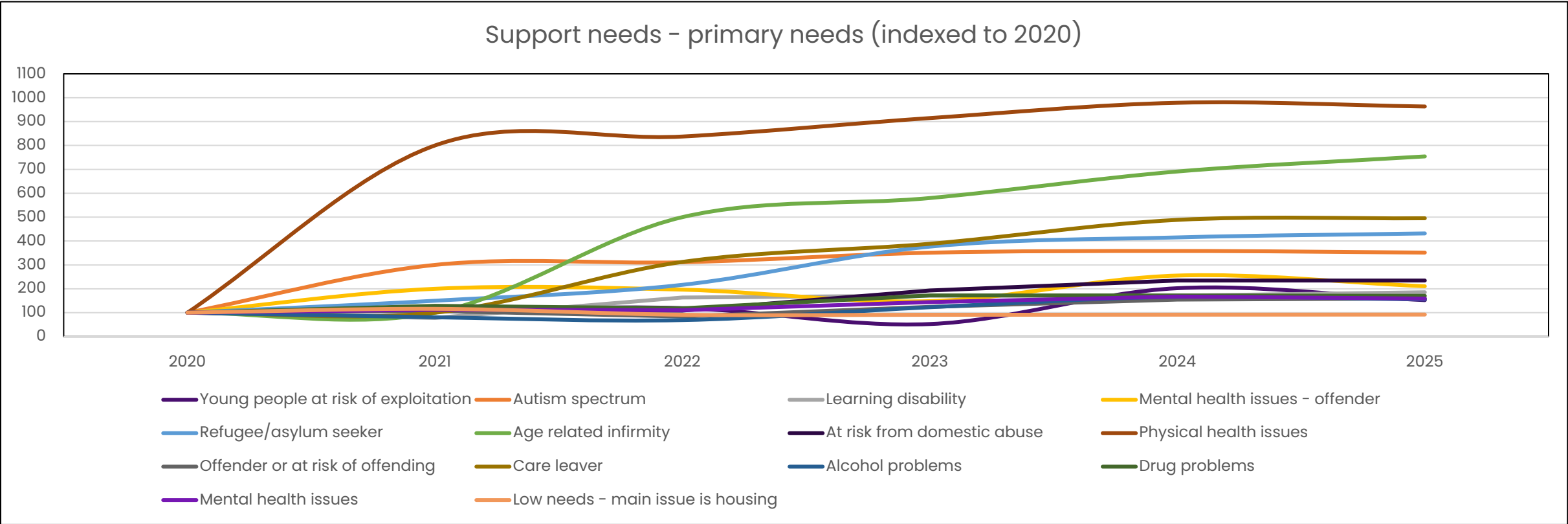
	2020	2021	2022	2023	2024	2025
Physical or sensory disability	1.66%	0.00%	0.48%	0.63%	0.50%	0.52%
Young people at risk of exploitation	1.66%	1.60%	1.92%	0.51%	1.01%	0.52%
Autism spectrum	0.50%	1.31%	1.60%	1.77%	1.51%	1.46%
Learning disability	1.49%	1.02%	2.08%	1.77%	1.41%	1.66%
Mental health issues - offender	2.32%	4.07%	4.31%	1.77%	2.92%	1.66%
Refugee/asylum seeker	0.33%	0.44%	0.80%	1.64%	1.81%	2.18%
Age related infirmity	0.17%	0.15%	0.80%	1.14%	1.91%	3.22%
At risk from domestic abuse	1.99%	1.89%	2.08%	3.03%	3.42%	3.53%
Physical health issues	0.33%	2.33%	3.51%	4.92%	6.44%	5.61%
Offender or at risk of offending	7.46%	6.98%	5.91%	6.57%	6.84%	7.38%
Care leaver	1.33%	1.16%	3.99%	5.56%	8.85%	9.77%
Alcohol problems	12.11%	8.58%	8.31%	10.10%	11.57%	10.60%
Drug problems	10.95%	12.35%	12.14%	14.77%	11.77%	11.95%
Mental health issues	16.42%	16.13%	17.41%	18.43%	18.11%	17.15%
Low needs - main issue is housing	41.29%	42.01%	34.66%	27.40%	21.93%	22.77%

Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Demand drivers – support needs

Looking just at support needs, we can see that the most common primary need or support type is “physical health”.

“Age related” infirmity has increased at a similar rate. This suggests that ageing, frailty and potentially people living with multiple, long-term conditions are the leading demand drivers.

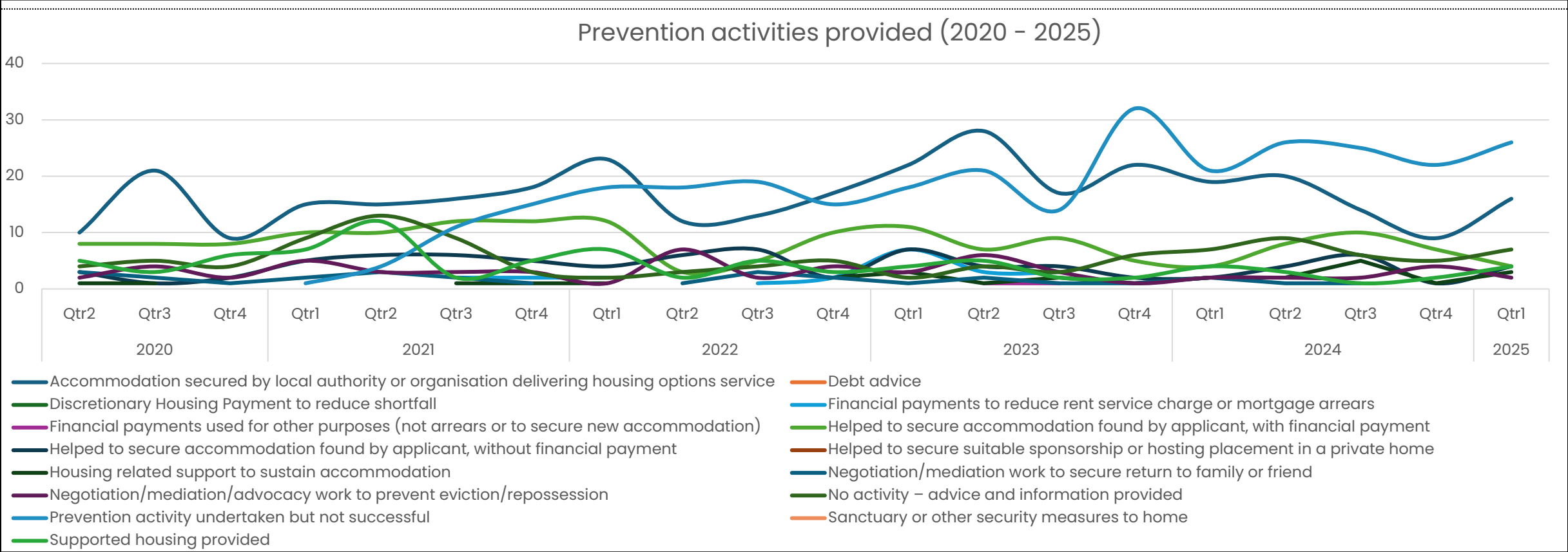


Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Prevention activities

Activities provided during prevention duty period

The most common prevention duty activity recorded is “Prevention activity undertaken but not successful”. At the start of 2021 this was the least common activity recorded – the number of prevention duties that result in this outcome increased three-fold from 31 in 2021/22 to 99 in 2024/25.

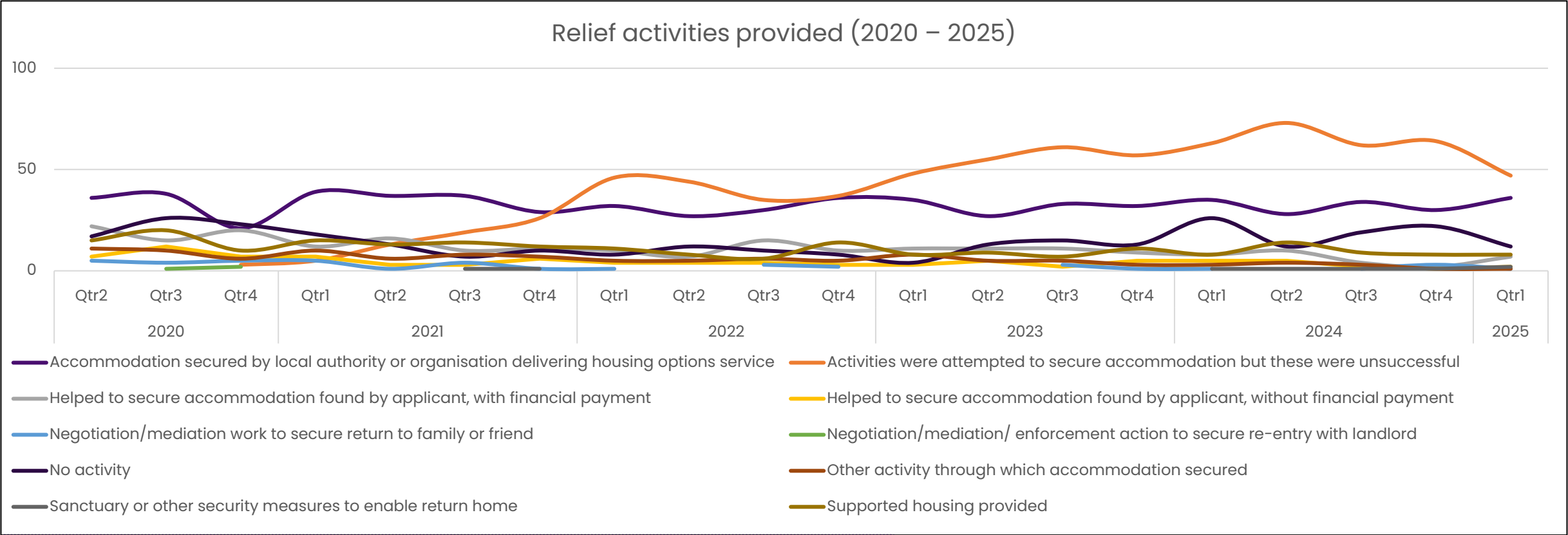


Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Relief activities

Activities provided during the relief duty period

The most common relief activity recorded is that attempts were made to secure accommodation, but were unsuccessful. This outcome increased by 3.5 times, from 63 in 2020/21 to 246 in 2024/25. This reflects some of the systemic challenges around capacity and sufficiency in housing options across the city, compounded by the rapid increase in demand we have seen over this period.

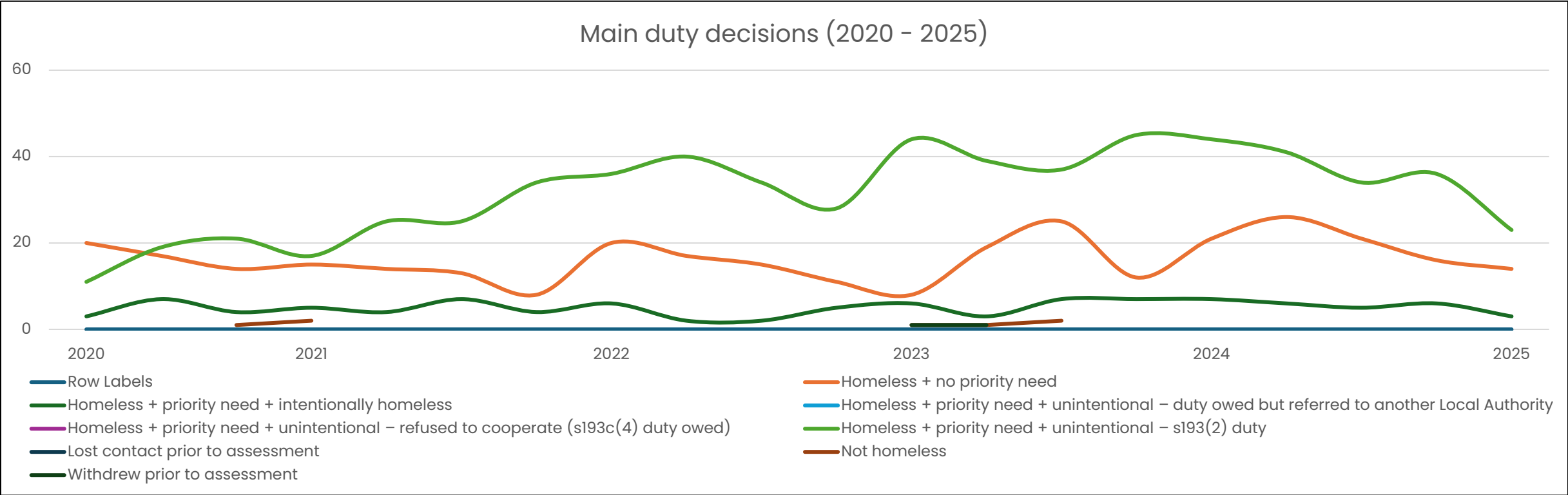


Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Main duty decisions

Outcomes of main duty decisions

In the last financial year (2024/25) 236 people received a main duty assessment. This figure has increased by nearly 40% since 2020/21. Over the same period, the proportion of decisions that resulted in someone being owed a section 193 (2) duty increased rapidly, and the absolute number has increased by 98%. This suggests that not only has demand increased, but also that needs have increased.



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Service user groups

Pathway 1

Young People & Care Leavers

Individuals aged 16–24, including those transitioning out of care

Pathway 2

Victim-survivors (& perpetrators) of domestic abuse

People made homeless or at risk due to domestic abuse – may overlap with priority singles or families

Pathway 3

Families

Households with dependent children

“Priority” singles

Single adults who meet priority need thresholds due to vulnerability, health needs, or other priority criteria e.g. domestic abuse

Pathway 4

“Non-priority” singles

Single adults who do not meet the legal threshold for priority support but are still at risk of or experiencing homelessness (range of support needs)

Rough sleepers

Individuals who are sleeping outdoors or in places not meant for habitation, such as streets or abandoned buildings

Pathway 5

No recourse to public funds

Individuals with NRPF due to their immigration status (e.g. asylum seekers, those on temporary visas, undocumented migrants)

↑ Map relevant services in pathway 4 initially

People with severe and multiple disadvantage

People facing overlapping challenges such as homelessness, substance misuse, mental health issues, and contact with the criminal justice system. Can cover all the cohorts outlined above.

Understanding the cohorts

This our indicative assessment of the size of each cohort in 2024/25, to help us understand the “baseline” level of demand in the system. This is based on available data and involves some reasonable assumptions.

		Count	Methodology / Source
Pathway 1	Young people and care leavers	39	H-CLIC age breakdown provided (nb – loss of last settled accommodation due to leaving LACP = 30)
Pathway 2	Victim-survivors of domestic abuse	170	Statutory case management data
	Perpetrators of domestic abuse	11	Statutory case management data
Pathway 3	Families	313	All families (nb – 57 received main duty)
	Priority Singles	82	Singles who recieved a main housing duty following unsuccessful prevention or relief duties, and those with priority need assessed as intentionally homeless.
Pathway 4	Non-priority singles	227	227 began the pathway as a non-priority single – 82 became priority.
	Rough sleepers	70 (24 snapshot)	H-CLIC – people owed a relief duty as “rough sleeping”. Autumn 2024 rough sleeping in England snapshot.
Pathway 5	NRPF	14	Identified by Street Outreach team

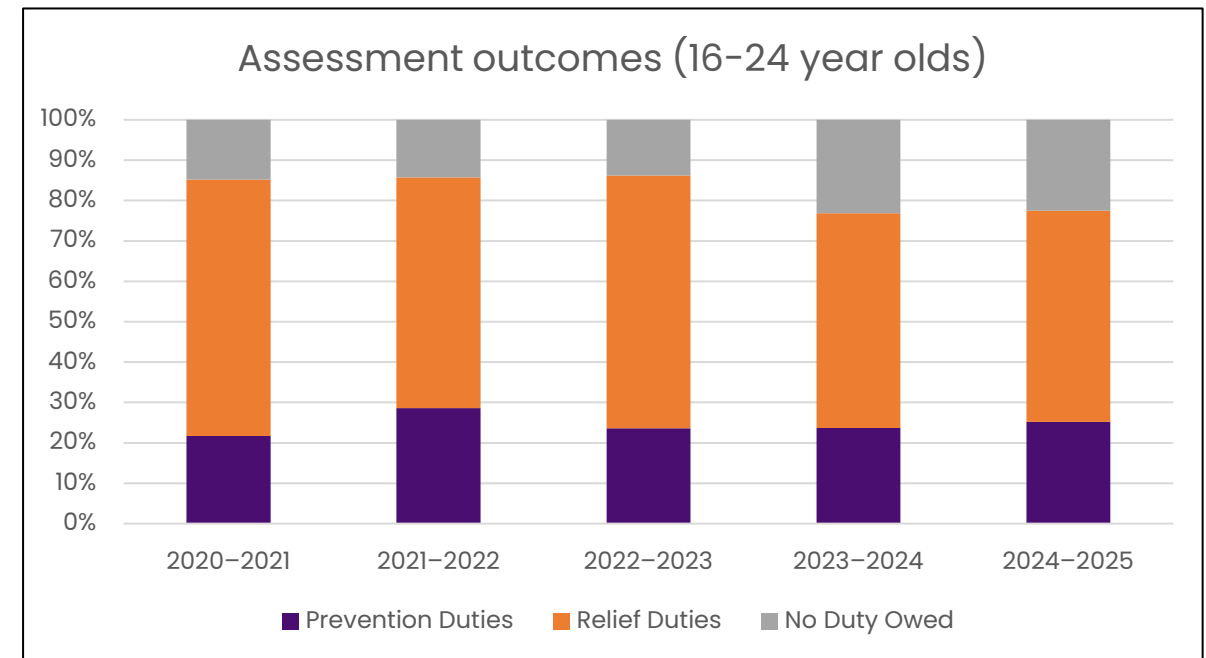
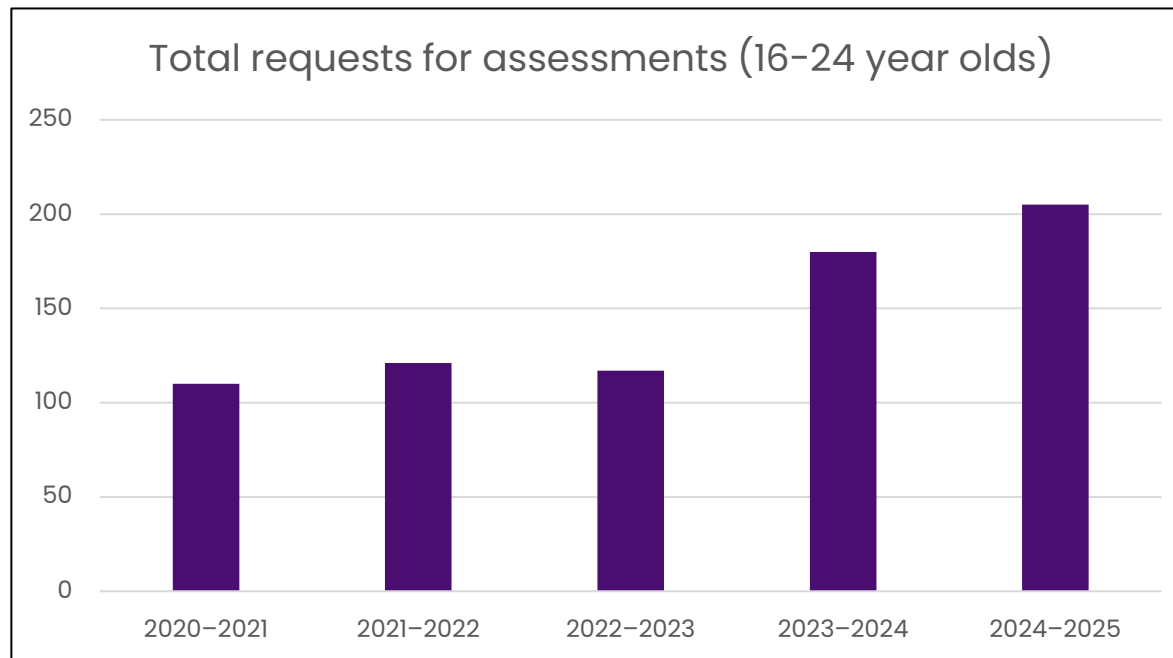
Pathway 1 – assessments and duties owed (16–24)

The number of young people requesting an assessment has increased rapidly

Among children and young people (aged 16–24 years) there has been a substantial increase in requests for assessments in recent years. In 2024/25 there were 206 people in the age group – this has nearly doubled since 2020/21, having increased by 86%.

A small proportion of this age group are care leavers. Only 14% of people who requested an assessment in 2024/25 and were aged 16–24 were also recorded as care leavers.

Over the same period, the proportion of assessments that resulted in “no duty” being owed has increased as a proportion of the total, this increase is offset by a decrease in relief duties.



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

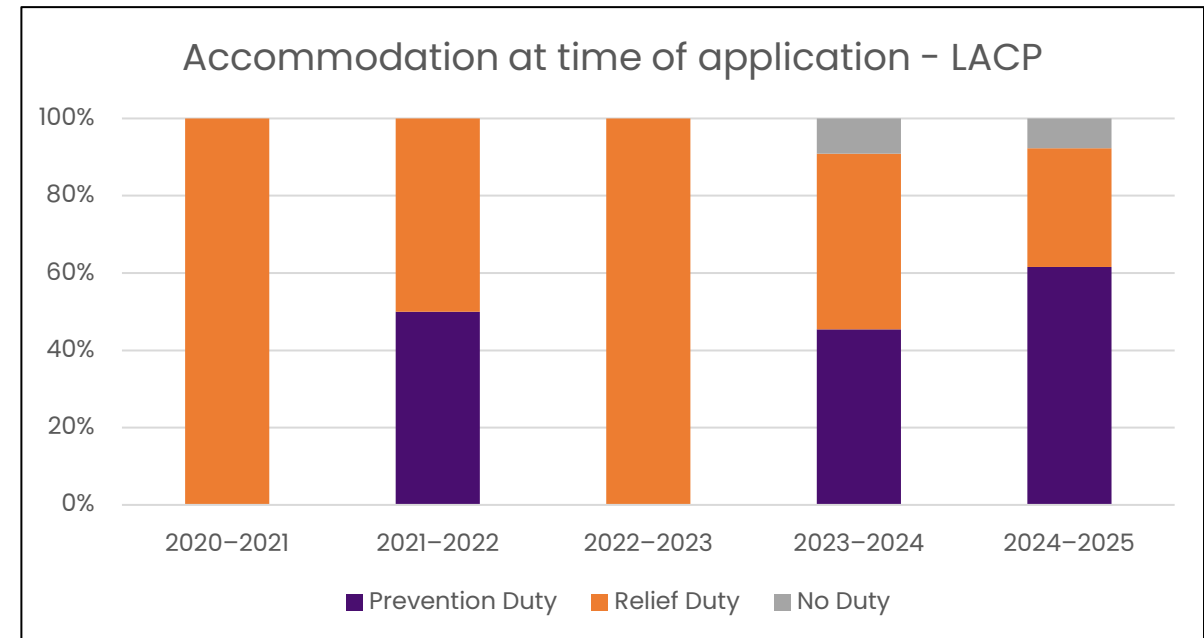
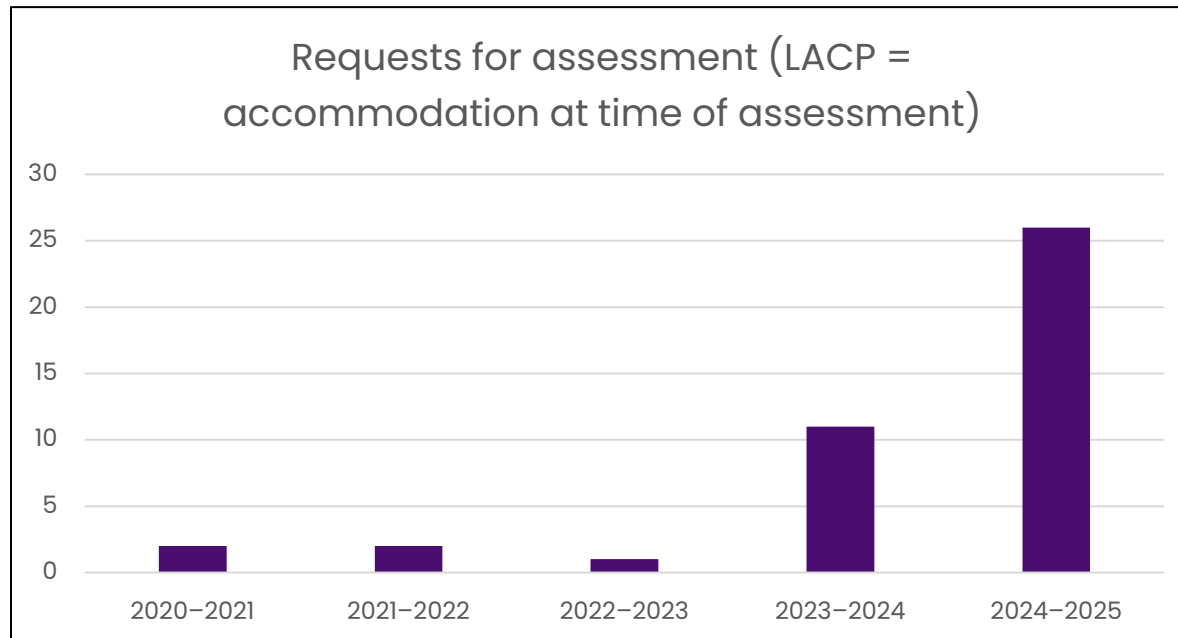
Pathway 1 – assessments and duties owed (care leavers)

Care leavers requesting an assessment has increased, but there has been substantial variation and no clear trends

Over the last five financial years there has been a rapid increase in the number of people requesting an assessment with their current accommodation recorded as a Looked After Child Placement (LACP).

In 2024/25 a total of 26 people in a LACP requested an assessment – an increase of over two-fold compared to the previous year.

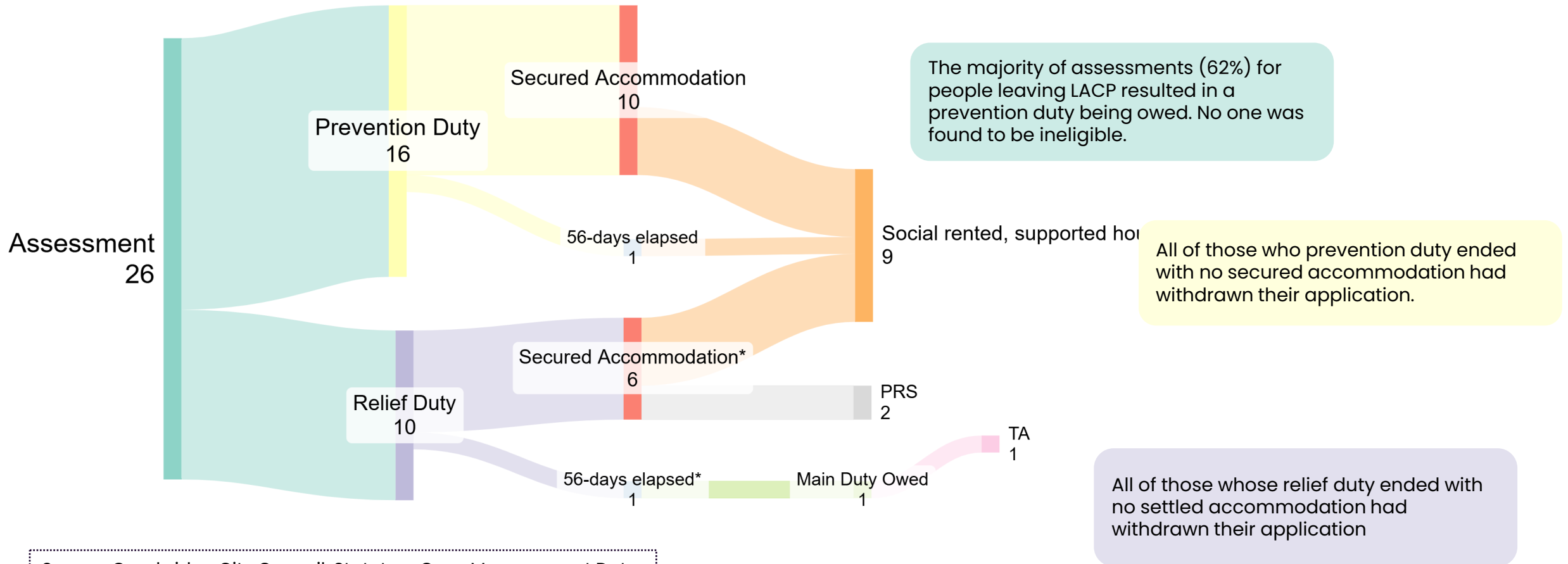
The most common outcome for this group is that they were owed a prevention duty. Nearly 60% of these applicants were owed a prevention duty, while just under a third (31%) were owed a relief duty.



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Pathway 1 – routes to settled accommodation (care leavers)

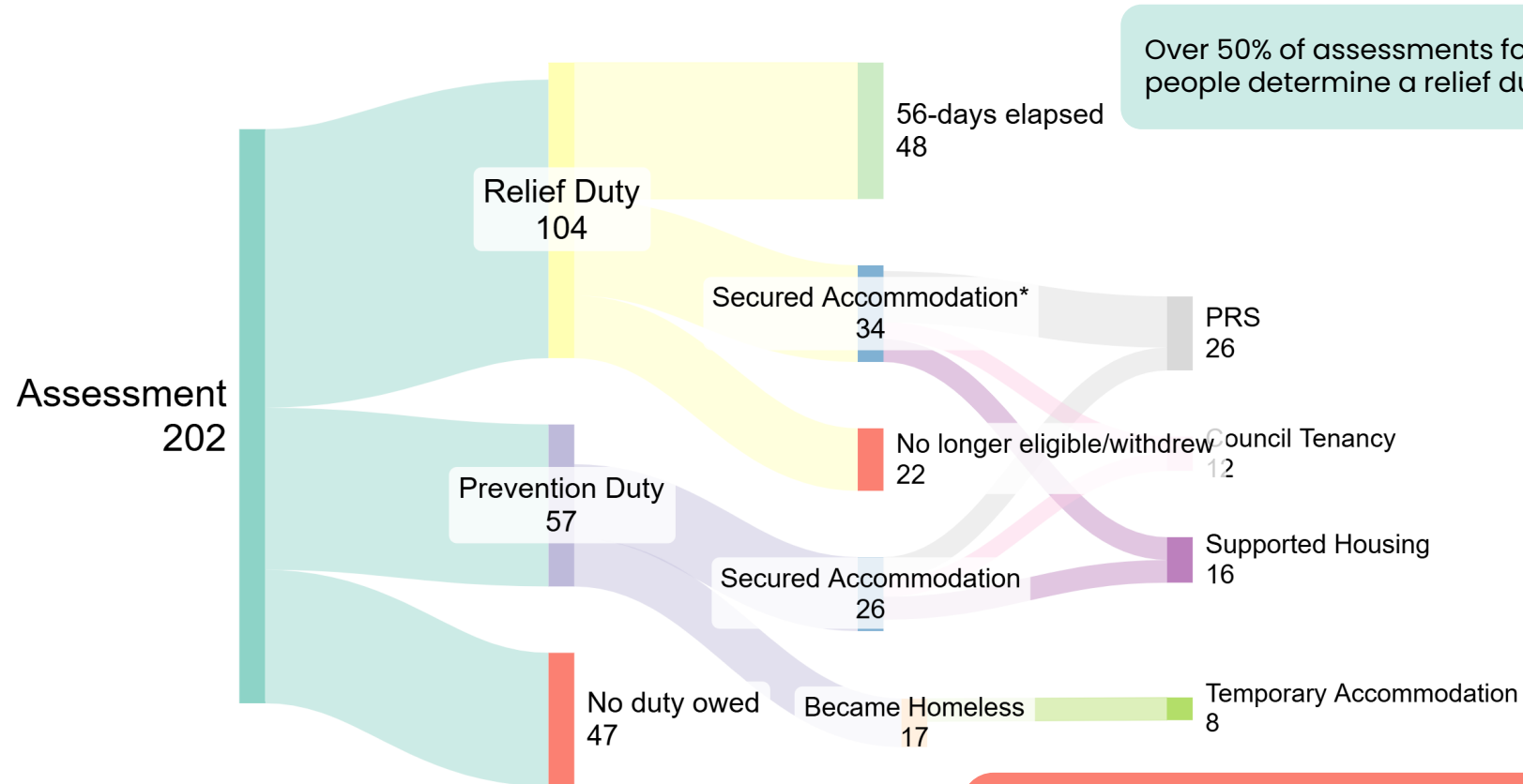
Routes to secure accommodation – young people and care leavers in 2024/25 (LACP data point)



Source: Cambridge City Council, Statutory Case Management Data

Pathway 1 – routes to settled accommodation (16–24)

Routes to secure accommodation for young people (2024/25)



Over 50% of assessments for young people determine a relief duty is owed.

46% of relief duties ended with 56-days elapsed. The table below provides the accommodation outcomes

56-days elapsed	
No fixed abode: not rough sleeping	3
No fixed abode: rough sleeping	1
Not known	4
Other	2
Private rented sector: self-contained	1
Refuge	2
Registered Provider tenancy	1
Staying with family	5
Staying with friends	2
Temporary accommodation provided by local authority	27

Source: Cambridge City Council, Statutory Case Management Data

Nearly a quarter (23%) of assessments found that no duty was owed. An additional 10% became ineligible or withdrew their application during their duty period.

Pathway 1 – prevention and relief activities (16–24)

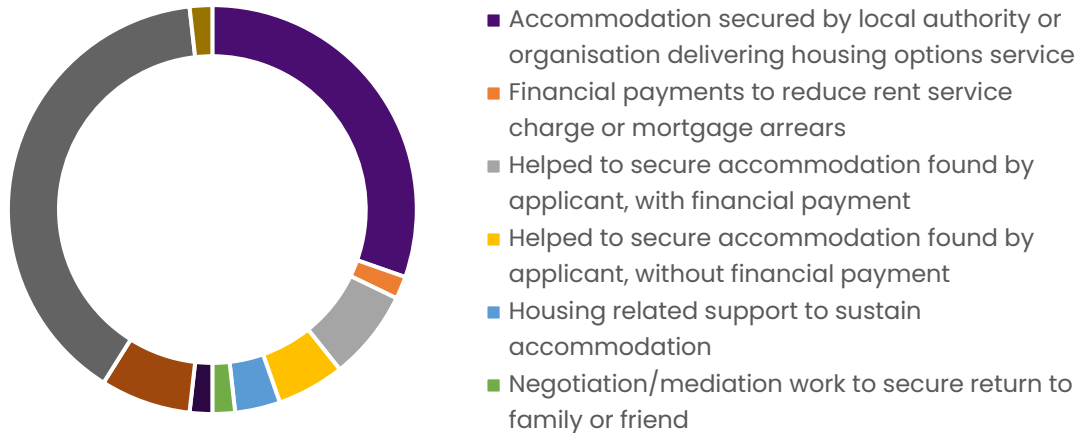
Prevention and relief activities

In 2024/25 nearly half (46%) of prevention duties resulted in accommodation being secured. The chart to the left highlights some of the activities undertaken that resulted in this outcome.

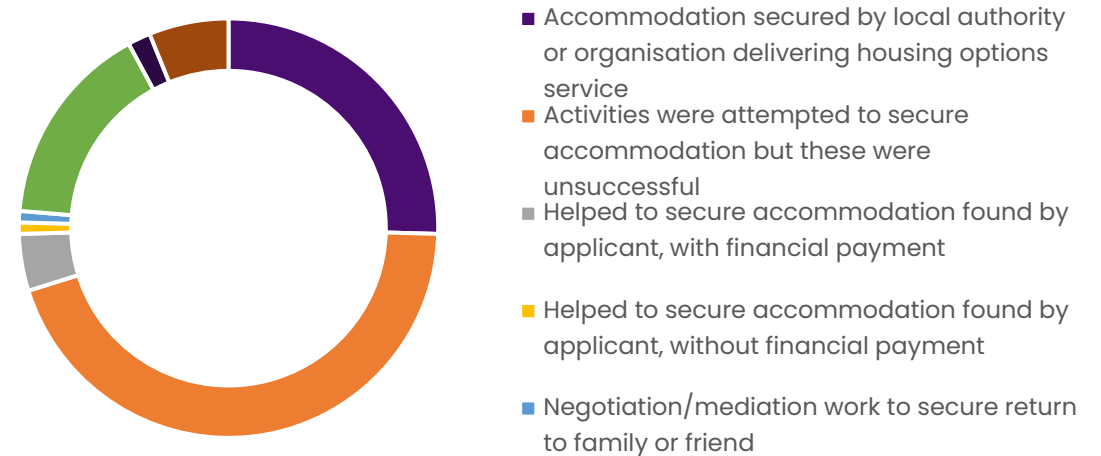
The most common prevention activity to lead to a successful outcome was where accommodation was secured by the local authority. However, 39% of prevention activities undertaken did not result in any accommodation being secured.

Only one third (33%) of relief duties resulted in accommodation being secured. As with prevention, the most common activity to result in a successful outcome was where the local authority had secured accommodation. In 45% of relief duties activities were undertaken but were not successful.

Prevention activities – 2024/25 (N = 57)



Relief Activities – 2024/25 (N=104)



Source: Cambridge City Council, Statutory Case Management Data

Pathway 1 – relief and prevention outcomes (16–24)

Outcomes of relief and prevention activities

These tables provide a breakdown of the outcomes of relief and prevention activities provided to 16–24 year olds at the prevention and relief phase.

	Reason for end – Prevention duty
56 days or more expired and no further action	8
Homeless	17
No longer eligible	1
Refused suitable accommodation	1
Secured alternative accommodation for 12 or more months	11
Secured alternative accommodation for 6 months	13
Secured existing accommodation for 12 or more months	2
Withdrew application	3

	Accommodation (prevention)
Council tenancy	6
No fixed abode: not rough sleeping	3
Other	4
Owner-occupier	2
Private rented sector: HMO	4
Private rented sector: self-contained	5
Registered Provider tenancy	4
Social rented supported housing or hostel	5
Staying with family	5
Temporary accommodation own arrangement	1
Temporary accommodation provided by local authority	7

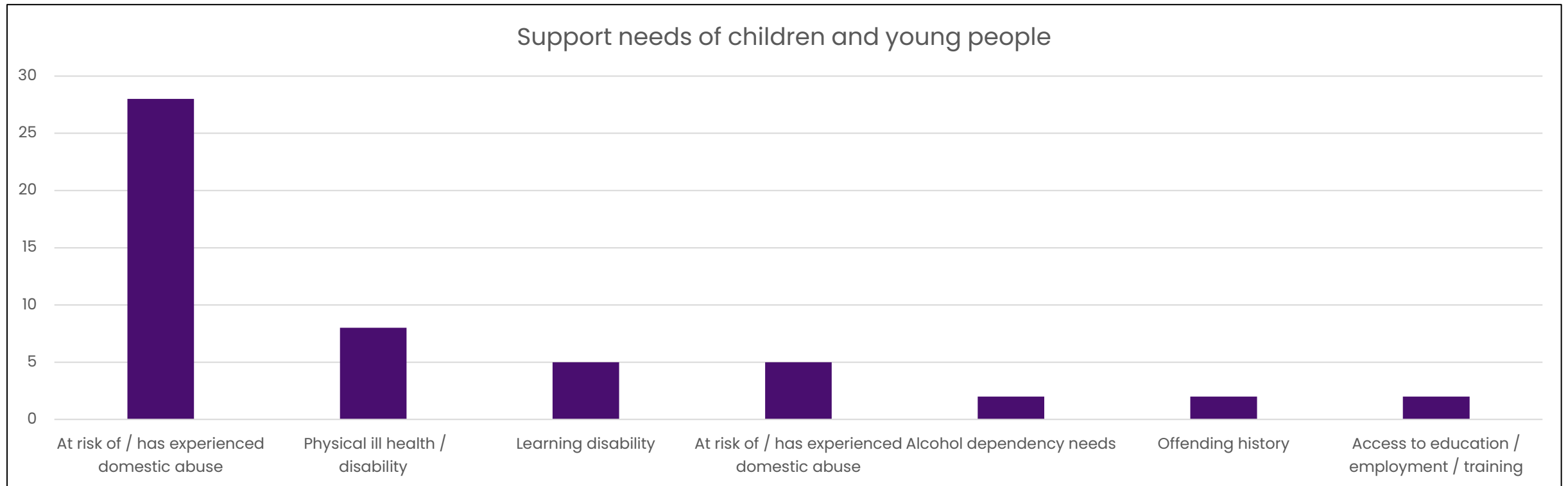
	Reason for end of relief duty
56 days elapsed	48
Applicant has refused a suitable offer, which was not a final offer	1
Contact lost	5
Intentionally homeless from accommodation provided	1
Local connection referral accepted by other LA	11
No longer eligible	1
Secured accommodation for 12 months	17
Secured accommodation for 6 months	17
Withdrew application	13

	Accommodation outcome – relief
Council tenancy	6
No fixed abode: not rough sleeping	4
No fixed abode: rough sleeping	4
PRS	10
Refuge	2
Registered Provider tenancy	1
Social rented supported housing or hostel	18
Staying with family	6
Staying with friends	3
Temporary accommodation provided by local authority	28

Pathway 1 – support needs (16–24)

Domestic abuse is the most common support need recorded for young people

Of the 161 young people who were assessed in 2024/25, a total of 28 (17%) had a support need of “At risk of/has experience domestic abuse”. The next most common reason is physical health which only accounts for 5% of cases. Overall – there are more than 80 different support need types recorded, reflecting the wide diversity in support needs across this group.

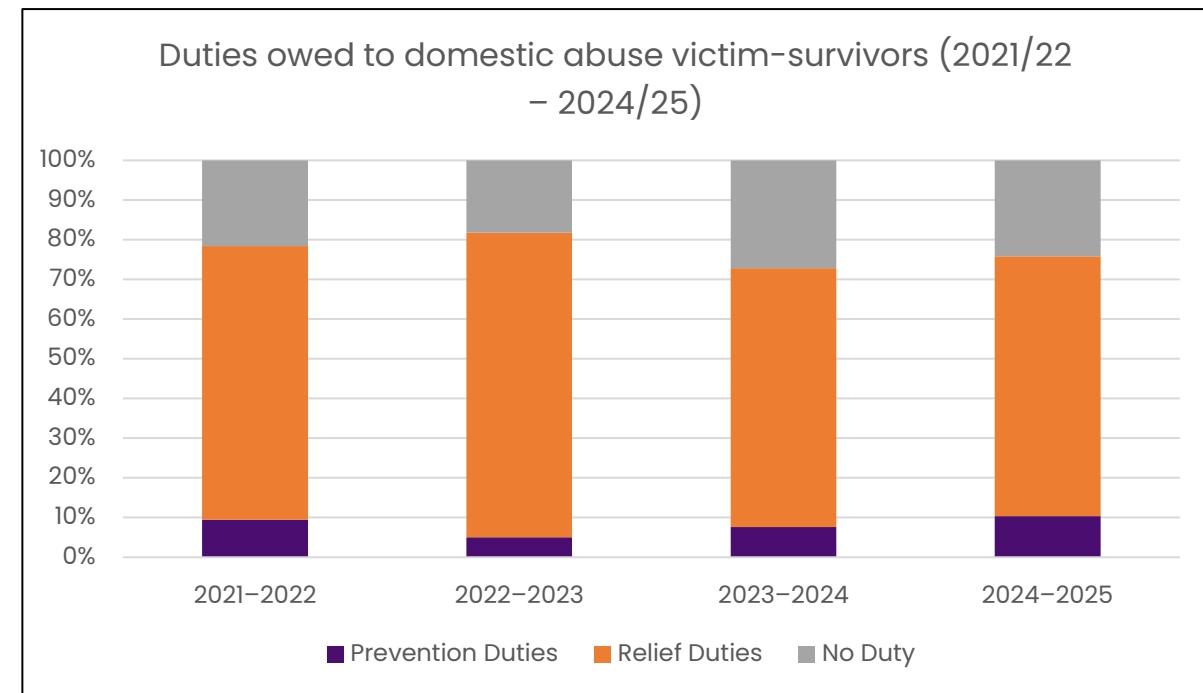
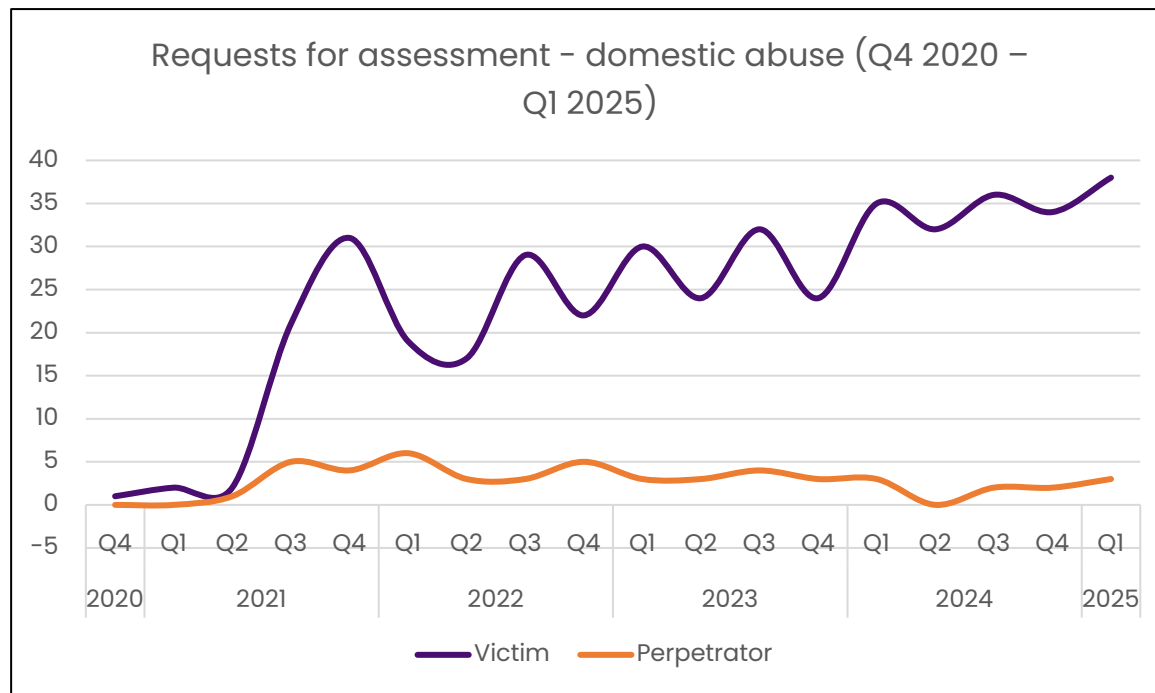


Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Pathway 2 – assessments and duties owed (domestic abuse)

Assessments for victim-survivors and perpetrators of domestic abuse

Applications and **assessments of victim-survivors of domestic abuse have more than doubled** since the introduction of the Domestic Abuse Act in 2021, which granted automatic priority need (171% increase). This increase is **consistent with national trends** and is considered to reflect, at least in part, the fact that **more victim-survivors are now coming forward** for homelessness support as well as improved recording of this as a driver of homelessness. In the same period, we can see that the distribution of duties owed has remained relatively steady, with the majority (~70%) owed a relief duty.



