

Modular homes for people experiencing homelessness in Cambridge: resident experiences

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1. Executive summary

Across the UK, the number of people experiencing homelessness has been rising since 2011 and both the national government and local authorities have recognised the individual and economic costs associated with homelessness (MHCLG 2018). The government has implemented initiatives aimed at preventing homelessness, including new legislation (see the Homelessness Reduction Act (HRA) 2017), reform of the welfare benefits system (e.g., changes to Universal Credit), and providing funding to local authorities to expand efforts for preventing homelessness or providing different forms of temporary accommodation to people who are already homeless and are owed a statutory duty of care.

Like most economically prosperous cities in the UK, Cambridge faces the problem of homelessness. The City Council has recognised this problem in its housing strategy, and has outlined a programme of actions designed to tackle it (Cambridge City Council 2019). Collaborating with local homelessness charities to explore innovative solutions and approaches is one such action.

Six self-contained modular homes were provided through collaborative efforts involving Jimmy's Cambridge (Jimmy's), a homelessness charity in Cambridge, Allia, a not-for-profit organisation that supports small businesses and charities to develop their ideas, and New Meaning Foundation, a social enterprise (Burgess et al. 2020). These modular homes were not only one of the first such pilot projects nationally, they also complement the existing accommodation available for people experiencing homelessness in the city. In addition to the provision of a modular home, residents receive a comprehensive range of support services coordinated by Jimmy's, including assistance with registering for social housing, returning to employment or education, tackling physical and mental health challenges, accessing specialist support for drug or alcohol dependence, rebuilding broken social relationships, and development of stronger financial management skills (budgeting, prompt payment of bills, debt advice, etc.).

This report reflects on the experiences of the residents of the modular homes during the first 12 months of their residency. It draws on interviews with the residents and Jimmy's support workers. Overall, the findings show that since moving into the modular homes, the residents have:

1. Gained a greater sense of self, safety and security. The modular homes provide residents with a private, independent home, thereby enhancing their sense of personal safety and autonomy. The modular homes and the overall environment, including the sense of community and security cameras, provided residents with 'their own front door', increasing their overall well-being. This is a more positive living environment than hostel accommodation.
2. Stopped or significantly reduced their use of drugs and alcohol. This has also resulted in positive outcomes in terms of better physical and mental health, improved financial management and stronger social relationships.
3. Improved their financial management skills. Most residents are now able to effectively budget for their rent and service charges, save for personal future use and development, buy tools for work, and provide limited financial support to dependents.
4. Become enthusiastic about returning to work, started training to acquire new skills to seek employment, or returned to a previous trade or business. The stability gained from living in the modular housing and receiving the support services have helped residents to aspire to seek employment and boosted their determination to return to work.
5. Restored, or are making efforts to restore, social relationships. Many residents had lost contact with their family whilst experiencing homelessness. Having a place to live that residents can be proud of and can call home, along with the support of keyworkers, has improved residents' social relationships.
6. Developed a good sense of community. Residents described the development of trusting relationships amongst themselves, with family members, and with support workers.
7. Developed a sense of control over their lives. Residents now have their own space to call home. This sense of control over their lives is improved further by reduced drug and alcohol misuse, maintaining a tenancy, managing money and restoring social relationships. They have been able to develop stable daily routines in their homes, managing and making decisions about their own home, including cooking for themselves.

8. Made plans to eventually move to permanent housing. At least one resident was about to move on to social housing. Not all of the residents were either ready to sustain a tenancy in permanent housing or were interested in moving yet. The time and degree of support needed before a resident of the modular homes is ready to move on to permanent accommodation will vary, depending on their individual circumstances and needs.

In a context of considerable housing supply pressures, the evidence from interviews with residents suggests that using modular homes is a worthwhile approach to invest in as part of a strategy to address homelessness. The evidence suggests that providing modular homes in tandem with robust support services has the potential to improve outcomes for people experiencing homelessness.

2. Understanding homelessness

2.1. Homelessness in the UK

There is much debate surrounding the definition of homelessness (Fitzpatrick et al. 2021, Downie et al. 2018) and, in the UK, there is a slight variation in how each of the devolved nations defines homelessness (GSS 2019). In England and Wales, Section 175 of the Housing Act 1996 states that: 'A person is homeless if he has no accommodation available for his occupation, in the United Kingdom or elsewhere, which he (a) is entitled to occupy by virtue of an interest in it or by virtue of an order of a court, (b) has an express or implied licence to occupy, or (c) occupies as a residence by virtue of any enactment or rule of law giving him the right to remain in occupation or restricting the right of another person to recover possession'. It further adds that a person is homeless if 'he has accommodation but: (a) cannot secure entry to it, or (b) it consists of a moveable structure, vehicle, or vessel designed or adapted for human habitation and there is no place where he is entitled or permitted both to place it and to reside in it'. For details regarding duties local authorities owe towards people threatened with homelessness, please refer to Note 1 in the Appendix.

Some analysts have argued that the above legal definition of homelessness does not fully capture the different forms of homelessness. Hence, the concept of 'core homelessness' has been suggested as a much broader definition (Fitzpatrick et al. 2021, Downie et al. 2018). According to Downie et al. (2021), 'core homelessness' refers to the population of people experiencing the most acute forms of homelessness or living in short-term emergency and unsuitable forms of accommodation. These comprise rough sleeping, sleeping in cars, tents, and on public transport, squatting (unlicensed and insecure), unsuitable non-residential accommodation, hostel residents, users of night/winter shelters, domestic abuse survivors in refuges, unsuitable temporary accommodation (including bed and breakfast accommodation, hostels etc.), and sofa surfing (including staying with non-close family members), excluding students. Note 2 in the Appendix provides a breakdown of the statistics on core homelessness in Great Britain.

Irrespective of how homelessness is defined and measured across the devolved nations, the statistics suggest that the number of households facing homelessness or at risk of becoming homeless is increasing, particularly in England and Wales. In England, for example, regular snapshot survey counts of rough sleepers in the autumn of each year

since 2010 show that the number of people sleeping rough on a single night peaked at 4,751 in 2017, relative to 2,181 in 2011, before declining to 2,688 in 2020.

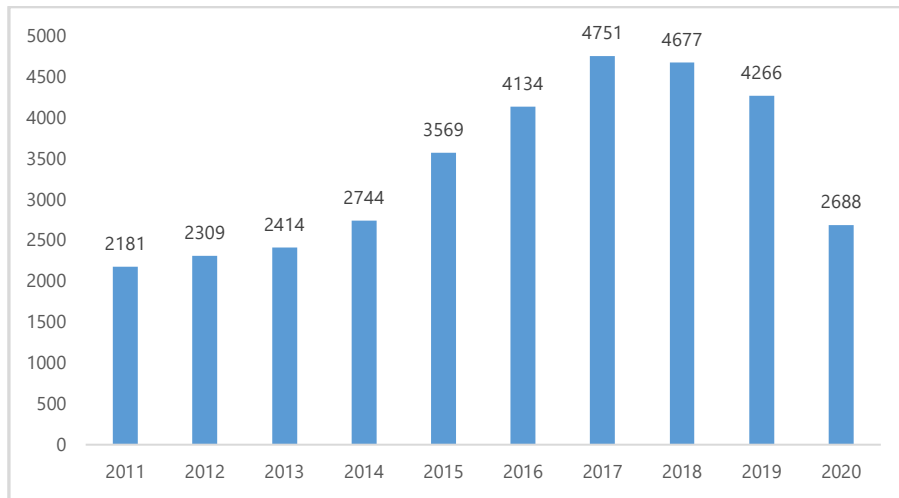


Figure 1. Estimated number of people sleeping rough on a single night in autumn in England, 2010 to 2020

