



Recommendations from people with lived experience for the cross-Government homelessness strategy

A report for the Ministry of Housing,
Communities and Local Government

April 2025



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Who are we?

This project was delivered by a partnership of three charities. It was led by Revolving Doors on behalf of the National Expert Citizens Group (NECG), with Groundswell and Justlife Foundation.

About the NECG

The NECG is a national network of people with lived experience of multiple disadvantage (overlapping unmet health and social needs) who represent the 15 Changing Futures areas. The Changing Futures programme is a £91.8 million joint funded initiative between Government and The National Lottery Community Fund, the largest community funder in the UK. The programme funds local organisations working in partnership to better support those who experience multiple disadvantage.

The NECG is coordinated and supported by national justice charity Revolving Doors to ensure it has an independent voice, is led by skilled members and can achieve its aims. **The aim of the NECG is to ensure people with lived experience of multiple disadvantage shape system change by coproducing accessible services, designed to best meet their needs.**

About Revolving Doors

Revolving Doors is a national charity working to break the cycle of crisis and crime. We advocate for a system that addresses the drivers of contact with the criminal justice system, including trauma, poverty and discrimination. We bring independent research, policy expertise and lived experience together to champion long-term solutions for justice reform.

About Groundswell

Groundswell are a homeless health charity who harness the lived experience of homelessness to create positive change in people's health and futures, and in the wider system. They improve the health and wellbeing of people affected by homelessness on an individual level through the Homeless Health Peer Advocacy (HHPA) service, matching volunteers and staff with lived experience to work with people who are homeless right now and supporting them to access life-saving healthcare and make informed choices about their health. Groundswell also deliver projects that address issues on a systemic level, ranging from research that uncovers evidence and insight from people experiencing homelessness, through to participatory projects that help other organisations to embed lived experience in their approaches. Underpinning this is Groundswell's work to support and develop their team of people with lived experience of homelessness, providing opportunities for people to take part and to progress towards their own goals, including into training and employment.

About Justlife Foundation

Justlife Foundation's vision is to make people's experience of housing vulnerability short, safe and healthy. Its frontline services in Brighton and Manchester provide welfare/benefits advice, healthcare coordination, re-housing support and wellbeing support to temporary accommodation residents. In 2023/24 these services helped 557 hidden homeless individuals, improving beneficiaries' confidence, self-esteem, health and wellbeing, preventing evictions and enabling people to access more suitable, longer-term accommodation. They also establish and facilitate temporary accommodation action groups (TAAGs), and campaign for changes nationally and locally to policy and practice to fundamentally improve the experiences of all people living in temporary accommodation.

Acknowledgements

The project team thanks all the forum participants for sharing often heart-wrenching experiences of a system that is failing them at every step. We hope this report does them justice. We also thank the members of the core group for co-delivering this project with us at every stage. Their involvement made those forums that much more meaningful and powerful, ensuring that we covered the themes and questions that mattered to people with lived experience in a way that felt open and inclusive.

1. Introduction

This report presents the experiences, insights and recommendations from people with lived experience of homelessness to inform the new cross-Government homelessness strategy.

The project was commissioned by the Ministry of Housing, Communities and Local Government (MHCLG), who requested four forums to enable people with direct lived experience of homelessness in all its forms, including rough sleeping and temporary accommodation, to inform the development of the new strategy.

We proposed that the project be as coproduced as much as possible within the limitations of time and budget. We therefore brought together a “core group” of around eight people with lived experience of homelessness, plus MHCLG policy specialists, and Revolving Doors, Groundswell and Justlife staff. This group met six times between December 2024 and early April 2025. They debated and agreed the principles for coproducing the forums, the key themes and how we framed them, the exact questions we asked and the recommendations presented in this report.

In total we spoke to over 30 individuals. Each forum was co-facilitated by a Revolving Doors staff member and two to three core group members. The forums covered the following topics:

- Prevention
- Stigma and discrimination in housing
- Transitions
- Experiences of the homelessness system and temporary accommodation.

The first three forums were online. The final forum was face to face at MHCLG.