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

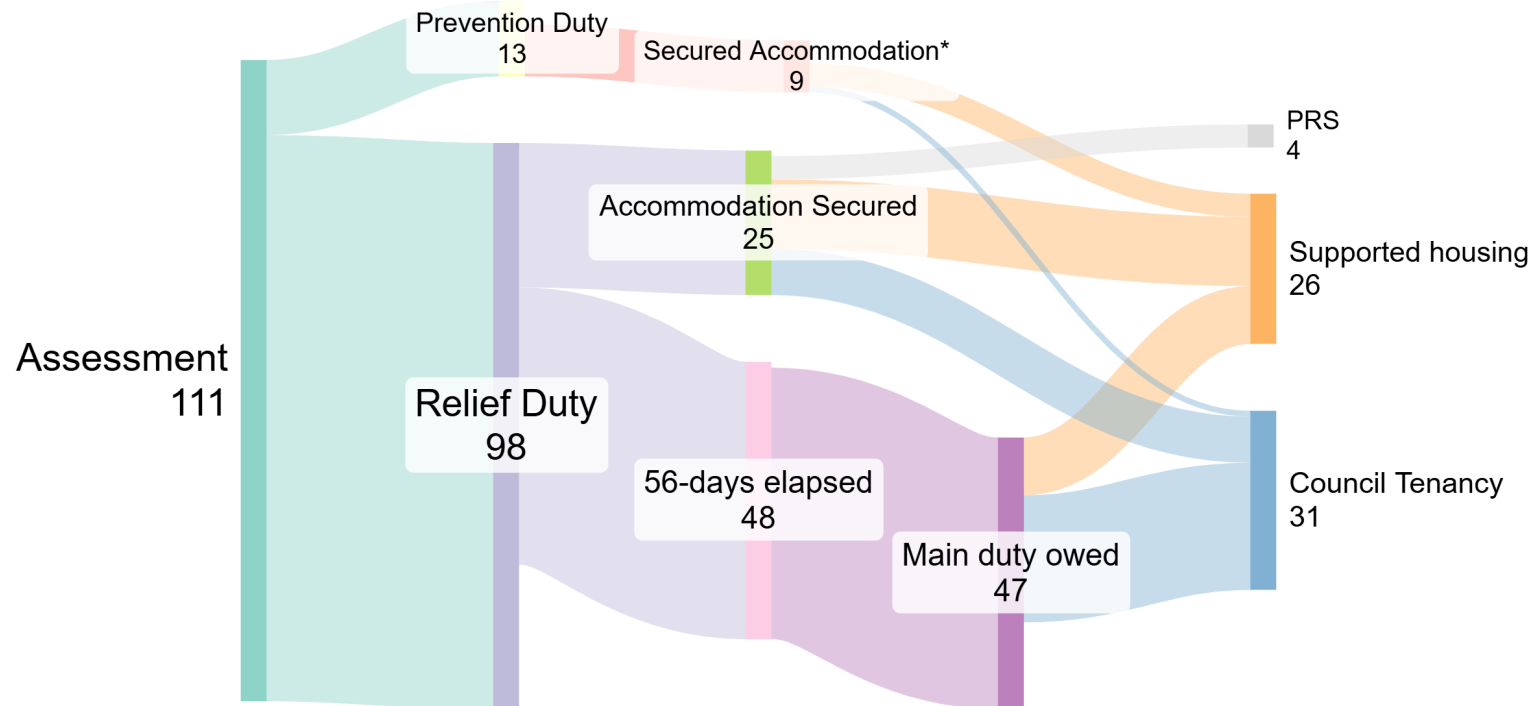
Pathway 2 – user journey (domestic abuse)

Routes to accommodation – victim-survivors of domestic abuse (2024/25)

140 people's reason for loss of last settled accommodation at time of approach was that they were a victim-survivor of domestic abuse in 2024/25. Of these, 111 had a completed assessment

Most assessments (90%) for DA victim-survivors resulted in a relief duty being owed.

Around one third of assessments (31%) resulted in accommodation being secured within 56 days



23% of relief duty ended with no accommodation. The table below sets out the most common reasons.

Reason relief duty ended	Count
Contact Lost	2
Local Connection in another LA	1
No Longer Eligible	1
Refused to cooperate	1
Refused accommodation	1
Withdrew application	9

Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Around 30% of victim-survivors owed a main duty in 24/25 did not find settled accommodation and were in TA.

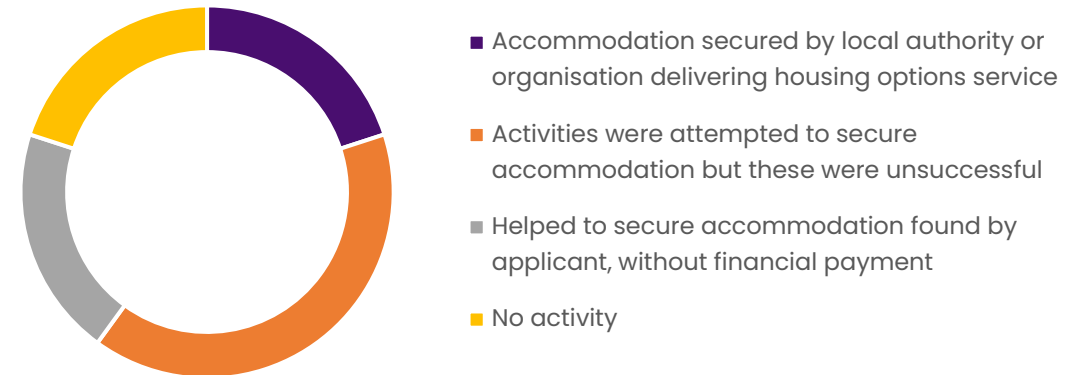
Pathway 2 – prevention and relief activity (domestic abuse)

In 2024/25 there were 104 people assessed as having lost their last settled accommodation due to domestic abuse. For people owed a prevention duty, nearly one quarter (23%) successfully secured accommodation during the initial 56-day period. However, a larger proportion (31%) were unsuccessful. At relief stage, a larger proportion (31%) were unsuccessful. While 40% of domestic abuse victim-survivors were successful in securing accommodation, with accommodation by either the local authority via the housing options service or with accommodation found by the applicant. Additionally, we can see that a small but substantial number of cases were closed at either prevention or relief with information and advice or mediation. Overall, this suggests that victim-survivors of domestic abuse are often well supported to find settled accommodation. However, a substantial group end their journey unsuccessfully. The next page sets out more detail on specific outcomes for this group.

Domestic abuse victim-survivors – prevention activities (n = 13)



Domestic abuse victim-survivors – relief activities (n = 94)



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Pathway 2 – duty outcomes (domestic abuse)

Prevention and relief duty – activity and accommodation outcomes in 2024/25

	Reason for end – Prevention duty
Contact lost	1
Refused to cooperate	1
Secured alternative accommodation for 6 months	1
Secured existing accommodation for 12 or more months	1
Withdrew application	1
Secured alternative accommodation for 12 or more months	2
Secured existing accommodation for 6 months	2
Homeless	4

	Accommodation outcome (prevention)
Council tenancy	1
Registered Provider tenancy	1
Staying with family	2
Temporary accommodation provided by local authority	2
Social rented supported housing or hostel	3

Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

	Reason for end of relief duty
Local connection referral accepted by other LA	1
No longer eligible	1
Notice served due to refusal to cooperate	1
Refused final accommodation or final part six offer	1
Contact lost	2
Secured accommodation for 6 months	9
Withdrew application	9
Secured accommodation for 12 months	16
56 days elapsed	48

	Accommodation outcome – relief
No fixed abode: not rough sleeping	1
Other	1
Owner-occupier	1
Not known	2
Private rented sector: HMO	4
Registered Provider tenancy	4
Temporary accommodation own arrangement	4
Council tenancy	8
Social rented supported housing or hostel	8
Refuge	9
Temporary accommodation provided by local authority	34

Pathway 2 – support needs (domestic abuse)

Mental health and physical health needs were the most common recorded support needs

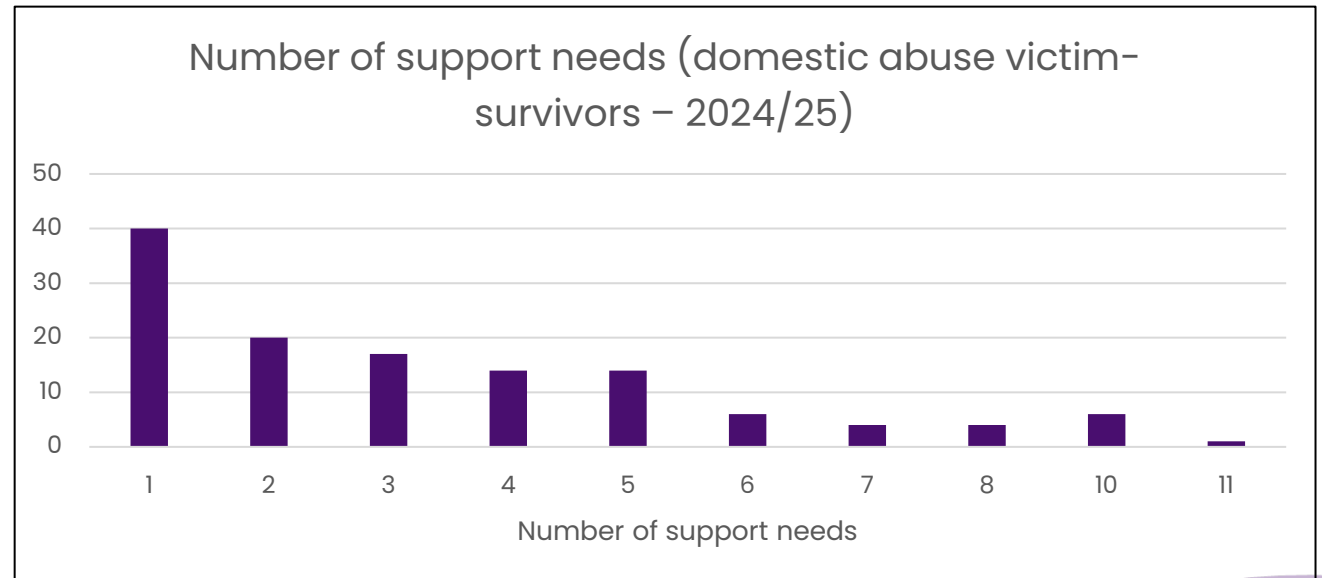
Support Need	Count With Need	With Relief Duty
History of mental health problems	46	28
Physical ill health & disability	31	19
Access to education, employment or training	17	7
At risk of / has experienced abuse (non-domestic)	16	10
History of rough sleeping	14	8
At risk of / has experienced sexual abuse	11	9
Offending history	11	8
Care leaver aged 18–20	10	6
Drug dependency needs	10	5
Alcohol dependency needs	10	6
History of repeat homelessness	10	8
Young person aged 18–25	9	4
Learning disability	7	6
Difficulties budgeting	6	3
Former asylum seeker	3	3
Victim of modern slavery	1	1
Care leaver 21–24	1	1
Care leaver 25+	1	1

Commentary

This table sets out all of the support need types recorded at assessment stage for victim-survivors of domestic abuse.

A substantial proportion (43%) of this group have a history of mental health problems.

The chart below highlights the complexity of need among this group. 46% of domestic abuse cases had 3 or more support needs.



Source: Cambridge City Council, Statutory Case Management Data

Pathway 2 – perpetrators of domestic abuse

Prevention and relief activity

	Perpetrator – prevention	Perpetrator – relief
2021	4	4
2022	2	15
2023	1	9
2024	0	4

Implications

There are so few people on this specific pathway that we can not draw any meaningful inferences from the data.

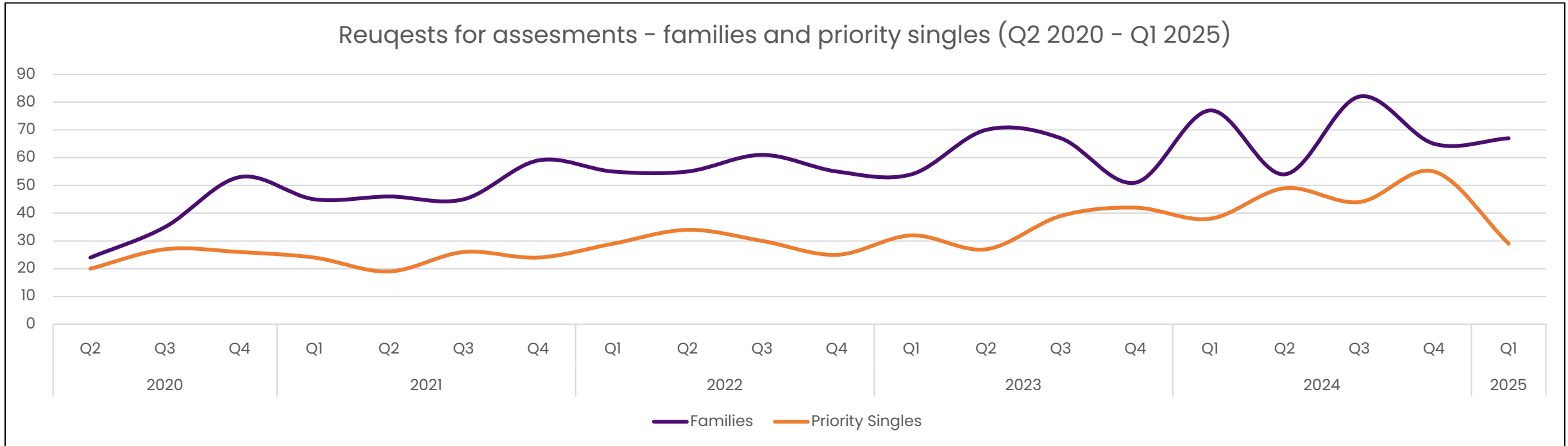
Alleged perpetrators are most likely to withdraw their application prior to accommodation being awarded.

This reinforces some of our findings from the service mapping exercise. There are no specific services or pathways for this group and almost all withdraw their application prior to completion. This evidences a need to shift the burden of moving away from victim-survivors and onto the person causing harm. This would require more formalised perpetrator housing support pathways to keep victims safe and prevent further abuse.

Pathway 3 – requests for assessments

Families and single households with a priority need*

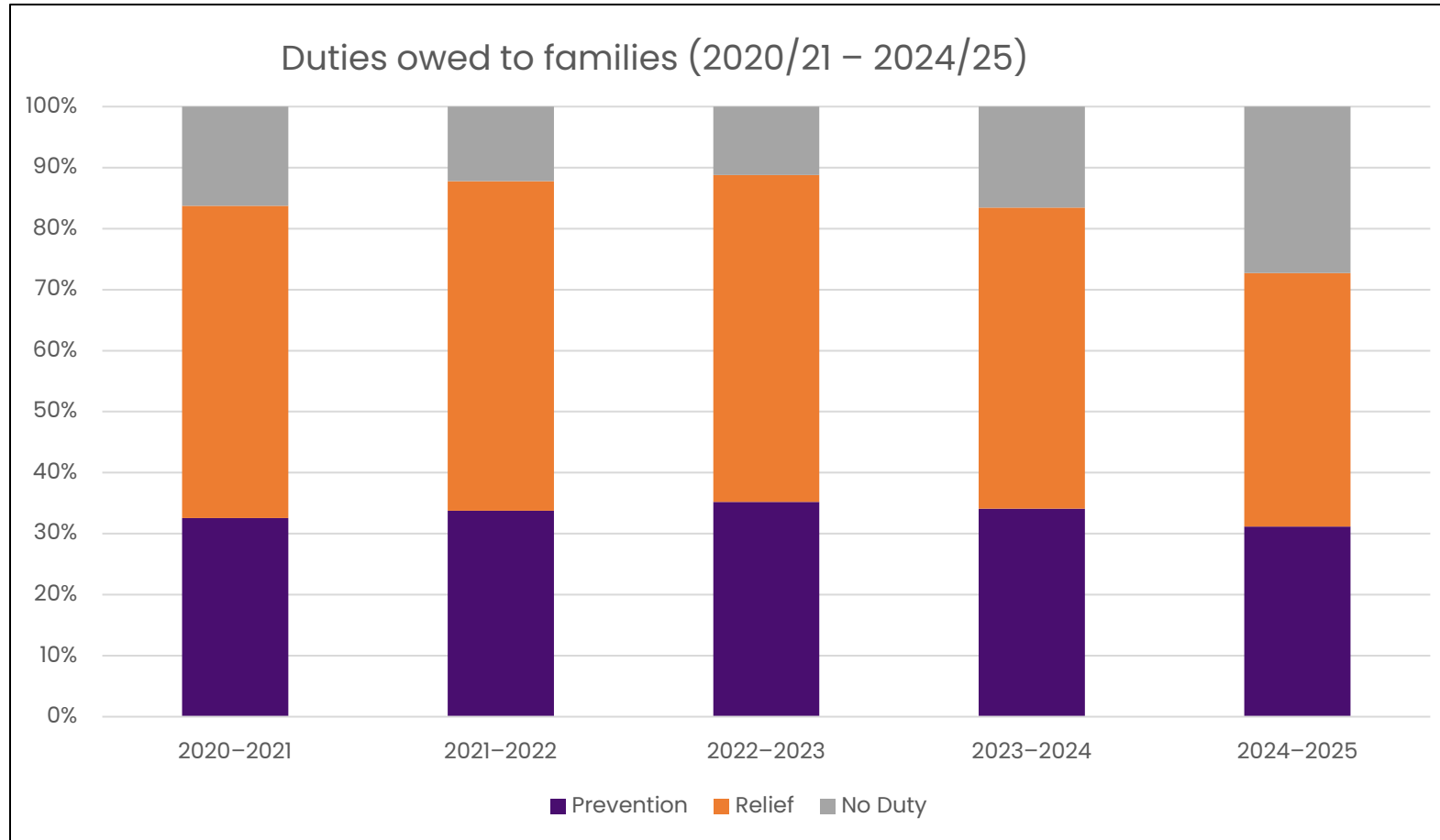
In 2024/25 a total of 267 families requested an assessment, an increase of over 70% compared to 2020/21. Over the same period requests from priority singles increased by 84% to 177. In the following slides we set out how outcomes and needs have shifted over time.



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Pathway 3 – duties owed (families)

In recent years the proportion of families found to be owed “no duty” has increased



Source: Cambridge City Council, Statutory Case Management Data

Commentary

The chart highlights how the proportion of families owed no duty has increased in recent years, while relief duties have declined. There are a number of potential drivers for this trend.

Firstly, we have seen an increase in provision of information and advice at an earlier stage, which may reflect some external factors like:

- early-stage housing stress
- affordability issues
- overcrowding
- relationship breakdown risk

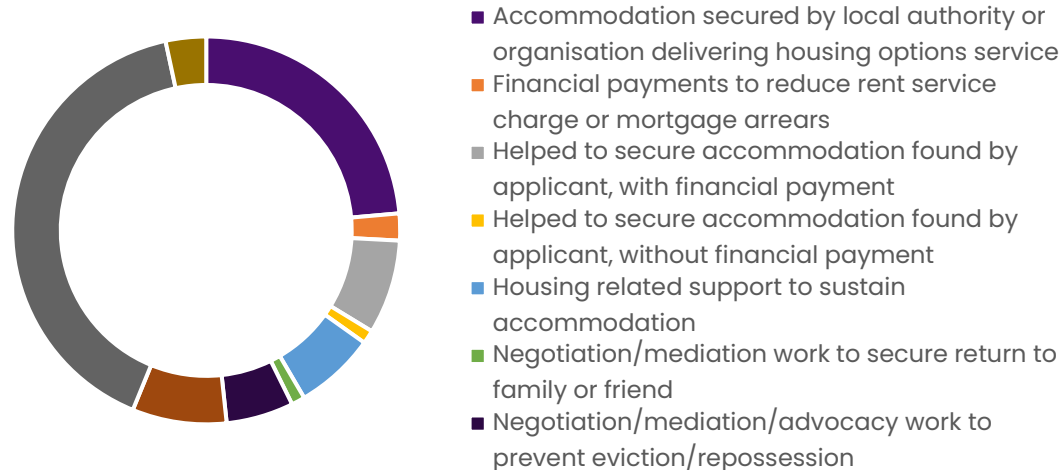
While the drivers of this may be negative, it could reflect a positive shift to earlier intervention.

However, this may also reflect a stricter application of eligibility thresholds, driven by very high demand and overstretched temporary accommodation capacity.

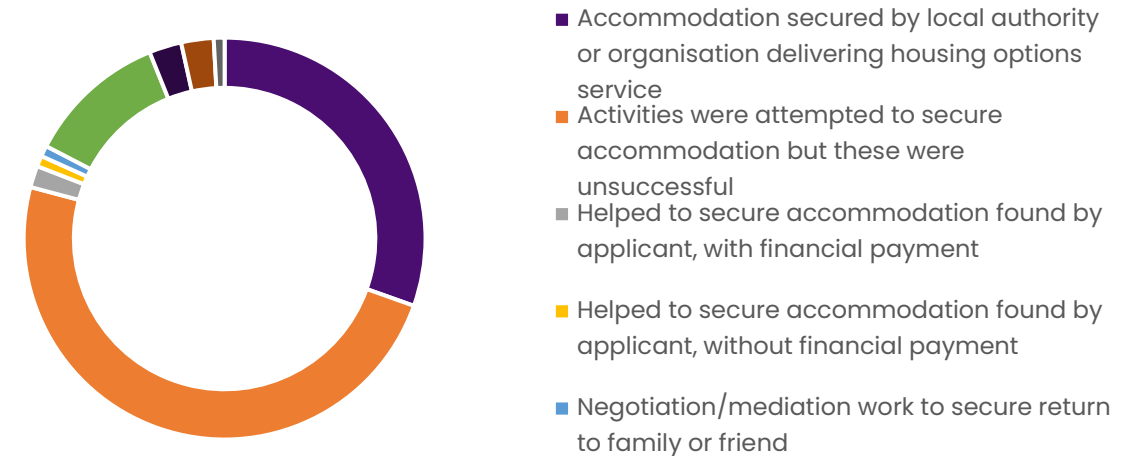
Pathway 3 – prevention and relief activities (families)

A high proportion of prevention and relief activities were unsuccessful for families in 2024/25. 40% of cases at prevention saw attempts made to secure accommodation but were unsuccessful – the equivalent figure for relief activities was 49%. The council was successful in supporting families to find accommodation in 24% of prevention cases and 30% of relief activities. This reflects some of the substantial and systemic challenges in the social, supported and private housing sectors.

Families – prevention activities – 2024/25 (n = 87)



Families – relief activity – 2024/25 (N = 115)



Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Pathway 3 – prevention and relief outcomes (families)

	Reason for end – prevention duty
56 days or more expired and no further action	5
Homeless	37
No longer eligible	1
Refused suitable accommodation	1
Refused to cooperate	1
Secured alternative accommodation for 12 or more months	21
Secured alternative accommodation for 6 months	6
Secured existing accommodation for 12 or more months	7
Secured existing accommodation for 6 months	3
Withdrew application	5

	Accommodation outcome – prevention
Council tenancy	13
No fixed abode: not rough sleeping	1
Not Known	1
Other	3
Private rented sector: self-contained	14
Refuge	1
Registered Provider tenancy	6
Social rented supported housing or hostel	5
Staying with family	3
Temporary accommodation own arrangement	3
Temporary accommodation provided by local authority	23

	Reason for end of relief duty
56 days elapsed	61
Applicant has refused a suitable offer, which was not a final offer	1
Contact lost	3
Intentionally homeless from accommodation provided	1
Local connection referral accepted by other LA	6
Refused final accommodation or final part six offer	1
Secured accommodation for 12 months	25
Secured accommodation for 6 months	9
Withdrew application	8

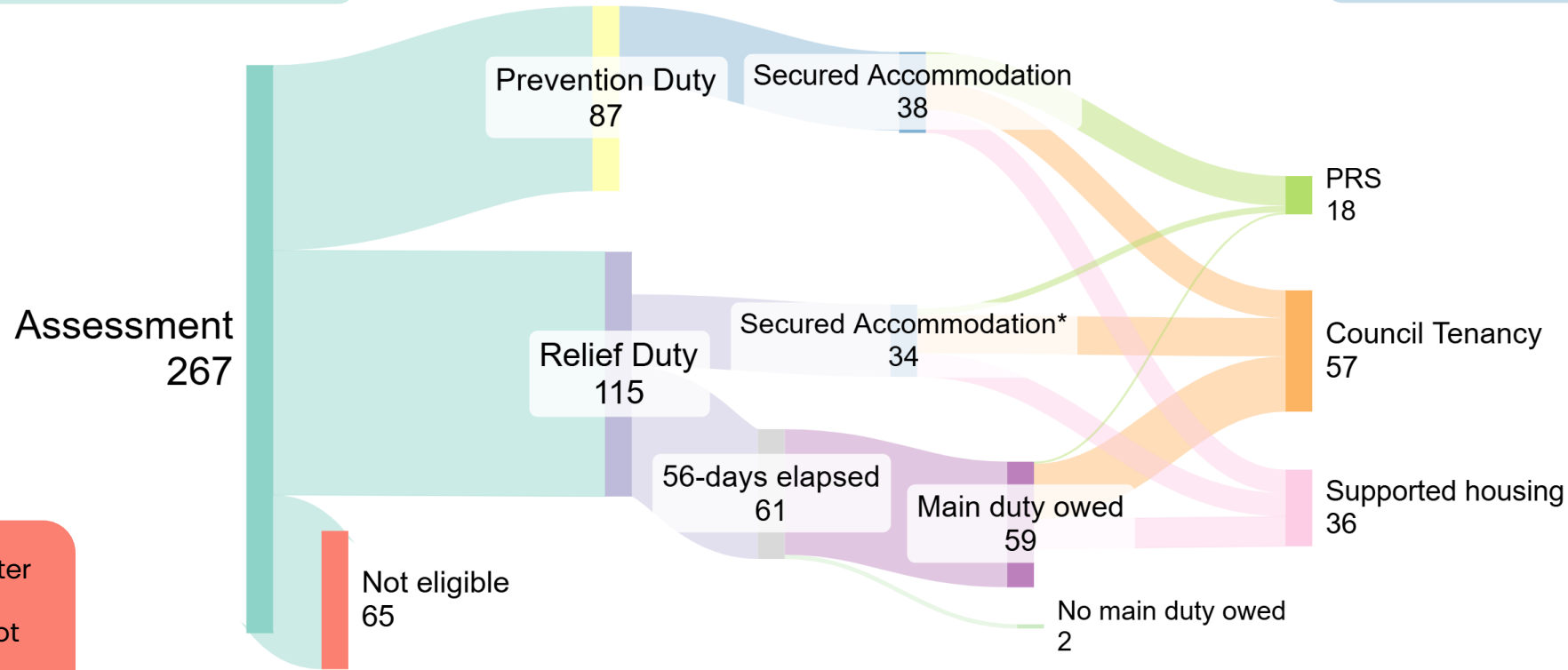
	Accommodation outcome – relief
Council tenancy	18
No fixed abode: not rough sleeping	3
Not known	6
Other	2
Private rented sector: self-contained	3
Refuge	7
Registered Provider tenancy	9
Social rented supported housing or hostel	2
Staying with friends	1
Temporary accommodation own arrangement	3
Temporary accommodation provided by local authority	49

Pathway 3 – routes to accommodation (families)

Families (2024/25) – pathways to secure accommodation

43% of families were assessed as being owed a relief duty in 2024/25.

Less than half of Prevention Duties resulted in accommodation being secured.



30% of people owed a relief duty secured accommodation within 56-days. 53% were owed a Main Duty after 56-days.

A council tenancy was the most common type of accommodation for people to secure. Just 17% were placed in PRS.

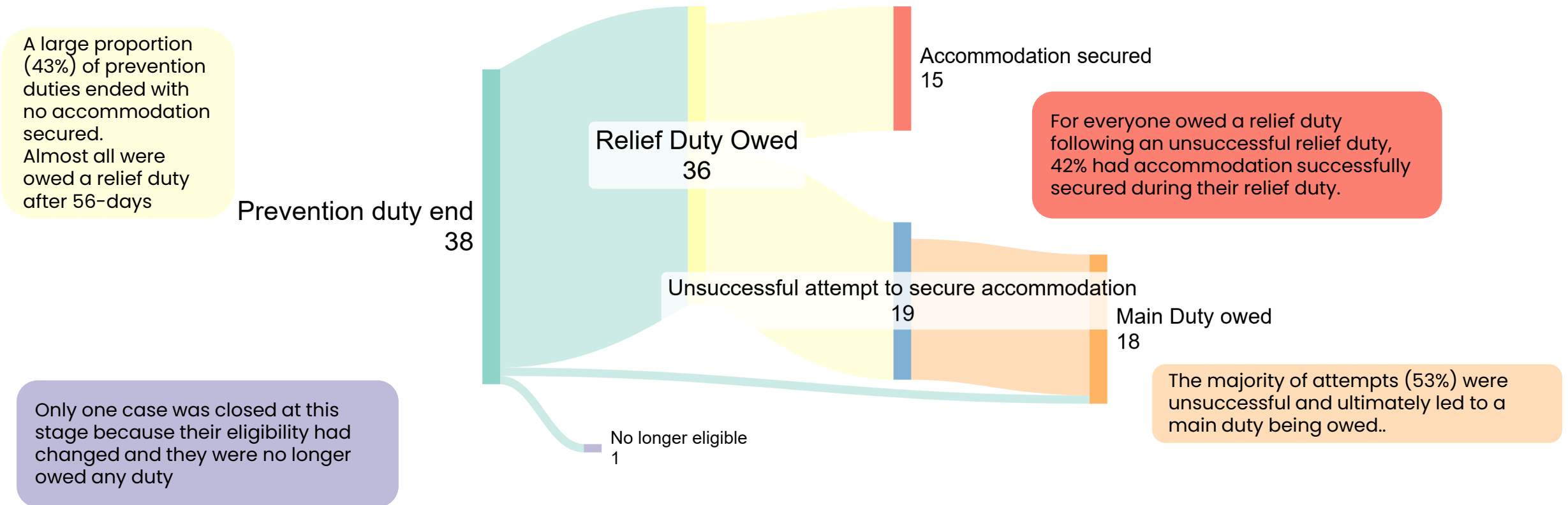
Around one quarter (24%) of families assessed were not owed any duty.

Source: Cambridge City Council, Statutory Case Management Data (Q2 2020 – Q1 2025)

Pathway 3 – unsuccessful prevention outcomes (families)

Families with an “unsuccessful” prevention duty outcome in 2024/25

This diagram shows the outcomes for Families who were owed a prevention duty but attempts to secure accommodation were unsuccessful.

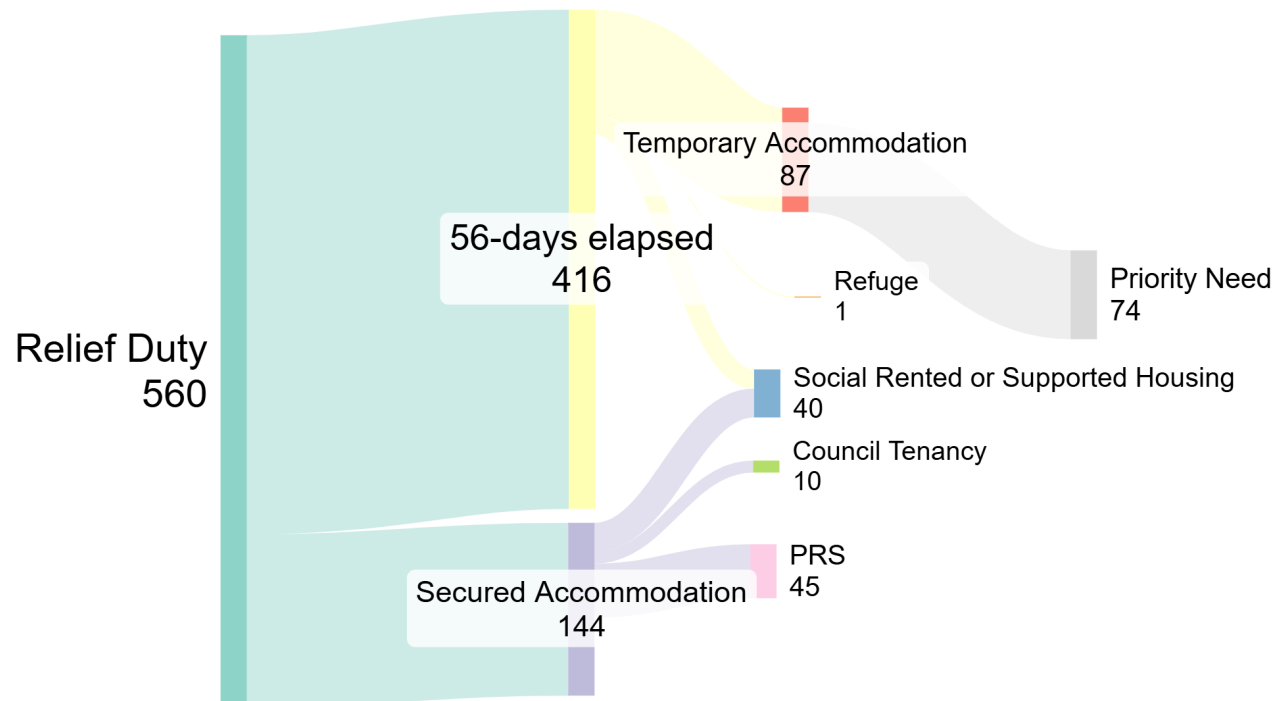


Pathway 3 – routes to accommodation (priority singles)

Priority singles – starting from Relief Duty being owed

560 single households were owed a Relief Duty in 2024/25. Of these,;

- 516 (74%) Relief Duties ended with 56-days having elapsed.
- Of these, 87 (20%) were provided with Temporary Accommodation.
- Of these, 74 (85%) were found to have a priority need.



Reason for priority need

74 Single Households were found to have a priority need at relief stage – an additional 23 came via prevention. The most common reason for single household being in priority need was for physical disability or ill health. This is followed by domestic abuse.

Reason for priority need (2024/25)	Single Person
Household includes a pregnant woman	1
Drug dependency	1
Old age	2
Learning difficulty	3
Care leaver and aged 18 to 20 years	6
Violence / threat of violence (not domestic abuse)	6
Other special reason	7
Mental health problems	15
Fled domestic abuse	17
Physical disability / ill health	39

Pathway 3 – support needs (priority singles)

Support needs of priority singles varied substantially

NB – numbers here reflect individual cases, whereas previous page reflects cases so numbers do not match.

Priority singles reaching main housing duty in 2024/25 show extremely high and overlapping needs, with over three-quarters experiencing mental ill health, more than half having histories of rough sleeping or repeat homelessness; and nearly two-thirds affected by domestic abuse.

Support Need	Count of Priority Singles with Need	Support Need	Count of Priority Singles with Need
History of mental health problems	134	Learning disability	16
Physical ill health & disability	88	Young person (18–25) requiring support	15
At risk of / has experienced domestic abuse	69	Care leaver aged 18–20	8
History of repeat homelessness	55	Former asylum seeker	5
History of rough sleeping	53	Care leaver aged 21–24	5
Drug dependency	41	Victim of modern slavery	4
Offending history	35	Care leaver aged 25+	2
Access to education, employment or training	33	At risk of gang violence / exploitation	2
At risk of / has experienced abuse (non-domestic)	22	Vulnerable due to old age	2
Difficulties budgeting	22	Young parent	1
Alcohol dependency	20	Care leaver aged 21+	1
At risk of / has experienced sexual abuse	17		

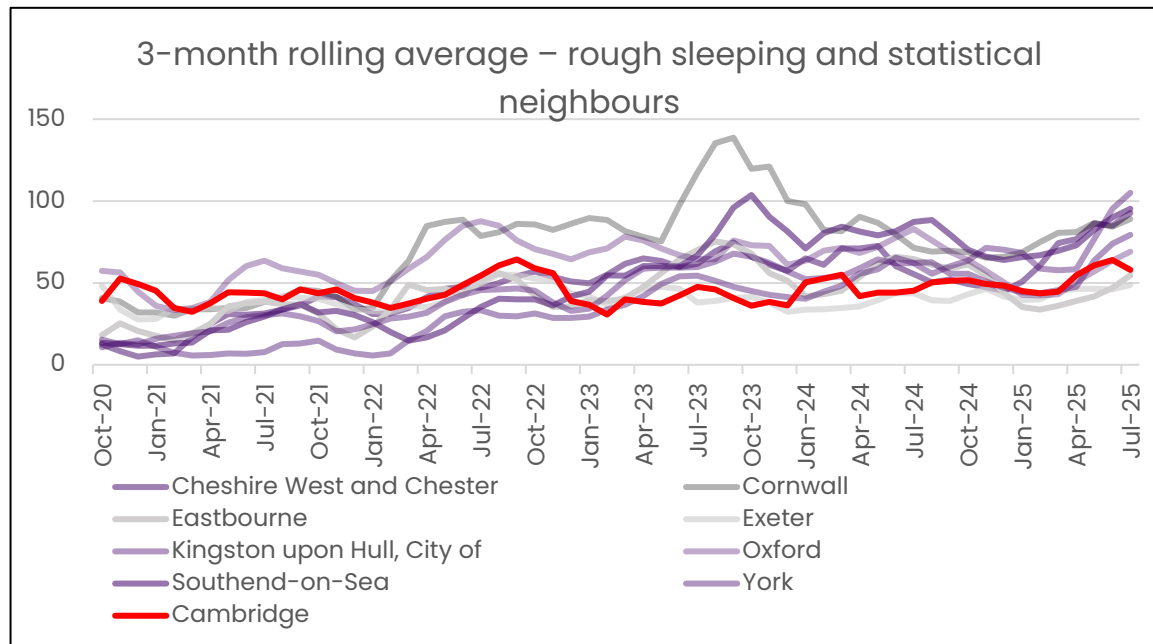
Source: Cambridge City Council, Statutory Case Management Data

Pathway 4 – drivers

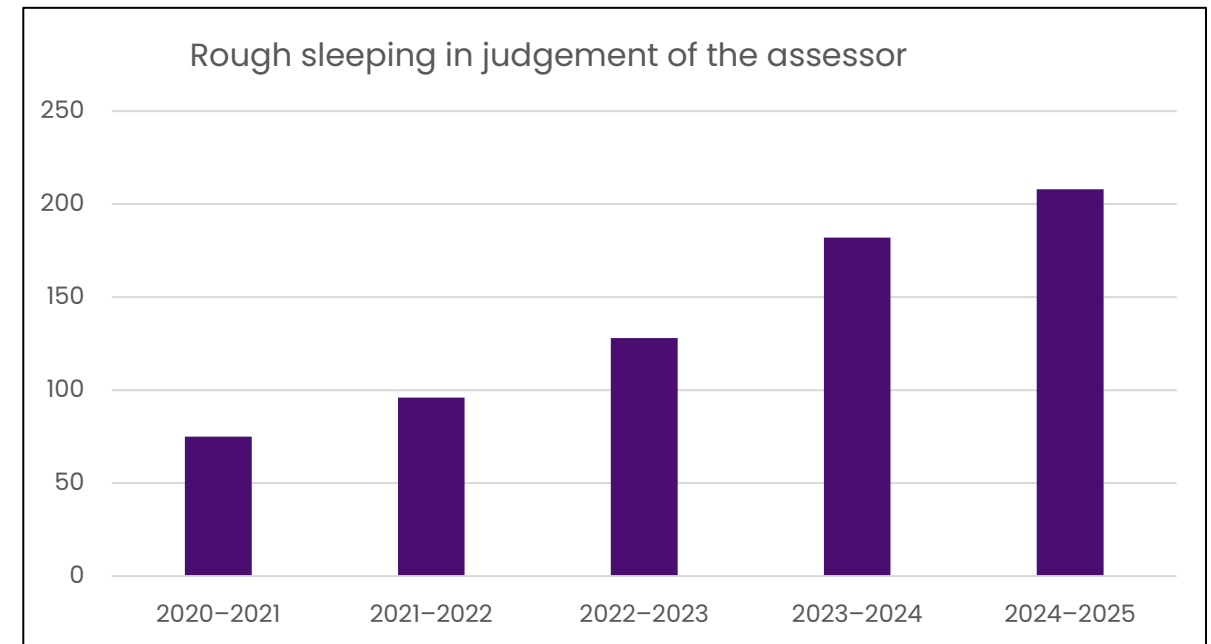
Rough sleeping prevalence and number of assessments

In June 2025 the rolling average number of people sleeping rough in Cambridge was just over 40 per month (Rough Sleeping Data Led Framework). H-CLIC data suggests that 70 people were rough sleeping in 2024/25 and were owed a relief duty – while Cambridge's Statutory Case Management data shows 99 people were rough sleeping in the judgement of the assessor, regardless of whether a duty was owed or completed.

The Rough Sleeping Data Led Framework shows that rough sleeping has remained relatively steady in Cambridge since 2020 – over the same period the number of assessments also remained steady, before increasing rapidly in 2024/25. This suggests that the City Council has improved its outreach and identification, rather than there having been a genuine increase in demand.