Source: Recreated from ONS, (2021)

2.2. The causes and costs of homelessness

Understanding the causes of homelessness and the risk of being homeless calls for attention to both structural and individual factors (Pleace 2015, Downie et al. 2015). Structural factors relate to high-level institutionalised frameworks and practices that directly impact people and leave them with little or no control over their housing options. The individual factors that cause homelessness include those associated with experiences such as drug and alcohol dependency, relationship breakdowns, parents who are no longer willing or able to house children, poor educational attainment, bereavement, job loss, crime, leaving an institution such as the armed forces, and a deterioration in mental health (DCLG 2012, Pleace 2015). These individual factors are not experienced in isolation but tend to be mutually reinforcing and interact with structural factors in complex ways to increase the risk of homelessness (see Fitzpatrick et al. 2021, Bramley & Fitzpatrick 2018). This makes the identification of the causes of homelessness complex, and efforts to tackle homelessness are equally difficult. For elaboration on these factors, please refer to Note 3 in the Appendix.

Evidence shows that homelessness inflicts costs on the individuals who experience it as well as on the society in which they live (Pleace 2015). For an individual or household, homelessness inflicts social, health, economic and financial costs (Ekhaese et al. 2021,

Baral et al. 2021). For elaboration on these individual costs, refer to Note 4 in the Appendix.

At the societal level, homelessness also has an economic cost for governments. There are empirical studies that have examined these societal costs and reveal that early intervention in preventing homelessness significantly reduces public sector spending on tackling homelessness. For additional information on public sector costs of homelessness and the gains to be made from early preventive interventions, please see to Note 5 in the Appendix. In estimating these costs, analysts agree that there are methodological and data limitations for conducting cost-saving analyses associated with homelessness. Note 6 in the Appendix has more information on the limitations associated with estimating the public sector costs of homelessness.

While evidence strongly suggests that there are potential cost savings from spending on homelessness support services, most analysts conclude that cost savings should not be the primary reason for ending chronic homelessness. There is an equally strong social justice argument that suggests that there is dignity and wider societal benefit in providing decent shelter and support services to people experiencing homelessness, even when no public cost savings are realised or can be measured (Parsell et al. 2018, Zaretsky & Flatau 2013).

3. Government policies and interventions for tackling homelessness in the UK

The UK government is committed to halving rough sleeping by 2022 and ending it by 2027 (MHCLG 2018). Consequently, a raft of measures and interventions have either been announced or put in place to tackle homelessness. These comprise legislative reforms, an announcement of several funding streams, and support for efforts aimed at tackling rough sleeping. Please refer to Note 7 in the Appendix for details on these measures and interventions.

In terms of specific homelessness prevention initiatives, the government published its Rough Sleeping Strategy in 2018. This aims to support every person who sleeps rough to leave the streets and be accommodated in a home (MHCLG 2018). The strategy is anchored on three visions - prevention, intervention, and recovery. Prevention measures include both funding and pilot projects aimed at, for example, helping people leaving prison to find a place to live, putting in place new measures to ensure there is a structure to end homelessness, improving public understanding of the risks faced by specific groups (including LGBTQ+), improving oversight by ensuring that deaths and incidents of serious harm to rough sleepers are thoroughly investigated, and looking for affordable housing in the private rented sector for rough sleepers. Intervention measures include government funding for the recruitment of more homelessness support workers and outreach teams, providing additional bed spaces to rough sleepers, and providing new training for frontline staff. Recovery measures include the allocation of government funding to revive specific dormant accounts dedicated to homelessness support as well as the introduction of government support for Housing First pilots in Greater Manchester, the West Midlands and Liverpool to support people with multiple complex needs, among others (MHCLG 2018).

3.1. Government's homelessness interventions during the COVID-19 pandemic

Since the outbreak of the coronavirus pandemic, the government has put in place new measures and initiatives aimed at supporting people experiencing homelessness or preventing those at risk from becoming homeless. In England, the Coronavirus Act 2020 included additional protections for tenants against eviction by landlords, including requiring landlords to give tenants six months' notice of possession proceedings in most circumstances (MHCLG 2020d). According to Fitzpatrick et al. (2021), legal proceedings against renters and homeowners struggling to pay their rent and mortgage repayments

were suspended in some circumstances. Evictions from Home Office asylum accommodation as well as evictions from private and social rented sectors were also suspended during the pandemic (Crisis 2020).

The government also provided £3.2 million of government funding to local authorities in England to assist efforts to protect people who were made homeless due to COVID-19 (MHCLG 2020b, Crisis 2020). This funding targeted self-isolation interventions for homeless people, including staying in night shelters or assessment hubs (MHCLG 2020b). The government further signalled a rise in the housing allowance rate for the bottom thirtieth percentile of local rents to prevent new cases of homelessness (Crisis 2020).

Additionally, on 26 March 2020, the Minister for Local Government and Homelessness wrote a letter to local leaders asking them to, among other things, take a programme of actions that would: urgently procure accommodation for people on the streets, stop homeless people from congregating in facilities such as day centres and street encampments where the risk of transmission of COVID-19 was higher, and make social care basics such as food and clinician care available in self-contained accommodation to those who needed it (MHCLG 2020d). This was referred to as the 'Everyone In' programme (LGA 2020). Local authorities responded to the initiative by securing accommodation for people who were sleeping rough or in accommodation where it was difficult to self-isolate, including block-booking hotel rooms and other ensuite accommodation, such as B&Bs, student accommodation and holiday rentals (see Cromarty 2021, Lamb 2020).

Furthermore, the government is supporting outreach services aimed at identifying and assisting rough sleepers. The StreetLink mobile app and website were launched 'to help end rough sleeping by enabling members of the public to connect people sleeping rough with the local services that can support them' (www.streetlink.org.uk), providing a platform for members of the public to raise concerns about rough sleepers aged 18 years and above in England and Wales (see also MHCLG 2020b). StreetLink is partly funded by the Ministry of Housing, Communities and Local Government who share the data gathered with support service providers (MHCLG 2020b).

Public Health England (PHE) also issued guidelines to providers of hostels and day centres on how to handle suspected cases of coronavirus in order to help support workers and visitors contain the spread of the virus (MHCLG 2020).

4. Homelessness in Cambridge

Cambridge lies within one of the economically prosperous regions in the UK, with an average economic growth rate measured by gross value added (GVA) of 140, higher than both the East of England (15) and the UK (127) since 2006¹ (CPIER 2018).

The city's population has increased from 123,900 in 2011 to 125,063 in 2020 (ONS 2011, Cambridge Insight 2021) and the age profile is similarly changing, with young people aged under 24 constituting 37% of the city's population (Cambridge City Council 2019). The city's dwelling stock also increased by 16% from 48,380 to 56,520 between 2011 and 2021 (Cambridgeshire Insight 2021), although this is not enough to meet the assessed housing need in the city. In terms of tenure, 48% of Cambridge residents own their homes, while 26%, 15% and 8% live in privately rented, council tenancy and housing association properties, respectively. House prices in Cambridge continue to be among the highest in the country. According to the Housing Market Bulletin of the Housing Board for Cambridgeshire, Peterborough & West Suffolk, as of March 2021, the average price of a property in Cambridge stood at £523,818, as opposed to £382,255 for the East of England and £348,984 for the whole of England (Cambridgeshire Insight 2021). In terms of rent, the mean monthly cost of renting a two bedroom house in Cambridge City and South Cambridgeshire was £1,190 per month and £893 per month respectively (Cambridge City Council 2019). Private renting in the city is unaffordable for many Cambridge households (See Cambridge City Council 2019b).