Throughout the series, we have asked participants both for their experiences and their proposed solutions. This report shines a light on the mostly desperately negative experiences that people have of the system and of people working in it. Yet despite this, they have been forthcoming with priorities for change and solutions that can make a difference. They have recognised good practice and people that helped and supported them. They have powerfully shown that those closest to the problem are also closest to the solution.

2. Participant characteristics

MHCLG emphasised the importance of quality of insight over quantity of participants. We therefore worked with a small group of 14-18 participants in each forum. Most participants came to more than one forum, with some attending the full series. In all, we collected demographic information for 30 individuals. We did not collect information for the core group members, unless they had also attended a forum.

All participants had recent or current lived experience of homelessness, either as single people or as a parent with children. Most had been homeless for more than a year. Many participants were still in temporary accommodation or were in the process of moving into more settled housing. Many could speak to a range of different forms of homelessness, having experienced street homelessness, sofa surfing and temporary accommodation (both supported and unsupported). Some had cycled in between institutions and homelessness, including prison and mental health wards. Other routes into the homeless system included from women's refuges and the asylum system.

Diverse voices

Despite the small number, the group was incredibly diverse. We had good representation from groups that tend to be "hidden" or under-represented in official homelessness statistics, especially women and people from racially minoritised groups (see Annex for charts):

- Women were particularly well represented (57%, n=17), making up at least half the group in all the forums. One participant identified as a trans woman. As a result of this strong female voice throughout the forums, the interplay between domestic violence and homelessness was a clear recurring theme.
- Just over half (53%, n=16) were from a racially minoritised group. 27% (n=8) were Black.
- Participants aged from 25 and over 70, with most in the 30-59 age groups.
- Just over half lived in London (53%, n=16). Other locations partly reflected where project partners have their services (e.g. Brighton) or Changing Futures areas with a strong NECG presence (e.g. Leicester). Most were from Southern England or the Midlands. There was one participant living in Glasgow and two core group members from North East England.

Disability and neurodiversity

We also asked whether participants have a disability or long-term health condition, and whether they self-identify as neurodiverse. Both were strikingly high:

- Almost half (47%, n=14) have a disability or long-term health condition
- One-third (33%, n=10) self-identify as neurodiverse

The proportion for both disability/long-term health and neurodiversity were relatively evenly split by gender.

3. Limitations

Missing groups

The short timeframe of just over three months and the very limited budget meant that we did not have time or resources to conduct extensive recruitment. Participants were therefore limited mostly to people already engaged in the NECG or Groundswell and Justlife projects. Despite this, we achieved good diversity.

Young people were the most notable gap. Only two participants were under 30. We had no young adults (aged 18-25). However, we understand that there is separate youth input into the strategy.

Generalist forums

Generalist forums, in which we bring together a wide range of people with very different experiences, have their limitations. We covered a lot of ground over the course of the four forums, but did not have time to go into depth on a lot of the issues raised. Although we created an inclusive space in which people felt safe to share very personal and traumatic stories, we recognise that some people may feel uncomfortable sharing their experiences in a general, mixed group such as this one. For example, we know from other work that ethnically minoritised people may feel uncomfortable sharing experiences of racism in a mixed, mostly White group.

We therefore recommend that MHCLG conduct further stakeholder engagement with specialist “by and for” organisations working with particularly marginalised and stigmatised groups accessing housing services to understand their experiences in more depth.

4. Cross-cutting themes

This section highlights themes that came up across all the forums and often also in the core group planning meetings.

Context of the housing shortage and impact on how people are treated

The backdrop to all the discussions was **the acute housing shortage and impact that it has on how people are treated**. Throughout these forums participants highlighted the gulf between what is “supposed” to happen – the protections and supports that are in legislation – and what happens in practice. This was attributed to councils being so overwhelmed by demand that they cannot meet their responsibilities. Staff are so overloaded and burned out that they do not fulfil their duties or are not aware of them. Several participants made the point that we don’t need new policies or legislation – **the policies and legislation that exist are not being acted on**.

“Councils are so overwhelmed they will make up any excuse not to help or do their duty.”