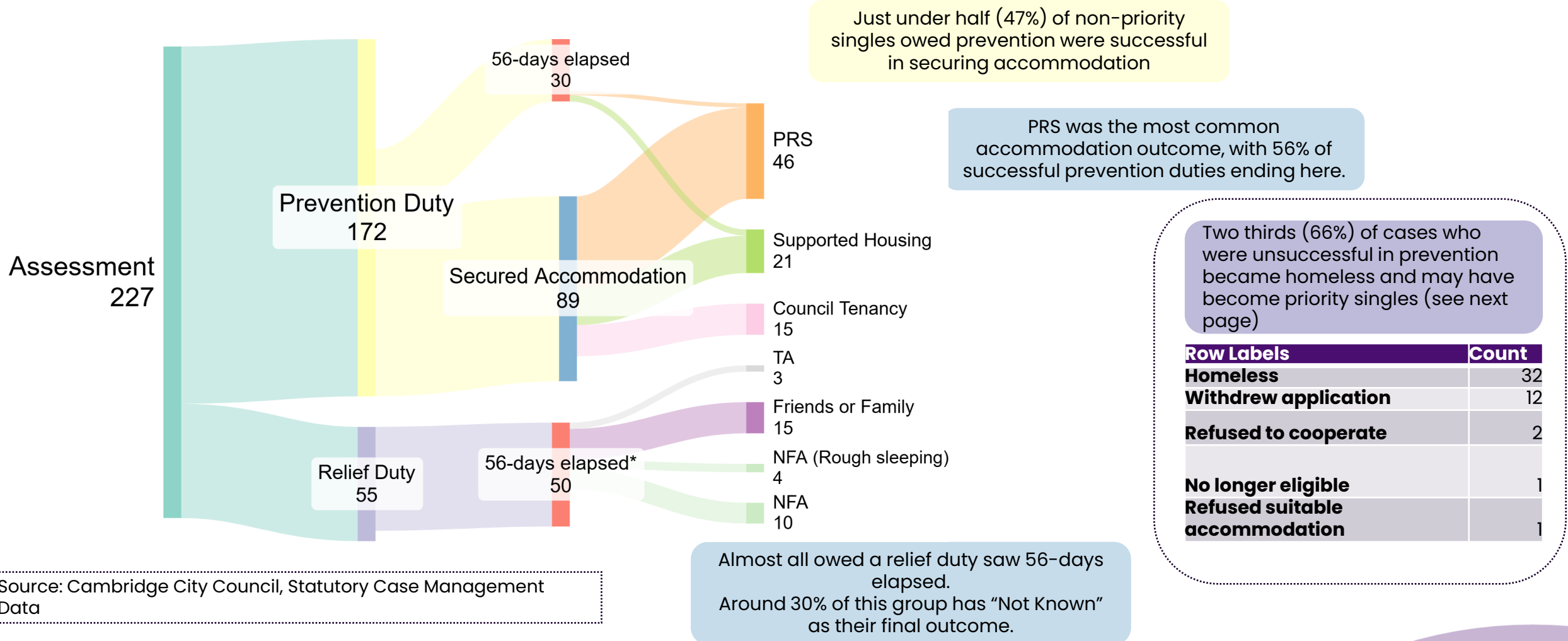
Source: MHCLG, Rough Sleeping Data Framework 2024/25



Source: Cambridge City Council, Statutory Case Management Data

Pathway 4 – outcomes

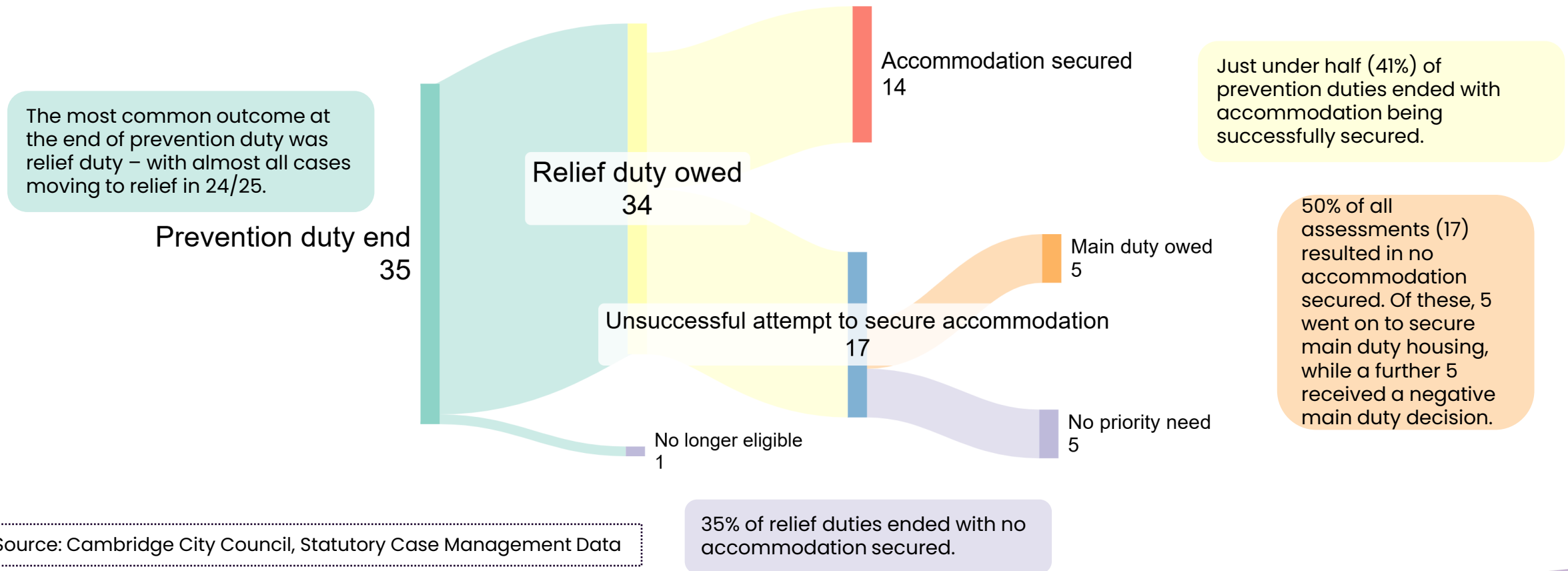
Complete pathways in 2024/25 – non-priority single households



Pathway 4 – outcomes

Non-priority single households (2024/25)

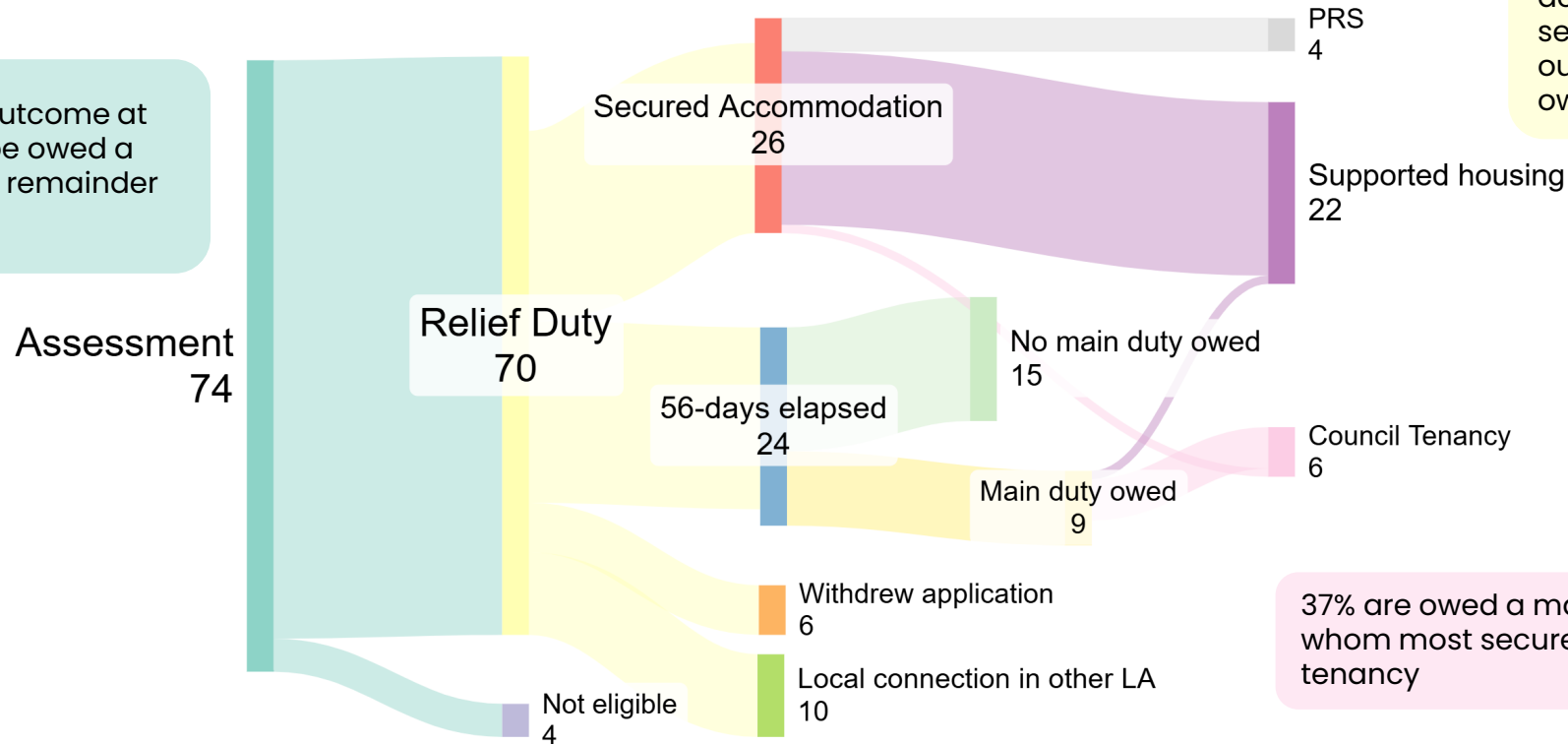
This diagram shows the outcomes of those non-priority singles who were unsuccessful in securing accommodation at prevention stage.



Pathway 4 – outcomes

Rough sleeper statutory homelessness pathways in 2024/25

The most common outcome at assessment was to be owed a relief duty (95%). The remainder were ineligible.



35% of relief duties ended with accommodation being successfully secured – this is the most common outcome for rough sleepers found to be owed a relief duty.

34% of cases elapsed after 56 days – of these just over 60% are found to have no main duty owed.

37% are owed a main duty, of whom most secure a council tenancy

14% of relief duties were found to have no local connection

Source: Cambridge City Council, Statutory Case Management Data

Pathway 4 – outcomes

Rough sleepers – relief and accommodation outcomes

The **most common relief duty outcome for rough sleepers is an ‘unsuccessful’ one** (56 days elapsed, contact lost, intentionally homeless, refused accommodation). Of those who secure accommodation, the most **common outcome is social rented supported housing/hostels**, followed by temporary accommodation.

Relief – reason duty ended

	Reason for end – relief duty
56 days elapsed	22
Applicant has refused a suitable offer, which was not a final offer	1
Contact lost	3
Intentionally homeless from accommodation provided	1
Local connection referral accepted by other LA	10
Refused final accommodation or final part six offer	1
Secured accommodation for 12 months	5
Secured accommodation for 6 months	18
Withdrew application	6

Relief – accommodation outcome

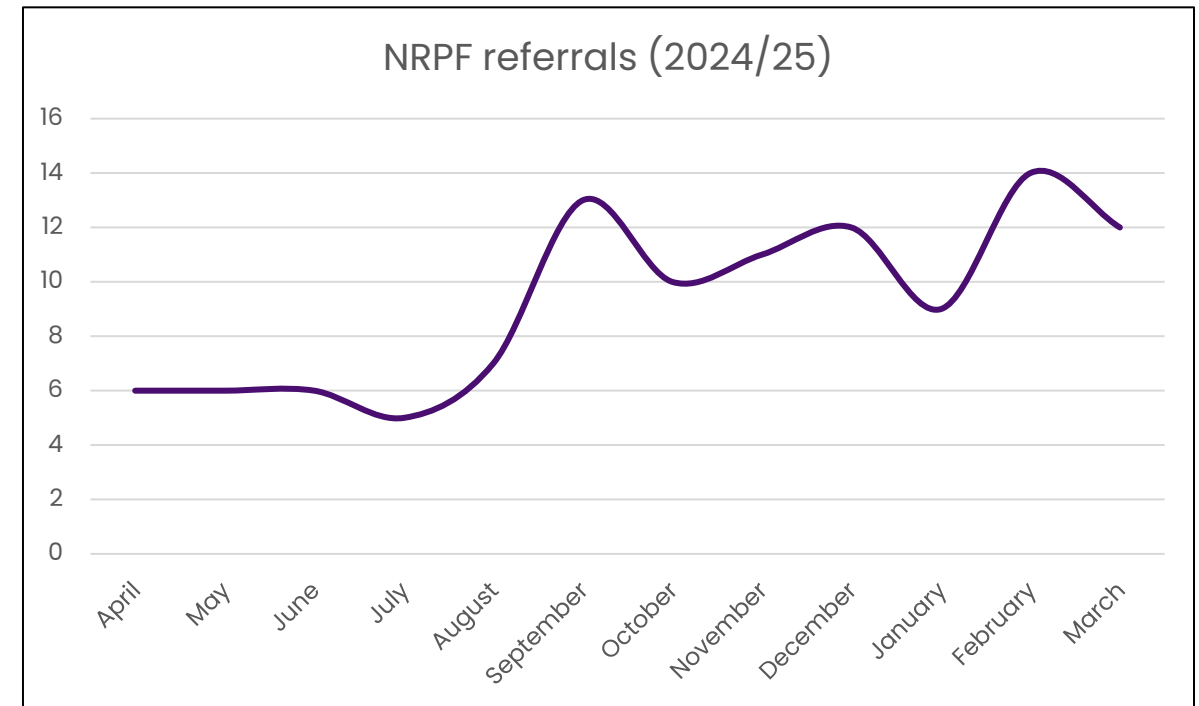
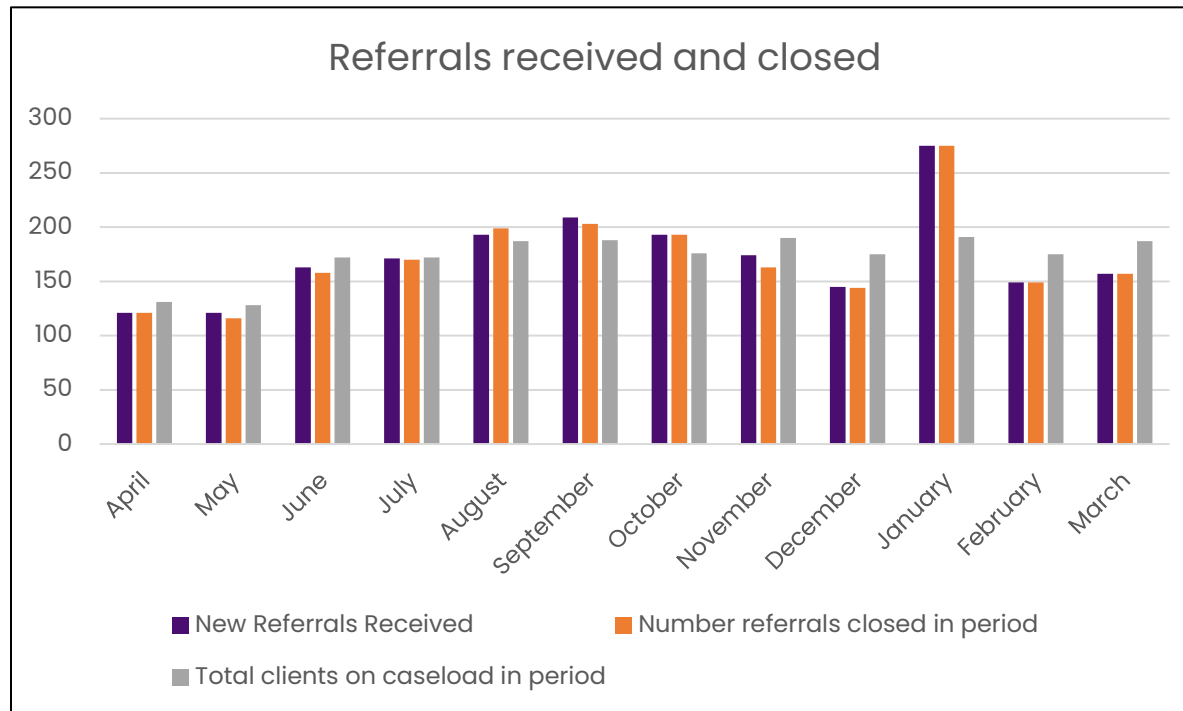
	Accommodation outcome
Council tenancy	1
Custody	1
No fixed abode: not rough sleeping	2
No fixed abode: rough sleeping	8
Not known	5
Other	3
Private rented sector: HMO	4
Social rented supported housing or hostel	21
Staying with family	1
Staying with friends	4
Temporary accommodation provided by local authority	8

Pathway 5 – drivers

There is very limited data on households with No Recourse to Public Funds

The City's outreach service is the only source of data on this cohort.

The service received 1,954 referrals over the course of the year – note these are not individual referrals and the data will include cases that have been referred multiple times over the year. **A small proportion (6%) were recorded as NRPF.**

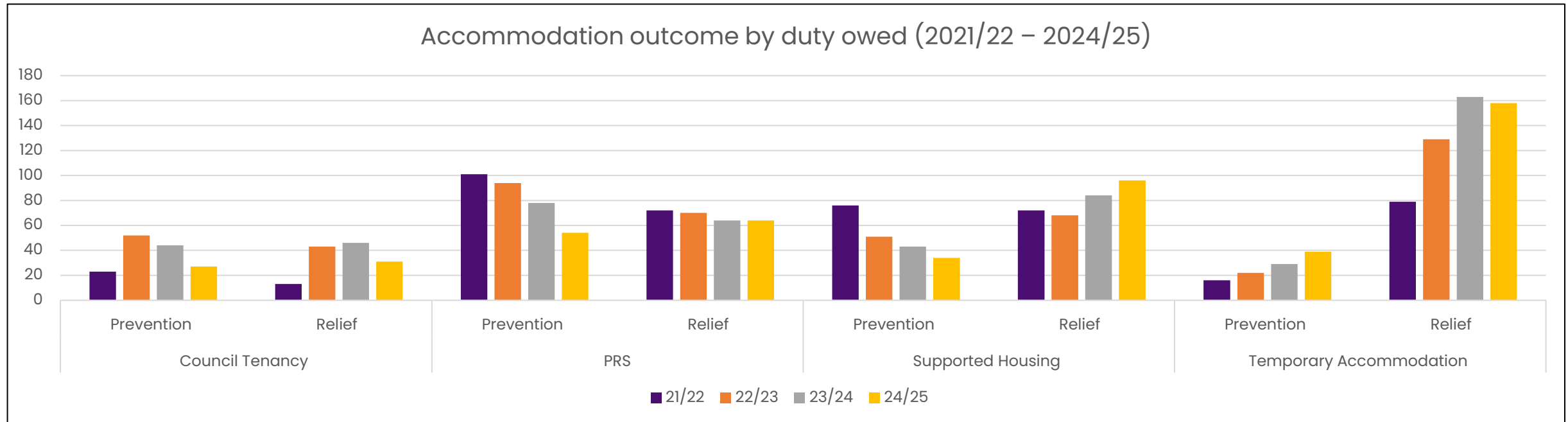


Settled accommodation setting – by duty

The types of settled accommodation secured has shifted over recent years

This chart highlights some of the changing patterns in accommodation outcomes over the last four years in Cambridge.

- **Council Tenancy** – has become the least common outcome at prevention and relief phase.
- **PRS** – has declined sharply at prevention stage, whilst declining at a far slower rate for relief duties.
- **Supported Housing** – supported housing has declined sharply as an outcome at prevention, though is offset by an increase at relief.
- **Temporary Accommodation** – placements have increased rapidly at relief phase. A slower rate of increase has been seen at prevention duty.



Source: Cambridge City Council, Statutory Case Management Data

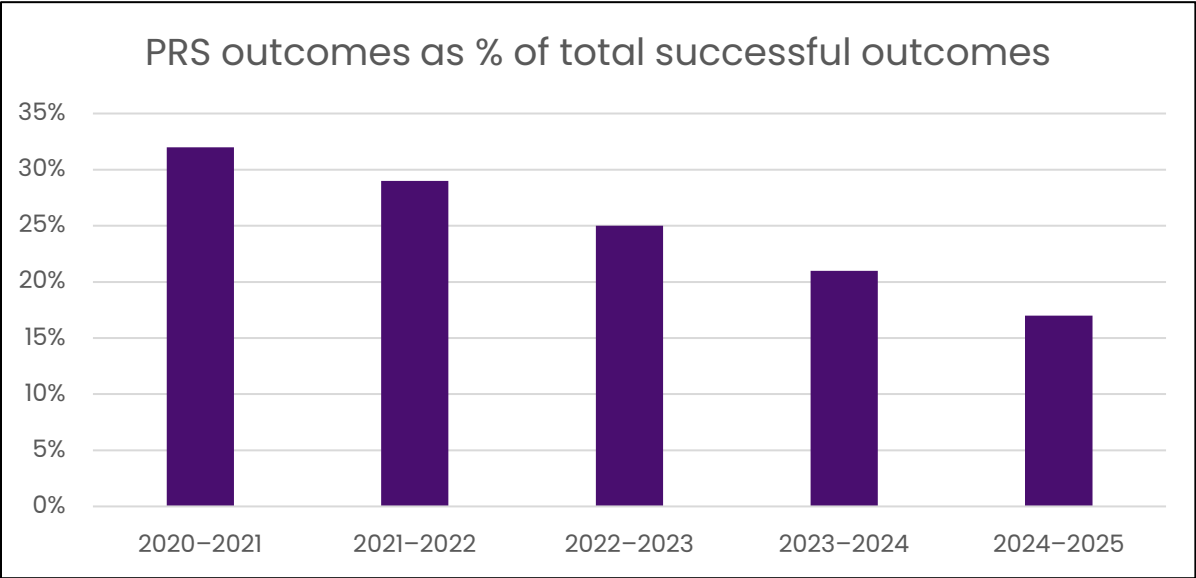
Private rented sector

The PRS is declining as a route out of homelessness and is driving new demand

The charts below highlight concerning trends relating to the PRS as a driver of homelessness and as a route out of homelessness.

1. The bar chart to the left highlights how PRS has declined in relative terms as a route out of homelessness. In 2020/21 the PRS accounted for nearly one third (32%) of all successful accommodation outcomes. By 2024/25 this had declined by 15%-points and stood at 17%.
2. The table shows how the PRS has become a net driver of homelessness. It now accounts for more losses of accommodation than it does successful placements – a reversal of the distribution seen in 2020.

Taken together and in the context of some of the PRS market information, this points toward the PRS as a major challenge and risk factor within the local system.



	PRS losses (into homelessness)	PRS outcomes (exit to PRS)	Net PRS gap
2020-2021	86	159	-73
2021-2022	134	173	-39
2022-2023	190	164	26
2023-2024	230	142	88
2024-2025	225	118	107

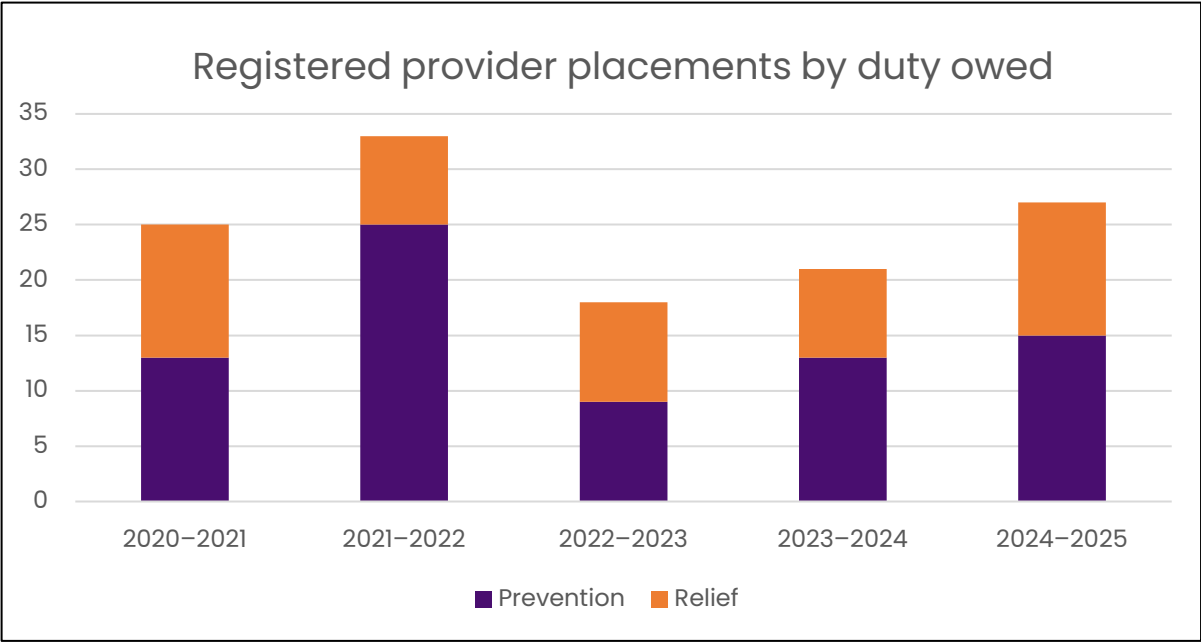
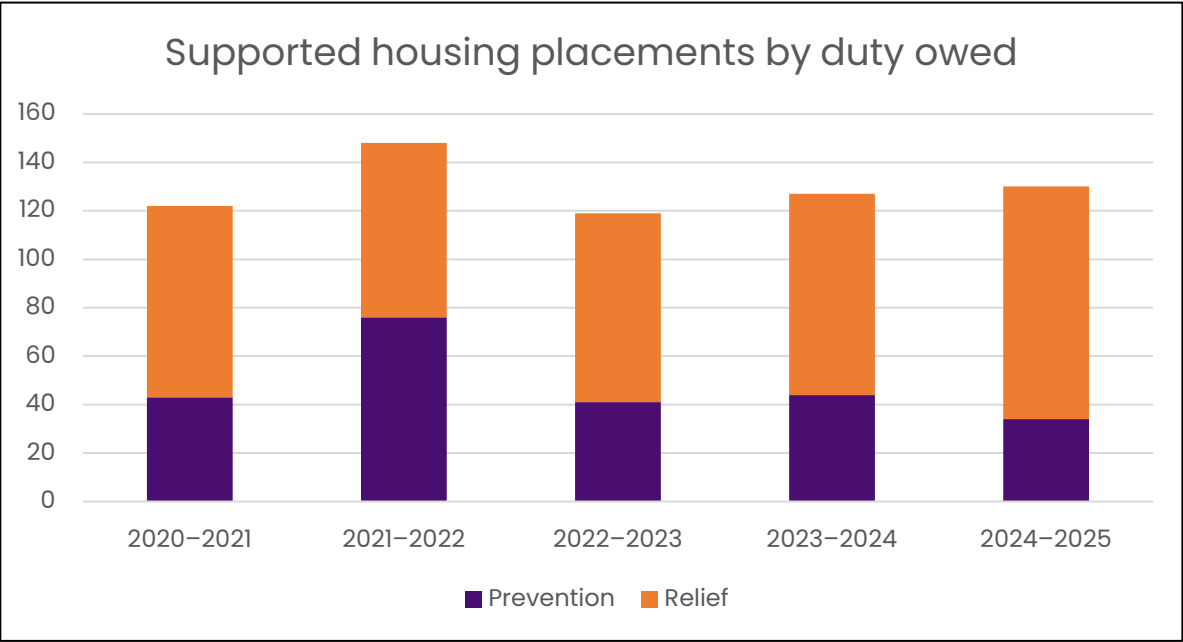
Source: Cambridge City Council, Statutory Case Management Data

Supported housing & social housing (RPs)

Placements have fluctuated and there has been a shift toward placements being made at relief

In 2024/25 a total of 130 people were placed in supported housing in Cambridge. The majority (74%) of placements were made at relief stage. 27 people were secured settled social tenancies.

There has been minimal variation in the total number of supported housing placements made – given closures of several schemes across the city, this reflects a good level of resilience within the sector. However, there has been a clear shift of placements being made at prevention phase to relief. This is likely linked to challenges with capacity and sufficiency within the sector.



Source: Cambridge City Council, Statutory Case Management Data

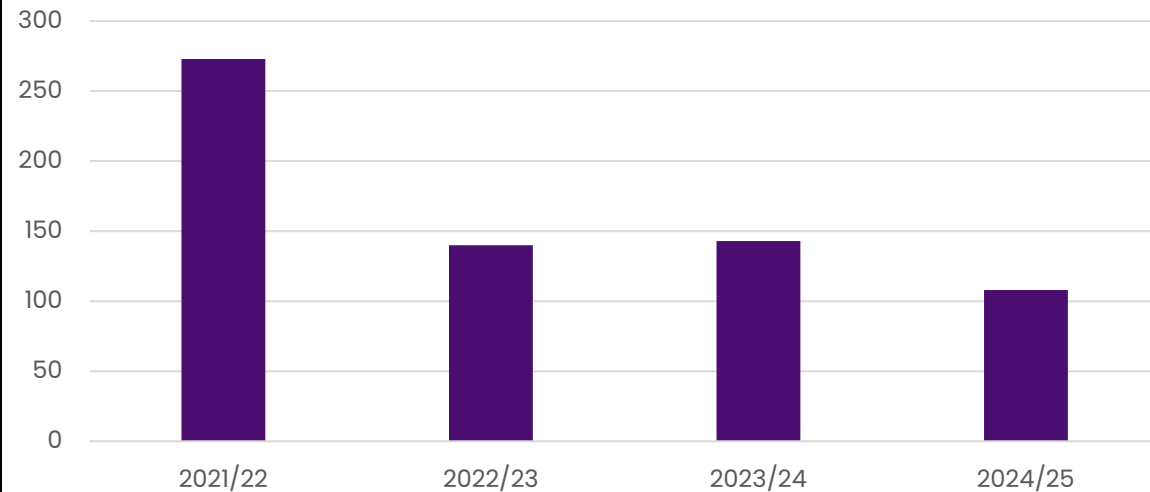
Supported housing – length of stay and active bans

Proportion of people with active bans has grown while average length of stay has decreased.

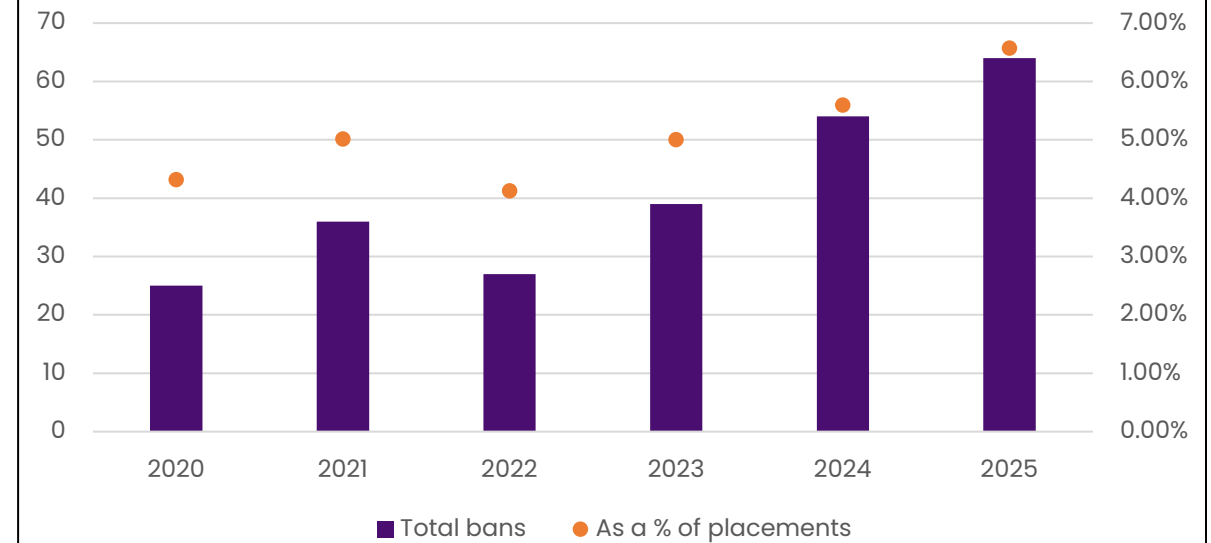
Over the last three financial years, the average length of time spent in supported accommodation across Cambridge has remained steady, following a substantial drop after 2021/22. This is reflected in the placement data set out on the previous page – as placements have flatlined so to has length of stay; highlighting that turnover rates are likely at an equilibrium point.

We have seen a substantial increase in accommodation bans over the last six years. Perhaps reflecting that acuity or complexity of need has increased and providers are struggling to manage a greater number of individuals that their services are not designed to support.

Average length of time in supported accommodation (2021/22 – 2024/25)



Accommodation bans



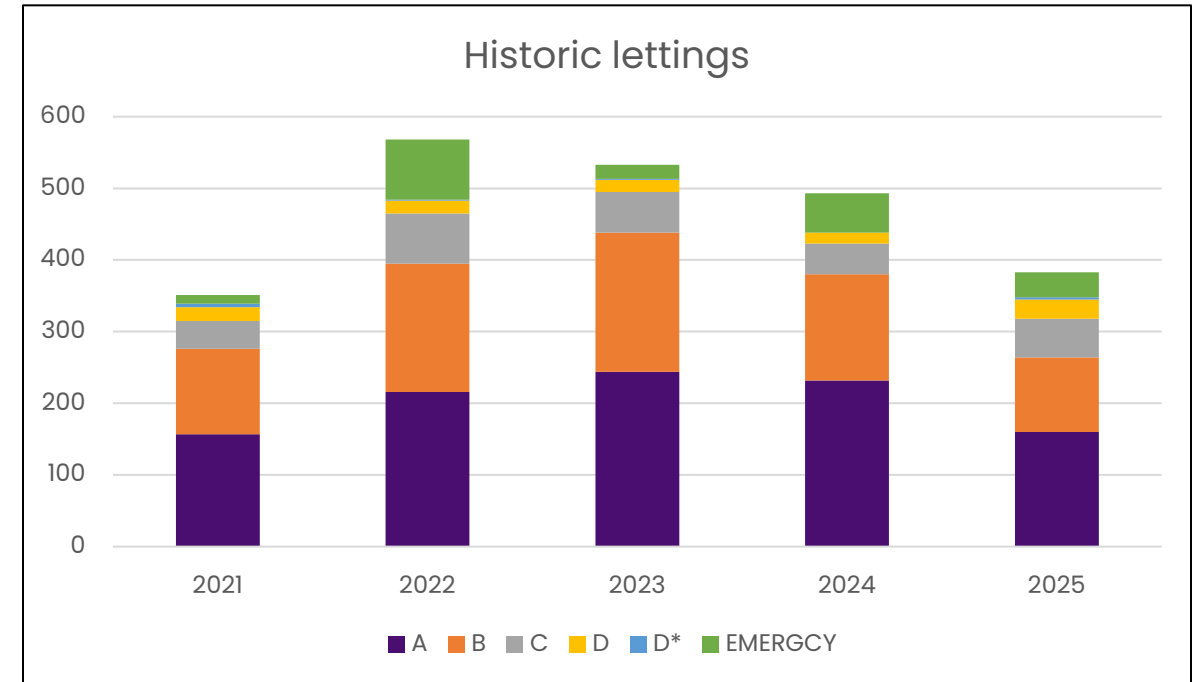
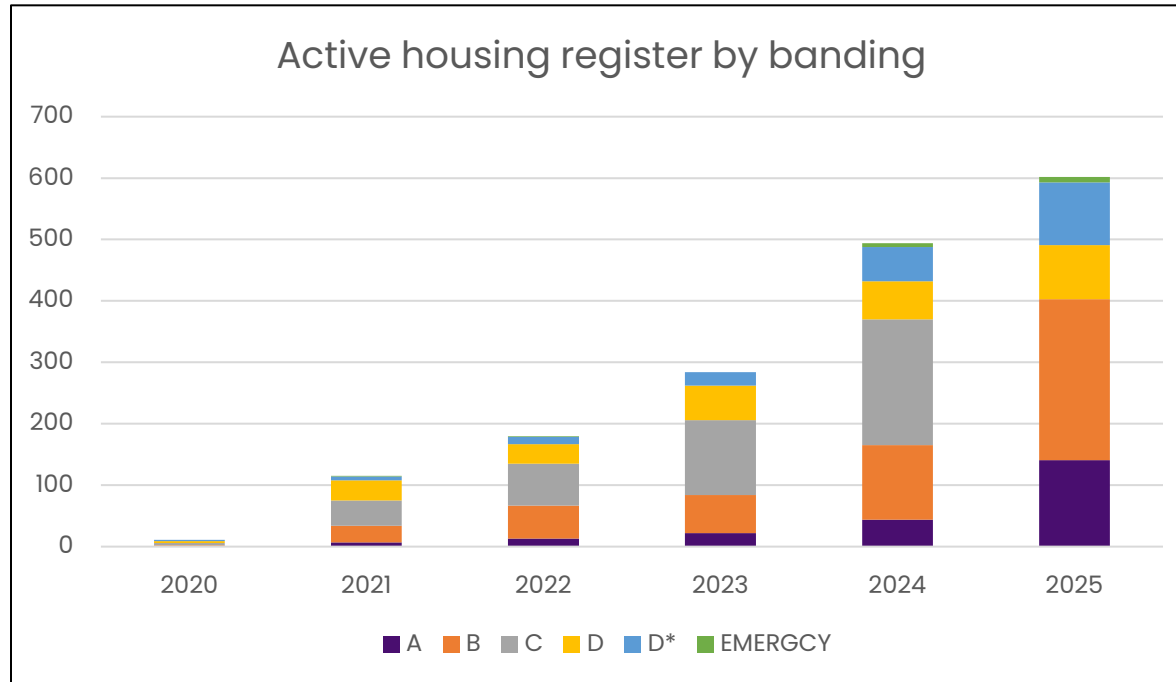
Source: InForm

Current housing register by banding

The housing register has grown rapidly with more people allocated to higher bandings

In October 2025 there were 2,013 people on the active housing register. Just over 15% of people on the active housing register are Band A.

The historic lettings data highlights how a key driver for the increase in the active housing register is a declining lettings rate. In the last complete year, 493 households received a social letting, most (47%) were Band A.



Source: Cambridge City Council, Active Housing Register and Historic Lettings

Reasons why banding was allocated

There have been some substantial changes in reasons for banding being allocated.

Homelessness has increased rapidly as a reason for banding allocations, both in relative and absolute terms. Homelessness now accounts for a quarter (24%) of all banding decisions.

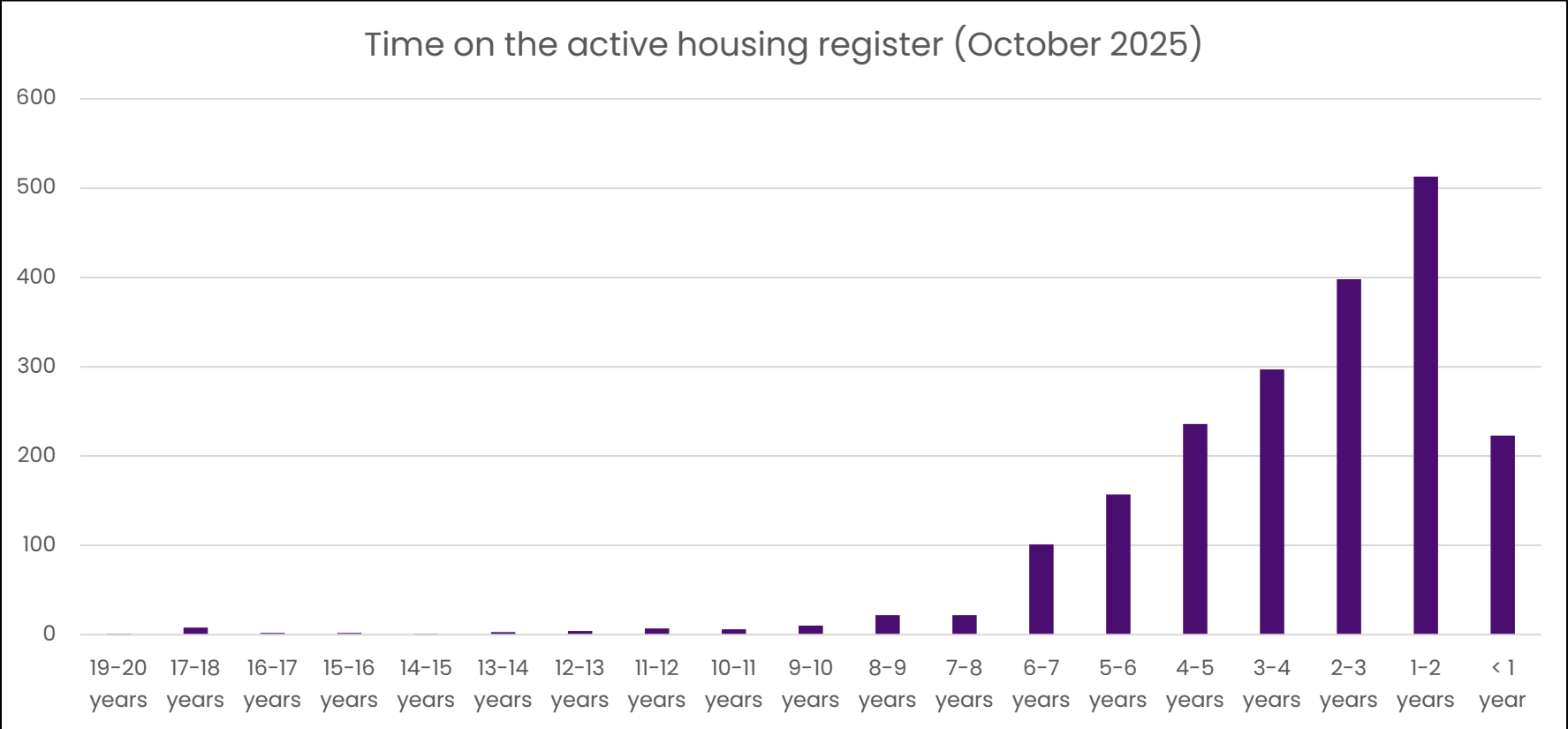
	2019	2020	2021	2022	2023	2024
Current supported housing resident	2	26	26	18	30	37
Emergency	4	13	34	79	13	69
Financial Resources		4	1	3		1
Health and Safety risk		2	4			
Homeless households	1	28	65	108	120	97
Housing conditions	21	23	26	26	14	4
Lacking one bedroom	26	56	53	85	67	31
Lacking two or more bedrooms	5	16	9	10	10	2
Low Housing Need	7	8	23	15	16	17
Medical Need	20	34	53	61	59	34
Multiple needs	1	1	3	4	5	3
Need to move for social reasons	6	5	12	10	8	5
Other homelessness	5	2	8	2	2	1
Owed a prevention or relief duty		7	24	34	45	39
Reasonable preference but no connection to local area			3		1	
Sleeping rough		3	3			1
Under-occupancy by one bedroom	3	6	12	9	3	5
Under-occupancy by two or more bedrooms or release of adapted property	3	2	9	6	7	5
Urgent multiple needs	7	22	43	83	66	37
Urgent Transfer	1	5	8	2	3	1
Victims of harassment, violence or abuse	6	8	12	11	12	6
TOTAL	118	271	431	566	481	395

	2019	2020	2021	2022	2023	2024
Current supported housing resident	1.69%	9.59%	6.03%	3.18%	6.24%	9.37%
Emergency	3.39%	4.80%	7.89%	13.96%	2.70%	17.47%
Financial Resources	0.00%	1.48%	0.23%	0.53%	0.00%	0.25%
Health and Safety risk	0.00%	0.74%	0.93%	0.00%	0.00%	0.00%
Homeless households	0.85%	10.33%	15.08%	19.08%	24.95%	24.56%
Housing conditions	17.80%	8.49%	6.03%	4.59%	2.91%	1.01%
Lacking one bedroom	22.03%	20.66%	12.30%	15.02%	13.93%	7.85%
Lacking two or more bedrooms	4.24%	5.90%	2.09%	1.77%	2.08%	0.51%
Low Housing Need	5.93%	2.95%	5.34%	2.65%	3.33%	4.30%
Medical Need	16.95%	12.55%	12.30%	10.78%	12.27%	8.61%
Multiple needs	0.85%	0.37%	0.70%	0.71%	1.04%	0.76%
Need to move for social reasons	5.08%	1.85%	2.78%	1.77%	1.66%	1.27%
Other homelessness	4.24%	0.74%	1.86%	0.35%	0.42%	0.25%
Owed a prevention or relief duty	0.00%	2.58%	5.57%	6.01%	9.36%	9.87%
Reasonable preference but no connection to local area	0.00%	0.00%	0.70%	0.00%	0.21%	0.00%
Sleeping rough	0.00%	1.11%	0.70%	0.00%	0.00%	0.25%
Under-occupancy by one bedroom	2.54%	2.21%	2.78%	1.59%	0.62%	1.27%
Under-occupancy by two or more bedrooms or release of adapted property	2.54%	0.74%	2.09%	1.06%	1.46%	1.27%
Urgent multiple needs	5.93%	8.12%	9.98%	14.66%	13.72%	9.37%
Urgent Transfer	0.85%	1.85%	1.86%	0.35%	0.62%	0.25%
Victims of harassment, violence or abuse	5.08%	2.95%	2.78%	1.94%	2.49%	1.52%

Source: Cambridge City Council, Active Housing Register and Historic Lettings

Time spent on the register and average age

There are 2,013 people on the active housing register – nearly one quarter (24%) have been on the register for between 5 and 10 years. A small group (1.69%) have been on the active housing register for over a decade.



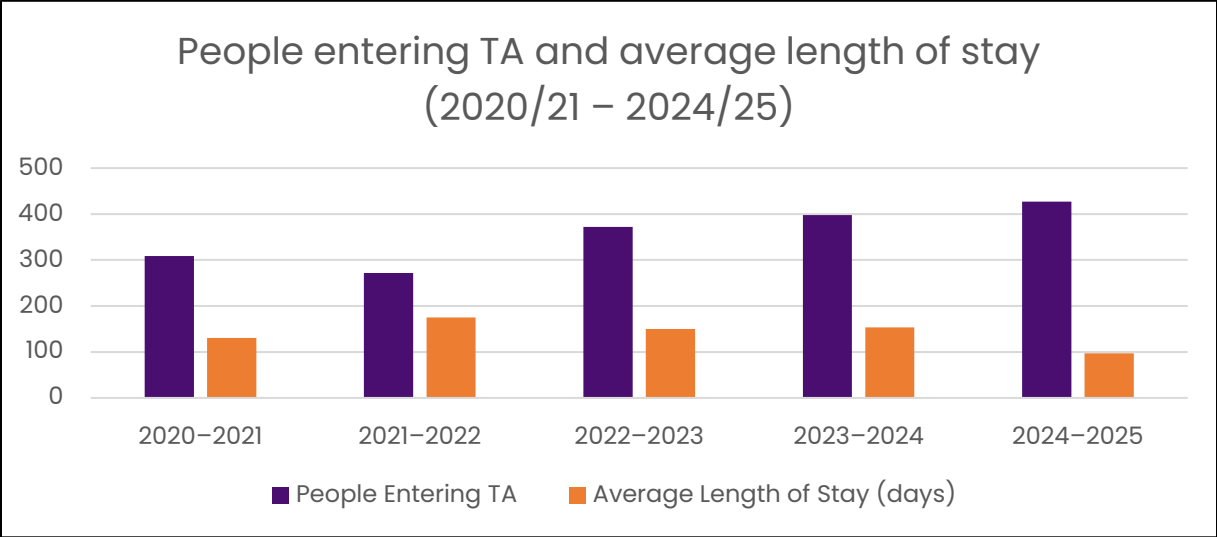
	Joined register	As a % of total
19-20 years	1	0.05%
17-18 years	8	0.40%
16-17 years	2	0.10%
15-16 years	2	0.10%
14-15 years	1	0.05%
13-14 years	3	0.15%
12-13 years	4	0.20%
11-12 years	7	0.35%
10-11 years	6	0.30%
9-10 years	10	0.50%
8-9 years	22	1.09%
7-8 years	22	1.09%
6-7 years	101	5.02%
5-6 years	157	7.80%
4-5 years	236	11.72%
3-4 years	297	14.75%
2-3 years	398	19.77%
1-2 years	513	25.48%
< 1 year	223	11.08%
Total	2013..	

Source: Cambridge City Council, Active Housing Register and Historic Lettings

Temporary accommodation placements

Changes in the number of households entering TA

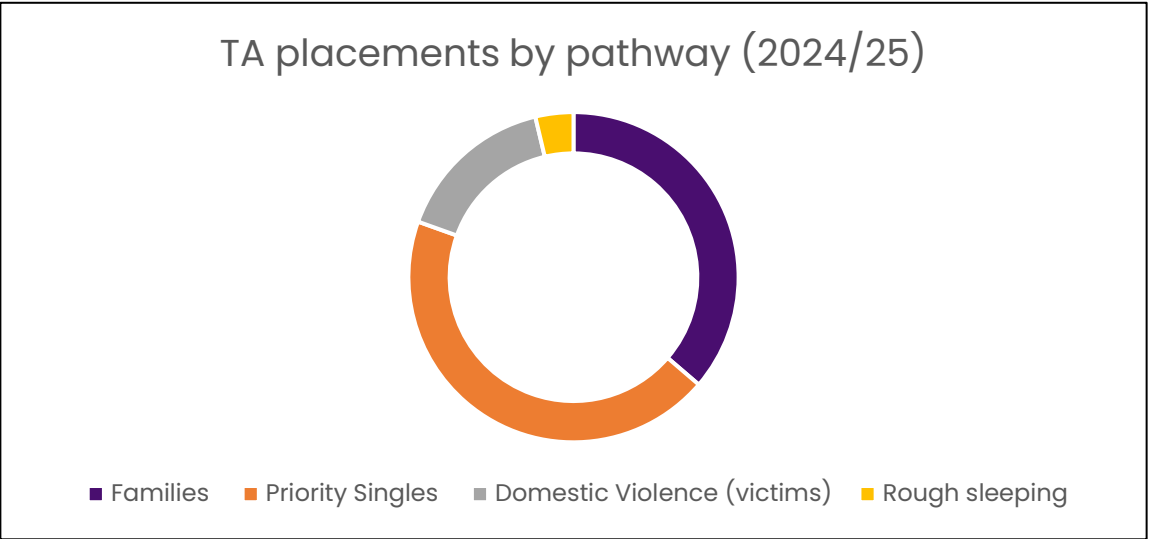
The chart below highlights two key trends in TA over the last five years. The number of people entering TA has increased at a steady rate, with placements increasing by 38% over this period. In the same period, the average length of stay declined at a similar rate. Average length of stay was 130 days in 2020/21 and 97 days in 2024/25 – a decrease of 34%. This highlights an increasing rate of churn in TA, reflecting rising demand and effective move-on processes. Priority Singles are the largest group in TA and account for 44% of all placements.