The recent Greater Cambridge Housing Strategy 2019 to 2023 has recognised the housing affordability problem in the city and across South Cambridgeshire, and has signalled a commitment to tackling it through the provision of new homes for council rent and promoting diversity in the housing market. These commitments are captured in Priorities 1 and 2 of the new Housing Strategy: 'Increasing the delivery of homes, including affordable housing, along with sustainable transport and infrastructure, to meet housing need' (Priority 1) and 'Diversifying the housing market and accelerating delivery' (Priority 2) (Cambridge City Council 2019).

¹ GVA = 100 in 2001.

4.1. The extent of homelessness in Cambridge

Homelessness remains a concern in Cambridge. Annual statistics show that, in 2020, for every 1000 households in Cambridge, six were homeless and four were threatened with homelessness. Recent estimates show that a total of 29.3 homeless people died per million of the city's population between 2013 and 2019. During this period, there were 16 identified deaths of people in Cambridge who were experiencing homelessness, and the local authority estimated 20 deaths within the same duration (ONS 2020). This represents 46% of the estimated homelessness-induced deaths across the entire East of England during the same period (ibid).

In 2019, of the 1,461 applications made to Home-Link (the choice-based lettings scheme for all council and housing association homes in Cambridgeshire and West Suffolk) for housing need, 16 applications representing 1%, 24 applications representing 2%, and 4 applications representing less than 1% came from homeless households or people sleeping rough (Cambridge City Council 2019b). The rest include reasons such as housing conditions (26%), low housing needs (23%), medical needs (7%) financial resources (5%), victims of harassment, violence or abuse (2%), and need to move for social reasons (7%), among others. According to the City Council's Homelessness and Rough Sleeping Review, the two most common reasons why people lost their last settled homes were the loss of a privately rented home and the unwillingness of friends and family members to provide accommodation. These two factors account for almost 50% of all seven causes of homelessness identified in the city (Cambridge City Council 2019b). Other causes of homelessness include relationship breakdown, domestic abuse, violence or harassment, end of a social tenancy, and eviction from supported housing.

In Cambridge City, the Autumn 2018 count of rough sleepers across the city identified 27 individuals who were rough sleeping compared to 40 people in 2016 and 26 people in 2017 (Cambridge City Council 2019b). However, by the end of the year 2017-18, a total of 158 unique individuals had been counted. Cambridge's rough sleeping count per 10,000 households was estimated to be 6.1; among ten comparable cities, this was only lower than Oxford (8.2), Bedford (7.2) and Lincoln (6.3) (Cambridge City Council 2019b). The Council aims to keep the number of rough sleepers below 10 for any one count, reducing it to five over the duration of the new Homelessness and Rough Sleeping Strategy (2021 – 2026) (Cambridge City Council 2021).

4.2. The city's efforts at tackling homelessness

The Greater Cambridge Housing Strategy recognises that homelessness is a problem in the local area and has therefore set out several initiatives and actions to tackle the problem. These include the formation of partnerships to prevent homelessness, lobbying for welfare policies on the affordability of private rented housing, and improving understanding of issues related to homelessness in the local area.

Furthermore, as part of its commitment to tackling homelessness, the City Council has set out eight areas of work in its 'Homelessness & Rough Sleeping Action Plan 2016-2019'. These eight areas relate to offering better housing for victims of domestic abuse, helping more people to access private rented housing, reducing rough sleeping, improving support services for people experiencing mental health issues, enhancing existing homelessness prevention measures, minimising the use of temporary accommodation, pursuing welfare reforms, and bringing empty homes back into use.

In addition to its Action Plan, the Council is also ensuring that there is an adequate amount of temporary accommodation to help people experiencing homelessness or at risk of experiencing homelessness. In 2019, there were 104 discreet temporary accommodation units of varying sizes within Cambridge (Cambridge City Council 2019b). In 2018-2019, 262 homeless applicants, comprising 164 single people and 98 families, were housed in temporary accommodation. The Council's average relief duty period is 66 days, 10 days more than the period specified in the Housing Reduction Act 2017. The Council is also implementing a Housing First programme to support people with high and complex needs (Cambridge City Council 2019a).

Aside from providing temporary accommodation, the Council also makes use of commercial accommodation located within 15 miles of the city. These forms of accommodation are rarely used, except in emergency cases where no local accommodation is available, when a family is unusually large, or an individual needs to be protected from others. This commercial accommodation consists of specific hotels within the city.

Furthermore, the Council is investing in resourcing effective housing services. It employed four additional housing advisors to deal with an anticipated increase in applications and complex cases (Cambridge City Council 2019a). The Council has also employed a housing service coordinator to help with the increased administrative requirements of the Housing Reduction Act 2017. A second accommodation finder has

been employed to handle the projected rise in the number of families seeking or likely to be offered a homelessness solution in the private rented sector.

The Council is partnering with local interest groups and stakeholders such as 'It Takes a City', Jimmy's, and Cambridge Cyrenians to explore collaborative ways of tackling homelessness and rough sleeping in Cambridge (Cambridge City Council 2019a).

Building on its commitments to preventing and relieving homelessness and rough sleeping, the City Council has recently published its Homelessness and Rough Sleeping Strategy for the period 2021 – 2026 (Cambridge City Council 2019). This strategy, which was put in place during the Covid-19 pandemic, aligns with the Council's broader strategic objectives and takes cognisance of national and local initiatives to tackle homelessness. It aims to prevent people from becoming homeless, help people to find suitable accommodation where homelessness cannot be avoided, minimise rough sleeping, and ensure that housing outcomes for all residents reflects the Council's vision of 'One Cambridge, Fair for All'. The Strategy also sets out specific actions to achieve its six priority areas of:

1. Supporting people at risk of homelessness to remain their homes whenever possible or to find a new home without an intervening period of homelessness;
2. Improving access to a range of permanent accommodation;
3. Minimising the use of temporary and emergency accommodation;
4. Improving access to and effectiveness of support services
5. Preventing rough sleeping; and
6. Breaking the cycle of chronic and repeat street homelessness and rough sleeping.

While specific action points under each priority can be referenced elsewhere, it is worth mentioning in this report that one of the Council's commitments under Priority 6 is to 'expand the provision of modular homes and explore innovative ways of providing accommodation to prevent and relieve single homelessness' (Cambridge City Council 2021, p.11). It is therefore within this context that this modular housing project should be viewed.

5. The modular housing project

5.1. An overview of the project

The modular housing project is a strategic partnership between Jimmy's Cambridge (Jimmy's), Allia and New Meaning Foundation, with the support of the Cambridge City Council to provide temporary accommodation and onsite support services to help tackle homelessness using modern methods of construction. It comprises six self-contained units, each measuring 25 square metres, complete with a front porch, letterbox and garden. The units were first installed on a leased piece of land owned by a church in Cambridge. The units were designed to be relocatable – with opportunities for the occupants to continue their residency – to other free or low-cost sites in the city when the present site is redeveloped by the church. Figures 2 and 3 provide an external and internal view of the modular homes in situ.