“So when I presented it to the Council about the situation, they were like, they basically can't help me. I need to go back to wherever I've come from. I wasn't given a list of any hostels or anything to ring around. I was just pretty much left on the streets. I'm lucky that I've got family in the borough, so I was able to sofa surf. At this point I also didn't have my passport as well, so I wasn't able to do the financial checks for private renting. And so I missed out on opportunities to get somewhere else to live. And I'm still in the same predicament now. I'm still sofa surfing. I'm staying with friends, and [the Council] aren't helping me. They let the 56 days run out as well. So I'm not even on their duty of care anymore.”

In the context of the discussion around prevention, the pressures on the system mean that **support only comes when people reach crisis**. For example, councils do not work pro-emptively with their own tenants at risk of eviction.

“The Council need to work alongside people that have been in their properties before and had to leave through personal problems ... I had to leave and I had no help.”

“The only reason that I actually got a place at the minute is because I was set on fire.”

The housing shortage means that participants have faced heightened barriers to housing. Planning the forum on stigma and discrimination, a core group member reflected that, although he has faced homophobic discrimination, at other times, it had just been “a shitty

situation". He had been at the hard end of a service reacting pragmatically to the reality that there is not enough housing. However, we also heard that **the housing shortage can amplify discriminatory behaviours and outcomes in services**. The fact that not everyone can be housed and that some people are prioritised over others creates space for stigmatising beliefs to be acted on.

Trauma

The system needs to be trauma informed and avoid retraumatisation at all costs. Participants described how the trauma of the system compounds the traumas that pushed them into homelessness, acting as a barrier to accessing housing services and support. Painful topics are misunderstood or treated insensitively by services. One participant described it as being "gaslit" around her experience of domestic violence and mental-ill health:

"It's like you're being dropped into a deep hole and you can't get out... You can't get out of this hole, and all you're going to do is you're going to back to that default setting of, well, I'll go back to what I know and I'll start using drugs because I cope better with trauma that way."

Support must therefore address the root causes of homelessness: mental health issues, poverty and domestic violence, plus substance use as a response to all those problems. It also needs to address the traumatising impact of homelessness itself. Staff need to be better trained to recognise and work with trauma, and to build their empathy and interpersonal skills. The impact of the housing shortage and the pressure that councils are under means that staff are burned out. Empathy and emotional intelligence are in short supply:

"Housing won't keep you housed unless you have other things around you to support that."

Participants were clear that **any package of support for homeless people must include support around mental health and wellbeing**. This is especially important for people transitioning out of homelessness, which was characterised as a particularly vulnerable point in people's journeys. Participants were clear that ongoing support once people are in permanent accommodation is needed to process the trauma of homelessness. Mental health treatment is needed for some. However, some form of trauma-informed support should be offered to everyone to help them adjust through and after the transition:

"What needs to be considered is the traumatic experience of being homeless. And that doesn't stop the moment you come out of homelessness... Even if you didn't have mental health issues going into homelessness, you are guaranteed 100 million percent. I have no doubt in my mind at all that everybody goes through a homelessness journey will experience trauma if being homeless and that needs

to be considered because even if you've got no recovery to deal with, no official mental health diagnosis or any compound need, you are going to have an adjustment and, you know, adjustment from that trauma."

"Time and understanding of the traumatic pressures of being homelessness. Once I was housed I still slept on the floor of the property because I wasn't used to the bed."

Another participant spoke eloquently about the resilience needed to successfully navigate the system and fight for your rights, and the need for mental health support to cope both with underlying trauma and the trauma of the housing system itself:

"Probably the most important in my opinion is the mental health. Because there's an assumption that if you are homeless that you are good enough to go and fight for your rights, challenge the system and do everything. Not really when you are homeless and traumatised. We have people with addiction. I'm a victim of domestic abuse. We have all traumas and unfortunately most of the people doesn't even want to think about it. They give up on their life. But there is an assumption that people would fight for it. I did. But not everyone can. So mental health support I think should be one of the priorities, because if you don't have a good mental health support and if you are not mentally well, you are very likely to give up and end up on the street and having nothing."

Agency, choice and control

Participants painted a vivid picture of a reactive system focused on short-term fixes to emergency problems, giving people very little choice or control over what is happening to them:

"The thing is that when you are in homelessness, you have to live in a very reactive way. So you're given a placement, you have to take it or you'll be taken out of, you know, the count. The Council will work with you. You have to take what you're given. You're given these really impossible move dates. You have to be able to move in within the day or collect keys or go, like, by Friday, like close of business or whatever. So I think that you have to live in this really, really reactive way. And that things will go wrong because there isn't really any due care around whether that's the right thing to do for that person..."