Source: Cambridge City Council, Statutory Case Management Data

TA placement by pathway and duty (2024/25)

	Prevention	Relief
Families	26	52
Priority Singles	0	95
Domestic Abuse (victim-survivors)	3	31
Rough sleeping	0	8

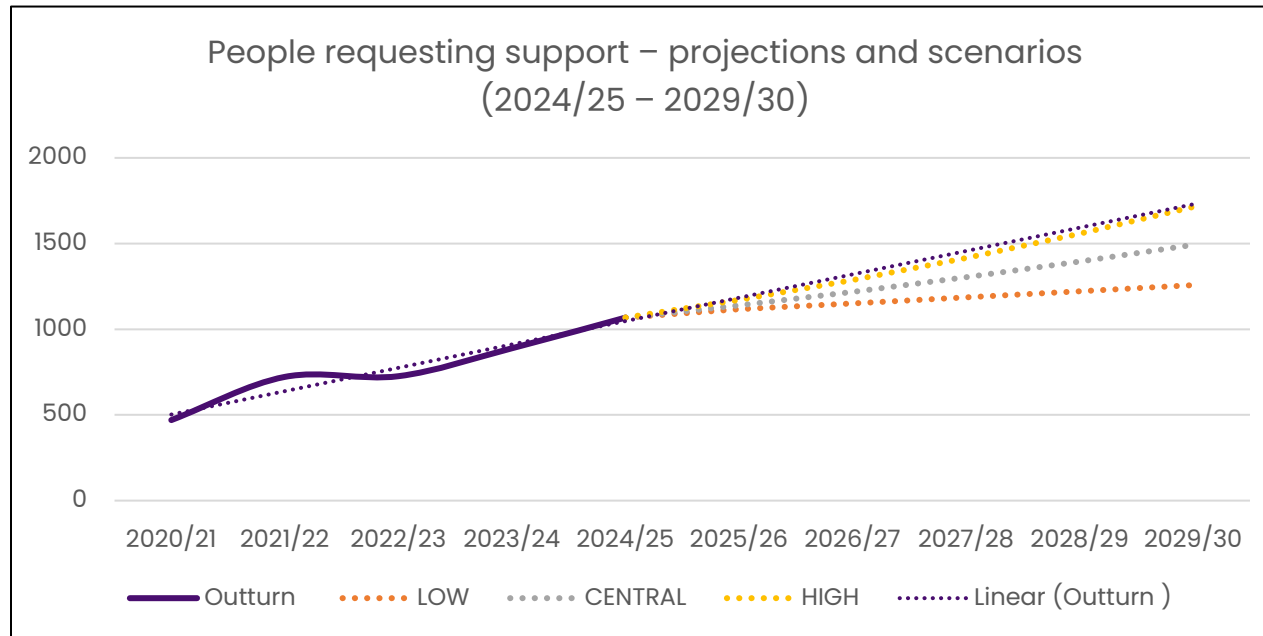


Projections – total demand and requests

Projecting future total demand for homelessness support

The available data shows that requests for support have increased by over 120% between 2020 and 2025. However, a monthly breakdown of the data shows that the rate of increase has slowed in the last nine months. As such, our central forecast is that total number of people requesting support will increase by around 7% per year, giving a compound increase of 40% over five years.

This is still a large increase in demand but at a slower rate compared to the previous five-years, highlighting the importance of developing strategic prevention work and growing capacity to meet needs across the city.



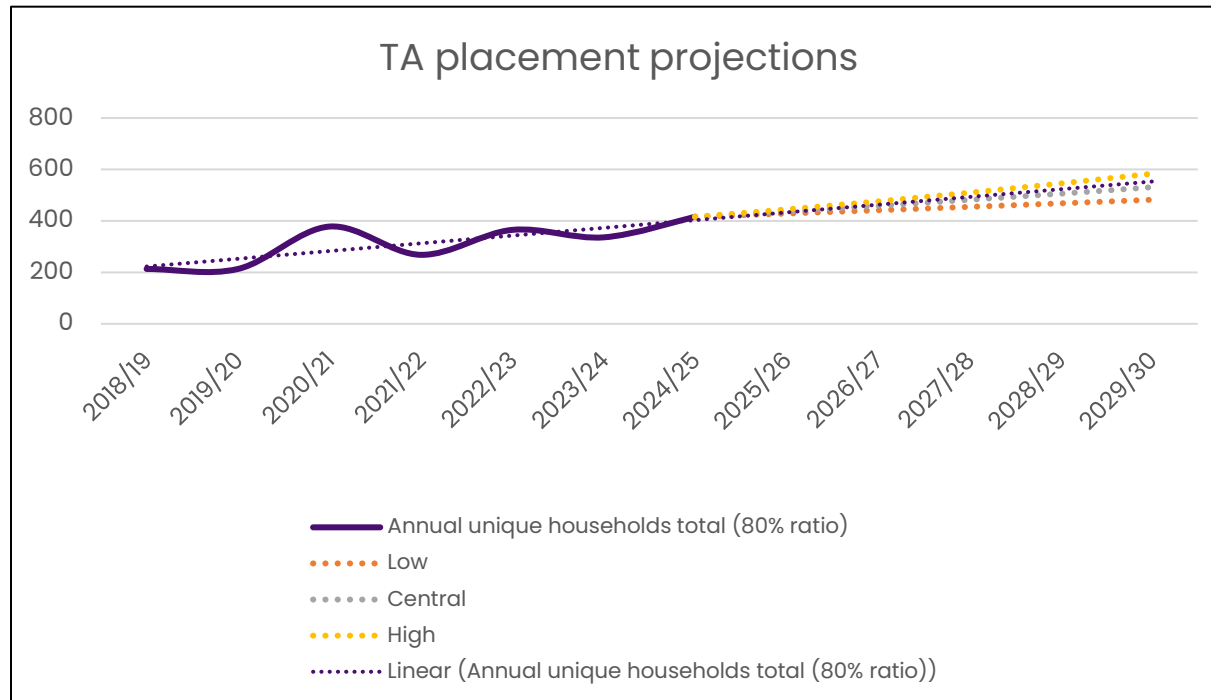
Cohort	2024/25 baseline	2030 central ($\approx +7\%$ per annum)	Approx. change
Young people & care leavers	39	55	16
Victim-survivors of domestic abuse	170	238	68
Perpetrators of domestic abuse	11	15	4
Families	313	438	125
Priority singles	100	140	40
Non-priority singles	83	116	33
Rough sleepers	70	98	28
No recourse to public funds (NRPF)	14	20	6
TOTAL (all cohorts)	800	1120	320

Projections – temporary accommodation

TA demand growth is likely to follow the current linear trend

There were 416 unique households who entered TA during 2024/25. This followed a steady trend of rising demand and reducing length of stay.

Given our expected trends in total requests for assessment, it is likely that demand side pressures on TA will continue. Our central scenario is that TA placements will grow by 24% over the next five-years and there will 531 placements made in 2029/30. The table below sets out how these are likely to be distributed across cohorts.



Cohort	TA share	Projected TA households (Central)
Families	32%	170
Priority singles	28%	149
Rough sleepers (priority)	12%	64
DA victim-survivors	22%	117
Care leavers / young people	5%	27
NRPF / other	1%	5
Non-priority singles	0%	0
TOTAL	100%	531

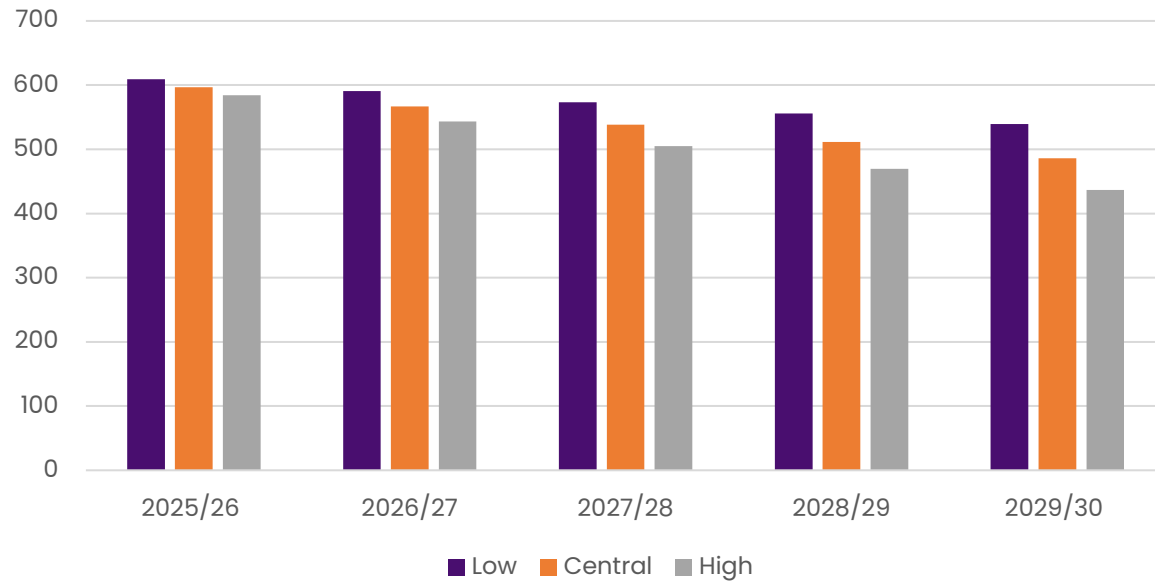
Projections – social lettings

It is likely the gap between demand and supply for social lettings will continue to widen

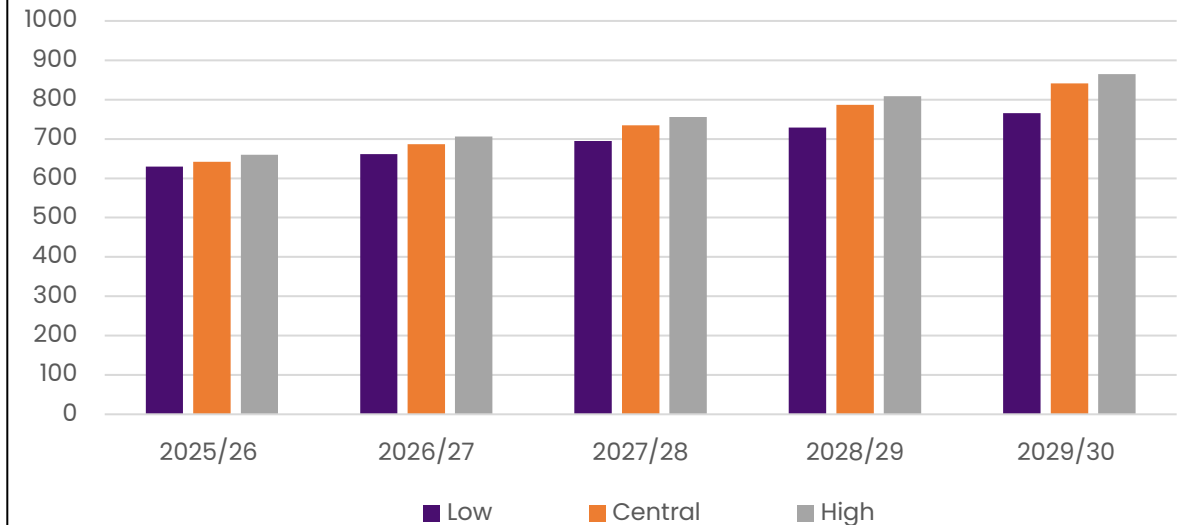
Demand for social lettings is projected to keep rising at a steady pace over the next five years. At the same time, supply will, in relative terms, decline – annual lettings are likely to fall from 370 in 2024/25 to between 250 – 320 by 2029/30. This is due to the likelihood that the gap between demand and supply will widen substantially; and overall turnover will slow down.

The impact of this will be felt across pathways and result in longer TA stays, fewer relief duty successes; and more single adults stuck in high needs pathways.

In-year lettings - (2025/26 - 2029/30)



Active housing register projections - (2025/26 - 2029/30)



Projections – private rented sector (1/2)

The PRS has become a net driver of homelessness, and this is likely to continue

	Scenario	PRS losses (into homelessness)	PRS outcomes (out of homelessness)
2024/25 (actual)	..	225	118
2025/26	Low	225	118
	Central	230	112
	High	236	109
2026/27	Low	225	118
	Central	234	106
	High	248	100
2027/28	Low	225	118
	Central	239	101
	High	260	92
2028/29	Low	225	118
	Central	244	96
	High	273	85
2029/30	Low	225	118
	Central	249	91
	High	287	78

Commentary

Future projections of PRS flows are subject to uncertainty, particularly given recent volatility in the private rented sector and the implementation of the Renters' Rights Act. We have used three scenarios to reflect plausible ranges rather than a single forecast.

Recent data suggests that PRS losses into homelessness may have **peaked** rather than continuing to rise year-on-year. The most recent outturn shows a slight reduction in losses, indicating a potential stabilisation.

On this basis, the **low scenario** assumes PRS losses remain flat, while the **central scenario** assumes only modest growth (2% per annum), and the **high scenario** reflects renewed pressure driven by further affordability shocks or landlord exit.

By contrast, PRS outcomes (households securing PRS accommodation) have shown a clearer and sustained decline. The central and high scenarios therefore assume continued reductions in PRS access.

The key implication is that **system pressure is driven less by rising losses and more by falling exits**. Even where PRS losses stabilise, a shrinking flow of households able to secure PRS accommodation creates a growing net gap. Without intervention to improve PRS access or increase alternative housing supply, this imbalance will continue to feed directly into higher demand for temporary accommodation, longer stays, and increased pressure on social housing and supported housing pathways.

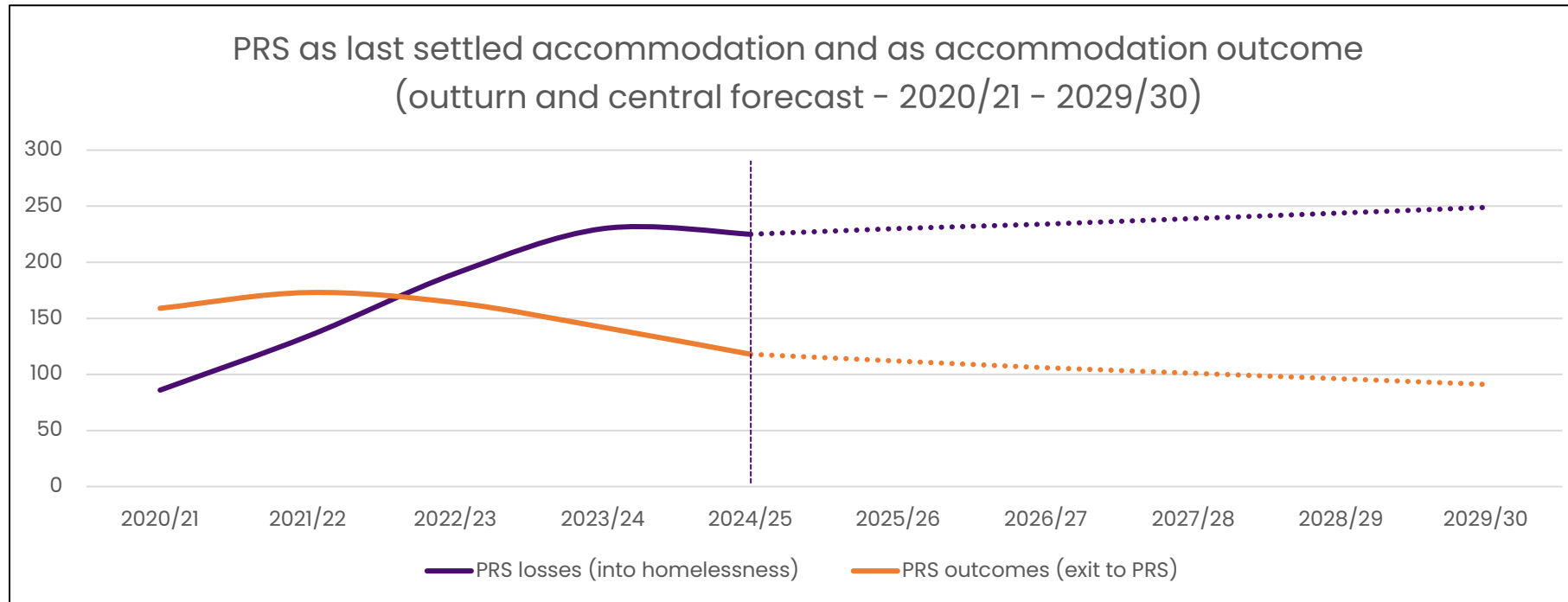
Projections – private rented sector (2/2)

The central projection and the impact on PRS as a net driver of homelessness

In 2020/21 more people found secure PRS accommodation as a route out of homelessness, than lost PRS. In 2024/25 this situation had reversed and the PRS was a substantial net driver of homelessness presentations.

We expect this trend to continue, but the rate of increase to slow down. This reflects the likelihood that PRS has reached a saturation point as overall “affordable” supply decreases.

This structural imbalance explains rising homelessness, increasing placements in temporary accommodation, and falling relief success rates. Without intervention to increase PRS access, pressure on TA and social housing will continue to intensify.



	Net PRS gap
2020/21	-73
2021/22	-39
2022/23	26
2023/24	88
2024/25	107
2025/26	118
2026/27	128
2027/28	138
2028/29	148
2029/30	158

3. Accommodation and service provision

Key messages

We conducted over 25 interviews with stakeholders across the system. Highlights from our qualitative engagement are:



Cambridge has a strong, well-developed homelessness ecosystem. Stakeholders consistently praised the breadth of provision across statutory, commissioned, voluntary and community sectors.



Workforce churn in the VCSE undermines continuity and specialism. High cost of living and low sector pay results in turnover that destabilises care relationships and slows progress on complex cases.



CAS and the DDSP are vital but overstretched. NHS partners report reliance on the Access Surgery as a default for homelessness, which doesn't align with PCN funding formulas based on list size.



Services for rough sleepers are responsive and well-coordinated. The Streets to Home partnership structure is working well and the TAP approach has broad buy in.



There's a recognised gap in supported accommodation for individuals with complex needs. Expanding housing-led models of supported accommodation/housing first to address this should be a priority.



Cambridge has a number of innovative practices in place which respond to the City's local needs and assets. Examples include housing first, modular homes, a test-and-learn partnership with the CHI and the TAP approach.



The next step for Cambridge is to build on foundations of strong partnership working to include the wider system of services available. This includes strengthening relationships with adult social care, health and justice colleagues.

Support Services – Commissioned/ Receiving Grant Funding

- CGL – Street Outreach
- P3 – Floating Support and Tenancy Sustainment
- Cyrenians – Older Homeless Floating Support
- Wintercomfort – Daycentre- welfare/food/laundry/showers, Crisis Intervention & Support Worker, (Streets to Home), Reconnection Worker (CHI Test & Learn)
- Cambridge Women's Resource Centre
- Cambridge Women's Aid – Domestic Abuse Helpline and Refuge
- It Takes a City – Survive and Thrive, The Haven
- Centre 33 – Young People's Homelessness and Housing Support Service, Schools Programme
- Cambridgeshire Community Foundation – Cambridge Street Aid
- Citizen's Advice – HB+/HB+ Family
- Hope into Action – Empowerment worker
- CHS – Employment support worker
- Cambs Home Improvement Agency

Additional Accommodation

- Housing First (HF1/HF2) (Cambridgeshire CC)
- Temporary accommodation (160 own stock units)
- CAS 1/2/3 accommodation (East of England)
- Asylum accommodation (1 unit)
- ASC commissioned supported housing
- Non-commissioned providers of supported housing
- Private landlords
- Hundred Houses Society – Young Parent Project

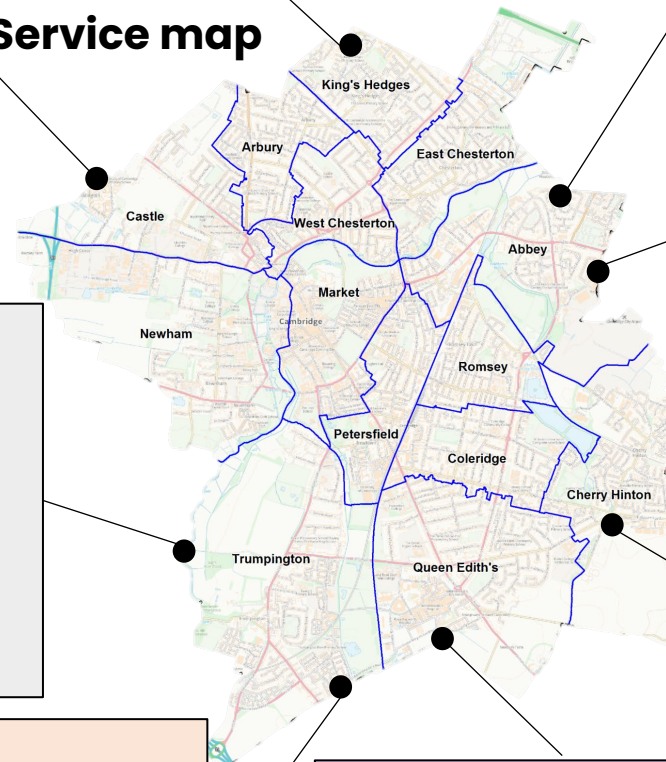
Social Housing Providers

- City Homes
- 32 registered providers

County Services

- Counting Every Adult
- Household Support Fund
- Streets to Home
- Young People's Supported Housing framework
- DA services – IDVAs, target hardening, DA outreach (Impact)
- CGL – HEaRT Homeless Drug and Alcohol Team / Drug and Alcohol Team
- Traveller Liaison service
- Safeguarding
- Cambridgeshire Local Assistance Scheme (CHS)

Service map



Statutory Partners

- DWP – Job Centre
- Cambridgeshire County Council – Adult & Children's Social Care, Public Health & Domestic Abuse
- C&P ICB – Cambridge Access Surgery
- CPFT – Dual Diagnosis Street Project
- HMPPS – East of England (commission St Giles Trust, BeNCH CRC)
- Cambridgeshire Police
- South Cambridgeshire District Council (& other districts)
- Cambridgeshire and Peterborough Combined Authority

Support Services – Non-commissioned

- The Edge – Food Hub/Drop-in
- Cambridge City Foodbank
- ITaC– Street Storage Space
- Cambridge Solidarity Fund – personalised grants
- Vicars Relief Fund – ID, accommodation, deposit and removals grants
- The Elms' – Rape and Sexual Assault Aftercare
- Experience Cambridge
- Cambridge Sustainable Food
- Street Pastors
- Cambridge Churches Homelessness Project
- CHS Charities Network

Co-production/advocacy

- Changing Futures Cambridgeshire and Peterborough
- Cambridge Ethnic Community Forum – User Led Migrant and Race Equality Group
- ITaC – Women's Homelessness Action group
- Law Stop Legal Aid Solicitors

Cross-Partner Protocols

- Hospital discharge protocol
- Young people and care leavers protocol
- Intentional homeless protocol
- Eligible households protocol
- Prison release protocol

Supported Housing (Commissioned)

- Cambridge Cyrenians – short & long stay, move-on, Jubilee
- Riverside – The Victoria Project, Springs and Youth Foyer Hostels
- Jimmy's – East Road, 451 multiple needs, modular homes, shared houses
- YMCA – Queen Anne Hostel (16-25)
- CHS – Young Parent Project, Young Futures Outreach, Corona House, Russell Street
- ITaC – Community Land Trust modular housing & Crossways Winter Accommodation
- Orwell's – Whitworth House
- Waythrough – Castle Service

nb. some of these services have beds/support available beyond what's directly commissioned and fundraise to support this

Council Housing Advice Services

- Statutory part 7 functions
- Income maximisation
- Financial and debt advice
- Rent Arrears Reduction Scheme (RARS)
- Tenancy sustainment
- Landlord mediation
- Family and friends home visiting
- Single Homeless Service
- Townhall Lettings / PRS access
- Housing Benefit Plus
- Homelink/social lettings
- Specialist DA housing worker
- Discretionary prevention spending
- RSAP Programme
- TAP & Prevention Panel

Service review | Prevention

Focus on prevention is “ramping up and improving” across the system with pre-eviction prevention (TAPP) panels and other MDT meetings supporting teams to identify and put in place early interventions.

What's working well

- **Team-around-the-person prevention panels** with small pots of money help tenants avoid homelessness (e.g. rent arrears) and are considered by system stakeholders to be action-oriented; similarly, health-focused MDTs identify and put in place early interventions for individuals at risk
- Two **pre-release boards** (Peterborough/Fenland and Cambridge) bring together police, local authority housing reps, Housing First/Changing Futures, CGL, and contracted accommodation providers to plan for release and prevent discharge to no fixed above. This is supported by a digital referral system which links in-prison recovery and local community recovery teams to ensure continuity of care.
- A **dedicated GP surgery** (Cambridge Access Surgery) supports early identification and prevention via co-location with other services (e.g. CGL Outreach, the HeART team).
- The City Council is **exploring how to best leverage the Low-Income Family Tracker (LIFT)** to identify and support those at risk of homelessness (e.g. households with multiple debts/cash shortfalls) at pre-crisis point.

Challenges and gaps

- Despite the introduction of the pre-release boards, **prison release remains a challenge**. Currently, one officer (at 0.6 FTE) covers the entire PDU. Further, contracted accommodation provider C-Tec is not permitted to make certain housing referrals (e.g. Duty to refer), leaving probation to fill the gap. A HMPP housing navigator within Cambridge City Council exists and funding is confirmed a further year; if gone, there's a real gap in specialist 'bridging' and navigation capacity.
- **Hospital discharge pathways** and ensuring that the duty to refer was consistently followed was highlighted as a key area for improvement, with inconsistent processes/D2R quality and quantity across different hospitals.

Key Services – Overview



Cambridge Access Surgery

GP practice dedicated to supporting individuals facing homelessness or in temporary/emergency housing. Co-located with the HeART team and CGL outreach.



Discretionary Housing Support

Flexible use of the **Homelessness Prevention Fund** to support with rent arrears and service charges via 'Access Scheme'



Financial and Housing Advice

In-house financial and debt advice service; **bespoke advice service** for Universal Credits claimants; commissions **Cambridge and District Citizen's Advice** to provide independent support, advice and representation.



Pre-Eviction Interventions

Rent arrears reduction scheme, in-house **landlord liaison and mediation service** and **pre-eviction panels** (TAPP).



Transition point interventions

Young people and care leavers protocol; prison release panels. OOH Housing Advisor.



Targeted Support

Centre 33's **Young People's homelessness and housing support service** and the **Older Homelessness Service and Single Homeless Service** (Cyrenians) support those at risk of losing their tenancies; **Cambridge Women's Aid** provides advice and support to victim-survivors of domestic abuse.

Service review | Rough Sleeping

Cambridge's system is particularly strong at responding to and supporting people at moments of crisis – “stabilising individuals, providing food and basics” (Provider Focus Group), particularly for rough sleepers.

What's working well

- Focus group attendees and stakeholders across the system reflected on the strength of key rough sleeper services such as **street outreach, the HeART team, and the access surgery**.
- **Wintercomfort offers a critical hub for rough sleepers**, providing welfare support, showers, food, assessments by outreach, CGL, and a range of specialist services (women's service, tenancy sustainment, employment support). Health services run drop-ins (CAS nurses/doctors, health navigators), enabling registration and follow-up in a familiar setting.
- **The Streets to Home Partnership works well**. Wintercomfort, Jimmy's, Cyrenians, Riverside's Springs, Victoria Project and others are seen as filling clear niches by level of support need; not aggressively competing but working together to support people into the correct level of provision. A shared case management system (Inform) and regular joint panels (Streets to Home, NRPF meeting, hotspot panel, etc.) enables information sharing and coordinated responses.

Challenges and gaps

- There were **repeated references to entrenched rough sleeping**, repeat homelessness, and people “stuck” in hostels or cycling between the streets, hostels and short prison sentences. In particular, this was raised as a challenge facing those with dual diagnoses. Stakeholders highlighted new challenges, including county-lines and complex offending/health needs posing challenges for key services.
- Linked to this, following the closure of a high-needs hostel and limited capacity at Newmarket Road and Housing First, stakeholders noted a **gap in sufficient high-support options**.

Streets to Home – Service Overview



Street Outreach

Street Outreach Team for rough sleepers provided by CGL; actively seek out and verify people who are rough sleeping and engage them with a network of support agencies.



Daytime Drop-in

Wintercomfort provides information, advice, training and daytime support for those who are homeless or vulnerably housed. Hosts health and wellbeing services and a women's only service.



Streets to Home Accommodation

Single assessment via weekly meetings to support individuals to be placed in accommodation. Range of accommodation provided at different levels of support and specialism by Jimmy's Cambridge, CHS Group, Cambridge Cyrenians & Riverside.

Other Rough Sleeper Services



Dual Diagnosis Street Project

Works with entrenched rough sleepers to support access to mainstream mental health and substance misuse services.



Winter provision

Emergency winter shelters provided by Jimmy's, Cambridge Churches Homelessness project and It Takes A City (Crossways)



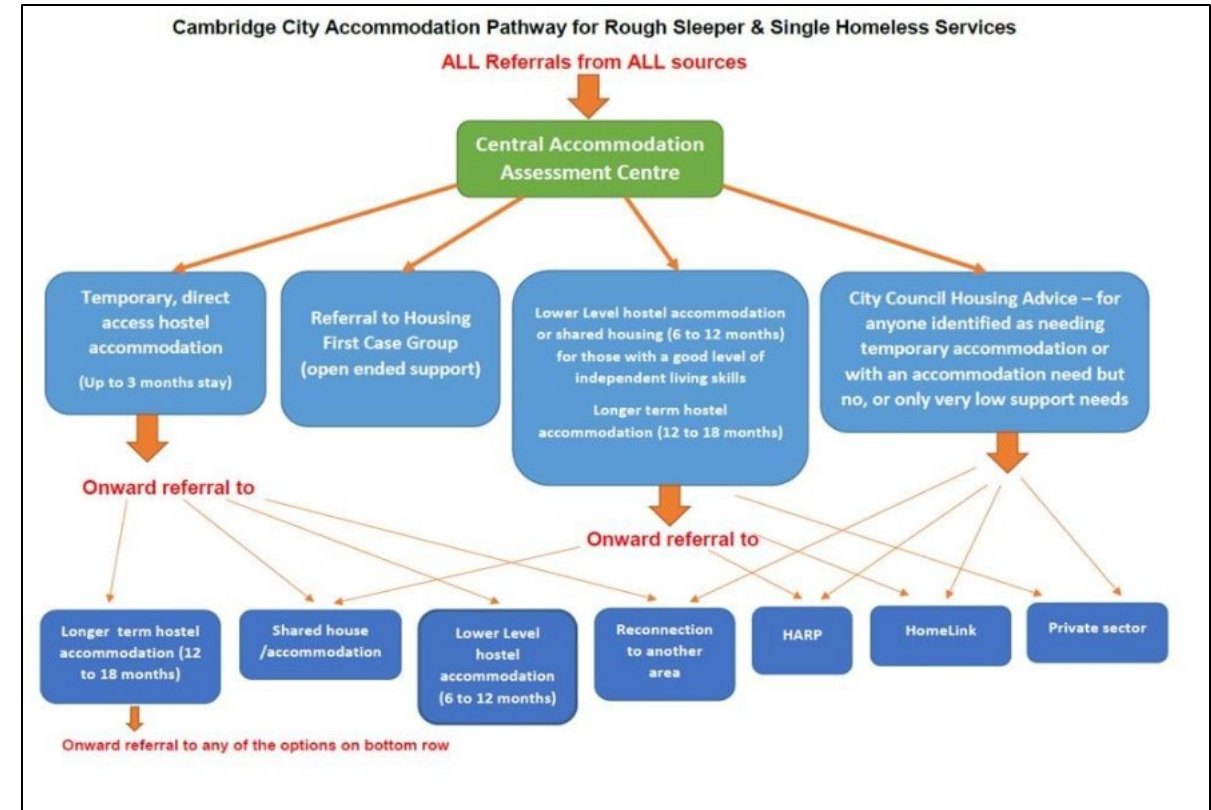
The Haven

Overnight drop-in for homeless and vulnerable women, open 2 nights a week.

Service Review | Rough Sleeping 'Pathways'

There's not one single rough sleeping 'pathway' in Cambridge, instead agencies have several options to refer into depending on the needs of the individual. These include:

- **'Streets to Home' pathway:** Rough sleeping → night shelter/Jimmy's East Road → hostel-style self supported accommodation
- **'It Takes a City' pathway:** Rough sleeping → Crossways winter provision → supported accommodation → resettlement support ('Survive and Thrive')
- **Modular homes pathway:** Rough sleeping → night shelter → modular homes (max of 2 years, provided by Jimmy's and It Takes a City)
- **RSAP pathway:** Rough sleeping → night shelter → RSAP property
- **Housing First pathway:** Rough sleeping → night shelter → Housing First
- **'Team around the Person' pathway:** for individuals who remain or return to rough sleeping, support can be coordinated through the TAP approach, 'Entrenched Non-Engagers Meeting', and 'Counting Every Adult' approach (County-led)



Cambridge City Accommodation Pathways for Rough Sleepers (Housing First Review, 2025)

Service Review | Streets to Home & Modular Homes

Cambridgeshire County Council and Cambridge City Council jointly commissioned the Streets to Home (StH) service in 2022. One of its key providers, Jimmy’s, runs several modular homes, as does It Takes a City (outside the StH partnership).

Streets to Home

- The service, a partnership arrangement between several providers, delivers **outreach support, day services and access to adult supported housing** to rough sleepers.
- The partnership arrangement seeks to encourage a **move away from ‘linear’ models** of homelessness support, encouraging a flexible system which directs individuals to the services which best suit their needs.
- The partnership operates a **common assessment process** and shares information between providers and the City Council via the Inform system. Most assessments come from Cambridge Housing Advice Service or from Jimmy’s East Rd assessment centre. Supported Housing providers look at the incoming referrals almost daily and pick out those referred to their provision.
- The partnership reports its outcomes on a quarterly basis. **A review of outcomes for clients at the end of Q2 2024** found the following outcomes:

Total clients departing the service in Q2 2024/5	51	% of leavers who ‘stepped down’ to a more independent supported setting	33%
% of leavers now unsupported in settled accommodation	31 %	% with negative departure (evicted, abandoned)	30%
		% with neutral departure (‘sideways’ move)	6%

Modular Homes

- **‘Modular homes’ are compact prefabricated units** provided as self-contained accommodation in small enclaves for rough sleepers. Research suggests that by April 2022, there were 33 similar schemes in 22 local authority areas nationally.
- The accommodation is provided as **a steppingstone towards a settled tenancy** and is intended to be suitable for those moving on from hostel accommodation, who have low to medium support needs. While living in the modular unit, residents are provided floating tenancy support.. **As a condition of residence, occupants must be drug-free.**
- There are **currently 26 modular homes in Cambridge**. 22 are managed by Jimmy’s, and the most recent 4 are managed by It Takes A City (ITAC). Research has found that residents of modular homes:
 - **Have an improved sense of self**, safety and security
 - **Reduce their reliance on drugs and alcohol**, resulting in improved mental and physical health
 - **Develop a sense of community and social relationships**, including with family, friends and support workers
 - **See improved financial and tenancy management skills**, including – for some – a return to work

Service review | Temporary accommodation

Cambridge City council holds 160 units of own-stock Temporary Accommodation, alongside a handful of emergency units – compared to other Local Authorities, the City performs well on measures of throughput and use of B&Bs.

What's working well

- Cambridge City Council TA is overwhelmingly provided from within the **City's own council housing stock**. At present, there are approximately 160 discreet TA units of varying sizes.,
- The Council **generally performs well on measures of TA throughput**, with most stays moving on between 6–8 months
- **Overspend on TA has come down over the past year**, as has use of B&Bs – in line with government expectations and the new Plan to End Homelessness.
- Council colleagues highlighted the TA team as particularly flexible, reactive and able to efficiently triage and prioritise cases.

Challenges and gaps

- In cases where individuals move from rough sleeping into temporary accommodation, **they risk losing the intensive support** provided by street outreach/day centres, despite needing intensive support during this transition.

There is a range of temporary accommodation (TA) available across the city, and lived experience engagement highlights that, for many individuals, this serves as a key stepping stone towards securing permanent housing. However, some cases persist where the temporary accommodation provided is unsuitable for an individual's needs:

They didn't really offer me, you know, options. They just, there was like, just one way....or, you know, I would be on the street... but I mean, fortunately it turned out for the better. I mean, I ended up, here..., [but] there's some serious shortcomings. Like there's no shower, it's, there's just the bathtub... so that's usable by any disabled person from the, from the waist down."
(Interview 3)

Service review | Supported accommodation

Cambridge's supported accommodation provision is more varied than surrounding areas, enabling placements in suitable settings – though demand for high needs settings is growing and does not match supply.

What's working well

- **Stakeholders reflected that Cambridge's supported housing/housing stock enables access to more housing options compared to surrounding areas.** This means that staff can actively work to place service users in services/accommodation which genuinely meets their needs. Such an approach aligns closely with the key Housing First principle of choice and established best practice.
- **Long-standing supported-housing providers work in consortium as part of the Streets to Home Partnership** (e.g. Cyrenians, CHS, Jimmy's, Riverside) to deliver flexibility and support individuals to move into placements to suit their evolving needs.
- **Independent research finds clear benefits of living in modular homes** for residents, including improved sense of self and community, mental and physical health benefits, and increased financial and tenancy skills.
- Similarly, research has shown **that Cambridge's RSAP programme has been relatively successful** in getting individuals 'tenancy ready' – of those supported, 46% have moved into an independent tenancy.

Challenges and gaps

- **Participants highlighted the need for more high needs provision** in order to support complex needs safely and effectively.
- **Demand is high across low, medium and high-need provision;** long waiting lists demonstrate capacity pressure – stakeholders noted that individuals in the Streets to Home Pathway are spending longer in short-term/emergency settings (e.g. East Road) than intended.

Supported Accommodation – Streets to Home

Riverside



Cambridge Youth Foyer (16–25, 18 units); Willow Walk (medium support, mixed gender, 20 units); Victoria Project (specialist support for those with dual diagnosis, 34 units); The Springs (low needs, 24 beds)

CHS



Young Parent and Baby Project (8 units); Railway House (18 units, young single individuals, low-medium support); Corona House (6 units, self-contained flats for women, mental health support)

Cyrenians



Short Stay (18 units, live-in staff); Long Stay (Older people project); Move-On (40 units); Jubilee Project (ex-offenders, 10 beds, mixed-gender); Working Houses (12 units).

Jimmy's



East Road (emergency accommodation & short stay, 25 units); 451 (9 units, high-needs, alcohol dependency); Move-On (28 units, multiple properties); Modular Homes (22, active support, max stay 2 years)

Supported Accommodation – Other providers

Approx 125 units



YMCA (young people 16–25, 70 units); Whitworth House (Orwell HA); Castle Service (Waythrough, 17 units, 16–25); Hope into Action (35 units); ITAC modular homes (4 units)

Service review | Housing related support

Service providers take a holistic approach to supporting service users and work in collaboration with the council and other providers to take a 'whole system' view.

What's working well

- **A range of tenancy sustainment, floating support and navigation services are available** for individuals
- **Focus group attendees agreed that services across the system are, broadly, adaptable, flexible and persistent.** Forums where cases are discussed (Streetlife Working Group, TAP meetings and other multi-agency meets) were raised as key enablers of this.
- **Survive and Thrive tenancy sustainment service provides flexible floating support to rough sleepers** in ITaC services, including Crossways and The Haven. The service has been regarded to be successful at engaging previously avoidant service users; in the first 6 months of 2024-5, 30 individuals were supported to sustain longer term accommodation, and 30 others to move on from temporary or emergency accommodation.

Challenges and gaps

- **The TAP approach was highlighted as a key enabler of getting the right support for an individual**, but this level of support is not available to everyone in the system (see next slide). Increasing the number of navigator roles could help create a more consistent "team around the person" approach across the system.
- **There was a sense that knowledge of the range of services available could be better across the system**, including with statutory partners, and that navigating the system is a challenge for both staff and service users. Young people, in particular, were raised as a cohort that require additional navigation support.
- High cost of living in Cambridge alongside low pay in the sector leads to a **high rate of workforce churn, which means a loss of continuity for clients**, and difficulty sustaining specialist teams.
- **Consistency of messages to clients** was repeatedly flagged by stakeholders – mixed messages across services risk setting false expectations and can harm engagement.

Key Services – Overview



Floating Support

P3 Floating Support, Cyrenians Floating Support and Older Homeless Floating Support Service helps individuals access and maintain move on accommodation.



Tenancy Sustainment

It Takes a City's Survive and Thrive service provides support to anyone in self-contained or small shared accommodation with a recent history of rough sleeping or homelessness who do not have a confirmed support offer. Includes tenancy sustainment and resettlement support, meals, food parcels and practical help, rapid moving-in service, mentoring and befriending service, employment outreach service, pastoral care and welfare, supported modular housing. The City Council have an in house tenancy sustainment service – as well as specific services for PRS and THL tenants.



Team Around the Person (TAP)

Launched in 2023 to support individuals experiencing repeat homelessness, the approach looks to 'wrap' multi-disciplinary services around a user.



Specialist support

A range of specialist support is in place, including services such as The Haven (women), Centre 33 (Young People), and Citizen's Advice (employment).

Service Review | The TAP Approach

Cambridge's Team Around a Person (TAP) was launched in 2023 to support individuals experiencing repeat homelessness – the approach looks to 'wrap' multi-disciplinary services around a user, engaging them in the design and process.

Approach

- TAP supports homeless individuals and those at risk of homelessness, who are experiencing **multiple complex needs and disadvantages**. Individuals must meet at least 2 of the following criteria:
 - Substance and/or alcohol use
 - Mental health needs
 - Survivor or perpetrator of domestic abuse
 - Have contact with the criminal justice system or causing street-based ASB.
- The TAP process centres on the **bringing together of practitioners involved in different aspects of a person's care** to create an action plan that addresses a service user's needs.
- A series of meetings – at varying frequency – are used to create, adapt, and coordinate the delivery of this plan, **which service users are invite to join and participate in**. A TAP process ends once the service user is settled in secure accommodation or completely disengages from the process.
- For every TAP, one of **the service providers is nominated as the service user's 'Trusted Person'** – it is their responsibility to liaise directly with the service user.

Strengths of the approach

- **TAP meetings include a wide range of stakeholders and are understood across the system to be effective, action-focused fora**. This includes (but are not limited to) a representative from the council, housing providers, and individual support workers as well as street outreach. Other service providers who are involved frequently include: mental health and drug and alcohol workers, nurses and doctors (especially from the Cambridge Access Surgery), probation officers, and sometimes police.
- **A 'TAP Prevention Panel' was formed in mid-2024**; this is a meeting solely for the organisations in the StH consortium, and it addresses the needs of individuals who are at imminent risk of eviction from supported accommodation (usually because of non-engagement or arrears). As of October 24th, the panel received 22 referrals. Only 4 of these 22 individuals are still at high risk of eviction.

Challenges and outstanding questions

- A recent review of the approach found that **engagement by service users in TAP meetings was patchy** and that more needed to be done to create space for this.

Service review | Housing First

There are currently 23 individuals accommodated by the Housing First scheme in Cambridge – with 59 individuals on the active caseload county-wide. The scheme has been running for over 5 years and is joint-funded by the County & City Councils.

***The service is currently running at capacity** – 58% of clients are from the City. There are **different ‘types’ of HF** – self-contained units owned by council/housing association (HF1) and clustered self-contained new build units with live-in ‘neighbourhood support workers’ (HF2).*

What’s working well

- A **2025 review found that the service is well-run and largely follows the key principles of housing first** (right).
- The proportion of individuals who have ‘graduated’ from the scheme is 13% – compared to 8% across other national pilots, though this is not necessarily a marker of success. Instead, maintaining a tenancy is a good marker and **one of the strengths of the HF scheme in Cambridge is such flexible, ongoing support**. 80% of those accommodated three years ago have sustained accommodation – and there’s been no eviction from the service. There’s no clear data on other aspects of personal progress (e.g. health, employment).
- **Housing First provides intensive support directly to individuals via Enhanced Navigators.**

Challenges and gaps

- As found with most schemes nationally, the **acute shortage of housing – as well as challenges ‘selling’ the model to other providers** – makes it challenging to truly offer choice to clients.
- There is **‘operational distance’ between HF and wider homelessness services**, with some misconception amongst services that HF is a ‘last resort’ for individuals with particularly complex needs.
- **The use of new builds in HF2 has proved challenging** with reports of ASB and community integration
- As a small city, individuals who have been part of the street-life community in Cambridge sometimes struggle to isolate themselves from former associates.

	People have a right to a home
	Flexible support is provided for as long as it is needed
	Housing and support are separated
	Individuals have choice and control
	Services are based on people's strengths, goals and aspirations
	An active engagement approach is used
	A harm reduction-based approach is used

Service review | Home-Link & Social Lettings

The City operates a choice-based lettings scheme, HomeLink, in partnership with other local authorities across the County, allowing applicants to bid for properties. Overall, move-on was perceived to be the most challenging part of the system.

What's working well

- Stakeholders felt that the **Council team managing Home-Link and lettings is communicative** and collaboratively with providers.
- The **delivery of new homes in Cambridge has continued to outpace benchmarks** with one of the highest housebuilding rates in the country. The Council built 330 new council homes directly in 2022/23, which was the second highest number of directly delivered homes by any local authority in England, Wales and Scotland.

Challenges and gaps

- Stakeholders raised concerns around the processing time for Home-Link applications**, citing a wait of 12-16 weeks minimum after submission to be able to bid on properties
- Long-term support is key for individuals as they 'move-on' to prevent repeat homelessness** – both in the form of tenancy sustainment support and wider services which connect individuals to a community. More broadly, staff reflected on the (im)balance of resources aimed at the 'frontline' as compared to other parts of the system. **HA leads also noted an increase in support needs of tenants**, posing management challenges, including ASB.
- There's a **need to improve information sharing with Housing Associations** – stakeholders cited limited information on nominations and poor-quality referrals as key business risks and pressures. **Stakeholders noted a gap in a strategic forum** for housing associations to input in and work alongside the wider housing system.
- Unaffordability was a consistent theme** with stakeholders noting that affordable rental rates in Cambridge City price out many relying on LHA and create a business challenge for HAs.