Figure 2: Exterior of the modular homes, with front porches and gardening beds

Source: Author's site visit (June 2020)



Figure 3: Interior of the modular homes, with white goods and furnishings

Source: Author's site visit (June 2020)

The cost of materials, labour, manufacturing and transporting for each modular unit, excluding in-kind costs, was estimated at £36,000. The in-kind costs, subsidised rates and pro bono services associated with all the key stages of the project, including the search for land, the design of the units, planning application, site preparation, manufacturing, transporting and onsite installation of the units, and furnishing, have not been quantified. Table 1 provides a list of the individuals and organisations that gave donor support and pro bono services to the project.

Table 1. List of organisations that made cash and in-kind contributions towards the project

Aspect of project	Organisations Involved
Funding	The Aidan Charitable Trust
	Brookgate
	Greater Cambridge Partnership
	Hill
	Howard Group
	Marshall Group Properties
	New Meaning Foundation
Land acquisition	The Diocese of Ely and the Church Council of Christ the Redeemer
	Cambridge City Council
Legal services	Barr Ellison
Planning consultancy	Carter Jonas
Architecture and design	Corporate Architecture
	Sector Three Property
Manufacturing and Storage of the units	New Meaning Foundation
	Urban&Civic
Groundworks and on-site installation	Mick George
	Nuaire
	A&K Air Conditioning Ltd
	Anglian Water
Engineering	WSP
Landscape design	Robert Myers Associates
Finishing and fit-out	Cambridge Building Society
	Hewitsons
	The Sam Family
	Joseph Evans – Wren Kitchens designer
	Saunders Boston Architects

Source: Allia (2020)

Although actual figures are not readily available (owing in part to the commercial sensitivity of such information), it should be highlighted that, just like any other temporary accommodation or shelter for people experiencing homelessness, there are running and maintenance costs associated with the modular units. These comprise weekly rent and a monthly service charge for internet, water and electricity. These costs are borne by residents and funded through their housing and welfare benefits.

Additional costs arise from the on-site support services offered to the residents by Jimmy's. These support worker services involve helping residents to overcome alcohol and drug dependency, including helping them to arrange, and in some cases accompany them to, appointments. In some cases, support workers collect medical prescriptions for the residents. Support is also offered to help residents apply for housing and other welfare benefits, and useful social skills such as cooking are taught by support workers.

6. Experiences of the residents

This section presents a qualitative evaluation of the impacts experienced by the residents living in the modular homes over the past 12 months. The insights from the residents, while subjective and qualitative, help to understand the impact of self-contained housing provision combined with on-site support services. Overall, they present a very positive picture of the modular homes based on the residents' impressions and progress.

6.1. Brief demographic profile and history of the residents

Before proceeding, it is important to provide a brief demographic profile of the six residents and highlight some of their unique stories. These insights help to contextualise the changes that the residents have experienced since moving into the units.

All six residents in the modular homes are men. This is unsurprising given that a high proportion of rough sleepers in England are male (MHCLG 2020a). Their ages range from late twenties to early sixties, and all have educational attainment levels below a university degree. All are single, but two of the residents have children who do not live with them. This demographic profile reinforces recent findings from England and Scotland surveys that show that the odds of experiencing homelessness are higher among single adults and lone parents (Bramley & Fitzpatrick 2018). Before experiencing homelessness, all residents were engaged in some form of economic activity. Residents' previous jobs included painting and decorating, cabinet and furniture manufacturing, construction labour and retail assistant.

We also found that, consistent with the literature (Downie et al. 2018, Lenhard 2017, Fitzpatrick et al. 2020), the initial triggers of moving out of stable accommodation varied markedly among the residents. The reasons given for becoming homeless included disputes with close family members, loss of employment, eviction following a landlord's decision to sell the property, death of a partner who was responsible for paying the rent, and loss of close family, housing and all personal assets in a fire. Our evidence suggests that, before experiencing homelessness, some of the residents led lifestyles that may have predisposed them to difficulties in maintaining a tenancy, especially those who were renting. This included heavy drinking and occasional drug use. Research evidence has shown that heavy drinking and use of cannabis often predisposes people to losing their tenancies and later becoming homeless (see McVicar et al. 2019).

Similarly, there are considerable variations in how long residents had been rough sleeping or moving in and out of temporary accommodation: one resident had been homeless for over 20 years and another had been in and out of temporary accommodation for over 10 years. Some of the residents had served short jail terms.

A common struggle shared by most of the residents was drug and alcohol use. Some said they turned to drugs because they helped them to cope with anxiety and challenging life experiences:

*I've gone so long on drugs that I couldn't give a **** about whatever happens.
- Resident*

Poor financial management was a key challenge faced by most residents, often as a result of drug and alcohol use:

I came into some backdating benefit money of two grand, but I actually sat on that for a week in my bank and didn't spend it at all. But then after a week, I guess I thought, I'll just spent 100 pounds, and then I didn't stop. My sister and I got an inheritance from my dad. That was nine grand and three grand for cremation. So we split the other six. So that's another three grand...I spent 5,750 quid in a month on myself, every day in the room, non-stop. - Resident

We also found that some of the residents had lost connections with close family members and there was a strong desire to reconnect with them:

My child is still in foster care. They don't want me to have my son. - Resident

6.2. Impacts of living in the modular homes

Our interviews identified eight areas of residents' lived experience that provide insights into how living in the modular homes has changed their circumstances over the twelve months of their residency.

6.2.1. Drug and alcohol use

Almost all of the residents struggled with some level of damaging use of drugs and/or alcohol, and this has negative impacts on several aspects of residents' lives. These include, but are not limited to, maintaining good mental and physical health, finding or keeping a job, sustaining a tenancy, making sound financial decisions, maintaining

relationships, involvement of the criminal justice system, and the difficulties in accessing medical assistance.

We found that the combination of living in the modular homes with support services has helped residents to access appropriate treatment services and support for dealing with their drug and alcohol use. The provision of good quality, self-contained housing, and the responsibility for maintaining their tenancy, the bespoke, on-site support offered to the residents, and residents' own determination to tackle their dependency have all worked together to create an environment that is conducive to making and sustaining behavioural change.

Evidence suggests that many people experiencing homelessness are often dissatisfied with forms of temporary accommodation such as hostels, night shelters, and bed and breakfast accommodation (see Boland et al. 2021, Fitzpatrick et al. 2021). The interviews suggest a connection between having a self-contained home and dealing with drug addiction:

Living here, oh everything is good! I can't say anything bad. It's got me off me drugs, got a roof over my head, it's got me back to work...can't say anything bad really. I've stopped using drugs altogether. There's nothing bad about the place. Everything's positive. – Resident

Addressing drug and alcohol use is complex and requires intense support. An ethnographic study into the drug addiction experiences of rough sleepers in London by Lenhard (2017) showed that it is extremely difficult for homeless people with a history of drug abuse to break away from a possibly very destructive habit. It is therefore a considerable success that the residents, with support, have begun to tackle their drug and/or alcohol use issues.

One of the conditions for living in the modular units is that residents agree to not use drugs. Residents were informed that random checks would be conducted by support workers to ensure that they were not breaking this condition of residency. Residents are also helped by support workers to book and attend medical appointments with specialist professionals and to pick up medical prescriptions. Residents are making progress:

We've got one individual who [...] starts a methadone detox in a month to become clean of opiates for the first time in 20 odd years. – Support Worker, Jimmy's

The support needed and time taken to reduce or stop drug use will vary amongst residents, some will take longer and require more support than others but, living in stable accommodation where – if needed – intense support can be provided, has clearly been beneficial.