The complexity of the system also came through strongly in participants' accounts. To navigate the system requires tenacity and resilience: protective abilities that not everyone has. **This complexity therefore creates a significant barrier** that compounds the trauma that led people into the system. Participants explained that they did not understand their

options or rights and felt lost in the system. Decisions were made *for* them not *with* them, and often didn't feel in their best interests:

"The homeless services use their own specialist language, you have to learn how it works and what to ask for because the services aren't forthcoming at first contact. It's discriminatory to create a system where vulnerable people have to become experts, or have a key worker who can be the expert."

Participants overwhelmingly wanted plans to be co-created with them. Not feeling able to say "no" and articulate what they need instead makes it harder for people to transition successfully out of homelessness. "Solutions" are often misaligned with people's day-to-day situations, making them less likely to succeed. Addressing the housing need on its own, without addressing the other issues that push people into homelessness and keep them there, will mean that people keep cycling in and out of homelessness. **People need to be supported to coproduce realistic long-term plans about how to build lives they want to live:**

"People wouldn't return to homelessness if they were able to sit down and say, 'Where is it that I would like to be? What does that look and feel like?' And then what are the options to get you closer to that?"

Better information sharing

Linked to the last theme, **there is a need for clear and consistent information at every stage**, so that people understand their rights and options, know what to expect, can manage their expectations, and make informed decisions:

"If you're on benefits and you get some sort of loan from the council, then how long is it going to take you to pay that off? At what rate are they taking it? Do people know that they can challenge the rate and ask for a lower one and things like that?"

Uncertainty over rights stops people accessing support, particularly for people that are new to the country, or are uncertain of their rights connected to their immigration status. Participants gave examples around being a refugee, newly arrived in the country, and uncertainty about whether people with EU pre-settled status are eligible for help.

In the discussion about transitions it became clear that support was out there - but only if you knew where to look. Several participants shared tips and information about support for people moving into permanent accommodation, including from councils and energy companies. **This information needs to be readily available and accessible to all**, not just the initiated, so that people are aware of their options and can make informed decisions:

“Local councils do grants and loans but they don't seem to advertise it so unless you ask you won't know.”

“Trying to rent from a private landlord if you haven't got a guarantor it's, well, it's nearly impossible. And the Council do have a list of private landlords that will take people on Universal Credit. But you have to request that list and you have to be in a high up in the company to request that list, which to me is madness.”

The fragmentation and complexity of the system is a barrier to information sharing between agencies about people's circumstances and needs. Better information sharing is needed between agencies to reduce the number of times people have to tell their stories, with the risk of retraumatisation each time. It should also reduce the number of inappropriate demands for information. For example, women shared their experiences of having to “prove” that they have experienced domestic violence:

“They shouldn't be going through it twice. Tell your story once and that is it.”

“Brighton and Hove has got an organisation called Changing Futures that has a wraparound service, a multiple needs service so that you've got people with different specialisms working together. So, for example, if you've become homeless and you've got drug addiction, you're not having to share your story with two different people.”

Another existing solution is the concept of a **Personal Passport** – a trauma-informed, coproduced tool that allows people to set out their needs holistically and share them easily with services:

“I would say that services should really start to use the passport system that SHP [Single Homeless Project] were talking about. One document, listing needs that can be presented at any service, and this being understood, not being turned away.”

The importance of navigators and support workers

There was **strong support for “connector” roles**. Navigators, key workers and peer support workers are essential to guide people through a fragmented, complicated and gatekept system. Many participants shared examples of the emotional and practical support that navigators, support workers and peer supporters provided:

“Without my support worker I wouldn't have known how to go about that.”

“For me it was having a good key worker who attended appointments with me to drug agency and came to job centre appointments as it was very scary cause, not

only was I trying to be clean off drugs, I was trying to do 'normal' things like attend appointments etc."