Lived experience engagement similarly found that effective and ongoing tenancy sustainment support is critical to preventing repeat episodes of homelessness.

"I'm struggling a bit at the moment actually, to be honest...with just basic domestic stuff. I just need a little bit of input from someone to come and make sure I'm OK because I have, like, I have massive like mood alterations in my state of mind... I don't usually deal with mental health aspects of things because I've had bad experiences in the past. Yeah, so I need time to make sure I'm OK now and again, you know? Having a phone call, Someone to kind of check in on you." (Interview 20)

Service review | Move on – PRS & Townhall Lettings

The Council operates Townhall Lettings, a social lettings agency which sources and manages affordable rent PRS homes for homeless applicants with local connection. Tenancies are provided with tenancy liaison and sustainment support.

What's working well

- **Landlords generally reflect on having positive experiences with the service**, citing frequent communication and clarity on processes.
- **The Housing Benefit Plus (HB+) Scheme has had good outcomes for singles.** However, there's a noted additional challenge for families, who face significant affordability challenges and are often reluctant to move outside of the City. Recent changes to benefit caps (two-child limit) may partly mitigate this in future.

Challenges and gaps

- The Access team provides support with deposits and first month's rent, but the **finance system is slow and cumbersome**, creating delays and barriers to accessing the private rented sector.
- **Landlord bias against tenants receiving benefits continues to be a barrier** to accessing the private rented sector. The PRS team attempts to mitigate this through rent guarantees, but eligibility is assessed on a case-by-case basis.
- Landlords raised examples of multiple cases where tenancies had broken down as a result of diminishing support. **Stakeholders expressed interest in bolstered tenancy support** and support to integrate individuals into the 'community', including by enhancing access to employment, training, and volunteering. Building on existing programmes such as Work Well and Way Through, and coordinate with the Combined Authority may provide a route to do so.
- Stakeholders note a need to **explore alternative PRS strategies (DWP/employer links, philanthropic investment)** to increase move-on options.

Key Services – Overview



Townhall Lettings

Social lettings agency operated by the City Council. Sources and manages affordable rent PRS properties to house those who have previously experienced homelessness.



Townhall Lettings Access Scheme

Assists with the cost of moving into PRS via grant payments to cover the deposit and (if necessary) the first month's rent. Open to those who are homeless/threatened with homelessness and locally connected. Supports individuals to access accommodation across the country.



HB+/HB Families

Introduced in 2016 as a way of making local private sector homes available via a time-limited top up. Available to both single people and families, provides monthly supplement for up to 2 years for households with a homeless duty – expectation is that during the period in which the supplement is paid the household will receive, and engage with, specialist income maximisation and employment advice so that at the end of the period they will be able to afford the full rent without the top-up. Paid as a discretionary housing payment (when the accommodation is in the City) otherwise supplement from the Council's homeless budget.

Service review | Partnership working

Partnership and joint-working was considered a real strength of the system – though some reflected on this taking place in ‘pockets’. There’s an opportunity to bridge this gap by providing system leadership from the Council down.

What’s working well

- Dedicated, co-located services like **Cambridge Access Surgery (CAS)**, the dual diagnosis street project, and HeART team are repeatedly framed as real assets
- **Multiple MDTs operate across the system**, including for mental health, multiple disadvantage (TAP), NRPFs, and Entrenched Non-Engagers. These were consistently raised by council staff and providers during focus groups as positive, action-oriented developments.
- **Joint working protocols with children’s & adult social care (young people & families) has helped improve processes and integration** – though there’s still scope to build on this.

Challenges and gaps

- Cambridge has a wide network of providers and three operating partnerships (StH, Young Futures, and It Takes a City). This set-up means **that it is sometimes unclear “who leads” on strategy** and there can be tensions over funding and provision.
- **Other GP practices/PCNs often default to “send people to CAS”**, which de-skills mainstream services and leaves homeless people outside the city centre with big access barriers (travel, cost, time). Because CAS’s registered list is small compared to mainstream surgeries, and PCN resource allocations (social prescribers, etc.) are based on list size, **CAS is under-resourced relative to need**
- **Working with statutory partners, particularly adult social care was described as challenging**, with participants feeling that adult services do not fully understand the pressures facing housing and homelessness teams and that cases are ‘bounced around’. Hospital and prison discharge (DtR) processes were also viewed as inconsistent.

Lived experience engagement highlighted the value of partnership working when it enables service users to have a single point of contact:

“I’ve got somebody who is a key worker...And he’s just, you know, open to help...And if it’s anything he need of me, he’s just calling me. If it’s anything I need, I can always call him. But he’s just asking how I’m getting on, if it’s anything I need in my life, how I’m getting on with my situation, if I need any things with the paperwork, you know, stuff like that.”

(Interview 7)

Service review | Specialist support

The City has a number of specialist services available for key cohorts, including individuals experiencing Severe and Multiple Disadvantage – where available, these are seen to be key assets in the system.

What's working well

- **The Dual Diagnosis Street Project is perceived to be critical by system stakeholders**, representing an [innovative response](#) to street homelessness. The team is well connected with other homelessness services.
- There's a wide range of DA services commissioned cross-County (right). **Cambridge City Council is DAHA accredited and County colleagues reflected on working closely with Council staff**, particularly the community safety team in the context of perpetrator management and target hardening.
- Key services in the city, including Cambridge Women's Aid Refuge, the Women's Resources Centre and The Haven were all regarded as strengths. **The Haven, in particular, was seen to meet a previously unmet need** for rough sleepers.

Challenges and gaps

- **DA colleagues raised concerns regarding the treatment of DA victim-survivors on HomeLink** – with the suggestion that these individuals, if threatened with homelessness, should be allocated Band A or supported into the PRS. Linked to this, it was felt that training and knowledge of domestic abuse in housing teams could be improved.
- There is a **significant gap in immigration/legal advice services**. **Victim-survivors** of domestic abuse with no recourse to public funds face particularly acute challenges, including a scarcity of refuge spaces.
- **Hidden homelessness and gendered experiences** – Commissioners highlight how women often sofa-surf rather than rough sleep and may be under-counted; they stress the need to keep women's specific needs (and DA) in mind in future strategy.
- **Focus groups raised gaps in immigration advice/new refugee/asylum support in the City** – for those affected, insecure status represents the primary barrier to accessing settled accommodation.

Key Services – Overview



Domestic abuse services

There are two refuges in the City (Cambridge Women's Aid and The Haven) as well as wider support services, commissioned by the County Council, including DA outreach, target hardening/sanctuary scheme, housing IDVAS co-located with housing teams (including specialised roles for those from BME backgrounds and those with NRPF), and a small project providing safe accommodation for those who struggle to access 'mainstream' temporary accommodation or a refuge (e.g. those with pets).



Dual Diagnosis Street Project

Launched in 2017, works with entrenched rough sleepers who are rough sleeping or in a hostel/temporary accommodation. Supports service users with low-level mental health and substance misuse interventions as well as supporting access to mainstream substance misuse and mental health services. Co-located with street outreach and the access surgery.

Service review | Reconnection

A test-and-learn programme in progress in collaboration with the Centre for Homelessness Impact. Conversations with stakeholders highlights the importance of addressing reconnection and ensuring consistency in approach between services.

What's working well

- **Cambridge City Council and the Centre for Homelessness Impact have collaborated on a test-and-learn reconnection worker**, based out of Wintercomfort. The role supports those rough sleeping/vulnerably housed to be reconnected to their area of local connection. The post signposts to support, information and appropriate services, as well as liaising with the Council on reconnection – all data collected is shared with the CHI to evaluate.
- Stakeholder **feedback suggests that this is proving useful**, though evaluation outcomes are not yet released.

Challenges and gaps

- **Local connection was consistently raised as a key system blocker**, creating a housing challenge in terms of placement in temporary and move-on accommodation and repeat homelessness as people abandon tenancies to return to Cambridge to be closer to services. DA colleagues reflected that a lack of services in surrounding authorities meant that some service users are reluctant to move away despite real threats to their safety.
- **This creates tension in the system, as stakeholders navigate healthcare universality and housing eligibility criteria** – Public health/CGL must support anyone present (no threshold, mandated access), while housing services are bound by local connection and eligibility rules; this can create friction when health stabilises someone who then finds they cannot be accommodated locally.
- The **importance of working with surrounding Local Authorities (in light of LGR) to prevent homelessness** and to address this challenge was raised across interviews.

Local connection was raised multiple times during lived experience engagement as a key barrier to gaining support – interviewees highlighted difficulties understanding the expectation of different services/partners and the requirement to prove connection as sometimes intrusive and undermining trust between themselves and support workers.

"I had to prove I'd lived here all my life... they could see where I was withdrawing money. It's absolutely crazy." (Interview 14)

"I was born in Cambridge... but I found I didn't have a local connection to the city in which I was born – that was a huge barrier." (Interview 8)

Gap analysis | Current demand (1/2)

Our engagement to date has highlighted 8 emerging gaps that could be addressed with additional or reprioritised investment

High needs accommodation and Housing First Provision

High-needs hostel capacity is limited – Newmarket Road/Jimmy's and Housing First are "maxed out" or have waiting lists as long as the number of beds, contradicting intentions for short assessment stays. High-needs provision lost with previous hostel closure.

Dual diagnosis and healthcare access

DDSP team in CPFT is critical, but under pressure – challenges in formal healthcare settings means that mental health waits are far longer than substance misuse treatment. This can mean that people with co-occurring mental health and substance misuse issues get stuck in a "vicious cycle" between hostels, hospital and custody.

Fragmented MDTs & 'Pockets' of collaboration

MDTs and panels create a busy and sometimes fragmented operating environment – some people described this in terms of "meeting fatigue", and this creates a gap in how information and accountability flow within the system. **Collaboration with statutory partners also remains a challenge, leading to people falling through the cracks at key transition points.**

Hidden groups and intersectional needs

Women, domestic abuse victim-survivors, sex workers, transgender, non-binary and people with NRPF are at risk of being under-served or mis-categorised; women especially may be sofa-surfing and not counted as rough sleepers. Strategies and services may over-focus on visible street homelessness and male-coded presentations, leaving important needs unmet.

Gap analysis | Current demand (2/2)

Data and information sharing process

Despite good practice in some areas (shared “Inform” system, MDTs), there is still **inconsistency in practice, including differential use of inform and information transfer between services**. This can mean that people tell their story multiple times; some key information gets lost at handovers; and delays in support when moving between services.

Centralisation of the CAS

CAS is a great asset but has become a “magnet”. Other practices sometimes disengage from homelessness and leave it for “CAS to deal with”. CAS is also under-resourced relative to complexity because PCN resource allocation relies on list size.

Tenancy sustainment is a key challenge

Long-term support is key for individuals as they ‘move-on’ to prevent repeat homelessness – both in the form of tenancy sustainment support and wider services which connect individuals to a community. Stakeholders reflected on the (im)balance of resources aimed at the ‘frontline’ as compared to sustainment; HA leads also noted an increase in support needs of tenants.

Workforce capacity, skills and retention

High cost of living in Cambridge alongside low pay in the sector leads to a **high rate of churn in the provider sector, which means a loss of continuity for clients**, and difficulty sustaining specialist teams (e.g. dual diagnosis).

4. Resources

Financial resource landscape

Cambridge City Council

Grant	Description	£
Homelessness Prevention Grant	Ringfenced grant to deliver services to tackle and prevent homelessness.	£1,441,808 (2025/26)
Rough Sleeping Prevention and Recovery Grant	Continuation of RSI funding for 2025/26	£1.188m (2025/26)
Winter Pressures	Complements the Rough Sleeping Initiative 2022-25 in supporting local authorities to create additional off the street capacity for people sleeping rough in winter.	£156,120 (2024/25)
Rough Sleeping Drug and Alcohol Treatment Grant	Implement evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs	£489,021 (2025/26)
Homes for Ukraine	Support local communities to offer people from Ukraine the warmest possible welcome to the UK.	£550,640 (2024/25)
Rough Sleeping Accommodation Programme (RSAP)	Includes the AfeO programme for this year. RSAP provides move-on accommodation for rough sleepers	£60,000 (2025/26)
Discretionary Housing Payment	Supporting people affected by the welfare changes and to assist those in severe financial hardship. Covers those with Housing Benefit claims and those in receipt of Universal Credit.	£138,217 (top up limit of 2.5x allocation) (2025/26)

Cambridgeshire County Council / Partners

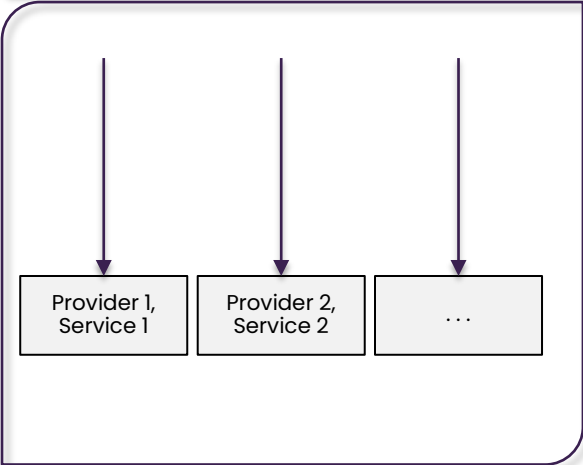
Grant	Description	£
RSPARG/Rough Sleeping Initiative	Flagship funding programme to support national rough sleeping strategies and commitments	£235,971 2025/26
Household Support Fund	Assist vulnerable households struggling with the cost of living	£6.312m (2025/26)

Capital Funding

Pot	Description	£
Local Authority Housing Fund	MHCLG capital fund to build and purchase additional accommodation in light of recent humanitarian schemes (e.g. Afghan and Ukrainian refugees)	LAHF 1/2 = £10,999,288 £1,868,000 LAHF 3 = £921,675.00.
Affordable Homes Programme (East of England)	Government grant funding for developers to build social and affordable homes.	£336m

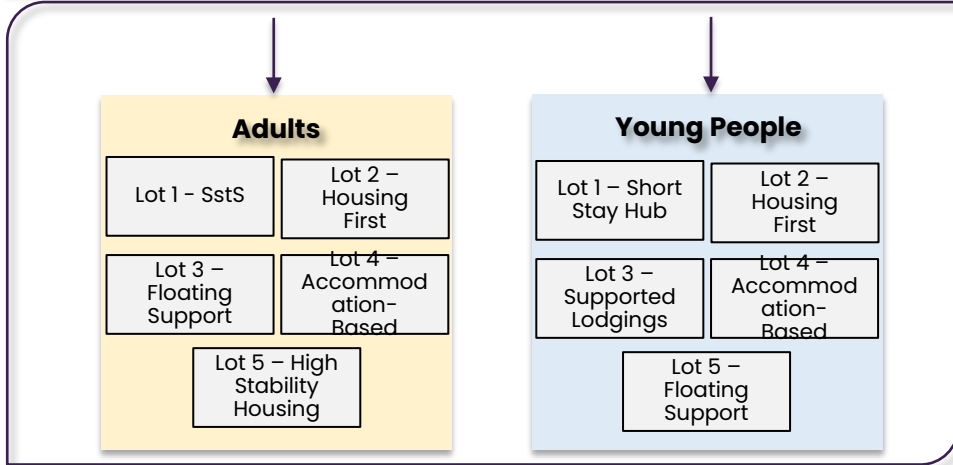
Commissioning approaches

Option 1 – Individual contracting for each scheme/ service



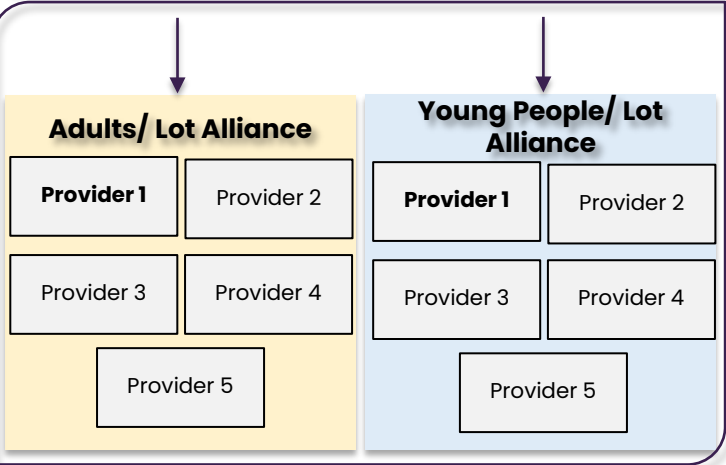
Separate contracts and objectives with each party. Performance individually judged. Provision made for disputes. Contracts based on tight specifications

Option 2 – All services commissioned via framework agreement or DPS



Establish approved provider lists and standard contracts. Could seek one or multiple providers, depending on the Lot. Allow for guaranteed block volume of units. Potential for spot purchase arrangements depending on actual demand / funding changes. Can call-off new provision via direct award or further competition. Can add new Lots as required. Could have lots around provision type (above) or cohorts. Mixed range of accommodation settings that supports different types of occupancy and households.

Option 3 – Lead provider or alliance/ consortia



Framework agreement with one contract and performance framework. Range of providers are incentivised to work together. Success judged on performance overall. Identify lead service providers who are encouraged to form supply chains. Lead provider would retain responsibility for ensuring that support is delivered, but could delegate to a partner or sub-contractor

examples

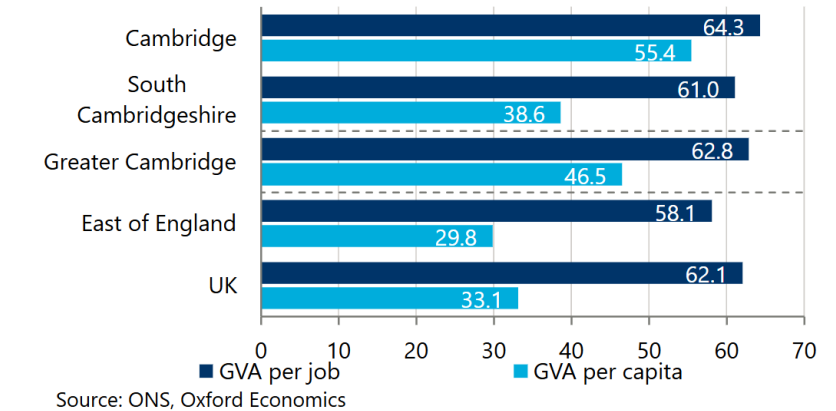
- Bristol** – In 2017, introduced the lead provider model, dividing its 850 beds for single homeless people into men-only pathway, a women-only pathway, a mixed pathway, and a specialist substance misuse pathway. Each pathway entered into a seven-year contract with a lead provider.
- Plymouth** – Seven partner organisations who are contracted as an Alliance. Commission a further five sub-contractors to the main contract. Funding is allocated to the Alliance as a whole, with agreed budget allocations to each service that have flexed with the needs of the wider system.

Resources | Future pressures & opportunities (1/4)

The Oxford–Cambridge Growth Corridor is a government-backed initiative to develop links between the two university cities and London to drive an ‘innovation cluster’ in South–Central England., building on existing growth and success in the region.

- Cambridge has seen significant economic and demographic growth since the early 2000s, linked to the growth of the knowledge and biotechnology economy of ‘Silicon Fen’.
- Since 2000, **the Greater Cambridge population grew by 79,900 residents at a rate of 1.3% per year**, more than twice the UK average (0.6% per year). Both Cambridge (1.4% per year) and South Cambridge (1.2% per year) rank among the fastest growing local populations across the UK over this period.
- **Professional, scientific & technical activities alone formed almost a quarter of all employment in 2023**, more than twice the equivalent proportions both regionally and nationally. The Greater Cambridge economy benefits from relatively high GVA per capita. At £46,500 per resident in 2023, GVA per capita is around 40% higher than the national average, with Cambridge itself (£55,400 per resident) ranking in the top 95% of the UK’s 361 local authority areas by this measure.
- **Despite relatively high median earnings, Cambridge has seen growing challenges in housing availability and affordability as a result.** Relative to local pay, Cambridge has remained one of the least affordable places outside London for buying or renting a home in the country. The median house price is 11.3 times median earnings (compared to 7.7 for England as a whole), while the median rental price is 33% of median pay.
- While plans to develop the ‘Oxford to Cambridge Arc’ have been in progress since 2003, **the current Government has [shown renewed commitment to growth in the region](#)**. The aim of the scheme is to further ‘unlock’ the [innovation and economic potential of the region’s knowledge economy](#) by building new homes, infrastructure, and business space, supported by bodies like the Cambridge Growth Company (CGC, a public corporation) and significant investment in transport (East West Rail) and water.
- There is an ambition that **this will contribute up to [£78bn](#) to the UK economy by 2035**.

Figure 2.1. Headline indicators, Greater Cambridge and comparator areas, 2023
£ thousand, constant 2022 prices

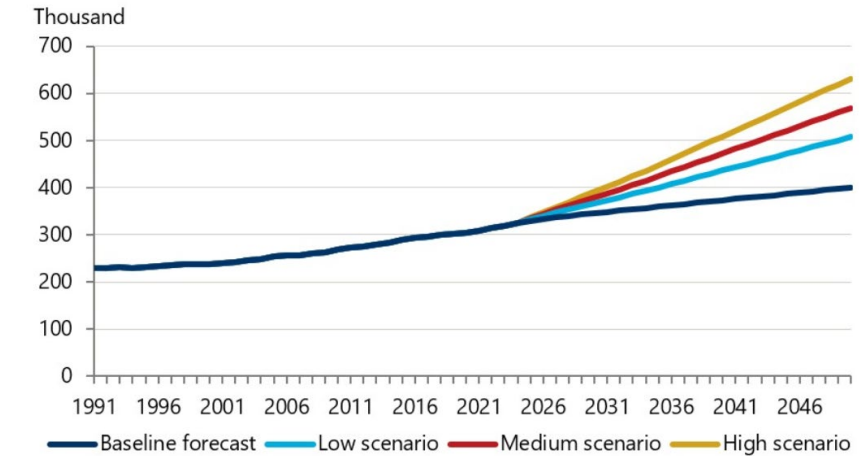


Resources | Future pressures & opportunities (2/4)

[Modelling](#) by Oxford Economics looked to understand the potential impact of such economic growth (low, med, high scenarios) on the Greater Cambridge Region. They found that:

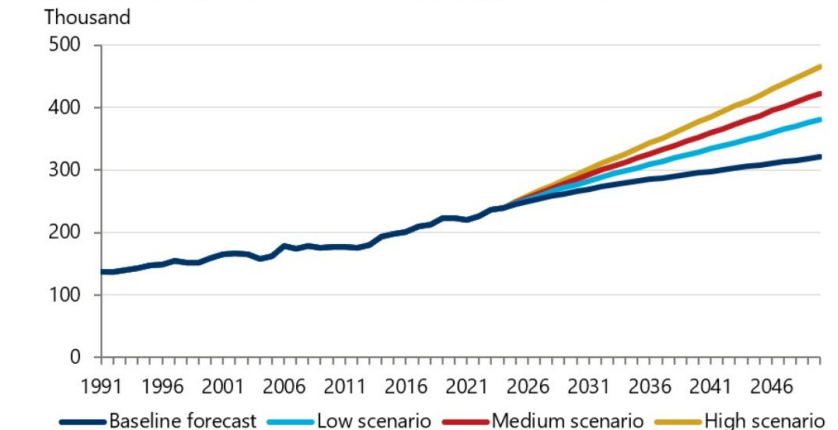
- **The region's population could be expected to grow by an average of 1.7% to 2.6% per year.** The Greater Cambridge population would thus increase to 507,000 to 630,000 by 2050, between 60% and more than double the current population (319,000 in 2023).
- **Such growth scenarios would attract both internal and international migrants to Greater Cambridge**, with analysis suggesting that between 41,000 to 68,000 new international migrants would arrive, and approximately 148,000 to 244,000 new residents moving domestically.
- **Appropriately housing this growing population is a key future opportunity (as a key driver of the economic growth) and pressure for the region.** Local councils have been working with government to better understand its ambitions for building up to 150,000 new homes around Cambridge ([‘The Case for Cambridge’](#)).
- **[Cambridge and South Cambs Local Plans](#) have identified the need for 33,500 new homes across Greater Cambridge** (19,500 in South Cambridgeshire and 14,000 in Cambridge) between 2011 and 2031.
- Cambridge's housing trajectory shows that 14,202 dwellings are expected to be delivered in Cambridge between 2011 and 2031 – **with [38,298 dwellings expected](#) across the City and South Cambs.**
- As of 31 March 2023, **around 60% of these new homes had already been completed.**

Figure 4.7. Population by scenario, Greater Cambridge, 1991 to 2050



Source: ONS, Oxford Economics

Figure 4.1. Jobs by scenario, Greater Cambridge, 1991 to 2050

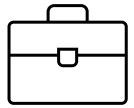


Source: ONS, Oxford Economics

Resources | Future pressures & opportunities (3/4)

As a university city, Cambridge faces both unique pressures and opportunities in tackling homelessness – and there's more that could be done to unlock the role of the university.

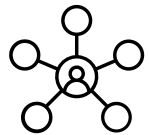
- A [2022 paper](#) by the Centre for Homelessness Impact found that, across university towns in the UK, applications to local authorities for homelessness assistance per head are significantly higher compared with areas without a university (1,428 per 100,000, compared with 1,007). Rates of households living in temporary accommodation are more than twice as high, while the prevalence of rough sleeping is more than three times greater (13 per 100,000, compared with 5).
- As often major actors in their communities, universities have an opportunity to use their power to support people impacted by or at risk of homeless. **Universities hold 'levers' in their roles as employers, land-owners, conveners, researchers and educators:**



Employers: CHI calls for universities to look to be inclusive in their hiring practices, including: advertising some posts in The Big Issue; removing references to qualifications (if these are not relevant to the role); and reflecting on whether criminal convictions are relevant to an application.



Landowners and landlords: Universities in England and Wales alone own more than 52,000 hectares of land and property. Oxford and Cambridge colleges own 41,580 hectares of land. Universities should act as a responsible landlord, offering secure and safe housing at affordable rates, including by letting to people in receipt of benefits or with a recent history of homelessness. Properties can also be offered to organisations working to support people affected by homelessness. In instances where universities have buildings which they own or lease that no longer suit their current needs and are allocated for future development these '[meanwhile](#)' sites could be converted for short or medium-term use as accommodation for people impacted by homelessness.



Research and education: University councils, vice chancellors, leadership teams, academic and non-academic staff and students could consider how they can use their reach and convening power in the communities within which they are based to address homelessness. This convening power can be, and often is, deployed through extracurricular activity by students and staff to engage with nearby homelessness services and community organisations, or even run initiatives themselves.

Resources | Future pressures & opportunities (4/4)

The growth of Silicon Fen, alongside Cambridge's existing rich network of local assets, opens further opportunities for social investment and philanthropy – including innovative funding models.

- **A growing interest in social investment (such as social impact bonds) in the housing and homelessness sector poses an opportunity in light of economic growth in the region.** One way this has been enabled [elsewhere](#) is through the development of local homelessness Charter to guide collaboration between local government, nonprofits, community members and local businesses.
- [Social Impact Bonds](#) are an agreement between Government, delivery organisations and social investors, whereby investors agree to fund the delivery of a particular programme and the Government commits to pay for the achievement of certain positive social outcomes. Projects funded in this way **typically involve working with people who might have complex needs, leading to a higher level of risk involved in achieving the outcomes.** This means investors tend to come from socially-motivated organisations who care about the outcomes and understand the associated risks – the University of Cambridge represents one such potential actor.
- **In London, the use of Social Impact Bonds to support individuals experiencing Rough Sleeping was trialled and evaluated between 2012 and 2017.** The London Homelessness SIB mobilised social investors to provide the up-front investment needed for two providers to deliver interventions to 830 rough sleepers. The interventions were designed around a navigator model, whereby key workers adopted a personalised and flexible approach, supporting the cohort to access existing provision and achieve sustained long-term outcomes. The results show that, when compared to a well-matched comparison group, the intervention significantly reduced rough sleeping over a two-year period.
- [Big Society Capital](#) argues that the [social housing sector has seen the entrance and rise of private equity-funding models](#) including the launch of affordable housing investment funds – they estimate that [the value of all social investment in the UK was worth £6.4 billion at the end of 2020 and that social property funds accounted for 45% of these investments](#). **Given Cambridge's growing private sector economy and focus on innovation, there exists an opportunity to consider how to leverage this growing influence and sector.**
- However, despite this huge increase in investment there is remarkably little evidence of the effectiveness of this approach at this point. The CHI is undertaking an evaluation to explore this.

5. Recommendations

Recommendations – building on what works

A prevention led, strengths-based approach

These recommendations recognise that Cambridge already has **strong foundations**, particularly in crisis response, partnership working and specialist provision. The focus is on **doing more of what works earlier**, rather than replacing existing models. We have framed our recommendations across three areas:

<i>Strengths-based</i>	<i>Developing practice</i>	<i>Filling the gaps</i>
These recommendations recognise that Cambridge already has strong foundations, particularly in crisis response, partnership working and specialist provision. Key strengths we are building on: • Strong multi-agency working (MDTs, panels, Streets to Home) • Trusted voluntary and community sector relationships • Established specialist provision (e.g. DA, rough sleeping, substance misuse) • Positive examples of relational, person-centred support	These recommendations respond to evidence that good practice exists, but is uneven, overstretched or too late. The emphasis is on consistency, clarity and continuity, not wholesale change. What we are strengthening: • Earlier identification of risk • Smoother transitions between services • Better matching of accommodation and support to need • Clearer ownership and accountability	These recommendations address areas where lived experience, data and partner insight all point to clear prevention failures, where people fall through gaps despite engaging. Key gaps identified: • Upstream PRS instability and debt • Health access outside crisis points • Safety-led responses for women and survivors • Support for people excluded by rules or system design • Under-served groups whose homelessness remains hidden

Taken together, these recommendations do not seek to replace what already works in Cambridge. Instead, **they strengthen and extend effective practice** earlier in people's journeys, **close well-evidenced gaps** where prevention currently falls short, and embed a **strengths-based, trauma-informed approach across the system**. The emphasis is on starting less, finishing more, and preventing homelessness from becoming entrenched or recurrent.

Recommendations – our approach

We have presented our recommendations under the following three headings. Each recommendation is linked to a key finding.

Policy and Strategy Recommendations

There are nine recommendations that sit under this heading.

The core recommendations here focus on strategic shifts in policy and focus. Working from our data analysis, future demand projections and qualitative engagement we have identified gaps and emerging strategic challenges. The recommendations set out specific policy changes that could help respond to these.

Test and Learn Recommendations

There are six recommendations under this heading.

Test and learn recommendations set out opportunities to pilot new, innovative or expanded service offerings to either address current gaps or respond to shifting patterns of demand. These recommendations are operational.

Lived experience

There are six recommendations under this heading.

All of the recommendations under this heading are linked to key messages, concerns and themes that were co-produced with people with lived experience of homelessness; and corroborated by other review evidence.

The recommendations are operational and consider how commissioning processes, joint-working processes and/or new services could tackle some of the specific issues raised by this group.

Recommendations – rationale and evidence base (1/6)

Each recommendation is linked to a specific evidence source or insights from engagement, data and lived experience

Policy and Strategy

1) Develop a whole-system demand and capacity model covering TA, supported housing, PRS and social lettings

- **Lived Experience:** Participants described being moved between options with little clarity; instability and long waits make pathways feel unpredictable and unsafe.
- **Data:** Rapid growth in approaches and requests for assessments, rising TA demand and overspend, as well as declining social lettings point to structural capacity imbalance.
- **Qualitative:** Partners consistently describe system “blockages” (move-on, high-needs, TA) and fragmented enablers (MDTs, information sharing) needing a whole-system view.

2) Increase high-needs (HF) and step-down supported housing, alongside stronger move-on pathways (e.g. tenancy sustainment)

- **Lived experience:** Participants reported placements that don’t match need (safety, disability, trauma), and support dropping away once housed, increasing repeat homelessness risk.
- **Data:** Rising acuity (declining “low needs”), pressure on supported housing flow, and increasing bans indicate mismatch and insufficient high-needs capacity.
- **Qualitative:** Providers say supported housing is “relational not just a bed” but high-needs gaps and lack of move-on are creating longer stays and bottlenecks.

Recommendations – rationale and evidence base (2/6)

3) Maintain a clear local ambition and metric to reduce long-term and repeat rough sleeping

- **Lived experience:** Participants describe entrenched street homelessness and cycling between streets/hostels/prison; stability depends on sustained support
- **Data:** Rough sleeping levels relatively steady but an entrenched cohort persists.
- **Qualitative:** Partners highlight chronic/repeat rough sleeping linked to dual diagnosis and lack of high-support options.

4) Strengthen discharge-to-housing pathways from prison, hospital and care

- **Lived Experience:** Discharge without housing is described as abrupt and destabilising; “continued care gaps” after prison/hospital increase relapse and repeat homelessness.
- **Data:** Pathway pressures show growth from custody and care transitions.
- **Qualitative:** Stakeholders report inconsistent Duty to Refer processes, fragile discharge pathways, and limited bridging/navigation capacity.

5) Develop a homelessness workforce stability and skills plan

- **Lived experience:** Progress is strongly associated with consistent trusted workers; turnover and loss of named contacts undermines trust and continuity.
- **Data:** Workforce/caseload analysis shows demand rising faster than capacity; increasing complexity implies higher skills requirements.
- **Qualitative:** Providers cite high turnover/shortages due to cost of living and pay, destabilising relationships and slowing progress for complex cases.

6) Embed co-production as standard practice in commissioning and service design

- **Lived experience:** Some participants report feeling unheard; co-produced approaches build trust, improve relevance, and reduce re-traumatisation in service interactions.
- **Data:** Review context notes new national expectations to meaningfully engage lived experience; hidden groups are under-counted without co-produced design.
- **Qualitative:** Stakeholders see value in aligning with local charter and strengthening cross-system buy-in through shared, lived-experience-informed priorities.

Recommendations – rationale and evidence base (3/6)

7) Refresh homelessness governance to support the new Duty to Collaborate

- **Lived-experience:** participants reported experiencing fragmented or repetitive services, particularly at the intersections between service areas.
- **Data:** Review identifies fragmented system enablers (MDTs, info sharing) and the national Duty to Collaborate as a key new requirement.
- **Qualitative:** Multiple forums exist, but partners describe gaps in alignment/ownership; clearer governance is needed to drive consistent pathways.

8) Commission additional immigration/legal advice services

- **Lived experience:** Bureaucratic and legal barriers (status, documentation, local connection) cause people to disengage; advocacy is crucial to avoid destitution.
- **Data:** There is limited data on NRPF and under-counted “invisible” groups; lack of specialist advice contributes to unmet need.
- **Qualitative:** Partners highlight NRPF as a gap area, with limited pathways and pressure falling on frontline/VCSE to navigate complex rules.

9) Launch a strategic forum to oversee management and direction of social housing in collaboration with local Housing Associations/RPs

- **Lived experience:** Participants described unclear processes and not knowing what’s happening.
- **Data:** Declining social lettings and increased register pressure are driving blockages into TA/supported housing; longer waits contribute to system congestion.
- **Qualitative:** Stakeholders report risk aversion and “tenant readiness” culture; need stronger collaboration with RPs and better move-on/sustainment

Recommendations – rationale and evidence base (4/6)

Test and Learn

1) Pilot use of predictive analytics to identify and support early at-risk households, focused on PRS sustainment and financial shocks

- **Lived experience:** Debt/benefit issues are repeated tipping points; people struggle with systems without phones/data/energy.
- **Data:** PRS is a growing driver; unsuccessful prevention activity has increased; demand forecasts show continued growth without upstream action.
- **Qualitative:** Council/partners note prevention is improving but needs scaling; revisiting use of LIFT flagged as an opportunity to identify risk earlier.

2) Test a refreshed PRS access model, with revised incentives, risk-sharing and clearer landlord offer

- **Lived experience:** PRS is experienced as insecure/expensive and hard to access due to upfront costs and stigma; instability pushes repeat homelessness.
- **Data:** PRS has become a net driver and declined as a route out (sharp drop in PRS outcomes); losses exceed successful PRS placements.
- **Qualitative:** Town Hall Lettings seen as a strength, but market conditions severe and supply shrinking; need refreshed offer to sustain capacity.

3) Pilot enhanced MDT and dual-diagnosis responses for priority singles and rough sleepers

- **Lived experience:** Participants describe cycling due to dual needs.
- **Data:** Complexity rising; priority singles show very high overlapping needs; dual diagnosis repeatedly cited as a friction point.
- **Qualitative:** Stakeholders highlight long waits for mental health support vs faster substance treatment, creating revolving door patterns.

4) Pilot a primary care inclusion model linked to housing and outreach pathways

- **Lived experience:** Health access is patchy; people rely on crisis care and are discharged back into homelessness; some avoid settings that feel unsafe.
- **Data:** health needs associated with ageing and multiple long-term conditions are increasing in relative and absolute terms, highlighting rising complexity of need.
- **Qualitative:** NHS partners describe current arrangements as placing too much focus on the Access Surgery and not integrated enough with wider pathways/PCNs.

Recommendations – rationale and evidence base (5/6)

5) Test targeted pathways and improved data capture for under-served groups

- **Lived experience:** Women describe heightened risk and “hiding” to stay safe.
- **Data:** there are gaps in the data and instances of “hidden homelessness”, with some invisible groups (women, LGBTQ+, NRPF, young people) potentially under-counted.
- **Qualitative:** Stakeholders identify under-served groups and women’s safety gaps; mixed-gender environments and limited safe spaces reduce access.

6) Test and evaluate innovative solutions in collaboration with wider institutions (e.g. the University) via the use of social impact bonds

- **Lived experience:** Participants emphasise holistic support (connection, purpose, trusted workers) and the risks of fragmented responses
- **Data:** Future demand growth and TA/supported housing pressures indicate the need to expand effective prevention and supply solutions.
- **Qualitative:** Cambridge has engaged local institutions and a strong VCSE ecosystem; partners cite opportunity to mobilise broader civic assets.

Lived Experience

1) Evaluate and develop a business case to expand the TAP model to a wider cohort

- **Lived experience:** Participants described how they benefit most when there is one consistent trusted worker and coordinated support across systems.
- **Data:** Rising complexity and repeat homelessness risk among singles/rough sleepers indicates need for coordinated multi-agency support.
- **Qualitative:** Prevention panels/MDT-style working is viewed as effective but fragmented; scaling TAP offers a structured approach.

Recommendations – rationale and evidence base (6/6)

2) Pilot debt-resolution pathways linked to housing outcomes (e.g. debt write-off, repayment pauses, advocacy)

- **Lived experience:** Participants explained how debt and UC overpayments are barriers that stop move-on even when people are ready
- **Data:** Financial shocks and arrears feature in prevention/relief failure; prevention activity “unsuccessful” has increased materially.
- **Qualitative:** Staff emphasise need for flexible prevention funds and practical problem-solving to stop escalation into TA/relief.

3) Pilot alternative, psychologically safe access points (women-only, substance-free, low-stimulus spaces)

- **Lived experience:** People avoid services when they feel unsafe (around men/drug use); women report high risk of violence and need for safe spaces with accessible hours.
- **Data:** “Hidden” groups are likely to be under-counted; safeguarding risk is therefore substantial but not visible in statutory data.
- **Qualitative:** Stakeholders identify gaps in women-only provision and under-served groups; mixed settings can reduce engagement.

5) Test low-pressure social, volunteering and peer-led activities as core parts of homelessness support

- **Lived experience:** Low-pressure activity, volunteering and peer support reduce isolation and rebuild identity/routine were seen as important for recovery.
- **Data:** n/a
- **Qualitative:** Providers/VCSE describe relational support as central, but capacity constraints mean “recovery” elements can be squeezed out.

6) Pilot strengthened communication standards (clear explanations, decision letters, two-way feedback)

- **Lived Experience:** Participants explained how poor communication and not being listened to is frustrating and retraumatising; lack of clarity leads to disengagement.
- **Data:** A substantial proportion of “contact lost”, withdrawals and unsuccessful duty endings indicate process/engagement failure points.
- **Qualitative:** Stakeholders note fragmented enablers and inconsistent processes; clearer communication supports prevention and sustained engagement.

Delivery | Policy and Strategy (1/2)

*2021-2026 Strategy Alignment
 ✓ = Already included / explicitly aligned
 △ = Partially included / implied
 ✕ = Not included

Situating recommendations within a delivery context in preparation for strategy development

Key message	Recommendation	Audience	Owner	Delivery mechanism	Indicative timeline	Alignment with National 'Plan to End Homelessness'	2021-26 Strategy*
Demand has grown sharply and future pressure is predictable	Develop a whole-system demand and capacity model covering TA, supported housing, PRS and social lettings	Councillors, senior leaders, partners	CCC, CPCA	Annual analytical model embedded in budget and commissioning	6–12 months	Supports national expectations on sufficiency and TA reduction	✕
Supported housing works but is blocked by lack of move-on and high-needs capacity	Increase high-needs (HF) and step-down supported housing , alongside stronger move-on pathways (e.g. tenancy sustainment)	Commissioners, providers	CCC, Cambridgeshire County Council	Recommissioning, joint funding, use of new Supported Housing regulatory powers	12–24 months	Direct alignment with national supported housing expansion funding	△
Rough sleeping is stable but entrenched for a small cohort	Maintain a clear local ambition and metric to reduce long-term and repeat rough sleeping	Public, partners	Cambridge City Council	Agreed targets, performance reporting, Streets to Home governance	6 months	Directly aligns with national target to halve long-term rough sleeping by 2029	✓
Transitions from institutions remain a key failure point	Strengthen discharge-to-housing pathways from prison, hospital and care	HMPPS, NHS trusts, CCC	CCC, County Council	Formalised protocols, navigator roles, Duty to Refer assurance	6–12 months	Strong alignment with national aim to reduce homelessness from institutions	△

Delivery | Policy and Strategy (2/2)

*2021-2026 Strategy Alignment
 ✓ = Already included / explicitly aligned
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 ✗ = Not included

Key message	Recommendation	Audience	Owner	Delivery mechanism	Indicative timeline	Alignment with National 'Plan to End Homelessness'	2021-26 Strategy*
Workforce instability undermines outcomes and continuity	Develop a homelessness workforce stability and skills plan	Providers, commissioners	CCC, CPCA	Joint workforce plan, training, retention initiatives	12 months	Indirect alignment – enables delivery of national reforms	✗
Lived experience engagement is inconsistent and informal	Embed co-production as standard practice in commissioning and service design	All partners	Cambridge City Council	Formal framework, funded lived-experience roles	6 months	Strong alignment with new statutory expectations on lived experience	△
Governance is fragmented across multiple forums	Refresh homelessness governance to support the new Duty to Collaborate	Statutory partners	Cambridge City Council	Clear governance map, refreshed ToR, shared priorities	6 months	Direct alignment with national Duty to Collaborate and expectations for strong local governance	△
There's a lack of immigration/legal advice which puts additional strain on the wider system.	Commission additional immigration/legal advice services.	Partners, public	National government	Policy change and commissioning	12 months	National plan recognises legal advice and representation as a key tool in preventing and relieving homelessness; aligns with immigration advice pilot.	✗
Managing move-on into social housing requires improved information sharing and system collaboration	Launch a strategic forum to oversee management and direction of social housing in collaboration with local Housing Associations/RPs	Social housing providers, Housing associations	CCC, CPCA	Formal ToR; governance refresh	6-12 months	Aligns with expectations for system leadership and collaboration with the 'whole system' (incl. HAs)	△

Delivery | Test and Learn

***2021–2026 Strategy Alignment**
 ✓ = Already included / explicitly aligned
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 ✕ = Not included

Key message	Recommendation	Audience	Owner	Delivery mechanism	Indicative timeline	Alignment with National 'Plan to End Homelessness'	2021–26 Strategy*
Prevention outcomes are inconsistent, particularly for singles and PRS cases	Pilot use of predictive analytics to identify and enable early intervention with high-risk households , focused on PRS sustainment and financial shocks	Housing Advice teams, partners	Cambridge City Council	Predictive analytics via LIFT, targeted PRS sustainment offers	Pilot 6–9 months; scale Year 2	Direct alignment with national priority on prevention and reducing inflow	✓
PRS is declining as a route out of homelessness and driving new demand	Test a refreshed PRS access model , with revised incentives, risk-sharing and clearer landlord offer	Private landlords, letting agents	Cambridge City Council	Enhanced Town Hall Lettings, revised incentives, targeted landlord engagement	12–18 months	Aligns with national focus on improving PRS access and security	✓
Rising acuity and unmet dual diagnosis needs are driving repeat homelessness	Pilot enhanced MDT and dual-diagnosis responses for priority singles and rough sleepers	NHS, housing, support providers	CPFT, ICB, Cambridge City Council	Expanded MDTs, clearer escalation routes, shared outcomes	6–12 months	Aligns with national emphasis on health–housing integration	△
Primary care access for people experiencing homelessness is patchy and poorly integrated	Pilot a primary care inclusion model linked to housing and outreach pathways	NHS partners, housing & support providers	Cambridgeshire & Peterborough ICB with Cambridge City Council	Outreach GP sessions, enhanced Access Surgery role, PCN-level agreements, shared referral protocols	6–12 months	Strong alignment with national priorities on health inclusion and rough sleeping reduction	△
Women, NRPF households and other “hidden” groups are under-represented in data and services	Test targeted pathways and improved data capture for under-served groups	Commissioners, VCS	Cambridge City Council with partners	Service pilots, improved recording, co-produced service design	12 months	Aligns with national focus on equity, inclusion and lived experience	△
Cambridge has a wealth of local assets and organisations (VCSE, University, Church)	Test and evaluate innovative solutions in collaboration with local assets/philanthropic institutions (e.g. the University) via the use of social impact bonds	Cambridge University	Cambridge City Council	Test and learn pilot; SIBs	12–18 months	Aligns with plan’s commitment to pilots, innovation and place-based responses .	✕

Delivery | Lived experience

*2021–2026 Strategy Alignment
 ✓ = Already included / explicitly aligned
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 ✗ = Not included

Key message	Recommendation	Audience	Owner	Delivery mechanism	Indicative timeline	Alignment with National 'Plan to End Homelessness'	2021–26 Strategy*
Navigating systems while traumatised, unwell or unsafe is exhausting and retraumatising	Evaluate and develop a business case to expand the TAP model to a wider cohort.	Housing, health, DWP, VCSE	Cambridge City Council with partners	Small cohort pilot with named worker, warm handovers and advocacy remit	6–12 months	Aligns with national focus on joined-up services and reducing bureaucratic harm	✗
Debts and UC overpayments block move-on even when people are ready	Pilot debt-resolution pathways linked to housing outcomes (e.g. debt write-off, repayment pauses, advocacy)	Housing & welfare teams	Cambridge City Council, DWP partners	Targeted debt intervention fund with clear eligibility	12 months	Aligns with prevention and sustaining tenancies	✗
People avoid some services because they feel unsafe or overwhelmed	Pilot alternative, psychologically safe access points (women-only, substance-free, low-stimulus spaces)	Commissioners, providers	Cambridge City Council with VCSE	Targeted service pilots co-designed with lived experience	12 months	Aligns with national emphasis on equitable access and inclusion	△
Isolation in hostels and TA deepens mental distress	Test low-pressure social, volunteering and peer-led activities as core parts of homelessness support	Providers, VCSE	Cambridge City Council	Small grants, peer-led delivery, evaluation of wellbeing outcomes	6–12 months	Indirect alignment – supports recovery and non-recurrence	✗
Feeling unheard and decisions made “about me, not with me” undermines trust	Pilot strengthened communication standards (clear explanations, decision letters, two-way feedback)	Housing & support services	Cambridge City Council	Revised templates, staff training, lived-experience review panels	6 months	Aligns with national focus on dignity and person-centred services	✗



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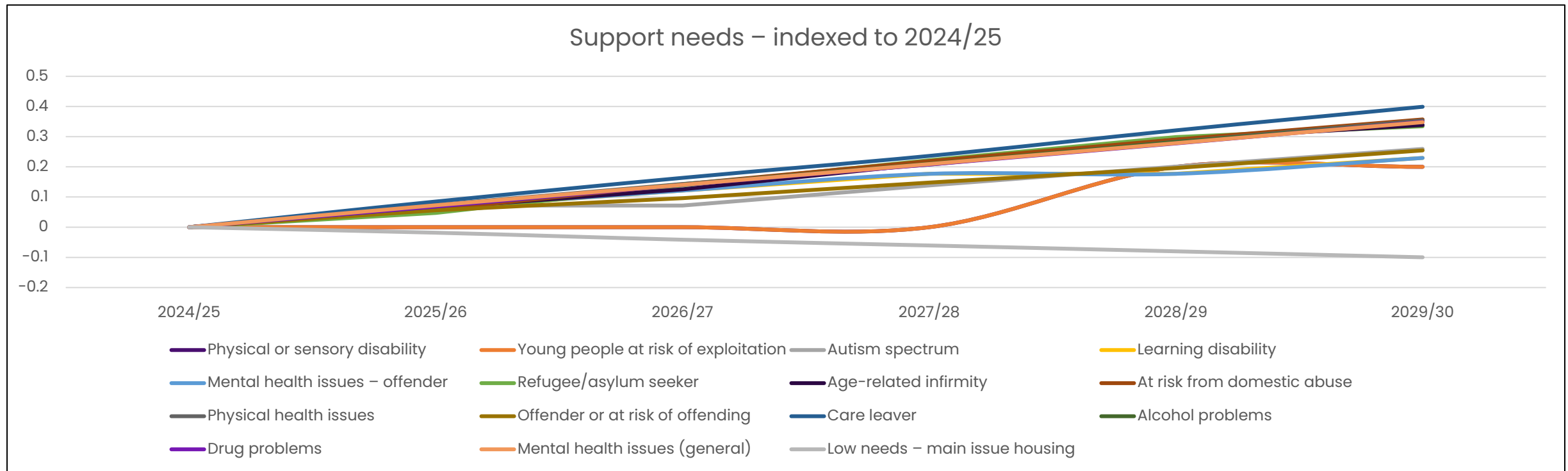
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Projections – support needs

Projections show that “Low Needs” will decrease in relative terms and overall needs be more acute

For each support need type, we have indexed projections to 2024/25. Based on historical trajectories, we are expecting to see substantial changes in prevalence of different support types.