6.2.2. Money management skills

Before moving into the modular homes, some residents faced difficulties in managing their incomes, failing to budget for planned expenditure such as rent and utilities. Residents of the modular homes are offered advice on budgeting and managing their money.

After a year of living in the accommodation, and with support from key workers, some of the residents are making progress in this area and are more confident in managing their finances. The residents are generally gaining better control over their money, with two thirds managing to pay their rent and service charge on time. Two of the residents are still struggling to budget for these regular payments, and Jimmy's offers additional support and flexible payment terms to support them in this.

Improving their money management skills has allowed the residents to set budgets that enable them to meet their regular commitments, and this has opened up opportunities for residents to put money aside for other purposes, including supporting them back into employment:

I've managed to get my sick pay which was back dated. It wasn't a lot but enough.... I had a choice to buy a motorbike, which I really did want, or to buy tools because I need them to try and get myself back into some kind of work or whatever. So, I decided, 'Right, buy the tools'. I made a commitment, bought the tools. I've bought all of the tools. – Resident

Being supported to take personal responsibility for financial decisions is an important step forward for residents. The preceding quote is a good example of this, as it shows clearly that the resident has thought through the options he faced and the decision he took.

Many residents had lost their connection to their family when they were rough sleeping. One resident was rebuilding his relationship with his daughter and gave some of the income he received from back-dated benefits payments to his daughter:

Since the last time we spoke, I have received some back pay which is quite a decent amount. I have given part of it to my daughter. I am not going to spend it all... I will save some and use part for myself. – Resident

The difficulty in making sound financial decisions is one of the characteristics associated with people experiencing homelessness (House of Lords 2016, Downie et al. 2018), and the time spent living in the modular units, with a bespoke support system and flexibility in payment terms, has helped the residents to develop money management skills. Residents' progress is linked to an awareness that they are singularly responsible for the rent and service charges for their 'own home'.

6.2.3. Employment, skills development and readiness for work

In our first round of conversations with the residents immediately after they moved into the modular units, we identified that there was generally no sense of urgency in terms of finding work. However, one year into their residency, evidence is emerging that residents are preparing to return to employment and are increasingly enthusiastic about doing so. Some residents are planning to return to the type of work they used to do and others are starting training to help them seek employment. Those who were in employment before the COVID-19 lockdowns were particularly eager to return to work. At the time of writing this report, one resident involved in newspaper retail had already gone back to selling the newspapers following the easing of lockdown restrictions:

Yeah, I will be going back to selling the newspaper when the lockdown is lifted. That's what I do basically. - Resident

The stability of living in the modular units and the support provided has allowed residents to begin to consider being able to return to employment. Some residents had begun to pursue new skills (e.g., in construction, as a barber). Others who had existing skills but had not been employed for a long time were also showing a keen interest in returning to employment:

The job I am familiar with is how to make cabinets and furniture and decorate houses. I want to work till retirement. I'm returning to my passion. I've got a goal; I've got a plan. I can't believe I'm saying that but yeah...it's amazing really. – Resident

The enthusiasm for seeking employment was also described by the support workers from Jimmy's, who have been working closely with the residents. They have helped

residents to register for and take tests that are required for starting work, to apply for training courses, and offered suggestions for the purchase of relevant work equipment:

We've got one individual who has got a CSCS² test on Thursday, and he starts a new job within the next week. He's already been offered the job, he's just got to do the CSCS test for working on a building site before he goes into full-time work. I think six months ago when you spoke to him about returning to work, that wasn't even an option. We've got another resident who's just going to start college in September to do barbering. – Support worker, Jimmy's

The stability provided by the modular housing and assistance offered by Jimmy's support workers has been invaluable in facilitating a return to work for some residents and in creating the enthusiasm for others to plan to secure employment.

6.2.4. Relationships

The consequences of the breakdown in social relationships with close relatives and friends often go beyond losing shelter to the loss of important social capital, essential for psychological, emotional and mental wellbeing (see Boland et al. 2021, Downie et al. 2018). As already highlighted, for some residents, a relationship breakdown was one of the triggers that caused them to leave home and resulted in them rough sleeping or moving into temporary accommodation.

Those residents who had experienced breakdowns in important family/partner relationships expressed a strong desire to have them restored and to reconnect with family members once they secured decent and stable accommodation. One resident, whose son had been taken into foster care because of his lack of stable accommodation, described his hope to move on from the modular unit into housing where he would be able to live with his child, with the assistance of his support worker:

I am doing everything I can to get back my child. That place [referring to foster care] is not good for him... So, I am staying clean, and I hope that in no time I can get my rented place and get back my child. ... I love that boy, I don't want him to be put in foster care. [...] Me and the social services don't really get on very well. So, luckily for me, I've got [support worker] on my side who can

² CSCS stands for Construction Skills Certification Scheme. It is a test designed to give individuals working in the construction industry the requisite knowledge in the areas of health, safety and environment, so that they can identify hazards on site and take preventive steps. More information about it can be accessed via: <https://cscstest.org.uk/>

Speak up for me... I ask him to do my speaking for me if I need to speak to them. – Resident

There is an important connection between having stable accommodation and being able to keep a family together. Having lived in the modular home for a year, this resident feels he is able to demonstrate domestic stability, particularly his ability to maintain a secure tenancy, and to therefore seek custody of his son. It also shows the invaluable nature of the help received from the support workers.

Another resident described how living in the modular home has helped him to reconnect with his daughter for the first time in over 20 years and to tackle his alcohol dependency:

Before moving here, I barely spoke to my daughter. Now I talk to my daughter every week, twice a week. Living here has allowed me to make some improvements. I've been clean for 14 months. She's coming to see me here for my birthday in July. – Resident

There is also empirical evidence that conversations between parents and their previously homeless children change when they secure decent accommodation, as conversations dominated by concerns about getting into trouble/committing crimes change to ones about future aspirations (see Boland et al. 2021). Such conversations and meetings are facilitated by the fact that the modular homes are self-contained and do not have shared spaces or facilities, which makes meeting family members easier. This is in contrast to temporary accommodation where facilities, like kitchens, lounges and even entertainment gadgets like televisions, are shared (see Bullen 2021).

6.2.5. Community

A sense of community has developed among the residents. The residents are able to engage with each other. This has mainly been through both planned and unplanned conversations which take place either across porches or over tea in the shared garden:

I get along well with everybody. – Resident

There is evidence of a sense of trust developing between some of the residents. For example, one resident described how another resident had opened up to him regarding a medical condition and pending surgery. He observed:

Yeah, everyone has been good, it's only [fellow resident] who told me he was suffering from terrible back pain some time ago, but he's going to go for surgery to fix that soon. – Resident

Residents also described a sense of community with members of a church nearby. The residents greatly appreciated an invitation from the church inviting them to participate in their Christmas celebrations. Residents who attended the celebrations highlighted how the experience made them feel they are recognised members of the society and that there is a community that cares about them:

We attended the Church's Christmas celebrations. It was a good feeling. Really nice people. – Resident

Some residents said that the uniqueness of the units often causes curious passers-by to stop and engage them in brief conversations about the units and the purpose they serve. While such encounters were seen as intrusive by some residents, they are a means of positive social interaction between the residents and the public, and a way of raising awareness about the modular housing project. Boland et al.'s (2021) ethnographic study has shown that such random conversations with passers-by go a long way to enhancing the sense of community felt by people who have started living independently after previously experiencing homelessness.