Peer support – i.e. support provided by someone who has been there themselves and has lived experience of homelessness – was particularly valued by several participants as they felt peer support workers understand what is needed and how overwhelming the transition can feel:

"Having someone who knows what it is to be in the situation in the first place would certainly help as opposed to someone who means well, but hasn't had the experience of that trauma."

"Charities need to prepare people for transition with our stories. Develop transition hubs, where people with lived experience help the person in transition."

Several participants talked about the consequences of not having a key worker or peer support worker. For example, people without a key worker can be locked out of financial assistance, as many services do not accept self-referrals:

"A lot of the grants as well, like on Turn2us website, a lot of them are not self-referrals. So again it makes it harder to get that help because you need a certain key worker or something to get them."

Responding to the distinct needs of women

The high proportion of female participants meant that women's experiences and needs emerged strongly throughout. For almost all the women taking part **domestic violence and the trauma and vulnerabilities associated with it was a driver of their homelessness**. We know from other work that women who have experienced trauma and abuse often don't feel able to speak up when they are in a majority male group. The strong female perspective throughout the forums is therefore testament to the gender mix in the room and the open, principled space created by the facilitators.

There is a clear **need for sufficient female-only accommodation**. Female participants shared harrowing experiences of being placed in unsuitable mixed accommodation, sometimes also with young children. Accommodation needs to be tailored to different gender and family groups. There also needs to be provision for children of all ages to stay with their parent. One participant shared the experience of being separated from her young teenage son, who was not allowed to stay in a women's refuge:

"It's very challenging to be in those environments when you might be one or two women and fifty men."

“So somebody's coming in with a lot of issues, but there are kids there as well and they're already scared about why they're here and the accommodation situation is so, so, so bad... like middle of the night, it's a fight going on there and you know, like banging on the doors and that's not good for anyone, especially when a lot of people had a few traumas. Then that can trigger and that can make it very unsafe.”

Several female participants drew attention to the power dynamics in services, hostels and hotels. **Staff with a little more power in the system take advantage of vulnerable women with very little power.** Participants characterised their experiences as challenging, unpleasant and frightening:

“They just didn't understand the psychological aspect of everything. I was a wreck. I was terrified.”

Another participant described how the stigma of being a young woman with mental health and drug and alcohol issues meant that when she reported a male support worker for inappropriate behaviour she was not listened to:

“You don't feel empowered to say what's going on.”

“There's too much, ‘What if she's wrong?’ and not enough, ‘What if she's right?’”

We also heard for the need for **specialist workers to support women who are homeless or at risk of homelessness because of domestic violence.** Domestic violence support has time limits that are incompatible with most women's experiences of homelessness, with services classing all domestic violence incidents older than three months as “historic”. As a result, women are not then eligible for advocacy support. Because of the length of time women have to wait to be housed, if a woman is homeless because of domestic violence it will almost always be the case that those incidents are older than three months. The result is that homeless women cannot access domestic violence advocacy support:

“I think anybody who cannot go home today right now because of DV is actively experiencing DV. And I think to even use the word historic is bizarre because it's happening right now. Otherwise I wouldn't be homeless. I would be at home, and not having to fight with the DV specialists.”

Navigating the housing system requires specialist knowledge that women's services often do not have. One participant shared that she became street homelessness because of the lack of support from both the refuge and the council:

“So my transition was from refuge, which was it's like a not a civil service route. It's not prisons. It's run by independent small charities. And you're relying on

whoever they've got on staff to help you with your homeless application. And so that homeless application assessment is meant to take 56 days or eight weeks. Mine took seven months, which was I think, over 260 days. By that point I had completely exhausted the licence agreement. I had to go. So I transitioned from that service into nothing."

Several participants shared experiences of how their past traumas led them back into abusive relationships. They called for **better communication between agencies to support particularly vulnerable women**, plus wraparound support through the transition with support specifically around making healthier relationship choices in the future:

"I can talk from past experience personally, is that the people that you attract, for example, if you're vulnerable, I mean you could attract partners that are not suitable, that are violent, you know, and that that can start off a cycle again."

"I must have been assaulted and abused by about 20 different men. I was only 16 and I was living on my own, and it happened at first when I was in the hostel. And then later as well, when I was living at home on my own and it wasn't even that I was previously vulnerable to it, wasn't that I even liked them. It was just that they must have had a homing device to sense who was a vulnerable person."