Notably, “low needs” will decline in both absolute and relative terms, as the overall profile of support needs becomes more acute.



Projections – supported needs

While overall demand will grow there is a clear shift toward higher acuity needs

Support Need Category	2024/2025	2030 Projection	% change
Physical or sensory disability	5	6	20%
Young people at risk of exploitation	5	6	20%
Autism spectrum	14	19	36%
Learning disability	16	21	31%
Mental health issues – offender	16	22	38%
Refugee/asylum seeker	21	33	57%
Age-related infirmity	31	46	48%
At risk from domestic abuse	34	49	44%
Physical health issues	54	80	48%
Offender or at risk of offending	71	91	28%
Care leaver	94	130	38%
Alcohol problems	102	150	47%
Drug problems	117	173	48%
Mental health issues (general)	165	240	45%
Low needs – main issue housing	219	195	-11%

Commentary

The projections suggest that future pressure on supported housing will be driven less by overall volume and more by increasing complexity of need. Trends since 2020 indicate a continued shift away from low-support cases toward households with multiple and overlapping needs, particularly mental health issues, substance use, and dual diagnosis. Physical health needs and age-related infirmity are also projected to rise, reflecting an ageing homelessness cohort and longer periods of instability.

While some groups remain numerically small, growth among care leavers, people with learning disabilities or autism, and refugees or asylum seekers is significant due to the specialist and often longer-term support required. At the same time, the proportion of people assessed as having “low support needs” is expected to continue to decline, reducing the scope for rapid move-on and short-stay provision.

Overall, these projections point to a system that increasingly supports people with higher acuity and longer support journeys, with implications for commissioning, workforce skills, health integration and the balance of supported housing supply.

6. Additional key lines of enquiry

Early Help Hubs & Homelessness Prevention – Evidence Review

Early Help Hubs & Homelessness Prevention | Overview

There's growing national interest in the use of 'hubs' to provide a single point of access for health, education and wellbeing services and, in turn, to support the identification and support of families 'at risk' of becoming homeless.

Context & Policy Landscape

- The [government](#) is investing over £500 million to establish more than 1,000 **Best Start Family Hubs** across [local authorities](#) by 2028. These hubs are intended to act as [one-stop shops](#) where families can access a wide range of support, including early education and childcare, parenting support, healthcare, and financial and housing advice.
- This programme builds on a **strong evidence base for early** intervention in the space of [children's services](#). Evaluations of former [Sure Start](#) centres found that families who accessed these services were more likely to achieve improved long-term outcomes, including better GCSE attainment and improved health.
- At the same time, the **10-Year Health Plan for England** places a strong [emphasis](#) on the rollout of **neighbourhood health centres** (or "[hubs](#)"). These will be local sites where NHS services, social care, and community and voluntary organisations work together to provide coordinated, wrap-around support — addressing both clinical needs and the wider determinants of health.
- Against this policy backdrop, there is growing interest in the role that hub-based models could play in preventing homelessness, particularly through **universal and upstream prevention**, by identifying risks earlier and providing coordinated support before crises emerge.

What is 'universal' and 'upstream' prevention?

Research by Fitzpatrick, Mackie and Wood ([2019](#), [2021](#)) describes homelessness prevention as a continuum of support, with interventions increasing in intensity as the risk of homelessness rises. They group prevention into five categories:

Universal – population-level activity that reduces structural drivers of homelessness (e.g. poverty, inequality, lack of affordable housing).

Upstream – early intervention for groups at higher risk of homelessness.

Crisis – action taken when homelessness is imminent (e.g. eviction prevention, financial or legal support).

Emergency – immediate responses where homelessness has already occurred or is unavoidable (e.g. street outreach, assessment hubs).

Repeat – support to prevent a return to homelessness (e.g. floating support to sustain tenancies).

This framework emphasises the importance of early, universal and upstream action to prevent homelessness before crisis point is reached.

Early Help Hubs & Homelessness Prevention | Evidence Base (1/3)

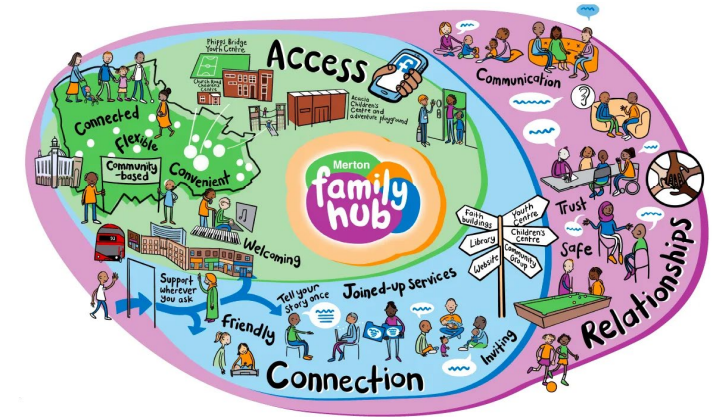
Direct evidence on early help hubs and homelessness is not extensive, but relevant research shows clear benefits of a hub-based approach. .

Existing use of 'hubs' in healthcare

- Evidence shows that dedicated, specialist health centres improve [continuity of care](#). A NIHR-funded evaluation of homelessness-focused primary care models found that dedicated centres with drop-in access and co-located services (including mental-health and substance-misuse support links to hostels and outreach) were more effective at engaging people and providing continuity than usual GP services. Participants in these specialist centres experienced improved service engagement and staff reported stronger collaborative working.
- The value of this model is also seen in stakeholder reflections on the role of the CAS

Qualitative research on homeless day centres as key access points and safe spaces

- Rigorous, outcome-focused studies measuring day centres' effectiveness are scarce; however, even where hard outcomes aren't measured, qualitative research highlights the unique role day centres play.
- A national mixed-method study shows day centres act as [essential spaces of refuge](#) and resource for people experiencing homelessness, offering warmth, safety, material support and a sense of belonging not found elsewhere.
- Similarly, research on [day centres during COVID-19](#) in South London found day centres served as first points of contact and critical links to local authorities and other services, even adapting operations to maintain contact and support, illustrating the networking/hub function they serve in practice.
- These kinds of findings support the theory of change behind co-located service hubs: when people have a trusted, welcoming physical place where multiple needs can be addressed or referred from, they access help earlier and more consistently.



As these diagrams from [Merton's family hub](#) show, a hub model enables co-located, multi-agency support by bringing services together, such as those relating to housing, health, family support, debt advice, youth services. They are designed to identify needs early and prevent escalation into crisis situations.

Early Help Hubs & Homelessness Prevention | Evidence Base (2/3)

Beyond evidence on the use of 'hubs', reviews of 'what works' in homelessness prevention supports the principles underpinning a hub-based approach, including prioritising universal prevention and integrated working across public services.

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

1. A rapid evidence assessment of what works in homelessness services ([Crisis, 2018](#))

- Highlights the importance of multi-agency working as a feature of effective services. Coordination across sectors is crucial to catch risks earlier.
- Services that work are those that provide the right service at the right time – timely referral and support matters to prevent escalation
- Person-centred approaches work, including those that are holistic and 'wrap around' the person – suggesting the value of a hub not only as a referral and identification point, but as a space for co-ordinated, long-term navigation

2. Prevention Into Action Research Report ([Homeless Link, 2024](#))

- Assessed homelessness prevention activity across England and identified gaps and opportunities for locally-led change.
- Identifies acting on universal prevention and prioritising upstream prevention as key opportunities for change; one of the core findings is that prevention work is insufficient across the board – especially upstream and universal prevention. Upstream prevention tends to be under-resourced and overshadowed by crisis-stage interventions.
- A clear theme in the research is that prevention must go beyond housing teams. Notes that there is a general lack of coordination across services and sectors around homelessness prevention. Report suggests public services beyond local authority housing teams should play a much more active role in identifying and supporting people at risk.
- This includes things like supporting protective factors across whole populations (e.g., income support take-up, employability support).
- However, the report also identifies the key barriers to universal and upstream prevention efforts so far. Namely that there's a lack of dedicated upstream prevention funding.
- As such, working with other LA services to fund and establish (and evaluate) an early help hub could help justify and attract further upstream prevention funding by generating evidence locally.

Early Help Hubs & Homelessness Prevention | Evidence Base (3/3)

Beyond the use of 'hubs', there is a strong evidence base on 'what works' in homelessness prevention that supports a hub-based approach. Key recommendations include prioritising universal prevention and integrated working across public services.

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

- Authors argues that the current homelessness system is dominated by reactive, crisis-oriented spending and put forward the argument for freeing up capacity for more universal and upstream prevention work, including identifying the predictable routes people may take when at risk of or experiencing rough sleeping or homelessness.
- This is facilitated by integrated working (as in the Greater Manchester Combined Authority) where silos of public services are broken down and integrated for delivery at a community level. For example, this would allow the use of schools and primary health care centres to become focal points for prevention.
- A key recommendation in the report is to trial place-based models that break down service silos and integrate delivery at community level, specifically,;

"The Treasury should announce a trial of a new version of the Total Place model of combining funding pots for public services in a small number of places... embedding prevention across services"

- This place-based integration aligns with the operational logic of early help hubs – especially when hubs involve multi-agency partners across

health, social care, employment, and education.

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

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

Early Help Hubs & Homelessness Prevention | Case Study

The Sure Start programme showed that integrated early help, co-located services, and easy access can produce measurable social, economic and wellbeing benefits – aligned with upstream prevention goals.

Launched in 1998, Sure Start centres were [integrated](#), one-stop-shop early help hubs for families with young children, offering services such as: early education and childcare, parenting support, health and wellbeing advice, and connections to housing and wider family support services. These services were co-located and delivered in a hub-like format to reduce barriers to access.

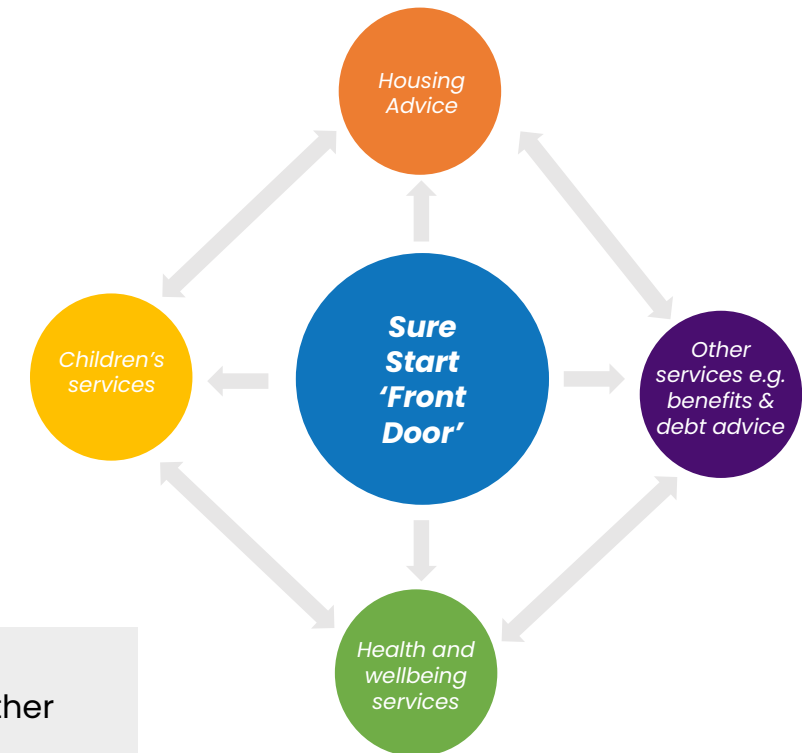
Social & Economic Benefits

- An IFS [evaluation](#) of the programme shows that Sure Start helped families **access services earlier** and provided holistic support that changed how families interacted with support systems – increasing visibility and trust with services and potentially reducing escalation into more costly crisis care later on. For example, integrated early help was associated with **reductions in preventable hospitalisations** for older children (ages 11–15).
- Research shows that access to Sure Start improved educational and health outcomes into adolescence (e.g., [better school performance](#), reduced school absences). These gains were linked to **higher lifetime earnings** and reduced public costs, with benefits **equivalent to about £2.05 for every £1 spent** when considering lifetime effects on earnings and reduced public spending.
- Effects were **especially strong for disadvantaged families** (e.g., those eligible for free school meals), meaning the hub-style model helped to narrow inequality gaps in outcomes like educational attainment.

Learnings for homelessness prevention:

- Intervening early through a clear front door can prevent cases reaching crisis point further down the line – avoiding the cost of more acute support
- Strategically located hubs can help to narrow inequalities, allowing for targeted prevention by addressing the wider drivers of housing insecurity and homelessness e.g. family breakdown, debt/benefits issues, mental health problems, young people leaving care

Sure Start Children's Centres



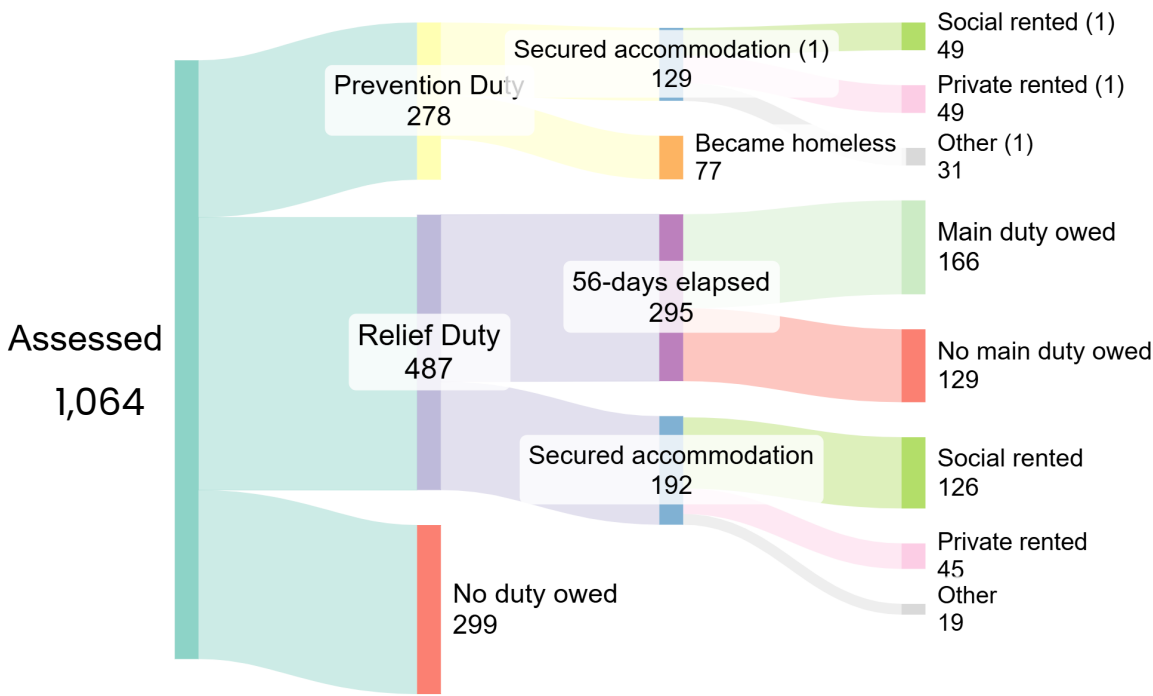
5a. Benchmarking

Benchmarking | Assessments and outcomes

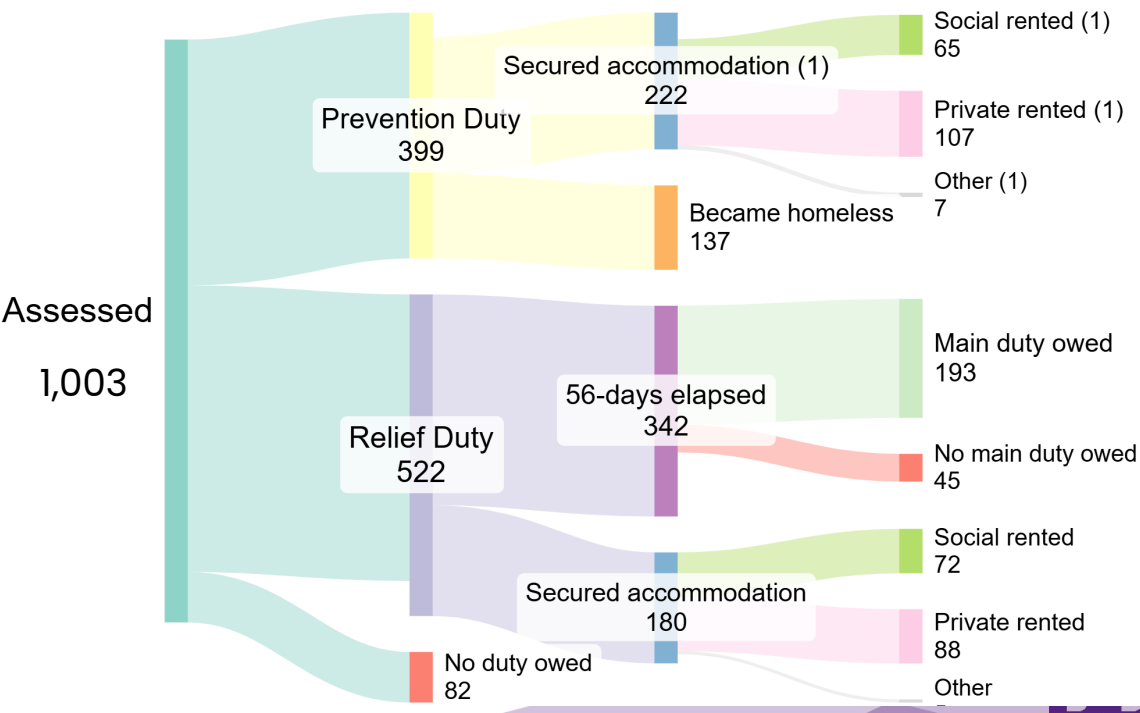
Overview of assessments and outcomes data in 2024/25

The two flow diagrams highlight some key differences between Cambridge and it’s near neighbours’ statutory homelessness pathways. In Cambridge, **an assessment is 3.5 times more likely to result in no duty being owed** – the likelihood of a prevention duty being owed is also lower in Cambridge, while relief duty prevalence is broadly comparable.

Cambridge City Council (2024/25)



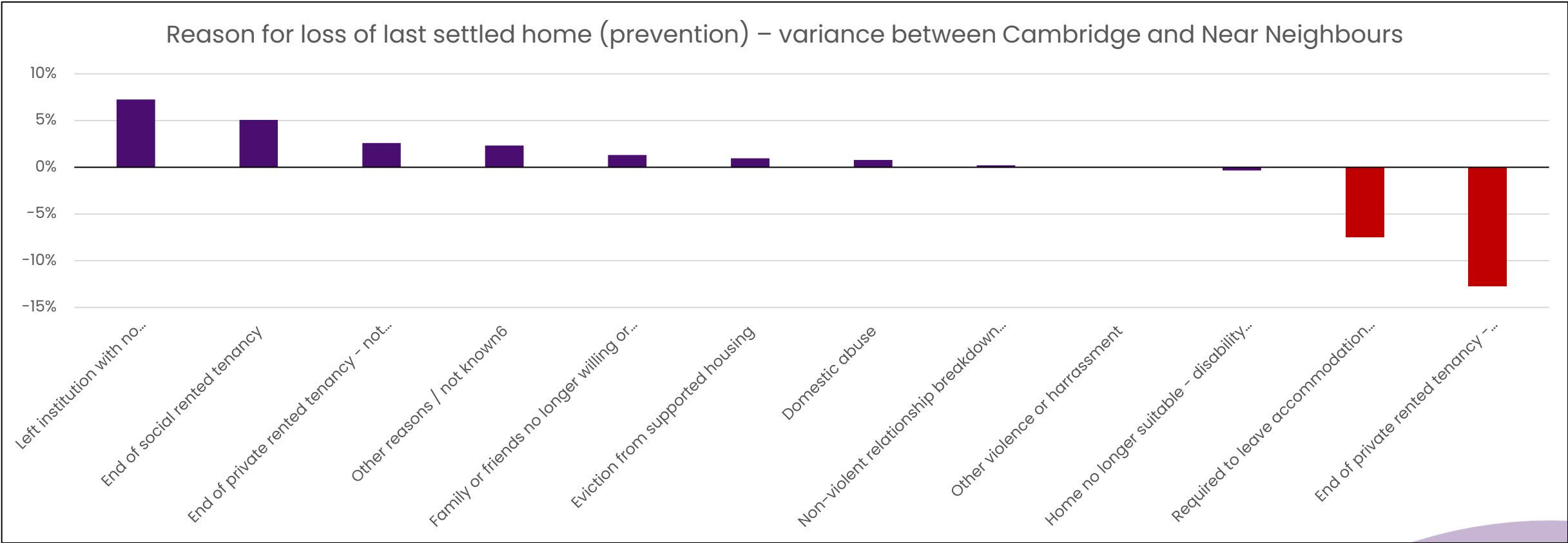
Near Neighbour average (2024/25)



Benchmarking | Causes (prevention)

Reasons for loss of last settled accommodation at prevention stage

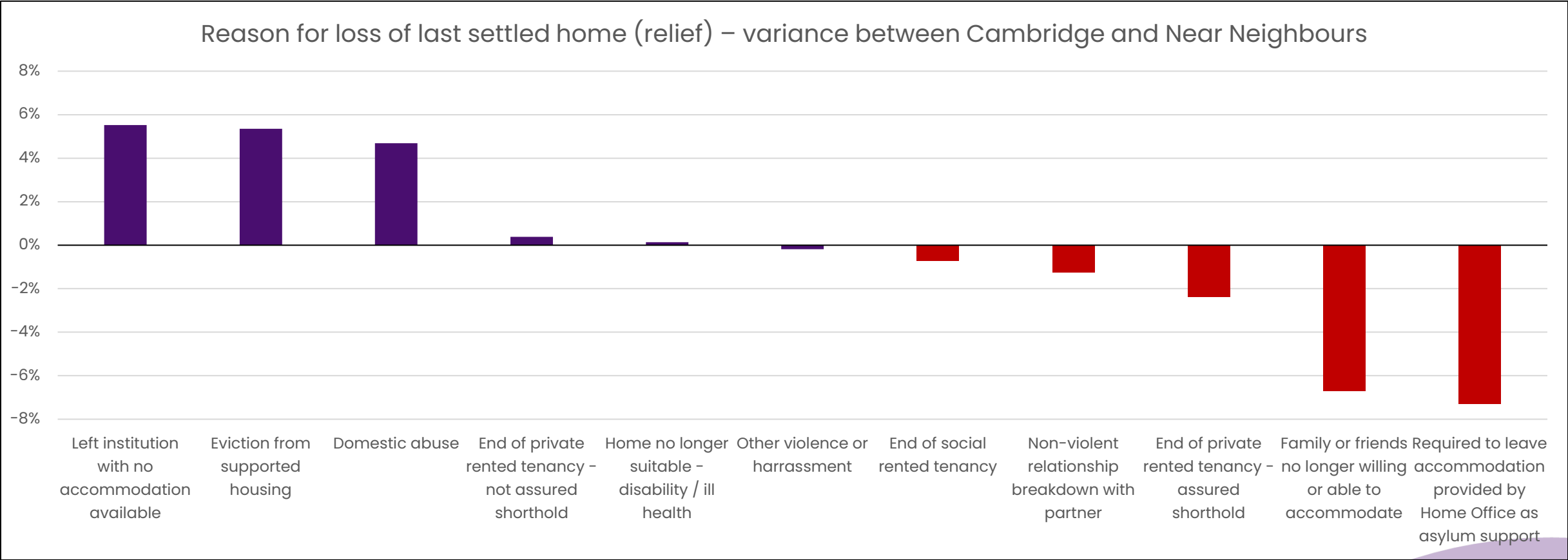
Individuals are more likely to present as a result of having left an institution (hospital or prison) or the end of a social tenancy in Cambridge. In turn, less people present as a result of the end of a PRS tenancy, or being required to leave accommodation provided by the home office.



Benchmarking | Causes (relief)

Reasons for loss of last settled accommodation at relief stage

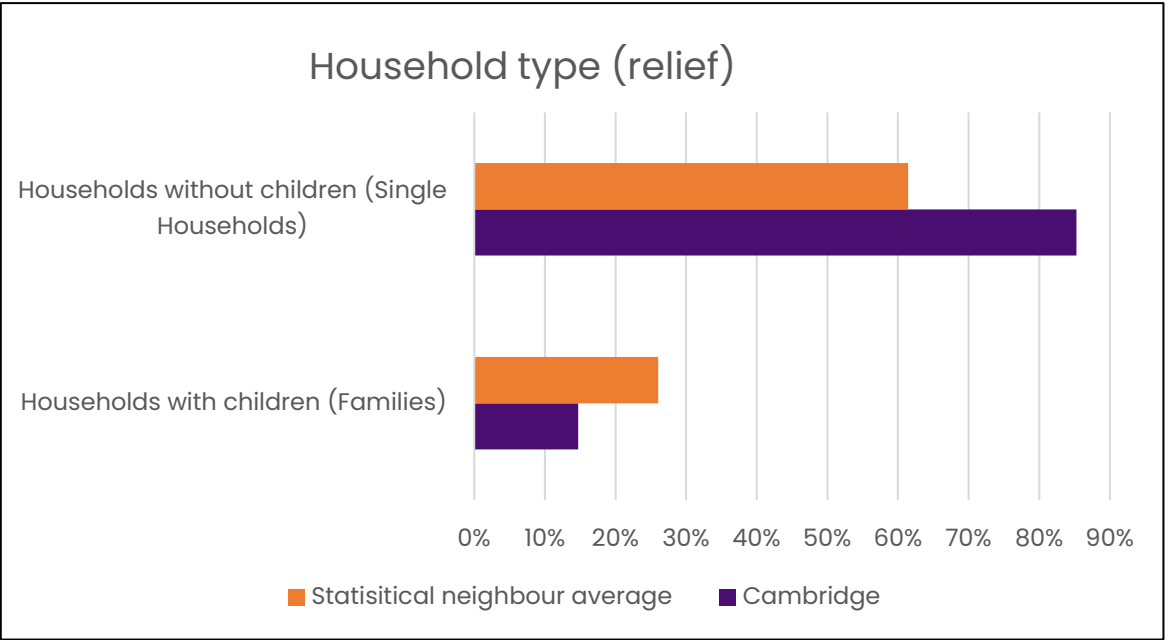
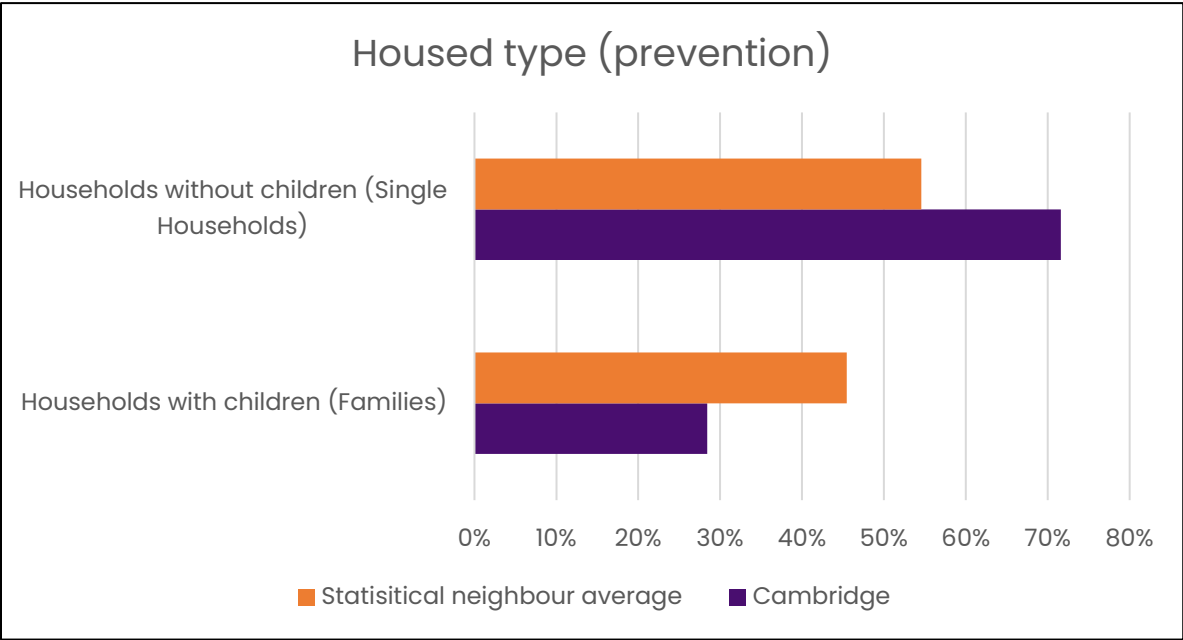
As with the patterns seen at the prevention stage, people in Cambridge are most likely to be owed a relief duty having left an institution. Domestic abuse is also a leading driver of relief duty requirement.



Benchmarking | Prevention vs. Relief

Household types by duty owed

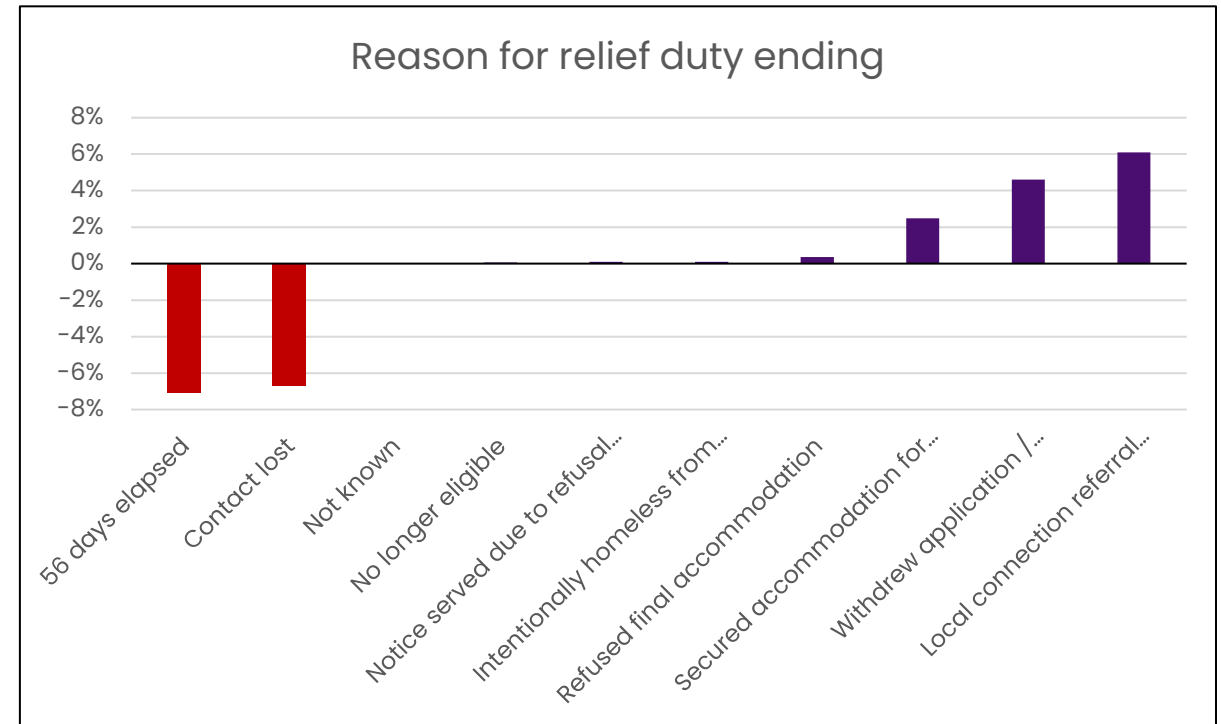
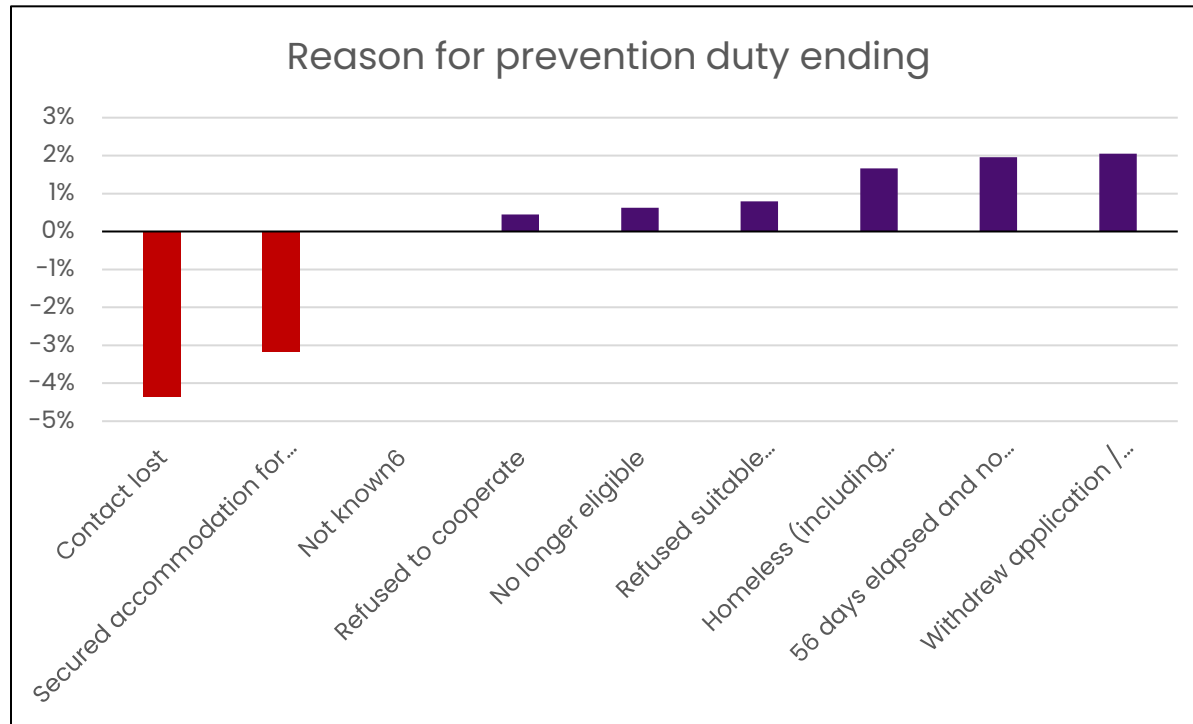
Cambridge is more likely to see single households present at prevention and relief stage compared to nearest neighbours. This is likely to reflect the **unaffordable nature of Cambridge’s housing market** (which precludes low-income families who might be at risk of homelessness from living in the city and/or making private rent unaffordable for single people – particularly those on the Shared Accommodation Rate). Cambridge also represents a **regional hub of support**, and the **demographic profile of the city** where young adults and transient populations are more common.



Benchmarking | Outcomes Prevention / Relief

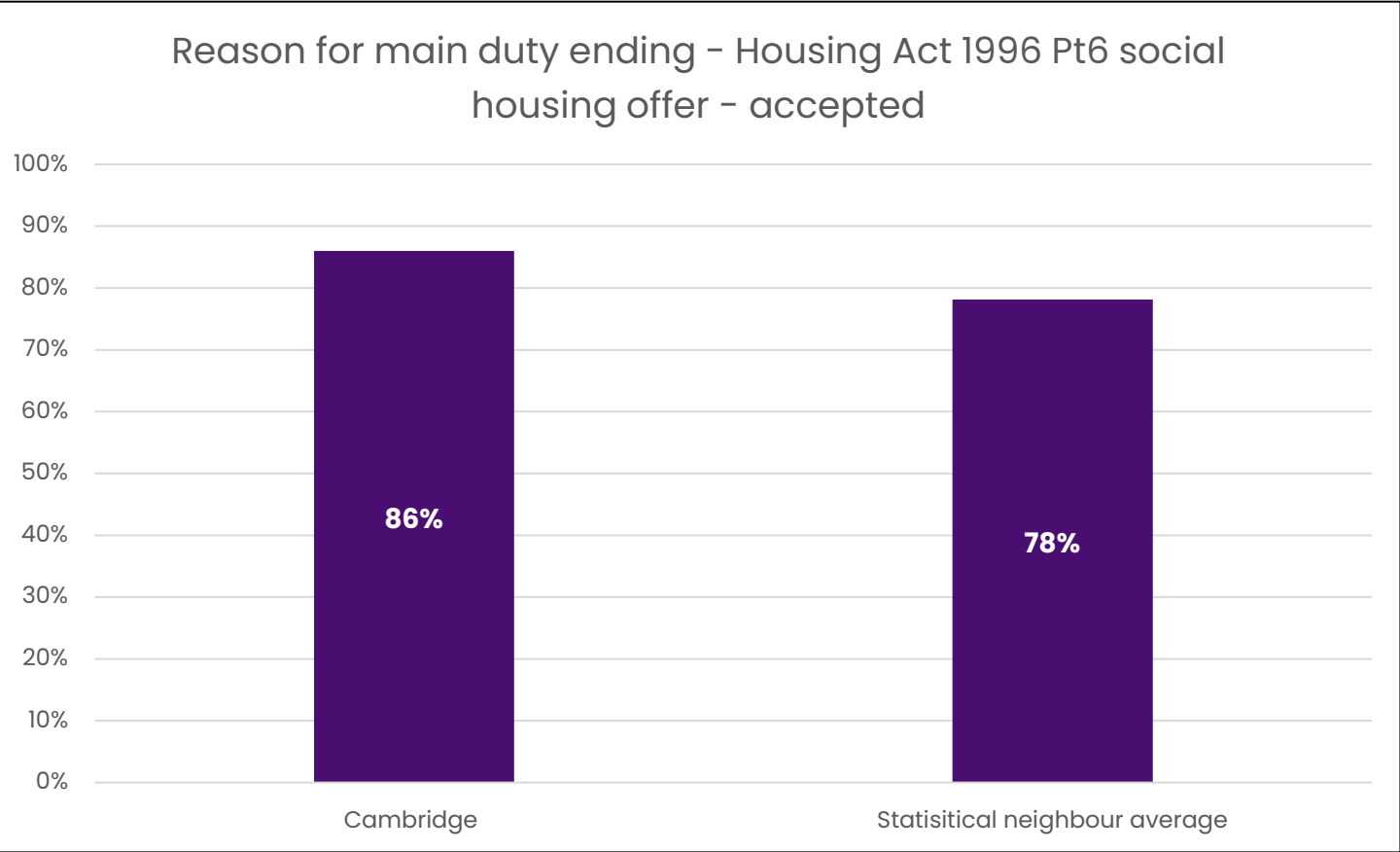
Reasons for prevention and relief duties ending

Cambridge is less likely to see accommodation secured at prevention stage compared to its statistical neighbours, it is all less likely to lose contact at this stage. Cambridge is also less likely to see a relief duty end due to 56-days having elapsed.



Benchmarking | Main Duty Outcomes

Reason for prevention, relief and main duty ending –



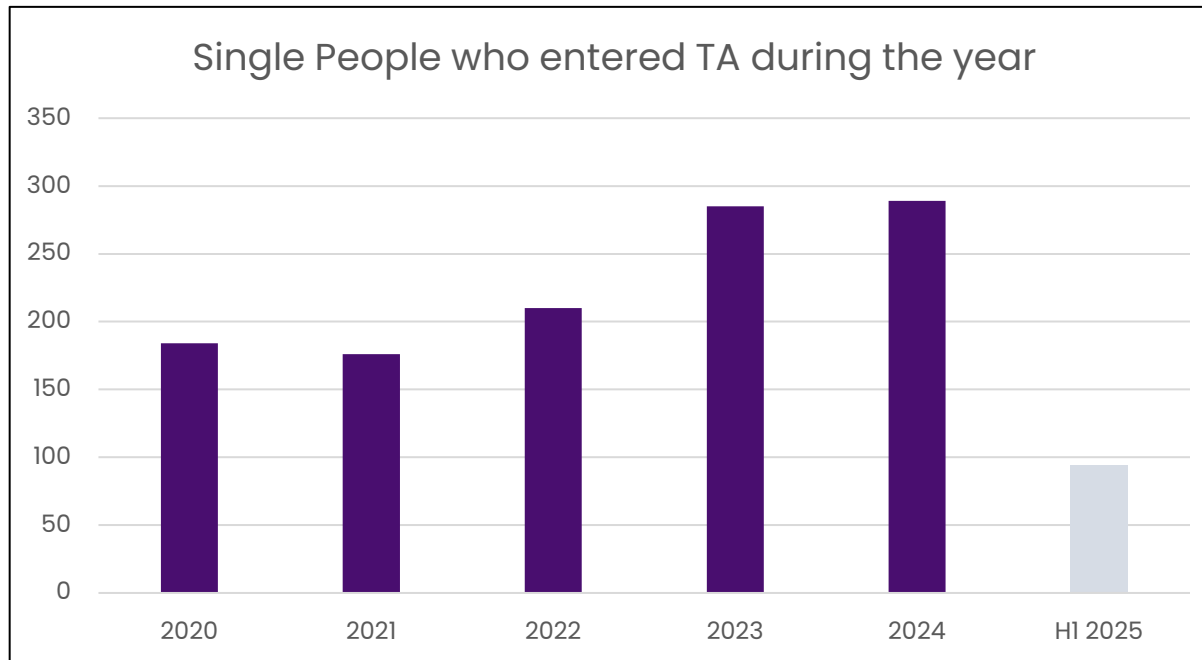
Cambridge is **more likely to end a main duty with an offer of social housing** than its statistical nearest neighbours.