A sense of community has been fostered among the residents through a range of activities, including initiatives such as communal meals, conversations among some residents, participation in events organised by the church, and interactions with passers-by.

6.2.6. Safety and security

A sense of fear and insecurity is often felt by people sleeping rough and, in some cases, by those living in shared housing and hostels. Our first round of conversations with the residents after they moved into the modular units revealed that they had experienced this sense of insecurity, describing some of the people they had lived with as having violent pasts and violent tendencies. One resident, for instance, described how he had to leave a shared house and go back to sleeping rough after being threatened by a fellow resident. Despite the dangers of living on the streets, this resident felt safer there than living in the shared house. A year into their residence in the modular homes, we identified that the residents felt a greater sense of safety and security:

Well, living here is safe for me and I like it. I've got my own place, I can stay locked in to prevent any trouble from others, but the guys are generally nice so there's no trouble at all. We've got cameras around here and they help to keep us safe. – Resident

Residents feel safe living in the modular homes, which allow them to lock their own front doors and protect themselves in a way that is not possible in shared housing. Their feeling of security is also linked to the sense of community that has developed. Residents get on well with each other and are able to keep an eye out for potential intruders on site. In addition, security cameras are installed on the site and this, residents all agree, is another layer of security that helps them feel safe.

6.2.7. A sense of control and self

Before the residents moved into the modular units, there were initial concerns amongst Jimmy's support workers about how the residents would fare in their new housing. These were primarily about finding a balance between leaving the residents to live fully independent lives and the risk of them feeling overwhelmed by the responsibility of having to take care of their new homes for the first time in a long time, and about how the regular support visits that the residents would receive to help them cope would be perceived. To address these concerns, a pre-tenancy preparation meeting was held for the residents. The meeting was an opportunity to explain to the residents how living in their new homes by themselves was going to be different from living in shared housing, and how they would be expected to take responsibility for different aspects of their lives.

The interviews with residents suggested that most, if not all, were taking control of their lives and appreciated the responsibilities of independent living in the modular homes. Residents described two main ways in which they felt they had regained control of their lives, namely by meeting financial obligations such as rent payments and the opportunity to manage their own personal space. They attributed these improvements to living in the modular homes:

I have been paying my rent and I feel happy right now... Yeah, I will agree, I feel I'm in control of my life right now. – Resident

Being able to manage their own space by configuring and maintaining a layout that suited their preferences, establishing cleaning routines, and being able to decorate their modular units to make them 'feel at home', gave the residents a sense of agency and control. One resident, for example, enthusiastically showed us a matchstick artwork decoration which he had been working on in his modular home during the lockdown.

For another, simply being able to change the positions of his furniture in his living area to suit his preference felt important. That, according to him, enhanced his sense of being in charge of his own space and enjoying it. Another resident valued being able to build a regular daily routine in his modular home (e.g., having time to clean, rest, walk his dog, do laundry) without interruptions from others.

In contrast to rough sleeping and living in shared housing, the self-contained and fully-furnished nature of the modular units has allowed residents who used to cook their own meals to start cooking for themselves again:

Yeah, yeah, I can cook but not the level of a chef or anything. It is brilliant that I have my own cooker and fridge, so I can sometimes cook my meals. – Resident

Another resident also mentioned that he was going to learn how to cook by taking advantage of the kitchen, cooking utensils and crockery provided in his modular unit:

No, I am terrible at cooking, I haven't tried in a long time. I will give it a go now that I have a kitchen to myself. – Resident

This quote also suggests that a lack of personal kitchen space can discourage people experiencing homelessness from learning cookery skills. Providing individual modular homes helps to remove the constraints that can discourage food preparation, a vital skill for a healthy independent living.

The modular homes have afforded the residents the opportunity to develop agency and a sense of control over their own spaces. These two factors are critical in helping people who were formerly homeless to begin forming their sense of what home is (Lenhard 2018). This is difficult to create in shared housing, a more commonly provided solution for housing people experiencing homelessness (Pleace et al. 2021).

6.2.8. Intended housing trajectory

The modular homes now constitute one of the temporary housing options being used in Cambridge to tackle homelessness, with several projects modelled on these initial units already being launched. There is an expectation that residents will eventually move on to permanent accommodation, although residents were informed before moving in that they could move with the modular homes when they were relocated.

The interviews with residents explored their future housing aspirations. Some aspired to move into permanent accommodation:

Yeah, they will not let me have my boy until I am clean and have my flat, so I have to find my own place. [...] My friend was in a similar situation, so he rented a flat and applied to take back his child and he was successful, though he was still a heavy drinker. – Resident

Some residents saw moving out of temporary accommodation as being linked to integrating back into society and leading a 'normal life' (see Boland et al. 2021), and a move to permanent accommodation was an aspiration for some of the residents:

I will be moving because I don't want to stay in temporary homes for long... You know, I am not into drugs or any form of alcohol abuse. I only experienced a relationship breakdown which made me lose my flat and got me into some form of depression. – Resident

Jimmy's support workers described how residents may need a lot of support before they are able to move on and sustain a tenancy in unsupported accommodation:

[He] is young and doesn't have problems with drugs or anything. However, he needs a lot more work in terms of money management, mental health and wrap-around support. His mood gets quite low, and his anxiety seems to have been worsened by COVID. He is not ready to move on. – Support worker, Jimmy's

However, some residents were ready to move on to permanent housing and the support workers were providing them with assistance to move. Commenting on the housing trajectory of one resident who will soon move into social housing, a support worker noted:

[He] is moving out imminently. We've helped him get a Band A, so he's looking forward to getting his property. But it has just been slow with the move-on property due to COVID. – Support worker, Jimmy's

Some residents do not currently want to move out of the modular units:

I am not going anywhere; I like it here. Moving around with the units doesn't really bother me... I guess you're getting to see other places... it's like going on a tour. – Resident

Another resident expressed the desire to remain in the modular homes as long as the units are not relocated to anywhere outside Cambridge:

I am not looking forward to being told where I am going to be put next after here. I hope the three year limit will extend to 5 years. It will be difficult for me to move out but if the next location is not outside Cambridge, then that will be fine. – Resident

The time and degree of support needed before a resident of the modular homes is ready to move on to permanent accommodation will vary, depending on their individual circumstances and needs.

6.3. Summary of the impacts of the modular housing project

The residents believed that moving to the modular units has been positive, and that it has been fundamental in making the improvements that they identified relating to their safety and security, sense of control and community, tackling alcohol and substance use, improving their money management skills, strengthening their social relationships, and developing their skills and potential employability. Living in the units has helped them to develop some of the key skills that will be needed to move to permanent housing, such as paying rent, maintaining a tenancy, and looking after a property. Some of the residents expressed a sense of happiness about living in the modular units after long periods of being homeless:

These mods are brilliant. Life this past year has been like a jolly slide. I was on the streets for 20 odd years, so it's been nice living in the mods. – Resident

Others noted how the use of modular housing might be a source of wider help and reduce the prevalence of homelessness:

It's a brilliant idea and perhaps should have been done about 5, 10 years ago. Maybe there wouldn't be as much homelessness as there is now. – Resident

For the majority of residents (five out of six), the modular homes worked very well in the ways described in detail above. As indicated earlier, only one of the original residents

moved out of the modular homes within the first six months, mainly because he was unable to manage living independently. While it is important for further research to look into what kinds of people modular homes work best for (e.g., people with low to medium needs, as in this case), there is sufficient justification from this research to support making greater use of modular homes to provide alternative accommodation for people experiencing homelessness.