5. Forum findings

In preparation for each forum the core group coproduced three questions to explore the theme. This section presents the themes that came out of those discussions. Cross-cutting themes have not been repeated here.

Forum 1 – Prevention

We asked participants:

- What would have prevented them from being homeless?
- What needs to be in place to support people to access good quality, affordable accommodation?
- How can support be tailored to different groups?

Better communication and information sharing between agencies

A consistent theme was that **homelessness and trauma could have been prevented through better communication and information sharing between agencies**. This was seen as a symptom of an overloaded and uncaring system. Several participants highlighted instances where they felt the police should have shared information with the Council, for example around assaults and domestic violence.

“I was using drugs and everything, and even the housing association did a check and they could see I was vulnerable at the time. And I had other people in my house that I didn't really want there and they knew that. And even the police was over, and they knew that. But it seems like they just didn't really care. They weren't bothered [...] It got to the point where I was going to sleep in a bus stop because I'd rather be sleeping in a bus stop than in that house and it just wasn't good for my mental health. Like when I was in that house, I was attempting suicide a couple of times, and they knew. They didn't do anything about it.”

“The police and other services didn't record domestic violence or anything properly or didn't share effectively with the Council, so had no understanding of my priority need.”

A lack of communication and information sharing extended to a lack of planning for people at risk of homelessness or already in the system:

“There was nothing and within seven days I had an eviction letter and that time I felt there was no there was no communication between Council and the housing provider.”

"I felt like communication gap between the teams and there's no planning in place ... and then you know like when you're going through with the temporary accommodation as well, then there is no plan that for how long you're going to live there. Like one day you'll be here, the next day you need to check out at 10:00 from that place, and then you're going to spend the whole day with the kid and just, you know, like roaming around, passing time, waiting for the address. Then the evening you'll get a new address to go, then how are you going to go there is your problem. And it's like cycle goes on."

This lack of planning, communication and information sharing also applied to key at-risk groups, notably people leaving prison and other institutions, and former asylum speakers. Prison-leavers and former asylum seekers observed that **procedures to support people through transitions and into emergency or temporary accommodation were not being applied**. Resettlement planning does not take place in prison:

"There is obviously resettlement people, but they don't work with you. So they need to help you a lot more. They need to work with you from as soon as you go in the door from reception through your whole sentence and give you a plan for when you get out. But they've never done that with me. And I've been homeless for 12 years. Like I say in and out of prison, every time homeless."

"When I left prison, they were meant to give you an action plan. They didn't give me an action plan. They were meant to tell you a month or two before you leave or six weeks before you leave, where you're going to. They tell you two days before, so you can't make any provision in your life because you've only got, like, two days' notice."

Participants also described being discharged from hospital to street homelessness:

"For me there needs to be pre-emptive strikes on homelessness. I often got let out of hospital including mental health wards to street homelessness (bar one night in a hotel). It needs to be someone or something's responsibility, not just 'the system'."

Similarly, there was no planning or support for people leaving the asylum system. There is no "bridge" between the asylum system and the council. Refugees are left to navigate an unfamiliar system on their own:

"I was an asylum seeker and when I got my refugee status, then you had to leave the Home Office provided accommodation and usually it's 28 days. But I don't know for what reason they made it like seven days."

The lack of information sharing or of acting on known information means that **councils and other agencies do not take a preventative approach to homelessness**. Needs are only addressed once people hit rock bottom, although underlying needs and vulnerabilities were well-known. **Participants called for more understanding about what is going on in their lives, earlier, more holistic support and better structured pathways**. One participant suggested that there needs to be a shared understanding of what prevention means in the context of homelessness for different priority groups. It was also suggested that each route into homelessness have an “expert” to develop and map support for that cohort or group:

“I was in a refuge for seven months and the Council wouldn't talk to us until I was on the street.”

“They knew that I had a drug addiction and alcohol dependency, so I think that they looked at me as a problem.”

A couple of participants called for more support for people in rent arrears – putting in place plans or temporarily freezing the rent:

“I'm paying for two properties at the moment. My house that I've still got in my name and temporary accommodation and, while I'm in temporary accommodation, I'm getting into debt with my rent at the house. I'm like four or five grand in debt with arrears.”