TA Deep Dive | Entered TA in year

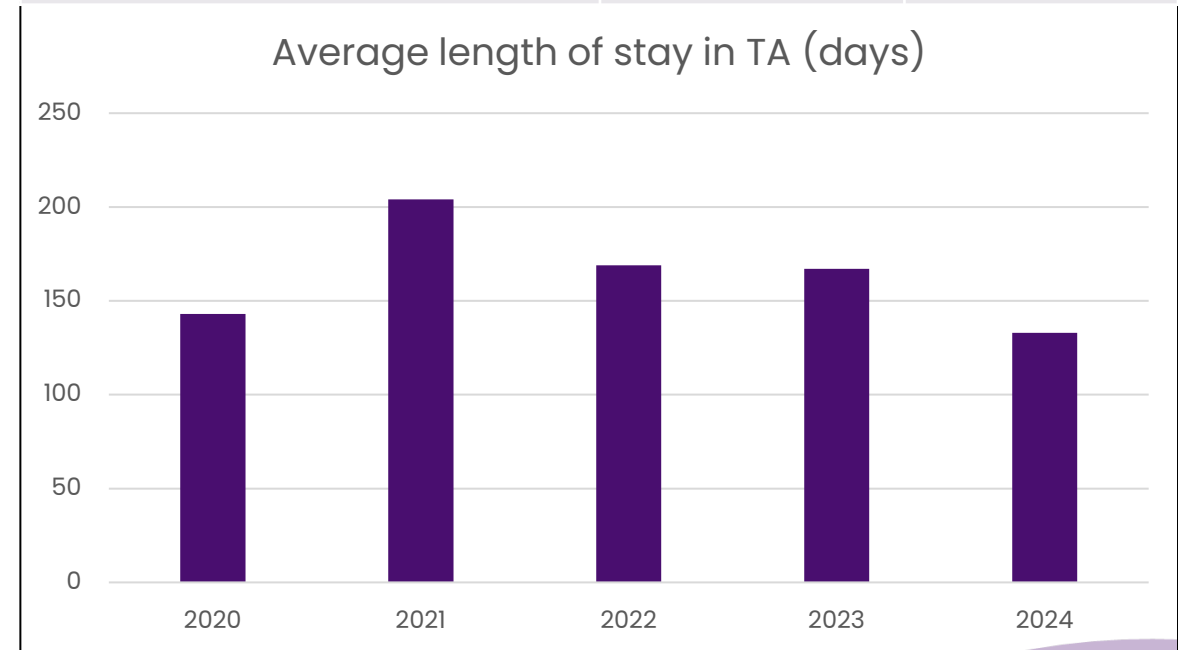
Changes in the number of households entering TA

Between 2020 and 2024, there was a substantial increase in the number of people entering TA. In this period there was 57% increase – the figures from H1 of 2025 suggest that the rate of increase may have slowed.

At the same time, average length of stay has trended down, the figure has decreased from its peak of 204 days in 2021 by 34%.



	Prevention	Relief
Families	26	52
Priority Singles	0	95
Domestic Abuse (victim-survivors)	3	31
Rough sleeping	0	8



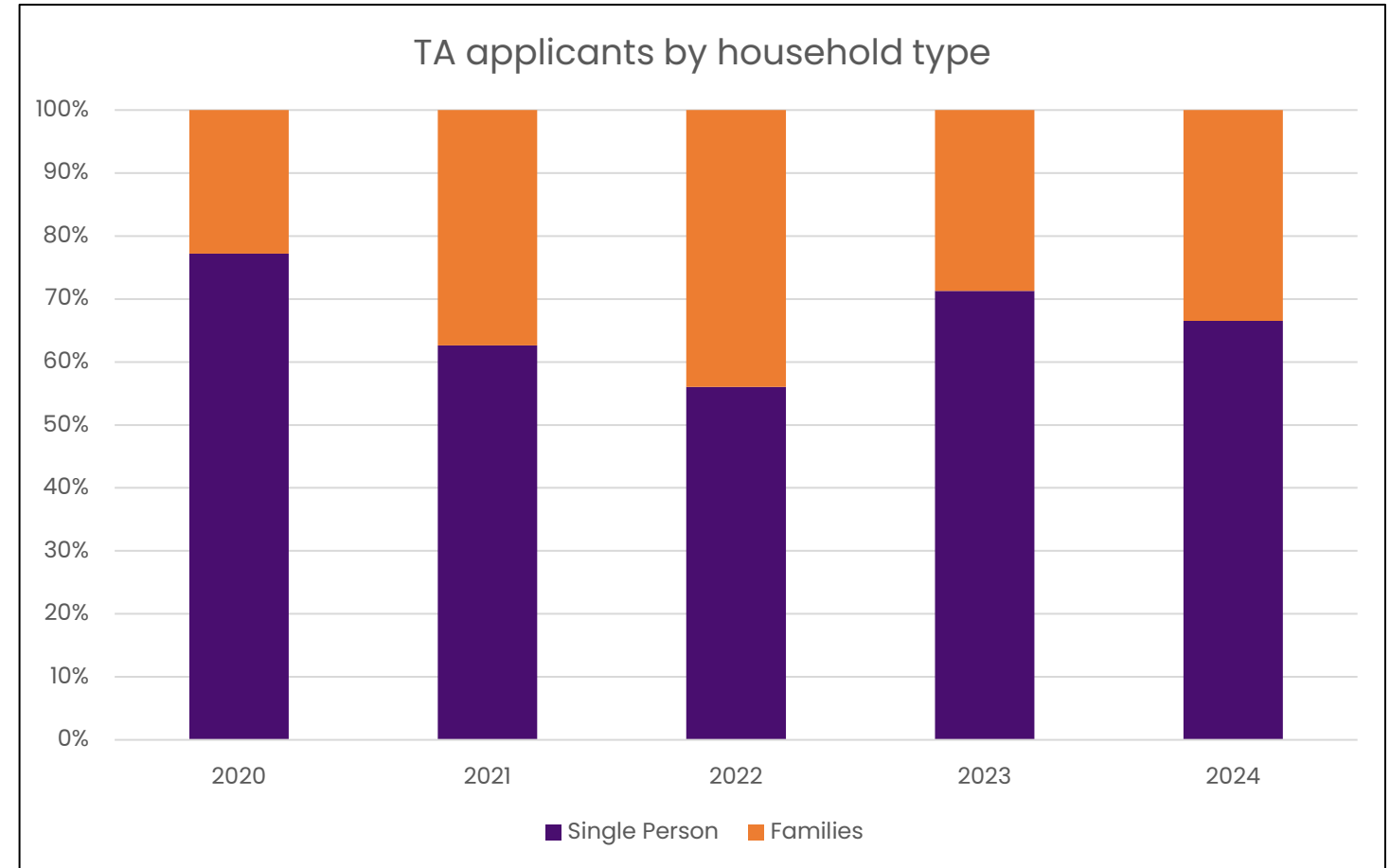
TA applications – Families and Singles

Types of household applying for TA

The split between families and single households applying for TA has remained relatively steady. In most years, around two thirds (66%) of TA applications are from Single Households.

Most applications are made at relief stage, by Single Households.

		Family	Single
Prevention	Temporary accommodation own arrangement	3	2
	Temporary accommodation provided by local authority	23	12
Relief	Temporary accommodation own arrangement	3	4
	Temporary accommodation provided by local authority	49	91



5b. Digital Systems & Strategy

Digital Systems | Evidence base

A review of existing evidence and best practice suggests that digital systems and capabilities can be deployed across four pillars: case management, data analytics, digital access and inclusion, and the emerging use of AI across these.

Case Management



Local authorities are using advanced case management systems to ease data sharing/reporting with statutory and commissioned providers and ensure continuity of care.

Predictive Analytics



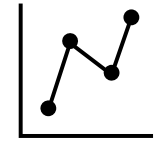
The use of advanced data analytics, enabled by AI, has been deployed in some local authorities to enable prediction and prevention of homelessness cases. A CHI RCT is currently underway to test this approach in a range of LAs.

Digital Access



Digital strategy should, include consideration of digital access and inclusion for service users. Examples include launching digital hubs, training frontline staff, and breaking down barriers in temporary accommodation.

Emerging use of AI



The growth of AI presents an opportunity for housing and homelessness teams – though we're waiting on a solid evidence base to know how it can be best deployed.

Digital Systems | Evidence base – Case management

Strong case management is considered to be a [key enabler](#) of effective support and care – including improving housing outcomes and wellbeing. The use of an [area-wide digital system](#) to do so has been put forward as best practice.

An area-wide system allows a large number of services to input, share and view information on service users and are commissioned by one or more local authorities. A 2019 report by Homeless Link reviews the use of area-wide systems in Liverpool (Mainstay), London (CHAIN) and Greater Manchester (GM Think). The review finds both potential benefits and challenges of using an integrated digital system.

Benefits

- **Creating a large, comprehensive set of data** – this level of data and information can be hugely useful for understanding met and unmet needs and how to end homelessness in the area
- **Reporting** – once you have a comprehensive dataset, it is possible to produce useful reports about homelessness in the area and support needs, useful for services and commissioners alike.
- **Sharing information and avoiding duplication** – services throughout the area can view up to date information on rough sleepers, their current support networks and their needs. This can avoid duplicate assessments, referrals and support work and ensure that there is continuity in the support that is offered to each individual
- **Consistency** – using shared systems can lead to a greater consistency in the types of questions that services ask, however, this will depend on the nature of the system (e.g. those designed to hold basic information

only will have less impact).

- **Setting standards** – shared data systems can improve general record-keeping within services.
- **Shaping practice** – shared data systems can improve practices such as joint working and referrals.

Challenges

- **Lengthy initial assessments** – a potential risk of shared systems is that they can end up including a large number of questions in order to satisfy the needs of all the services involved.
- **GDPR and data processing/handling** – the more information a system holds, the more challenging this can be.
- **Data quality** – a system that has several hundred users will inevitably have varied levels of consistency in terms of accurate data entry. It takes considerable effort to 'clean' the data.
- **Inclusion/exclusion of services** – no system includes every service within the locality, but excluding services can be problematic as it can 'lock' particular organisations out of the broader referral and networking system
- **'Blocking' the homelessness pathway** – if not working efficiently, a shared system can block access.

Digital Systems | Evidence base – Data & prediction

The use of predictive analytics, enabled by AI, has been trailed in Maidstone, finding positive results in homelessness numbers and cost savings. The Centre for Homelessness Impact is currently running [test-and-learn programmes](#) across 4 UK LAs.

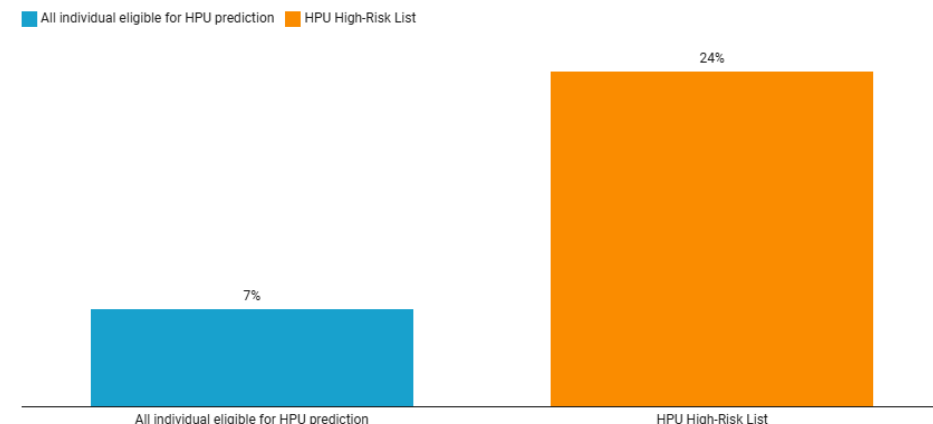
UK Case Studies

- An AI enabled predictive analytics platform, OneView, provided by Xantura has been deployed across [4 local authorities](#) (Tees Valley, Newham, Stockport, and Barking and Dagenham) to identify and target people at risk of homelessness – data assessed includes council tax debt, housing benefit, and social work data.
- When deployed in [Maidstone](#), Kent, the use of the system generated a reduction in homelessness and cost savings. In the first year, 650 alerts were generated for households at risk of homelessness in three to six months. Just under half of these cases were provided additional immediate support (e.g income maximisation; budgeting and debt support; Discretionary Housing Payments and/or mediation). Of those provided with support, 0.4% of those households went on to present as homeless. In contrast, 40% of alerted households the officer did not have capacity to contact went on to present as homeless and a further 30% presented as threatened with homelessness.
- The Council estimated the intervention [saved over £225,000](#), with potential to save over £550,000 if they had been able to respond to all the alerts.
- The value of [predictive analytics](#) is being trialled in other areas of [public service](#) e.g. social care

Using Predictive Analytics in LA

- The Homelessness Prevention Unit (HPU), launched in 2020, uses [predictive analytics](#) to identify and provide targeted support to people who are at high risk of homelessness in Los Angeles County.
- [Emerging findings](#) find that the model is: effective at identifying individuals at high risk of homelessness (and other related needs e.g. substance misuse, mental health); identifies demographic cohorts (e.g. gender, race, ethnicity) relatively equitably; and is good at identifying individuals who are otherwise not accessing homelessness prevention services.

Figure1: Precision: the prevalence of homelessness within 18 months among people eligible for prediction versus people on the high-risk list



Research emerging from LA shows that predictive analytics performs well at predicting instances of homelessness – thus presenting an opportunity for proactive prevention efforts ([HPU, 2024](#))

Digital Systems | Evidence base – Digital access

The interaction between digital exclusion, housing precarity, and homelessness has been well [documented](#). As such, any digital strategy for the housing and homelessness team should include ways of bolstering digital access for service users.

Understanding the Challenge

- People experiencing homelessness are [more likely](#) to face [digital exclusion](#), yet the ability to confidently access and navigate the digital world is essential for finding employment, accessing key services (such as Universal Credit and the NHS), and integrating into communities.
- While some barriers to digital inclusion are linked to wider societal factors (such as educational disadvantage and childhood poverty) and co-occurring needs (including substance misuse, disability, and mental health issues), a person's housing situation can itself be a [direct driver of digital exclusion](#). For example, for people living in housing precarity, the cost of energy and Wi-Fi can be unaffordable. Similarly, living in HMOs or temporary accommodation can limit access to a stable internet connection and reduce privacy, making it difficult to use the internet for work or applications. Further, uncertainty about length of stay, particularly in temporary accommodation, can prevent people from signing up to or maintaining broadband contracts.
- Digital exclusion can also reinforce housing precarity. For example, many property viewings and social housing bidding processes now take place online, creating additional barriers for those without reliable digital access.

Strategies to Embed Digital Inclusion



1. **Launch Digital 'Hubs'** – Charities and support services which provide access to devices, data and power – as well as learning programmes.



2. **Embed digital 'Champions' in existing services** – have dedicated roles in existing services to provide specialised digital support.



3. **Enable frontline staff to provide digital support** – provide training to frontline staff to provide ad-hoc support to service users



4. **Support access to IT hardware and wi-fi while in temporary accommodation settings** – ensure TA settings facilitate digital inclusion where possible.



5. **Ensure provisions are made in housing bidding processes to support those unable to get online** – including identifying households at risk of exclusion.

Digital Systems | Evidence base – Using AI

AI is being deployed at pace across digital systems in the public sector, with the potential to amplify the work of council and provider teams – examples include the use of predictive analytics, AI-enabled note-taking and advice chatbots.

Case Study 1 – AI Note-Taking



[Beam](#)'s Magic Notes technology has been deployed in social care contexts to support social workers to generate detailed assessments and notes of interactions.

When deployed in [Kingston](#), initial results show significant time savings for social workers and few challenges with accuracy. This has led to the platform being adopted elsewhere. However, challenges have been found with regards to service users with low verbal skills as well as initial teething issues with the technology. Transporting this technology into the homelessness sector, including during initial assessments, could see similar results.

Case Study 2 – Advice Chatbot



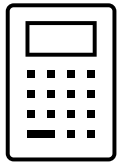
The [Centre for Homelessness Impact](#), in collaboration with KCL, Southwark Council, and the Cabinet Office, is running a test and learn project to assess the potential of using an AI-enabled chatbot, 'Housing Helper', to provide timely housing advice. The chatbot will only use trusted sources, such as Shelter, Citizen's Advice and government guidance.

Final results are expected in Spring 2027.

The AI landscape is evolving rapidly, with [new products and services](#) emerging at pace (e.g. [using AI to match people with suitable accommodation](#)). In this fast-moving environment, it is essential to ensure that any new technology adopted delivers [genuine impact](#) and represents good value for money. As such, a strong evidence base for any intervention – or the use of pilots to establish this evidence – remains critical to successful adoption.

Digital Systems | Qualitative Review – Existing gaps

During the qualitative engagement, stakeholders raised a number of key existing gaps in the City Council's existing approach to digital systems, including:



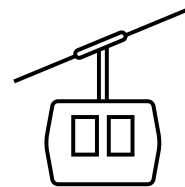
- The Access team provides support with deposits and first month's rent, but the **finance system is slow and cumbersome**, creating delays and barriers to accessing the private rented sector.
- **Orchard, the rent payments system, is also outdated and unclear**, making it difficult to confirm whether temporary accommodation rent has been paid.



- **Information-sharing is viewed as tricky ground for Providers.** While some focus group raised the importance of information sharing to avoid repeat assessment processes and best support individuals, others felt that there was a need to balance this with privacy concerns.
- **Clarifying practices around information governance** and consent might help to encourage greater uptake and use of Inform.



- **Council staff suggested that the use of multiple systems is inefficient.** It was suggested that the council review the possibility of streamlining by using Inform for tenancy management – creating a single system instead of the current mix of Inform, Locata, and Orchard.
- Streets to Home partners are also required to use Inform, but pay for their own membership. Focus groups highlight that this means that **providers use the platform to different extents**. As such, information upload and sharing is inconsistent across the partnership.



- The City Council have access to a [Low Income Families Tracker](#), which could be deployed in homelessness prevention.
- The tracker enables **targeting of households with indicators** such as multiple debts, occupancy issues, cash shortfalls and welfare reform impacts – all of which are strong risk factors for homelessness – as well as to identify families able to move on from TA.

5c. Performance Framework

Performance Framework | Alternative model example

As part of this review, the City Council has expressed interest in refreshing its performance framework to include organisational reporting responsibilities, system wide working, and robust evaluation of service effectiveness and user experience.

- **We recommend adopting a revised approach to performance management that is centred on clear strategic goals for the service.** This approach should focus on understanding and evidencing service impact, and to use that evidence to guide both strategic and operational development of the housing and homelessness service. This includes moving away from the current practice of ‘spot-purchasing’ services through small, annual grants (next slide).
- **The below sets out a model used by another UK local authority, which maps key individual and team performance indicators to wider strategic objectives and reporting responsibilities.** A developed version of this model, including the full range of reporting metrics and performance indicators has been shared with the housing and homelessness team.

Strategic Objectives e.g. National definition of ‘ending homelessness and rough sleeping (CHI/MHCLG)

- Make homelessness **rare**
- Make homelessness **brief**
- Make homelessness **non-recurring**

Example - Translation into key local strategic priorities/reporting metrics

Rare (Upstream Prevention)	Number of statutory homelessness applications expressed as: an absolute figure, as a rate per 1,000 households
	Prevention success % (inc. existing/ alternative accommodation breakdown for successful cases)
	Number of households in temporary accommodation expressed as: an absolute figure, as a rate per 1,000 households
	Number of families with children in B&B over 6 weeks

Example - Team-Based Performance Indicators

Prevention	Duty: Referral processing time (from receipt to actioning)
	Duty: % calls answered/ abandoned/ average hold time
	Prevention success % (inc. existing/ alternative accommodation breakdown for successful cases) + broken down by reason for approach

Example - Individual Performance Indicators

Prevention	Prevention success % (inc. existing/ alternative breakdown for successful cases) + broken down by reason for approach
	% approaching at prevention stage transitioning to relief (and potentially TA)
	% prevention/ relief success 8-month sustainment

5d. Upstream Prevention & Early Help 'Hubs'

PLACEHOLDER FOR JOE

5f. HomeLink Policy

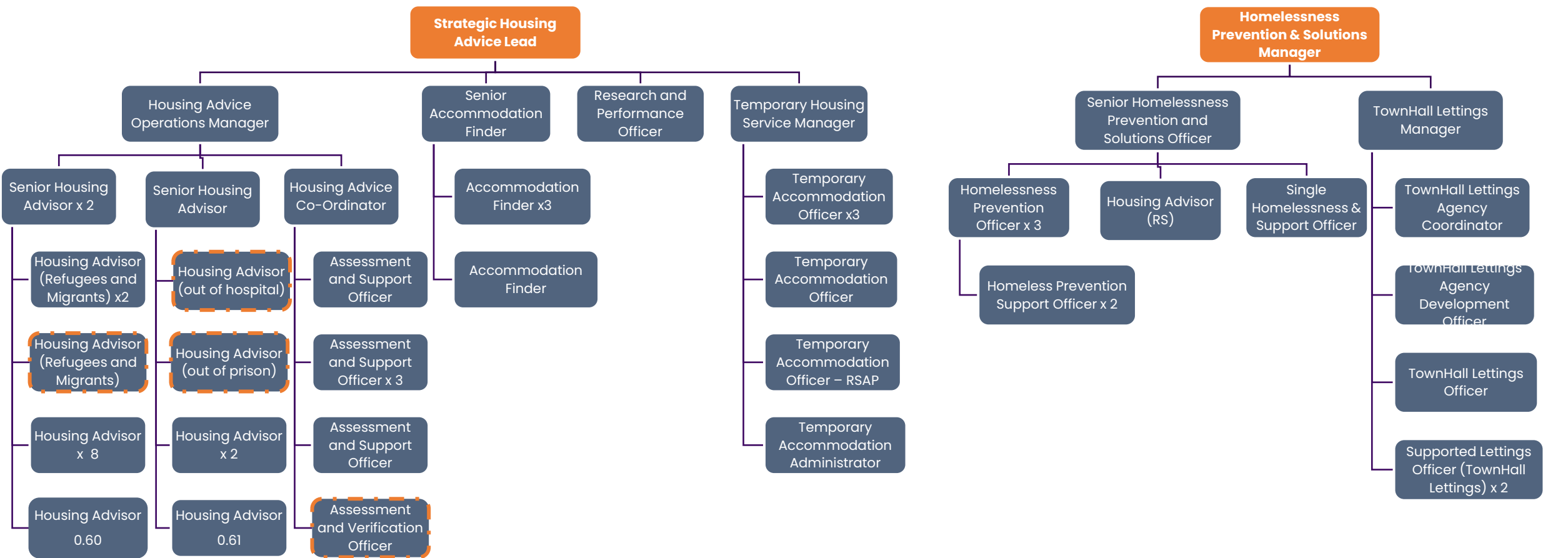
***PLACEHOLDER* FOR JOE**

Lettings policy - https://privatepublic.sharepoint.com/:b:/s/PPL_Projects/EXcq-WnMO6RMjZDIVYqK95UBzEUGfp2S0Ac2fuCUPXWKcw?e=mUoBhe

5g. Capacity & Caseloads

Capacity & Caseloads | Team Structure

The structure of the Housing Advice Team (left) and Homelessness Prevention and Solutions Team (right), respectively, are outlined in the diagrams below.



NOTE: Fixed Term/Agency identified by a contrasting dashed outline

Capacity & Caseloads | Homelessness Prevention & Solutions

The Homelessness Prevention and Solutions team has the capacity to manage between 130 and 380 cases and the TownHall lettings team sees around 180.

Caseloads are generally allocated as follows, in line with the focus areas of specific roles:

- **Housing Advisor (rough sleeping)** – 15–30 cases – All multiple and high needs casework – lower caseload to reflect this. All homeless applications.
- **Homeless Prevention Officers** – 15–40 cases – Lower needs than rough sleepers and same types of caseloads as Housing Advisors in Housing Advice. See the cases from triage through to discharging the s193 duty.
- **Homeless Prevention Support Officers** – 20 cases (10 RSAP clients, 10 rough sleepers). Provide a support role – not office-based.
- **Single Homeless Support Officer** – 30–70 cases – Team Around a Person coordinator (& Prevention Panel) & implements Changing Futures. Leads on the TPG and the NRPF group.
- **THL Officer/ Supported Lettings Officers** – 45 cases (~25 supported accommodation move on, 20 tenancy related support cases). Also responsible for repairs within THL and sign ups to new tenancies.

In addition, each HPO/ HPSO will also have a dedicated area that they are working on for prevention. Areas covered include social care, women (The Haven), Young People and care, Housing Associations, Job Centres, and Supported Accommodation.

Roles	No.	In post	Total (FTE)	Caseload (per FTE)
Homelessness Prevention & Solutions Manager	1 x FTE	1	9 (6 currently in post)	/
Senior Homelessness Prevention & Solutions Officer	1 x FTE	1		/
Homelessness Prevention Officer	3 x FTE	2		15–40
Homelessness Prevention Support Officer	2 x FTE	1		20 (10 x RSAP, 10 x RS)
Housing Advisor (RS)	1 x FTE	0		15–30
Single Homelessness Support Officer	1 x FTE	1		30–70

Roles	No.	In post	Total (FTE)	Caseload (per FTE)
TownHall Lettings Manager	1 x FTE	1	6	/
TownHall Lettings Agency Co-ordinator	1 x FTE	1		/
TownHall Lettings Agency Development Officer	1 x FTE	1		45
TownHall Lettings Officer	1 x FTE	1		45
Supported Lettings Officer (TownHall Lettings)	2 x FTE	2		45

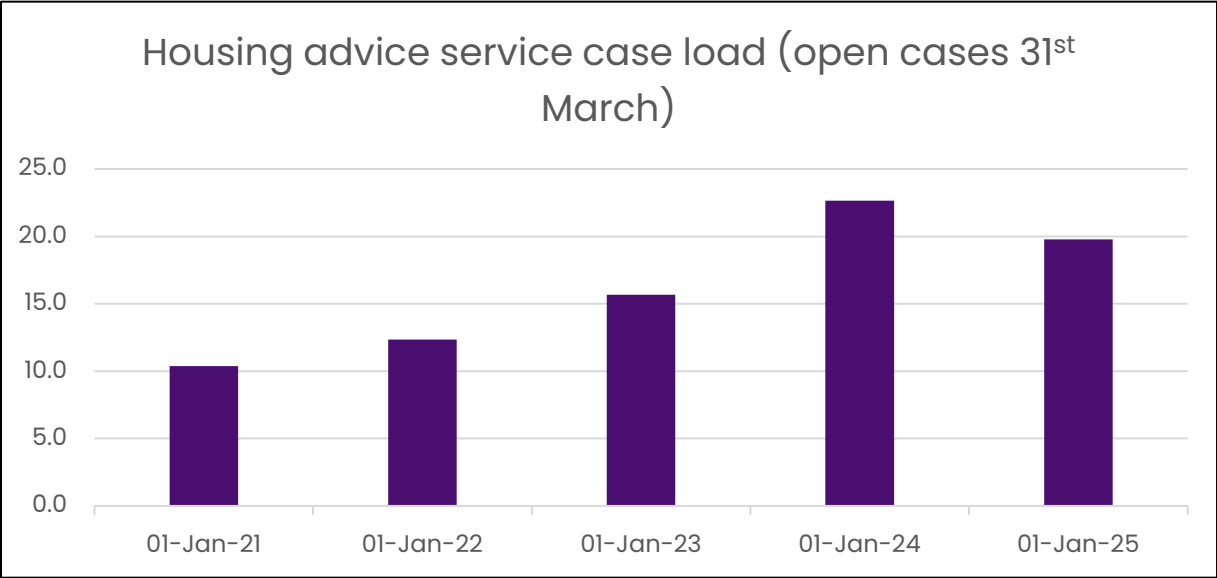
*vacancies in red

Capacity & Caseloads | Housing advice

Workforce profile and average caseload in the housing advice service

Over the last five years the housing advice service team has grown and the range of roles has diversified. There are now multiple homelessness prevention officers and advisors who focus on specific groups. This highlights how the council is taking a strategic approach to demand management and tailoring support.

However, as the chart below shows, average case loads have increased, highlighting how capacity has not kept pace with demand.



Source: Cambridge City Council, Housing Advice Service workforce analysis and SCM data

Year	Roles	Total (FTE)
Current FTE	12.2 Housing Advisors	18.4 (16.2 of which are Housing Advice Officers)
	3 Housing Advisors (Refugee & Migrants)	
	0.6 Housing Advisor (Out of Hospital)	
	1 Homeless Prevention Officer (Out of Prison – currently vacant)	
	1.6 Homeless Prevention Officers (roles re-purposed to do more upstream work than stat casework)	
2024 FTE (estimate)	12.2 Housing Advisors	18.8 (16.2)
	3 Housing Advisors (Refugee & Migrants)	
	2.6 Homeless Prevention Officers	
	1 Housing Advisor (Rough Sleepers)	
2023 FTE (estimate)	12.2 Housing Advisors	18.8 (15.2)
	3 Housing Advisors (Refugee & Migrants)	
	2.6 Homeless Prevention Officer	
	1 Housing Advisor (Rough Sleepers)	
2022 FTE (estimate)	12.2 Housing Advisors	17.8 (15.2)
	3 Housing Advisors (Refugee & Migrants)	
	2.6 Homeless Prevention Officers	
2021 FTE (estimate)	12.8 Housing Advisors	14.8 (12.8)
	2 Homeless Prevention Officers	
2020 FTE (estimate)	12.8 Housing Advisors	13.8 (12.8)
	1 Homeless Prevention Officers	

7. Annex 1 – Service Mapping by Cohort

Service user groups

We've grouped service users by cohort to map the services available and pathway through the system. These cohorts are distinguished by needs/services accessed, legal entitlements under the HRA and related legislation (e.g. Children's Act, Domestic Abuse Act 2021), and typical outcomes (e.g. main housing duty, social housing, placement in PRS etc.)

Pathway 1

Young People & Care Leavers

Individuals aged 16–24, including those transitioning out of care

Pathway 2

Victim-survivors (& perpetrators) of domestic abuse

People made homeless or at risk due to domestic abuse – may overlap with priority singles or families

Pathway 3

Families

Households with dependent children

"Priority" singles

Single adults who meet priority need thresholds due to vulnerability, health needs, or other priority criteria e.g. domestic abuse

Pathway 4

"Non-priority" singles

Single adults who do not meet the legal threshold for priority support but are still at risk of or experiencing homelessness (range of support needs)

Rough sleepers

Individuals who are sleeping outdoors or in places not meant for habitation, such as streets or abandoned buildings

Pathway 5

No recourse to public funds

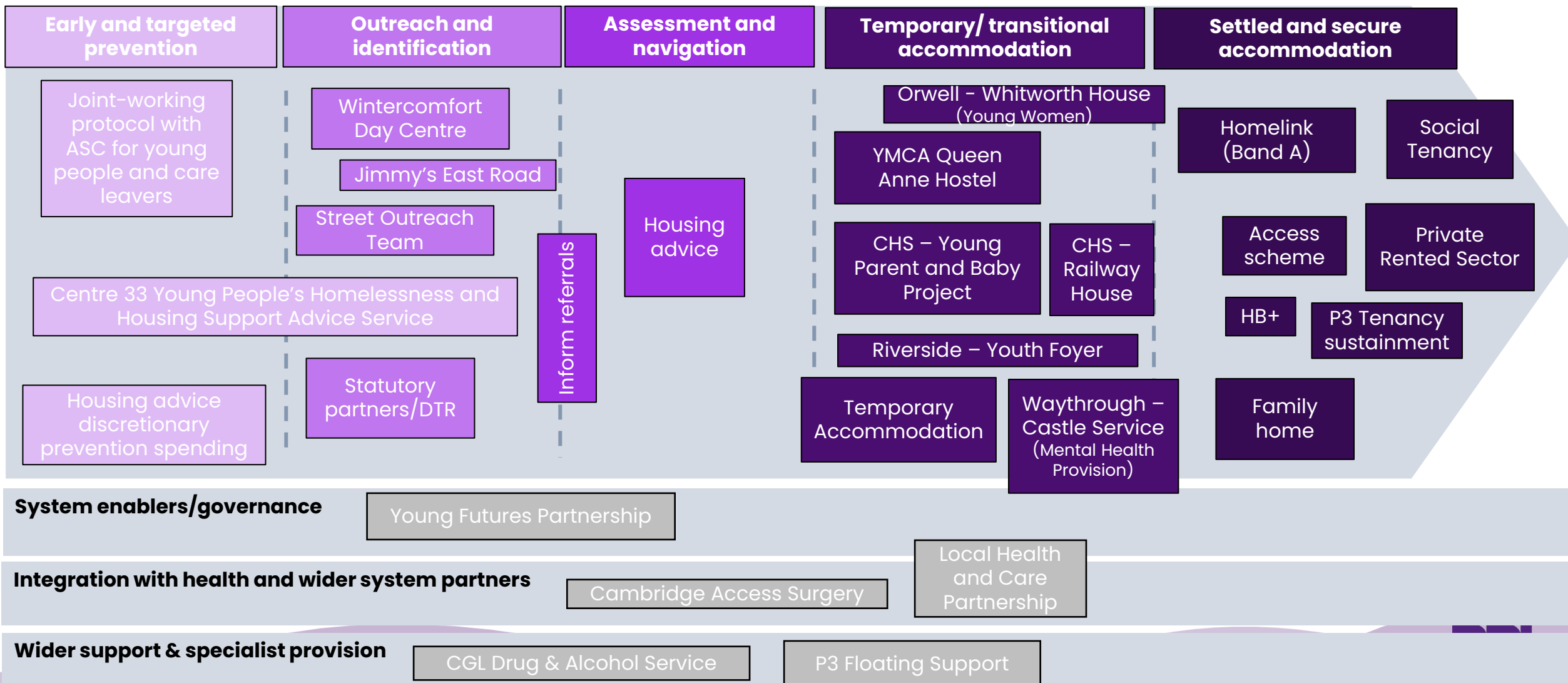
Individuals with NRPF due to their immigration status (e.g. asylum seekers, those on temporary visas, undocumented migrants)

People experiencing severe and multiple disadvantage

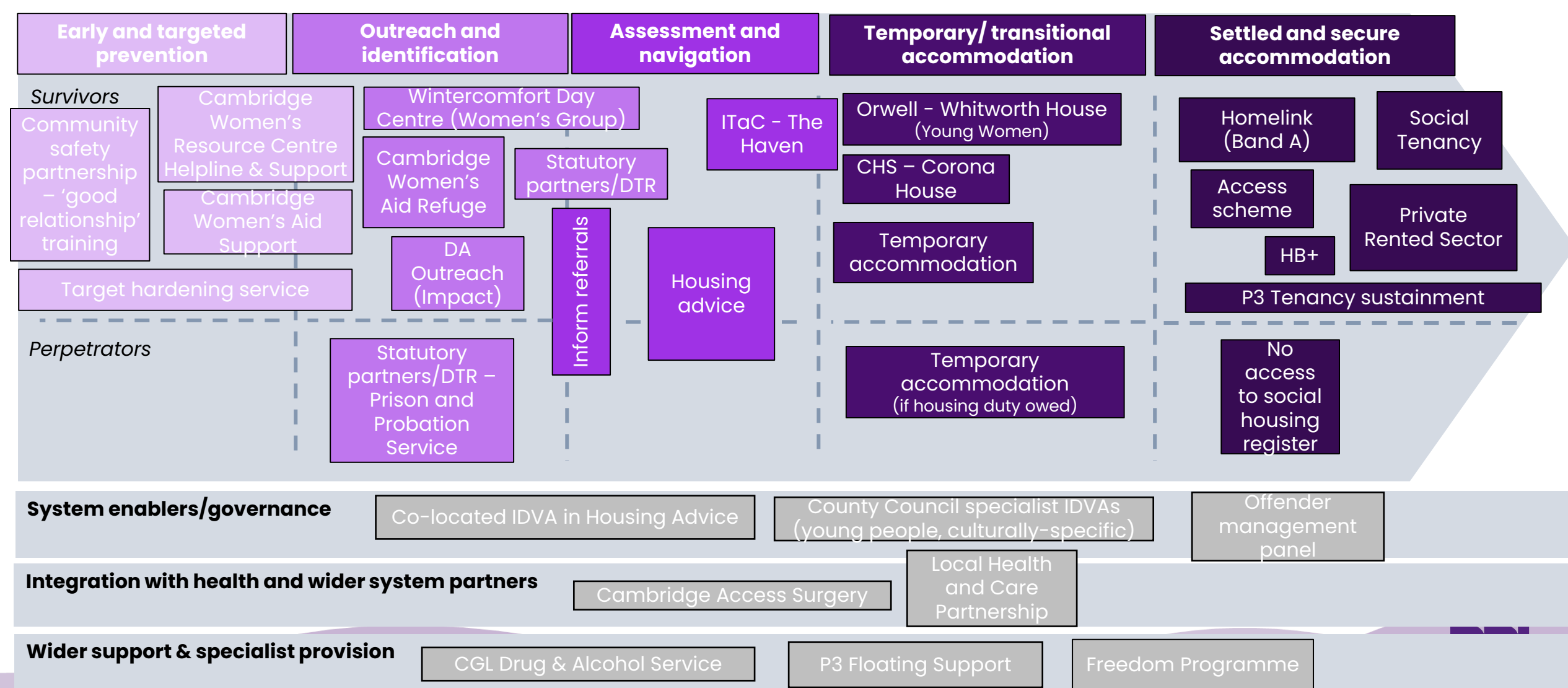
People facing overlapping challenges such as homelessness, substance misuse, mental health issues, and contact with the criminal justice system. Can cover all the cohorts outlined above.

Pathway 1 – young people & care leavers

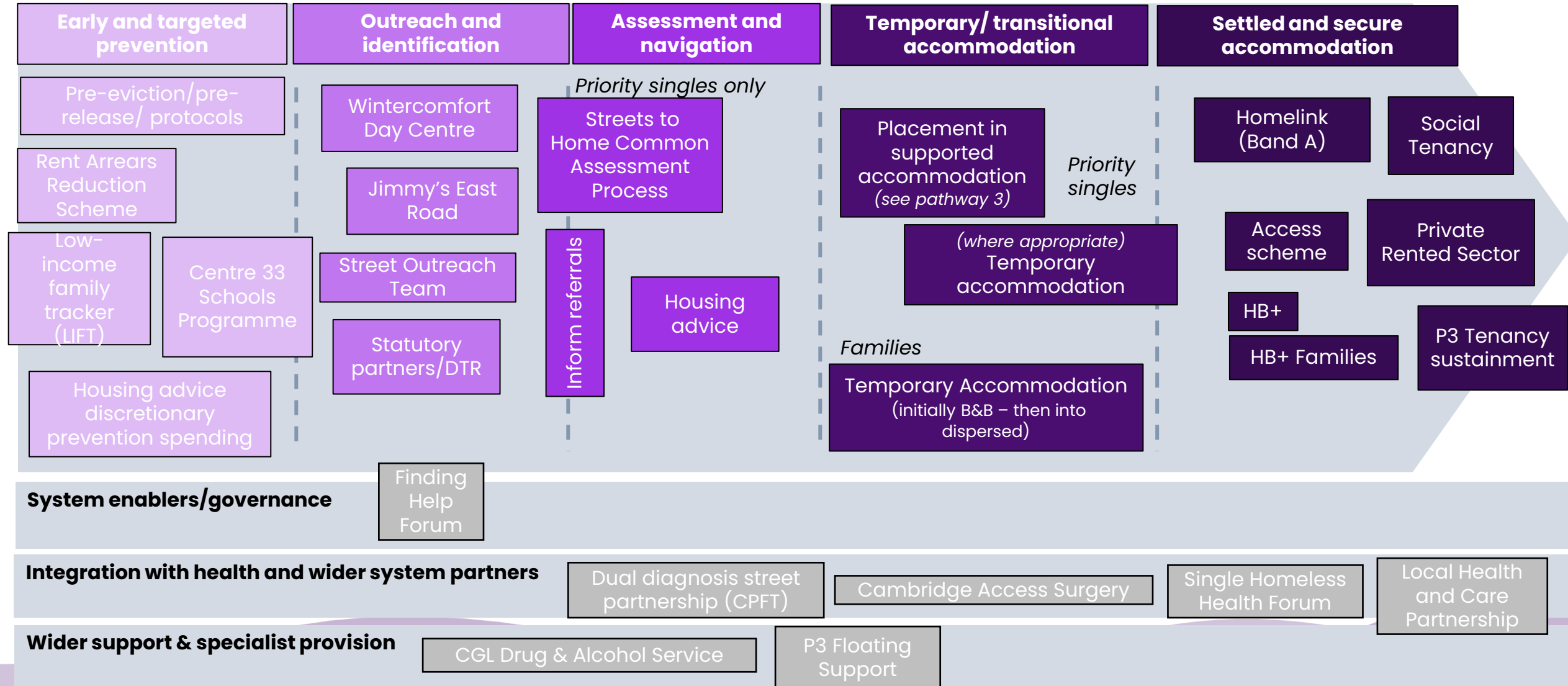
This diagram outlines the different services available for this cohort – note that services are placed under the area of the pathway they most closely relate to, although some may come into play at other points in a user's journey.