Beyond the residents' improvements discussed, key stakeholders of the project have also praised the success in terms of its financial viability and potential for scale up. Financial considerations, both for the first, but even more so for subsequent, developments of modular homes in Cambridge, are reasonably positive:

For the six current residents in the modular homes, it is definitely worthwhile us doing this. Some of the residents have struggled for years to stay in accommodation and are now successfully able to live in their own new homes, backed up with a range of support from the Jimmy's team. It works from the residents' perspectives. [...] From a financial perspective, we can make it work with a mix of rent or housing benefit, plus as a charity we can use the generous donations from the community to subsidise the running and support costs. As we are renting these 6 homes, it is more challenging financially and we couldn't do it without these donations, whereas the new homes very kindly donated to Jimmy's by Hill Homes work better financially as we own those modular homes and don't have to pay rent to a landlord. However, we recognise that we need to use a mix of accommodation, and won't always have modular homes donated to us. – Officer from Jimmy's

Similarly, a representative of the local authority clearly expressed support for the project which has already led to a further rollout of modular homes in the area:

Overall, the setup of the modular homes is leaner [cheaper] than Housing First – while possibly delivering similar results for a similar, slightly lower needs client group. [...] We were offered up to 20 of the [Hill] units for free and no authority would reject an offer of that kind [...] we were persuaded by the evidence [from the preliminary report on this project], particularly the initial residents' experiences, to go forward with it. – Officer from Cambridge City Council

The Council is going to play an active role in the selection of residents for these new units. Having said this, questions remain regarding a sustainable financial model to

support the scaling up of the modular homes across the city over the longer term, as a council officer observed:

[...] in terms of financial modelling going forward, we need to think about what happens when we will have to bear the costs of the units ourselves [...] There will be some modelling we need to do. – Officer from Cambridge City Council

7. Conclusion

Informed by the adoption of a social justice perspective to evaluate the impacts of efforts to tackle homelessness (see Parsell et al. 2018, Zaretsky & Flatau 2013), this report reflects upon the experiences of six residents living in fully furnished, self-contained modular homes with an individual support service. Experiencing homelessness affects different aspects of peoples' lives, including their physical, mental, emotional, psychological and social wellbeing. These often interact in complex ways to reinforce homelessness. Having previously experienced challenging life circumstances, after a year of living in the modular homes, residents described how they had made progress in multiple, diverse aspects of their lives. These included recovery from drug and alcohol misuse, better financial management, improved social relationships, fostering a sense of community, feeling a sense of safety and security, as well as a new enthusiasm and readiness for work.

The experience of the first residents suggests that the provision of secure, self-contained housing alongside the provision of dedicated support can help to significantly improve the quality of life for people who have experienced homelessness.

Despite the progress made with the modular housing and the wrap-around support services in tackling homelessness, questions remain to be considered before further rollout of modular homes in different settings. For example, further insight is needed into what types of people the modular homes work best for and who they are less suitable for. Addressing this requires further research with a larger and more varied group of residents, including women, families, and people with different levels of needs. Most of the residents in these original modular homes were dealing with low to medium needs and the one person who had complex needs was not able to sustain the tenancy. Hence, it would be insightful to understand how such modular homes and wrap-around services can be designed to support people with complex needs, such as acute mental health issues and drug use, and enable them to maintain independent living in modular homes.

The above notwithstanding, the results suggest a positive role for the wider adoption of modular homes as part of the repertoire of housing provision for people experiencing homelessness. This could be done in parallel with the increasingly popular Housing First model. Modular homes provide an important alternative to shared housing arrangements such as hostels, which have been found to be less favourable for people experiencing homelessness. They provide a better quality of accommodation than shared housing and offer privacy and independent living. The modular homes are a

relatively cost-effective and flexible option for people making a transition from homelessness, particularly for former rough sleepers moving from hostels to permanent accommodation. The residents found that the modular homes served their needs better and were preferred over other options they have been offered in the past. Indeed, 'having one's own front door' enables people to regain autonomy and re-make both a home and a life.

8. Appendix

Note 1: Local authorities duties towards people threatened with homelessness

Local authorities owe a main homelessness duty to applicants threatened with homelessness within 28 days or who were homeless, and who were assessed as belonging to a 'priority need group' at the point of application to the local authority (MHCLG 2020c). According to Shelter (2021), there are two categories of priority need groups. The first include people who are deemed to be automatically in priority need, including but not limited to, pregnant women, adults with dependent children, victims of domestic abuse, etc. (see also MHCLG 2020c). The second category comprises of people who are in priority need if vulnerable due to circumstances, such as old age, mental illness or disability, aged 21 or over but still looked after, accommodated or fostered, been a member of Her Majesty's regular armed forces, etc. Applicants in the priority need group are said to be owed a statutory duty of homelessness (MHCLG 2020c).

Note 2: Statistics on core homelessness in Great Britain

Downie et al. (2018) show that, in Great Britain, core homelessness increased from 121,000 to 158,400 between 2011 and 2016, representing a 27.3% increase (see Figure 4 for details). In England, core homelessness increased from 103,000 to 142,000 between 2011 and 2016, representing a 14% increase, and in Wales from 4,900 to 5,400 from the same period, representing a 10.2% increase (see Figure 4). However, in Scotland, core homelessness decreased from 13,100 to 11,000 between 2011 and 2016, representing a 19% reduction (Ibid). The latest annual homelessness statistics by the ONS (2021a) show that, in 2020, out of a total of 287,670 households applications assessed by local authorities, 148,070 people, representing 51.5%, were found to be homeless in England.

	England		Wales		Scotland		Great Britain	
Core homelessness	2011	2016	2011	2016	2011	2016	2011	2016
Rough sleepers	5,000	8,000	200	300	900	800	6,100	9,100
Tents, cars, and public transport	5,000	8,000	200	300	700	800	5,900	9,100
Squatting and non-residential accommodation	6,800	11,500	300	300	800	400	7,900	12,200
Hostels, refuges and night/winter shelters	44,200	38,500	900	900	2,000	2,300	47,100	41,700
Unsuitable temporary accommodation	7,000	17,000	400	200	2,700	2,100	10,100	19,300
Sofa surfers	35,000	59,000	2,900	3,400	6,000	4,600	43,900	67,000
Total	103,000	142,000	4,900	5,400	13,100	11,000	121,000	158,400

(figures are rounded to nearest thousand)

Figure 4. Core homelessness in Great Britain between 2011 and 2016

Source: Downie et al. (2018)

Note 3: Structural factors that cause homelessness

In the UK, the housing market is commonly cited as an example of a structural factor (DCLG 2012). Analysts argue that increasing house prices in economically successful cities and regions like London and the South East predisposes low-income households, who often spend more than a third of their income on renting or mortgage repayment, to homelessness (Fitzpatrick et al. 2021, Pleace 2015). DCLG (2017) notes that the risk of becoming homeless is high in centres of economic activity where people are on the margins of being able to pay market rents and are in receipt of housing benefits.

Another housing-related structural factor of homelessness in the UK is the diminishing social housing stock. Analysis of MHCLG data on the number of new dwelling completions by local authorities shows that the average number of completions has risen, from 275 units between 2000 to 2010 to 1,645 units between 2010 to 2020. This sixfold increase still falls behind the average number of completions in the 1950s and 1960s (see MHCLG Live Table 244). This shrinkage has left many low income households with no option other than to rent from private landlords who may charge a higher rent, predisposing them to a higher likelihood of rent arrears, and to mortgage default in case of homeownership, which often ends in eviction (Clarke et al. 2017). According to the DCLG (2017), the ending of private sector tenancies constitutes the single biggest driver of statutory homelessness among low income households, particularly for recipients of housing benefits. Downie et al. (2018) also add that legal provisions, particularly those that relate to the rights of (undocumented) immigrants and their inability to access public funds also contribute towards homelessness.

Using English and Scottish survey data, modelling by Bramley & Fitzpatrick (2018) has shown that labour market variables (such as the level of wages paid for both full and part-time employment, or the minimum level of qualifications accepted for certain jobs) interact with household employment characteristics (such as the number of working individuals in a household or the number of months that household members remain unemployed) to predict the likelihood of households reporting as being homeless. Pleace et al. (2021) also add that failure in social protection, reflected in part by the type of benefits system a country adopts and the barriers that people have to navigate to access these benefits, as well as failures in public health systems, constitute structural factors that contribute to homelessness.

Note 4: The individual cost of homelessness

As people experience homelessness, individuals lose social connections that are vital for maintaining stable living, predisposing many to chronic homelessness (Boland et al. 2021). People experiencing homelessness disproportionately suffer stigmatisation and social exclusion (Watson et al. 2016), with members of the LGBTQ+ community sometimes being the worst affected (Ecker et al. 2018). People face a higher likelihood of suffering from physical and mental health problems, and experience difficulties in accessing medical services when experiencing homelessness (Mejia-Lancheros et al. 2021). The lack of a permanent address has been linked with difficulties in registering for GP services (Mejia-Lancheros et al. 2021, Pleace 2015). Children who live in temporary accommodation or whose parents lack stable accommodation often tend to experience disruption in their education and achieve lower educational attainment when compared to their peers in permanent accommodation (Fantuzzo et al. 2012).

Note 5: Public sector cost of homelessness

Typically, the costs of homelessness emerge from the use of welfare benefits and medical services related to emergency use of hospitals, out-patient admissions, mental health treatment, police offending, court appearances, prison sentencing and specialist homelessness services among others (Parsell et al. 2018, Pleace 2015, Zaretsky & Flatau 2013). People experiencing homelessness, and particularly those sleeping rough, tend to use such services disproportionately more frequently than people who are better housed (Pleace 2015, Government of Australia 2008) and thus, from a fiscal governance standpoint, there are potential cost savings in these areas if more public funds are spent on homelessness prevention and support services (Pleace et al. 2013).

Across some developed economies, including the UK (Pleace 2015), the US (USICH 2013), Australia (Australia Government 2008) and the EU (Pleace et al. 2013), there is a strong recognition that there are cost-offsets in supporting homelessness initiatives. Pleace et al. (2013) argue that understanding the economic costs of homelessness is useful in three ways. Firstly, it allows the importance of services that prevent and reduce homelessness to be properly assessed. Secondly, it clarifies the financial costs of homelessness to taxpayers and the economy, and thirdly, it allows providers of non-homeless services such as the criminal justice system and accident and emergency services to understand how homelessness may be influencing their operations.

In the UK, Pleace and Culhane (2016) estimated the homelessness cost of 86 people who had been homeless for 90 days, and used the results for annual forecasting. They found that annual public spending on homelessness amounted to £2.96 million, which translated into £34,518 per person. They further observed that preventing homelessness for one year resulted in a reduction in public expenditure by £9,266 per person. Similarly in Australia, Parsell et al. (2018) investigated whether public spending on people experiencing homelessness reduced 12 months after they moved into supported housing compared to 12 months without supported housing. They found that, in the 12 months before moving into supported housing, each of the 41 people they interviewed required an average of AUS\$ 48,217 (approx. £25,776) of public funds on health, criminal justice, homelessness services, and tenancy costs, compared to AUS\$ 35,117 (approx. £18,773) for 12 months of supported housing. They concluded that investing in supported housing for people experiencing homelessness led to a saving of public funds.

Note 6: Limitations in estimating the public sector cost of homelessness

In Parsell et al.'s (2018) Australian study, five limitations were acknowledged. Firstly, although the cost estimation was calculated for 41 people, complete service usage data was only available for 35 people, meaning that service usage might have been over or under-reported if the additional six people had service use history that significantly differed from the other 35. Secondly, they acknowledged that costing data does not always perfectly correspond with the actual cost of providing the service in each individual case. Thirdly, using average cost data meant that variations in people's intensity of service usage could not be accounted for in the analysis. Fourthly, the analysis was not generalisable beyond the local context and, fifthly, administrative data

quality issues such as incorrect dates of birth, misspelt names and use of pseudonyms could impact the reliability and replicability of the study. Similarly, based on their European experience, Pleace et al. (2013) asserted that measuring the financial cost of homelessness can be very complex, particularly when issues such as a) diversity in homelessness services and availability of data; b) determining cost offset; c) the scale of homelessness and fixed service costs; d) challenges in assessing the wider economic costs and benefits of homelessness services; and e) challenges in monetising the cost of homelessness, such as putting a monetary value on social issues such as damage to well-being, are all considered.

Note 7: Measures and interventions by the UK Government to tackle homelessness

The Homelessness Reduction Act 2017 was passed to give local authorities more responsibility to prevent homelessness. According to Homeless Link (2018), the HRA introduced five key changes, comprising: 1) the extension of the period in which people must be threatened with homelessness before receiving support to 56 days instead of the previous 28 days; 2) the right of people in local authority areas to access information and advisory services on preventing homelessness free of charge, as well as helping residents to secure accommodation when they are homeless or threatened with homelessness, etc.; 3) the duty on local authorities to prevent and relieve homelessness; 4) the imposition of a duty on local authorities to conduct assessment of all eligible applicants who are homeless or threatened with homelessness and to develop personalised housing plans with them; and 5) the imposition of 'a duty to refer' on public bodies, such as the prison service, young offender institutions, secure training centres, job centres, social services, emergency departments and hospitals, that regularly interface with people who are homeless or at risk of becoming homeless. Analysis by Oakley and Rose (2020) shows that, since passing the Housing Reform Act in 2017, the number of all duties, comprising main housing, prevention and relief duties owed by local authorities, to individuals and families has risen from 56,600 in 2017/18 to 295,070 in 2018/19, representing an increase of over 400%.

Some funding streams target specific aspects of homelessness, such as rough sleeping, while other funding streams have been designed to widen support services. For example, over £260 million of government funding has been given to local authorities to support people who are homeless or at risk of losing their homes (MHCLG 2019). This funding can be used to employ specialists to provide practical advice to vulnerable people to help ensure that they are meeting their rent payments, as well as helping

them to find long-term, stable accommodation (MHCLG 2019). During the winter of 2020, the government announced rounds of funding to help keep rough sleepers safe from contracting and spreading the coronavirus. For example, a £10 million Cold Weather Payment was to be made to local authorities to help them keep rough sleepers safe during the 2020 winter. Faith and community groups were also to receive £2 million to help them provide accommodation to rough sleepers (MHCLG 2020e).

Following the success of the 'Everyone In' initiative, in July 2020, the Government launched the £266 million Next Steps Accommodation Programme (NSAP) which aims to support local authorities and their partners to prevent people being sheltered from returning to the streets (MHCLG 2020f). The NSAP comprises two funding sources, namely £161 million to deliver 3,300 units of longer-term, move-on accommodation within 12 months and £92 million to fund interim support that ensures that people do not return to the streets (MHCLG 2020e).

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