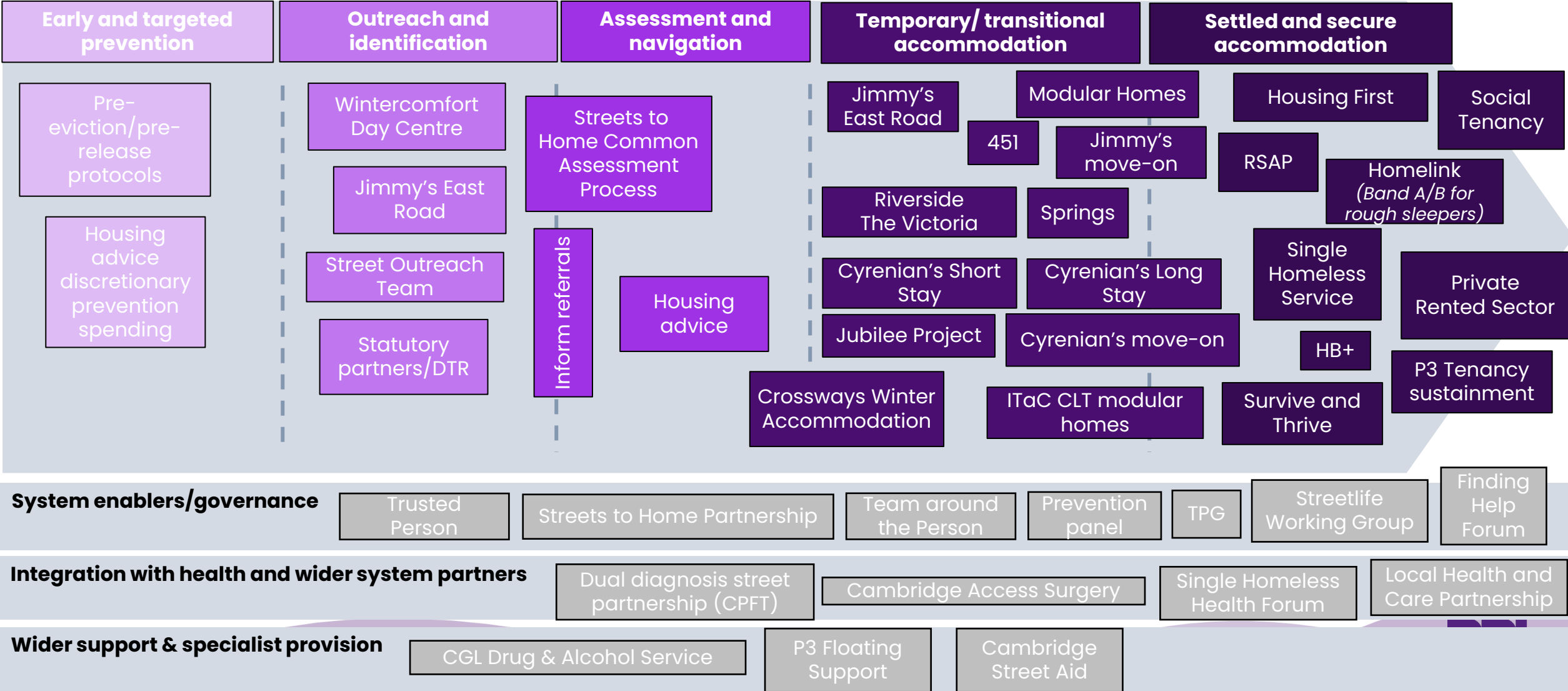
Pathway 2 – victim-survivors and perpetrators of domestic abuse



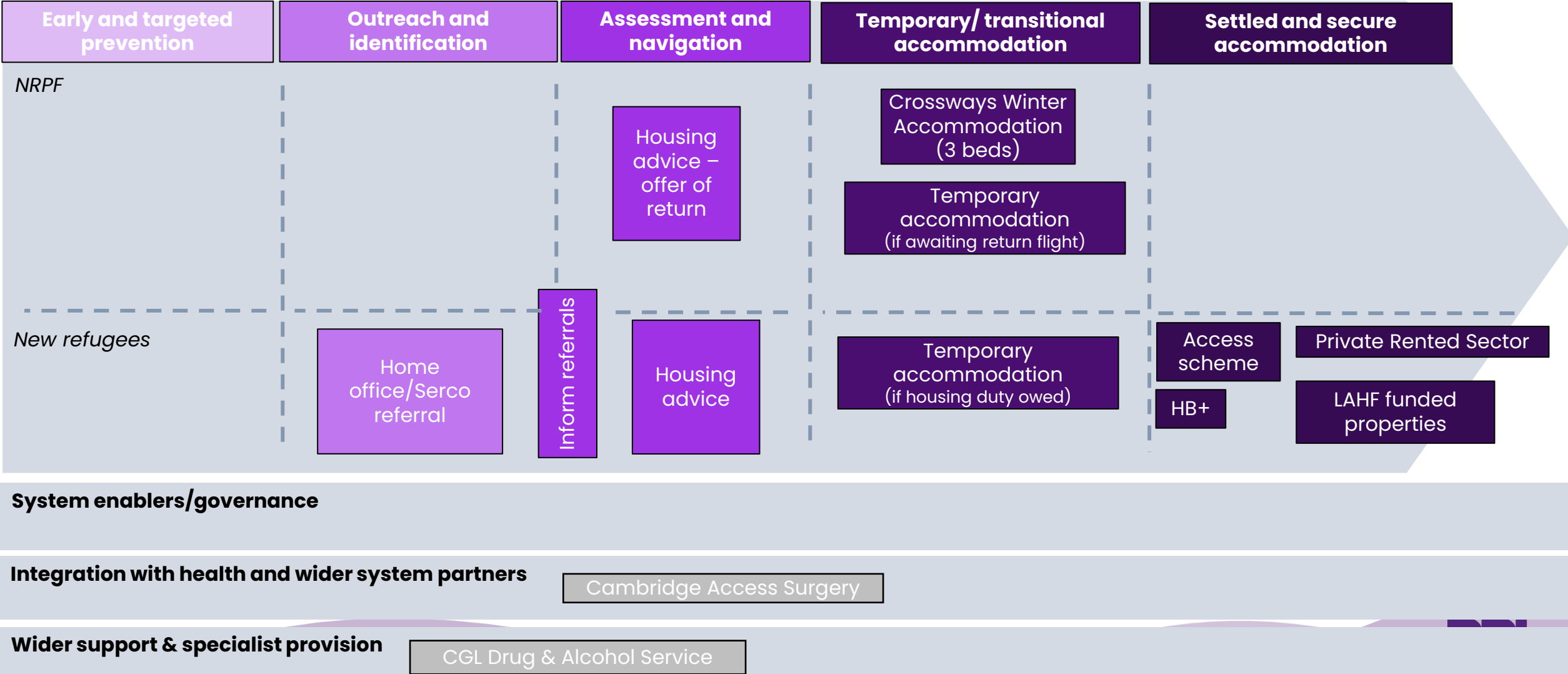
Pathway 3 – families and priority singles



Pathway 4 – rough sleepers & non-priority singles



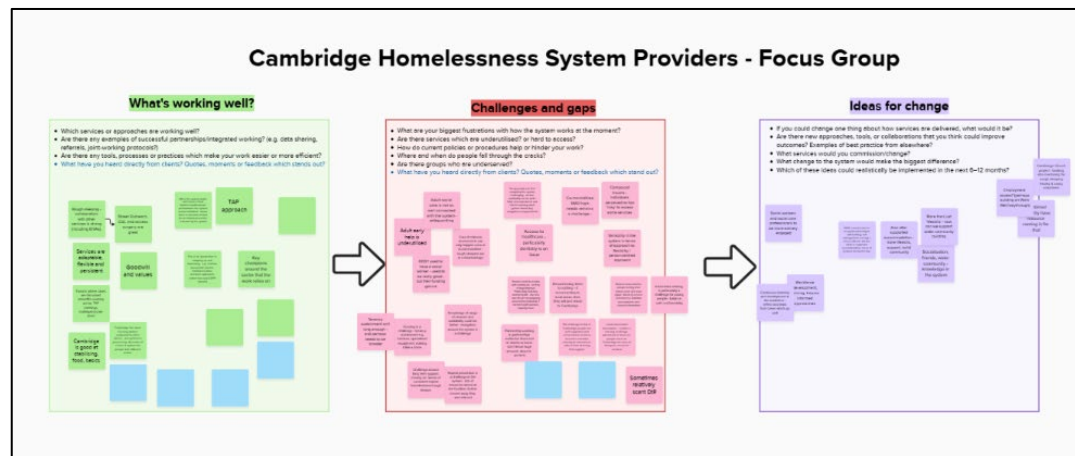
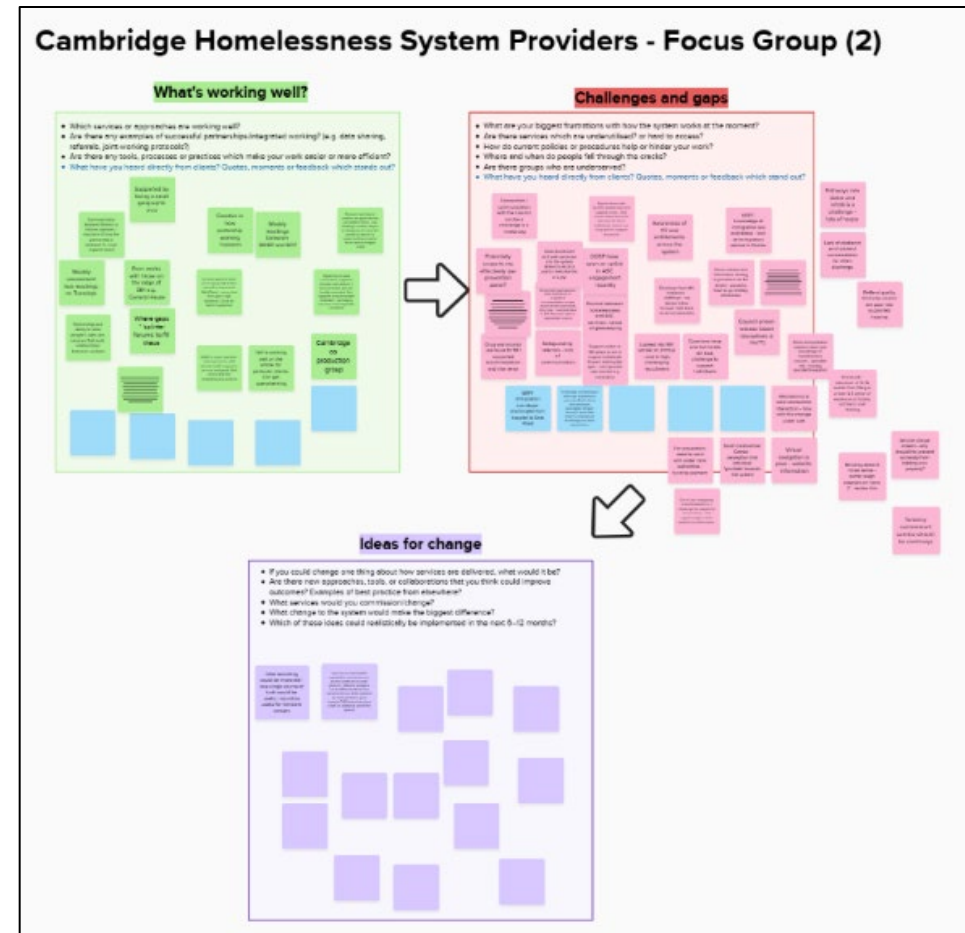
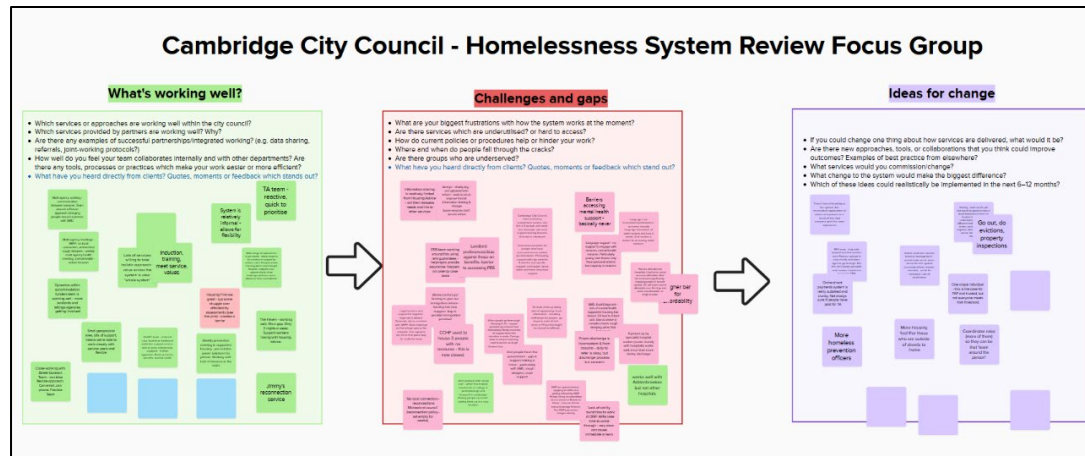
Pathway 5 – no recourse to public funds & new refugees



6. Annex 2 – Frontline staff insights

Frontline Staff Focus Groups | Approach

We ran four 1.5 hour focus groups with frontline staff across the system – two with City Council colleagues and a further two with provider staff. Across the focus groups, we heard from over 30 people on the strengths and challenges of working in the system.



Frontline Staff Focus Groups | Council Staff – Strengths

Frontline staff felt that the system is flexible, responsive and worked closely with service providers. They felt that Cambridge benefits from strong providers who are willing and able to take a holistic, 'whole system' approach.

Strengths

- **Staff highlighted the value of multi-agency working**, specifically naming the weekly prevention meeting in supported housing (pre-eviction panel) as an example where bringing together a range of services to build individual solutions was working well. Staff felt that most meetings were action focused instead of talking shops.
- The **“Team around a Person” approach was highlighted as a key system enabler** and key to supporting those experiencing SMD.
- More broadly, **staff valued the fact that the system is relatively informal** and allows for flexibility.
- Staff appreciated the **importance of having a wide range of experiences within their teams**, suggesting that this enabled the team to be creative in how they support service users.
- The example of the **monthly complex case meetings was raised as a key opportunity** for learnings to be shared and staff to soundboard ideas with others.
- Staff felt **that service providers were willing to take holistic approach and work in collaboration** with the council and other providers, taking a 'whole system' view.
- A **number of teams and services were picked up specifically**, including:
 - The accommodation finders team
 - The temporary accommodation team
 - The HeART service
 - Street Outreach team
 - Jimmy's reconnection service
 - Housing First

Frontline Staff Focus Groups | Council Staff – Challenges

Frontline staff highlighted how systemic pressures, issues around joint working with statutory services, and a lack of high needs support creates barriers to sustained successful outcomes.

Challenges and Gaps

- Although a **tenancy sustainment** service exists, it lacks the capacity to meet increasing demand and the growing complexity of need. Participants also identified a **shortage of self-contained supported housing**, which often results in people being unable to maintain their tenancy.
- **Working with adult social care was described as particularly challenging**, with participants feeling that adult services do not fully understand the pressures facing housing and homelessness teams. Hospital and prison discharge processes were also viewed as inconsistent and overly complicated. **This finding is consistent with provider focus groups.**
- **Accessing mental health support remains difficult**, especially for people with dual diagnoses, and the relevant team lacks sufficient capacity.
- **Landlord bias against tenants receiving benefits continues to be a major barrier** to accessing the private rented sector. The PRS team attempts to mitigate this through rent guarantees, but eligibility is assessed on a case-by-case basis.
- Some participants suggested that **Cambridge is perceived as a “soft touch”** offering easier access to support and housing options compared to neighbouring areas.
- Information sharing from Housing Advice is limited, and there are **significant challenges related to legal services for migrants due to restricted legal aid** (also found in provider focus groups). Survivors of domestic abuse with no recourse to public funds face particular difficulties, including the scarcity of refuge spaces, which may be located far away.
- When individuals **move from rough sleeping into temporary accommodation, they often lose outreach support** immediately, despite needing intensive support during this transition.

Frontline Staff Focus Groups | Council Staff – Ideas

Specific ideas and options for change to address the gaps identified were shared by frontline groups

Ideas for Change

- Staff typically learn on the job, but **participants felt a more formal training programme would be beneficial.** Opportunities to shadow other teams, understand their challenges, and work more collaboratively could improve knowledge-sharing, resilience, and morale – particularly given the stressful nature of housing work.
- While a single trusted individual can provide consistency, such as in TAP, this level of support is not available to everyone. **Increasing the number of coordinator roles could help create a more effective “team around the person.”**
- Participants highlighted the need for **more Housing First provision**, especially for people who fall outside the Streets to Home pathway.
- Inform could potentially be used for tenancy management, creating **a single system instead of the current mix of Inform, Locator, and Orchard.** The current approach leads to duplication and inefficiencies.
- The PRS team provides support with deposits and first month’s rent, but the **finance system is slow and cumbersome**, creating delays and barriers to accessing the private rented sector.
- **Orchard, the rent payments system, is also outdated and unclear**, making it difficult to confirm whether temporary accommodation rent has been paid.
- There is a need for **more homelessness prevention officers.**
- Although the system offers flexibility, **this sometimes results in inconsistent application of duties and powers**, meaning people may receive different levels of support.
- **A joint protocol with social care has helped improve processes.** Previously, individuals were placed in colleges in Peterborough and then “dumped” in Cambridge, setting them up to fail by relocating them to an unfamiliar area.

Frontline Staff Focus Groups | Providers – Strengths

We had attendance from a range of provider organisations, ranging from the DDST through to DA and tenancy sustainment services. It's worth noting a key gap in our sample is frontline staff working within the Streets to Home partnership – we're actively working to fill this as part of our round 2 engagement

Strengths

- **Cambridge is particularly strong at responding to and supporting people in crisis** – “stabilising individuals, providing food and basics”. Attendees reflected on the strength of key rough sleeper services such as street outreach, DDSP, CGL and the access surgery.
- **Attendees agreed that services across the system are, broadly, adaptable, flexible and persistent.** Forums where cases are discussed (Streetlife Working Group, TAP meetings and other multi-agency meets) were raised as key enablers of this.
- **There's a strong sense that those working in the system hold a sense of goodwill towards one another and share values.** Staff reflected that the system is led by a number of “key champions”.
- **Staff reflected that Cambridge's supported housing/housing stock enables access to more housing options compared to surrounding areas.** This means that staff can actively work to place service users in services/accommodation which genuinely meets their needs. Question of choice & options for people with different needs.
- **When the system works well, this is build on trust between professionals working in the system and between those professionals and the individual they are supporting;** attendees reflected on the importance of a trusted contact for an individual, promoted by the TAP approach.
- **Staff noted that the focus on prevention is “ramping up and improving”** citing the eviction prevention panels (TAPP panels) as a space where flexible/creative solutions are formed and put into action (TAPP panels)
- **Communication between Streets to Homes partners is strong** – the partnership is arranged to cover tiered support needs and there's clarity as to what people's roles are and what services that exist.
- The **recent tightening of local connection rules has helped to manage expectations** & focus on those who are locally connected, as well as signpost to reconnection/relocation. This messaging has been well adopted & consistent.

Frontline Staff Focus Groups | Providers – Challenges (1/2)

Provider frontline staff noted 'pockets' of partnership working and challenges accessing key statutory services, such as adult social care and mental health services.

Challenges and Gaps

- **While partnership working is a noted strength of the system, some staff reflected on this happening in “pockets”.** For example, in the focus group with no attendees from the Streets to Home partnership, staff reflected “not knowing huge amounts about it”. There’s an opportunity to further connect different parts of the system.
- **A recurring theme was the challenge of accessing Adult Social Care.** DDST reflected that funding cuts meant that they were no longer allocated a dedicated social worker – a real asset when part of the team. Others noted that this disjuncture meant that adult early help is underutilised and getting service uses assessed under the Care Act similarly challenging. Providers noted frequent cases where individuals were ‘bounced back’ and placed in supported accommodation without appropriate care or support.
- **Access to, and discharge from, mental health services was also considered to be a key challenge.** Providers noted cases where individuals were placed in inappropriate accommodation without appropriate support/continuity of care.
- **Long-term support is key for individuals as they ‘move-on’ to prevent repeat homelessness** – both in the form of tenancy sustainment support and wider services which connect individuals to a community. More broadly, staff reflected on the (im)balance of resources aimed at the ‘frontline’ as compared to other parts of the system.
- **There was a sense that knowledge of the range of services available, and referral criteria/processes, could be better across the system,** including with statutory partners and that navigating the system is a challenge for both staff and service users. Young people, in particular, were raised as a cohort that require additional support navigating services, with staff reflecting that the services available can feel quite “bitty” with young people expected to “slot into the existing adult system”.

Frontline Staff Focus Groups | Providers – Challenges (2/2)

Information sharing and support for individuals with complex needs were raised as key challenges to address moving forward.

Challenges and Gaps

- **Stakeholders noted a gap in support for individuals with alcohol related substance misuse.** Pathways into detox/rehab were considered to be unclear and challenging, and providers noted that – once released from these programmes – there's a lack of abstinent environments/accommodation in the city.
- **Information-sharing is tricky ground.** While some attendees raised the importance of information sharing for avoiding repeat assessment processes and best supporting individuals, others felt that there was a need to balance this with privacy, consent, and ensuring that personal opinions do not guide decisions over whether an individual can access a service.
- **A couple of attendees raised 'gatekeeping' at the council as a concern** – highlighting that several cases brought via lawstop to challenge council decisions. More widely it was felt that interactions with the council depended on which member of staff a service user encountered and that, more broadly, there is variability in the system around taking a flexible, person-centred approach.
- **Co-morbidities/SMD/high-needs remains a challenge for the system,** with providers raising concerns around compound trauma meaning that some individuals are perceived as too 'risky' to access some services.
- **Local connection was raised as a key system blocker,** creating a housing challenge in terms of placement in move-on accommodation and repeat homelessness as people abandon tenancies to return to Cambridge to be near services. DA colleagues reflected that a lack of services in surrounding authorities meant that some service users are reluctant to move away despite real threats to their safety.

Frontline Staff Focus Groups | Providers – Ideas

Specific ideas and options for change to address the gaps identified were shared by frontline groups

Ideas for Change

- **Prioritise comprehensive workforce development across the homelessness system**, ensuring all staff receive ongoing training in trauma-informed approaches, strengths-based practice, and person-centred support. This will help create a more consistent, compassionate and effective service response.
- **Rebuild the capacity for structured life-skills programmes**, including support from occupational therapists, to help people develop practical skills such as household management, budgeting, cooking, and self-care. Deliver this support within supported accommodation so people can practice skills in real-life settings and develop daily routines that provide structure and purpose.
- **Increase the active engagement of social workers and wider social care professionals** in the homelessness pathway to provide more holistic assessments, earlier intervention, and better support for people with complex needs.
- **Develop opportunities that help individuals build and maintain social networks**, participate in community life, and reduce isolation.
- **Enhance access to employment, training, and volunteering** by building on existing programmes such as Work Well and Way Through. Coordinate with Combined Authority resources coming online to create clear, supported pathways into work that are tailored to individual readiness and capability.
- **Stakeholders noted the value of the Council's in-house StH coordinator role** – and suggested that expanding this role/increasing capacity might be useful.

6. Annex 3 – Lived Experience Case Studies

Lived Experience Research

Groundswell

Out of homelessness

Groundswell completed 20 in-depth, trauma-informed research conversations with people in Cambridge who are currently or recently homeless.

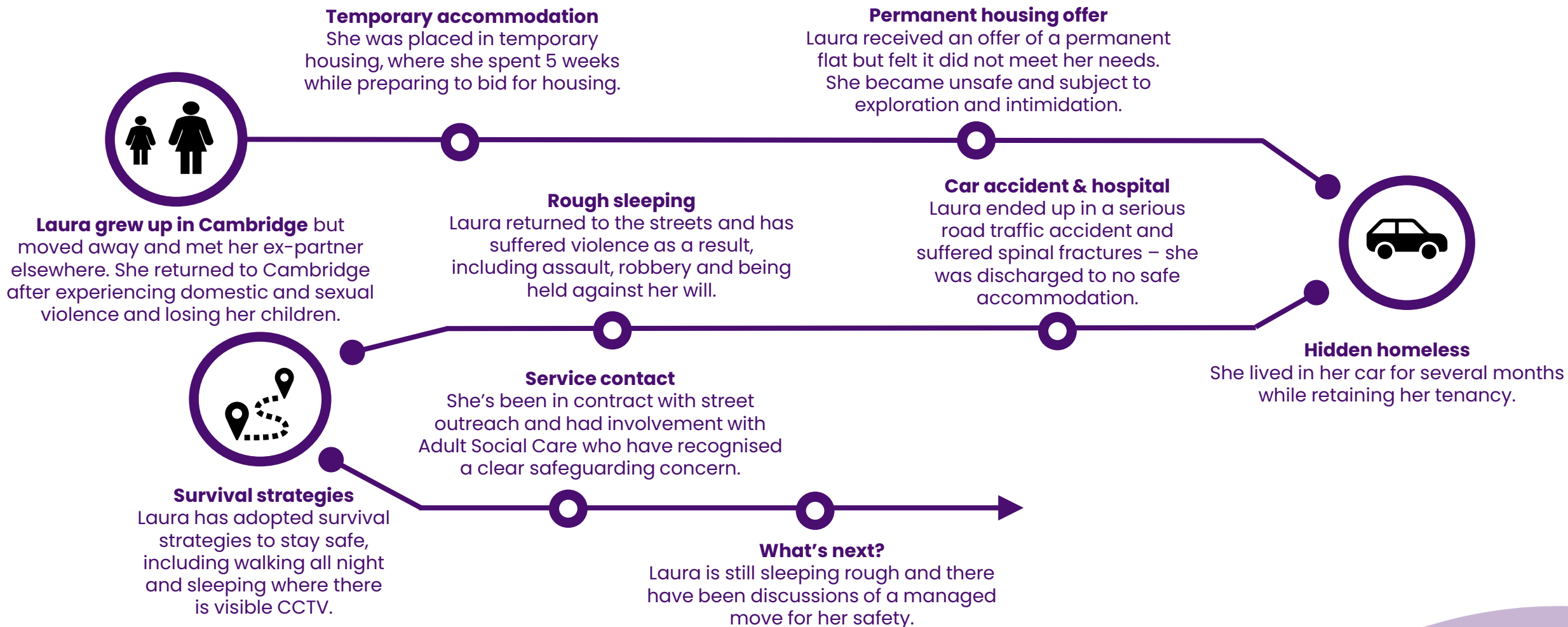
- Participants included women (9) and men (11) with experiences of rough sleeping, hostels, temporary accommodation, supported housing, insecure tenancies and repeated homelessness.
- Interviews focused on routes into homelessness, contact with services, barriers experienced and what helped people move forward
- The research was co-produced with the Cambridge Co-production Group, whose members acted as an Expert Advisory Group and helped shape the methodology, inclusion criteria and interpretation of findings.

Headline findings from the report are:

1. **Consistent, connected and trusted support** at the right time is crucial
2. **Preventing discharge to no fixed abode** from care, hospitals and prison should be a priority
3. **Local connection rules are complex and onerous** – support and advocacy to navigate this should be available.
4. **Debts and UC overpayments create persistent barriers** for moving out of homelessness
5. **When health services are part of homelessness services** that people use everyday, they become easier to access
6. **There's a need to take into account people's needs individually and holistically** (incl. no pressure social activities and volunteering which engender a sense of belonging, making connections and friendships to combat isolation)
7. **More safe spaces for women** with accessible opening times are needed
8. **Affordable and appropriate housing options** remain a challenge – particularly for individuals with disabilities
9. **Feeling not listened to and not having things explained clearly** feels frustrating and can be retraumatising. Improving communication both ways should be a priority for the system.
10. **Embedding coproduction and lived experience expertise in service design and delivery improves trust** – there's a need to invest in upskilling lived experience groups to gather and monitor evidence and create opportunities for open dialogue with lived experience groups.

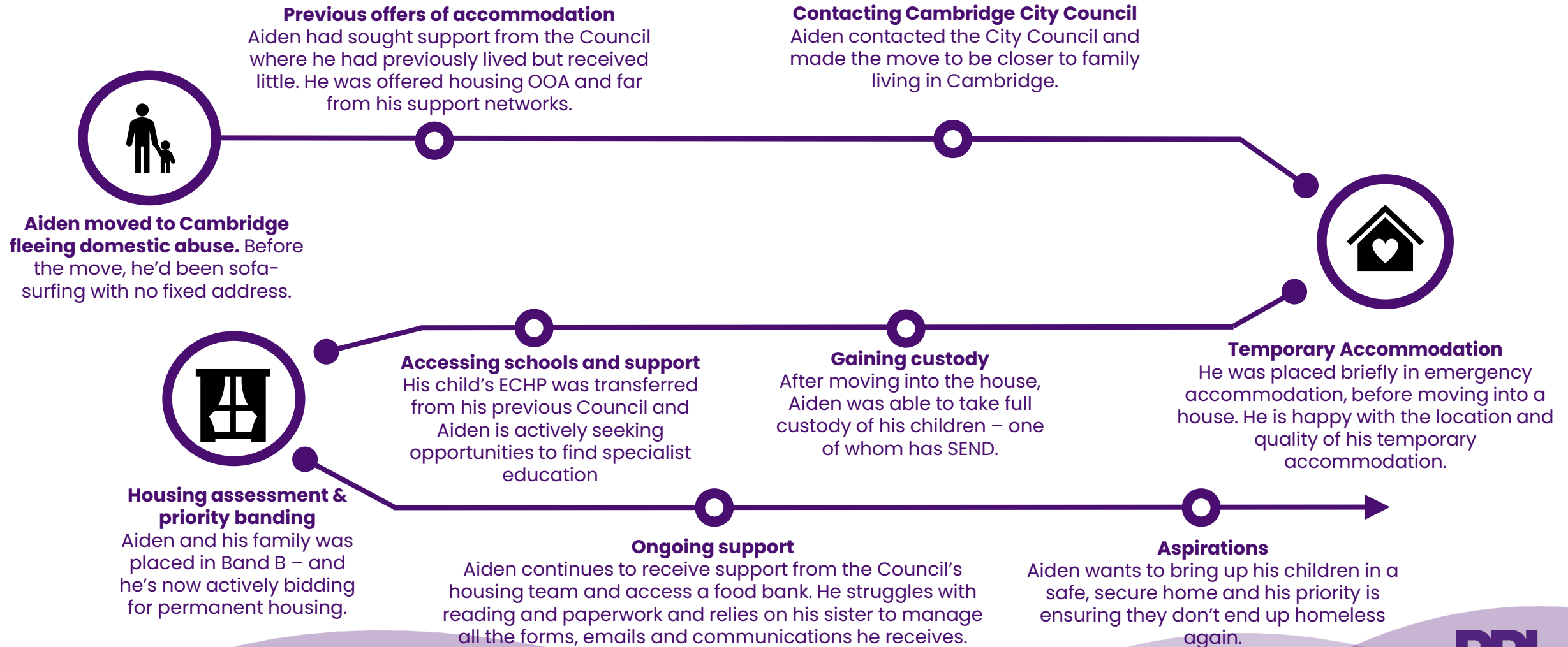
Laura

Laura, a women who has fled domestic abuse, is currently rough sleeping. The timeline below highlights how an initial tenancy failure led to a series of ongoing challenges – representing a missed opportunity to intervene early.



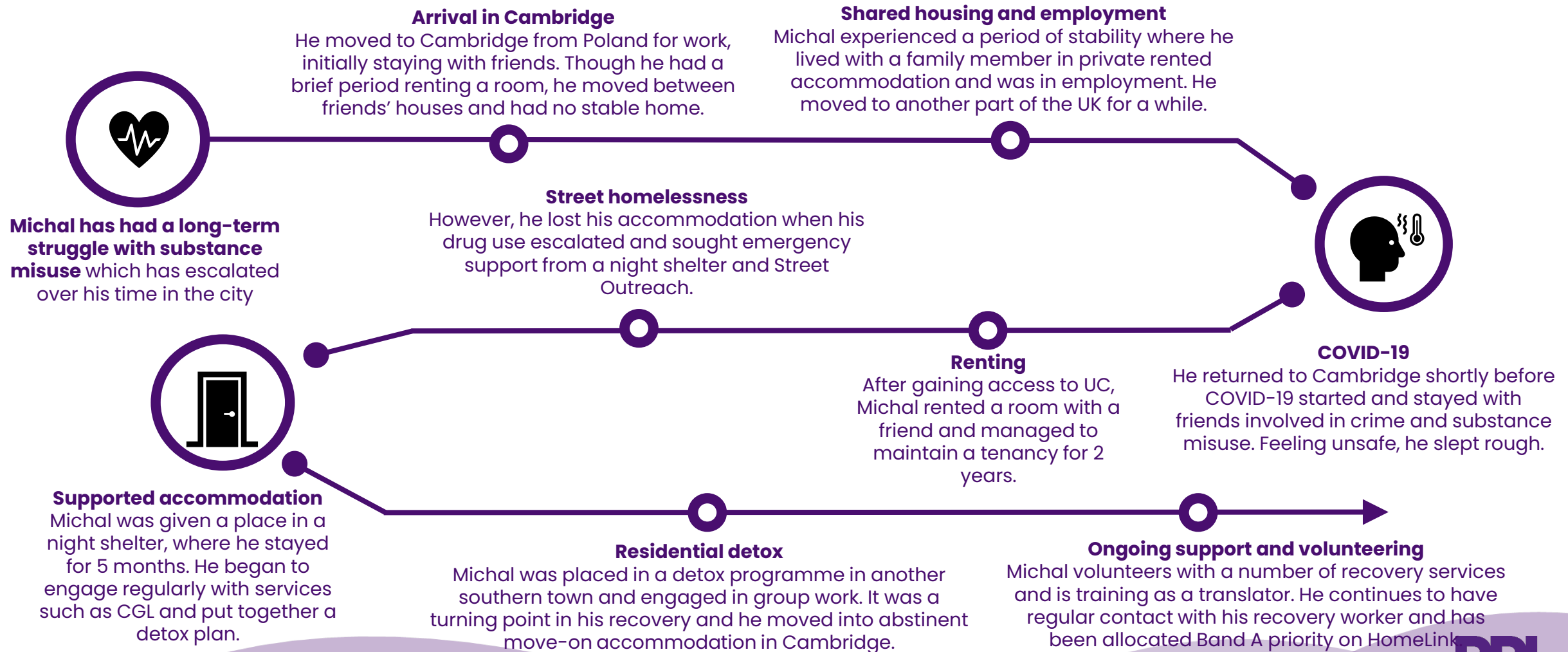
Aiden

Aiden is a parent living with his children in temporary accommodation in Cambridge. His timeline outlines the value of timely housing support for creating stability for his family.



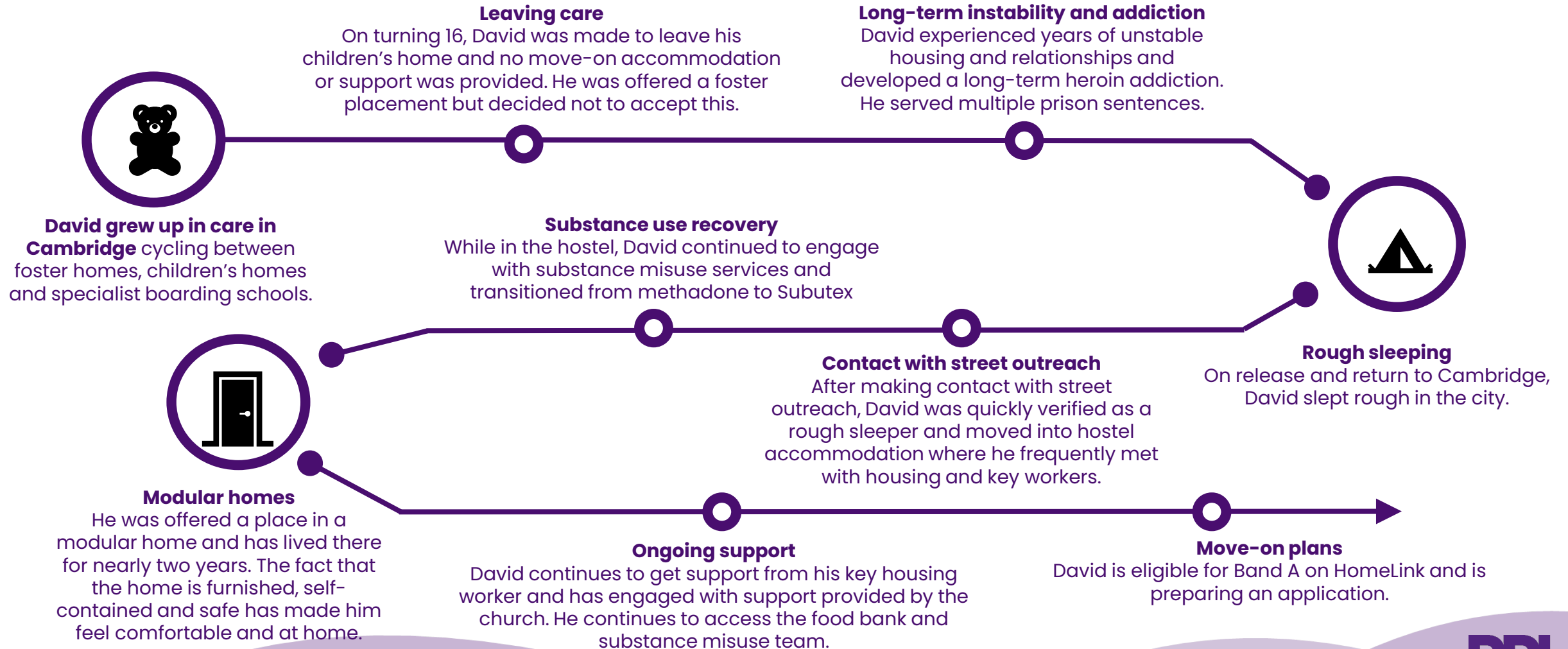
Michal

Michal is an EEA national who has lived in Cambridge for 9 years –his case study reveals the drivers of repeat episodes of homelessness.



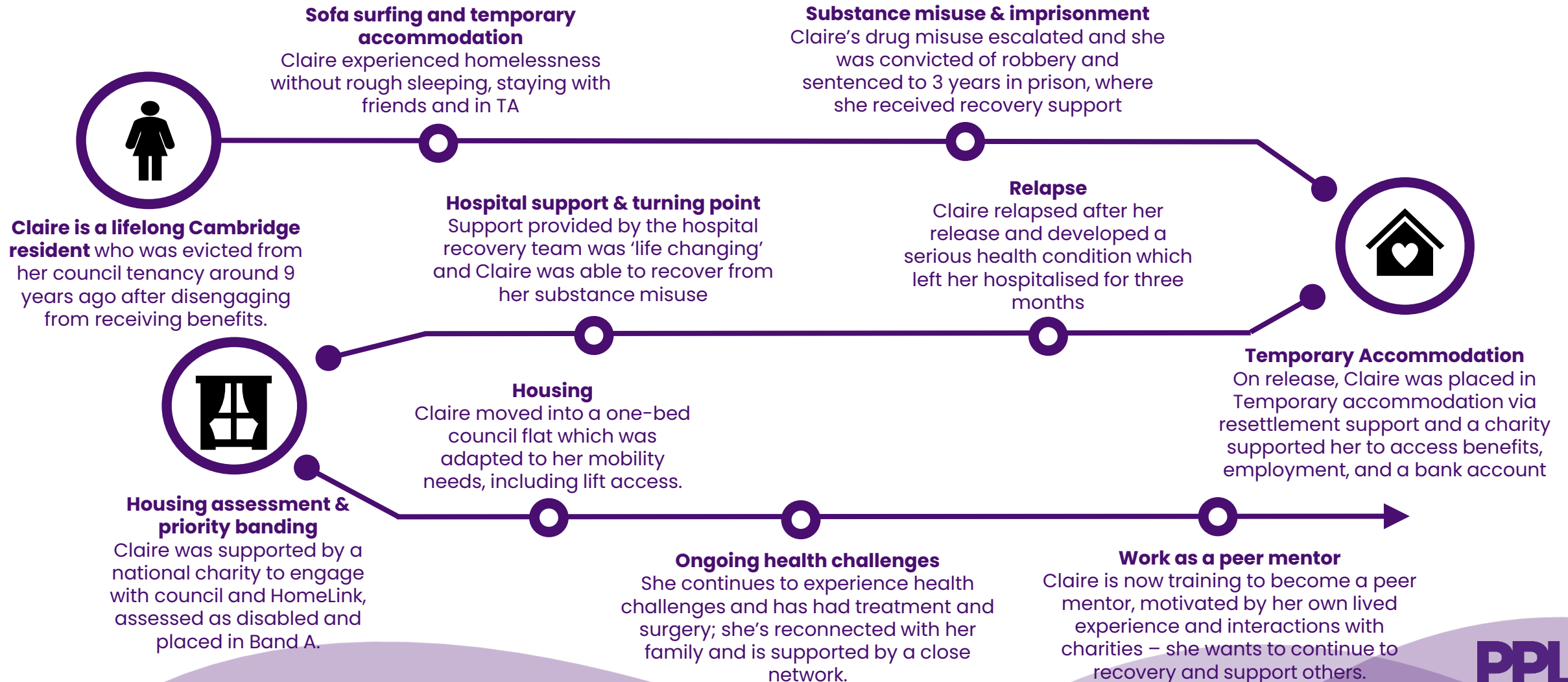
David

David's case reveals the pathway from care into homelessness and the missed opportunities to prevent homelessness at transition points – after a period of rough sleeping, he's had real success in Streets to Home supported accommodation.



Claire

Claire is a women with lived experience of homelessness, addiction and recovery. The below charts her journey through the homelessness system in Cambridge, which shows the importance of critical transition point interventions.



6. Annex 3 – 2021–2026 Strategy Overview

Priority 1: Prevention

Priority 1: Support those at risk of homelessness to remain in their homes where possible

The Strategy highlights a number of services available to help people remain in their homes, including: financial and debt advice; work with landlords and letting agencies; work with family and friends with whom the person at risk is living; a tenancy sustainment service for council tenants; and partnership work to tackle anti-social behaviour, harassment and domestic abuse. Work in all of these areas needs to continue to be strengthened.

- Strengthen and better define (preferably backed with written agreements) how we work with health service and County Council partners to better support people with poor mental health or substance misuse problems to sustain a tenancy.
- Expand and better resource and publicise existing early intervention and financial support initiatives for people facing the loss of a private sector tenancy.
- Better support people to remain living with family or friends until a new home can be found.
- Encourage private landlords and letting agencies, social housing providers, owner-occupiers and tenants to contact the Council at an early stage when a home is at risk.
- Explore further tenancy rescue solutions for private tenants including the potential for targeted grants and loans.
- Review the financial advice services available, to identify any gaps, duplication or problems with accessing services
- Review the effectiveness of financial advice and tenancy sustainment services for council tenants.
- Seek to set up a working group with other housing providers operating locally, to help agree common policies and approaches and help minimise the number of social housing evictions
- Continue to work with partners on a 'whole housing approach' to dealing with domestic abuse.
- Improve how we capture reasons for homelessness.
- Improve understanding of what impact of Covid-19 might have on the risk of homelessness, so that we can plan and respond accordingly.

Priority 2: Accessing settled accommodation

Priority 2: Improve access to and range of permanent accommodation

With high demand and with housing of all tenures (but particularly social housing) in short supply, there is a need to expand the housing options available to those who are homeless or at risk of homelessness. This includes looking beyond just social housing as the main tenure of choice and improving access to other tenures and housing types

- Explore how access to homes across a range of tenures might be improved, and how homes might be used more flexibly to meet a wider range of needs.
- Encourage take-up of private rented sector housing options, including out of town lets, through better promotion, additional incentives and improving support available.
- Improve engagement and partnership working with landlords, letting agencies and other private owners.
- Introduce additional incentives to improve the availability of private rented homes through Town Hall Lettings.
- Review the council's Housing Benefit Plus scheme with a view to making it a more attractive option
- Work with housing providers to explore how better use might be made of existing homes.
- Work with housing providers with a view to increasing access to housing for those with high levels of need, and better alignment of council and other providers' allocations policies.
- Work with housing providers with a view to increasing access to housing for those with high levels of need, and better alignment of council and other providers' allocations policies. Cambridge City Council, Homelessness & Rough Sleeping Strategy 2021-2026 7
- Investigate the feasibility of delivering more specialist forms of housing, and homes for people previously on middle incomes who may be at risk of homelessness, through the council's house-building programme.
- Investigate potential for conversion of commercial property to good quality accommodation through the council's housing development programme.
- Review the council's approach to Local Lettings Plans in the context of access to housing for those with high levels of need.
- Review the sub-regional Home-Link Lettings policy with partners to ensure it best serves local authorities' homelessness prevention objectives.

Priority 3: Temporary Accommodation

Priority 3: Minimise use of temporary and emergency accommodation

Demand for temporary accommodation and length of stay has been increasing and additional use of hotel rooms was necessary during the coronavirus lockdown. Long stays in temporary accommodation are far from ideal for the households concerned and are financially costly – particularly use of commercial hotels. There is a need to reduce overall reliance on temporary accommodation (through interventions such as those already referred to above) whilst at the same time ensuring sufficient is available to meet needs.

- Systematically reduce demand for temporary and emergency accommodation by focusing relentlessly on preventing homelessness.
- Build on our understanding of the recent increase in the use of and length of stay in temporary accommodation to develop alternatives and keep information on demand under regular review.
- Improve our approach to monitoring of pathways through interim accommodation, and regularly review placement decisions to ensure consistency in decision making.
- Get a better understanding of the sizes and types of temporary and emergency accommodation needed.
- Continue to look for alternative ways of providing temporary and emergency accommodation, including for those for whom standard provision is unsuitable.
- Ensure we have the right internal processes in place to enable us to use our council housing stock to respond quickly to peaks and troughs in demand for temporary accommodation.
- Review the extent to which housing related debt should remain a barrier to being offered a home

Priority 4: Support Services

Priority 4: Improve access to and effectiveness of support services

There is a strong commitment from most partners to work together in this area. However, issues such as lack of resources and gaps in services mean that people all too often fall through the cracks. Areas identified as particularly needing attention include mental health services and dealing with homelessness & anti-social behaviour linked to misuse of drugs and alcohol. There is a need to move more towards a 'whole systems' approach across services, agencies and the wider community

- Further improve working arrangements with mental health, substance misuse and social/social care services, including investigating the potential for some co-location of services and/or development of multi-disciplinary teams.
- Strengthen work with partners to provide a joined-up approach to preventing and tackling drug and alcohol related anti-social behaviour.
- Improve our understanding of the underlying reasons for homelessness, and use this understanding to help inform service design, planning and operation.
- Work to improve collaboration with statutory partners at a strategic level, including working with the County Council and other partners with a view to developing a fully integrated, multi-disciplinary homelessness service across a range of agencies.

Priority 5: Rough Sleeping

Priority 5: Prevent rough sleeping

There is a significant flow of rough sleepers onto the streets of Cambridge each year – often originating from outside the City – and targets for maximum numbers of rough sleepers are being missed. A significantly improved, more joined-up approach is needed in this area, with early intervention a critical part of this.

- Improve our understanding of the nature and causes of rough sleeping in Cambridge.
- Work with partners to understand how prevention activities, as a whole, can help identify those at risk of rough sleeping, and help to intervene early to prevent the flow of new rough sleepers onto the streets.
- Gain a better understanding of where rough sleepers have come from, develop a more proactive approach to reconnecting rough sleepers to wherethey came from and review the offer available to those without a local connection.
- Aim to keep the number of rough sleepers below 10 for any one count, reducing to five through the lifetime of the strategy.
- Set demanding new targets for the number of individual rough sleepers seen in any year and the length of time they are on the streets before they are housed.
- Seek the views of female rough sleepers as to their experience of homelessness and local service provision and, informed by this, consider what we might additionally need to do to ensure that the particular needs of homeless women are met.
- Work with partners to explore how an emergency accommodation offer can be made available for anyone sleeping rough across Cambridgeshire and Peterborough.
- Review the current approach to education around homelessness prevention amongst young people and step up our ongoing publicity campaign to better inform the public about homelessness and rough sleeping and the services we and partners provide.
- Review the current approach to street begging and anti-social behaviour.
- Ensure we assist every European Economic Area (EEA) national rough sleeper capable of achieving, and wishing to obtain, UK settled status to do so before the end of the 'grace period' in June 2021, and ensure that advice and practical support compliant with the law is available for those remaining rough sleepers without access to public funds.
- Promote and support effective implementation of the young people's assessment and care leaver protocols across all relevant partners.
- Review the prison leavers' protocol and identify how prison leavers' housing needs can be identified and addressed at an earlier stage.
- Work with South Cambridgeshire District Council to help prevent single homelessness within their district.

Priority 6: Repeat Homelessness

Priority 6: Break the cycle of chronic and repeat street homelessness and rough sleeping

Once people have started sleeping on the streets there is a high risk of remaining there and being caught in a 'revolving door' of insecure accommodation and street homelessness and rough sleeping. To help break the cycle of chronic and repeat street homelessness & rough sleeping the council will:

- Work with providers to speed up move on from hostels, whilst at the same time reviewing how evictions and abandonments can be reduced.
- Work with providers to review the scope and effectiveness of hostel-based support, particularly in relation to move-on advice.
- Explore whether being excluded from moving on due to previous breaches of tenancy can be prevented.
- Work with sub-regional partner authorities to help ensure a proportionate provision of accommodation for rough sleepers in order to reduce drift into Cambridge.
- Work with the County Council to assess what balance between hostel and other accommodation might be appropriate going forwards.
- Promote and make private rented housing a more attractive option, to help make it available to a wider range of applicants.
- Review the effectiveness of the Housing First model of permanent provision and explore whether it should be extended to include private rented sector homes.
- Explore with social housing providers whether there are opportunities for short life or low demand social housing available, including to single sharers.
- Expand the provision of modular homes and explore other innovative ways of providing accommodation to prevent and relieve single homelessness.
- Continue to seek and make best use of funding opportunities to purchase new homes to accommodate rough sleepers.
- Work with the County Council in considering the need for commissioning longer term supported provision for those for whom mainstream housing with support may not be suitable.
- Work collaboratively on shifting emphasis from mainly a streets-based to a mainly home-based service model.

6. Annex 4 – National Policy Context

National Homelessness Policy (1/3)

There are several key legislative and policy instruments which shape the homelessness landscape – these include:

The Homelessness Reduction Act 2017 (England & Wales)

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

Key provisions include:

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

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

Homelessness Statutory Code of Guidance (2018)

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

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

National Homelessness Policy (2/3)

'Ending Rough Sleeping for Good' (2022)

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

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

Rough Sleeping Prevention and Recovery Grant (2024)

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

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

Resettlement programs and new refugees

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

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

National Homelessness Policy (3/3)

The National Plan to End Homelessness (2025)

- Published in December 2025, the Government's [new national strategy](#) commits £3.5 billion of investment in homelessness prevention and rough sleeping services over the next three years.
- The Plan introduces national targets to:
 - Halve long-term rough sleeping by 2029;
 - End the unlawful use of bed and breakfast accommodation as long-term housing for families;
 - And reduce homelessness arising from discharge from public institutions.
- The strategy also places new expectations on local authorities to meaningfully engage people with lived experience in the design of services and introduces a new statutory Duty to Collaborate across public bodies. It also allocates an additional £124 million to expand supported housing provision.
- Every council will now publish a tailored action plan alongside their local homelessness strategy, including setting local targets on key outcomes, with targeted expert support for areas facing the greatest challenges.
- The Plan has been broadly welcomed by the homelessness sector. However, stakeholders have raised concerns that several structural

drivers of homelessness remain unaddressed, including the lack of adequate accommodation for newly recognised refugees, the continued freeze in Local Housing Allowance rates despite rising rents, and the ongoing shortfall in social housing supply.

National Housing Policy

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

Supported Housing (Regulatory Oversight) Act 2023

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

Since the removal of the Supporting People ringfence, there has been a 1700% increase in Housing Benefit as the main funding source for homelessness accommodation providers and a 71% decrease in local authority commissioned contracts. As such, most areas have seen an increase in non-commissioned 'exempt' accommodation, where there is no contracted support in place, and projects are typically funded through a mixture of Housing Benefit claims, which are exempt from certain provisions, and service charges paid by residents.

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

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

£20 million from the Supported Housing Improvement Programme (SHIP) was awarded to 26 local authorities from 2022 to 2025 to target quality and value for money in supported housing. The first consultation on the implementation of the Act was published in February 2025 and the SHIP programme was extended for a further year.

Renters Rights Bill (2025)

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

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

Affordable homes programme

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

National Health and Social Care Policy (1/3)

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

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

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

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

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

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

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

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

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

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

National Health and Social Care Policy (2/3)

Care Act 2014

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

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

National Health and Social Care Policy (3/3)

Mental Health Act 1983

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

Mental Health Capacity Act

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

No recourse to public funds

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

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

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