Need for good quality, affordable accommodation

Several participants spoke about **the lack of suitable accommodation** of all types (emergency, temporary accommodation and council accommodation), which has kept them trapped in destructive patterns of behaviour or relationships:

“I said please can I have somewhere where I can have a pet? Can I have somewhere away from drug use? And because I like my mental and physical health, can I have somewhere where I'm on a local transport route so I can get around? They put me in a tower block where I can't have a pet, full of drug users, miles away from the town centre, and then three things have been, like they sound little, but they've been big.”

“You'll get put somewhere and people think, oh well, you've got a roof over your head. That's better than being homeless. And sometimes it might not be, because sometimes you're putting yourself in very dangerous, vulnerable positions. I mean, going back into a house where you're in an abusive relationship is quite often seen as a viable option.”

Another participant described a similar pattern with emergency accommodation:

"They've got a place which is like a homeless shelter, which is supposed to help people like myself that have been street homeless. I mean, this is supposed to be run in a proper way. They're letting drug use go on in there, people drinking there. And I could only get a place in there. And that's supposed to be a safe place. I've got set on fire in there."

For participants in central London there was frustration at being locked into accommodation and support in one oversubscribed borough, without flexibility to go elsewhere. This keeps people trapped in emergency or temporary accommodation with no support:

"I'm postcode blocked in Westminster. That to me is not sensible, like why can't I go pan London? Why can't I use the 20 miles of land around, the services around, and go where there isn't gridlock or where there isn't a bottleneck. But as soon as you send someone to a council, they are postcode locked within whatever services that council is commissioning."

For many participants, "good quality, affordable accommodation" felt out of reach in their current circumstances, faced with such an acute housing shortage and grossly inflated rents for unsuitable accommodation:

"I have no options. I mean, I'm in Westminster so there's no way I can get a council house. Then it's the private housing that I should be looking at. But the quality of the private housing is unbelievably bad."

"I don't know how on Earth I'm ever going to get out of a homeless hostel."

Participants highlighted the lack of good quality, affordable accommodation for people on benefits, citing the benefit cap as a major barrier to any sort of decent accommodation:

"There are so many properties out there that I want to look at that you wouldn't well, I wouldn't put any animal in, to be honest [...] I went to see a flat. It looked like it'd been a one bedroom or two-bedroom downstairs flat and it literally been cut in half, just like a wall put up in the middle [...] And it was just a money grab. And that was probably like £50 more than I could get off the DWP."

"If you're getting support with your rent from [a housing charity] they would look at the property and say we don't think this is sustainable because you're going to be paying £50 a month over your money [...] It'd be like, well, you'll just be homeless again in a couple of months because you're not going to be able to keep the upkeep."

Participants presented a range of solutions to this lack of quality, affordable accommodation. One participant called for a **rent cap** to ensure that rents stay affordable, another for “social rates” for housing for homeless people. Better regulation is also needed to **ensure that housing meets a minimum decent standard**:

“There is no current standard for accommodation provided to homeless people. This has allowed accommodation to fall to rock bottom standards. This has been raised as an issue. The Government has agreed to regulate accommodation in the sector and the Ministry could write this in advance to be adopted.”

Another participant called for more pressure on both councils and developers to **deliver on their social housing commitments**:

“I think if the Councils themselves are penalised then they will be a little bit more stringent in terms of making sure that anyone who is approaching them, they are living up to their own guidelines.”

High quality person-centred support for underlying issues

Participants were clear that housing, while vital, is only one part of the puzzle in preventing homelessness or returns to homelessness. People need more than a roof. **They need support to address the root causes of their homelessness.** Access to supportive community services throughout someone’s tenancy and good support workers, for example, is key:

“I’ve had great support workers who are in touch with me on a weekly or fortnightly basis and then I have awful support workers who I don’t hear from unless I email them and then it takes them about two weeks to email me back.”

One participant spoke warmly in praise of Changing Futures, which he credited for his current, more positive situation after 12 years in and out of prison, addiction and rough sleeping:

“If it wasn’t for Changing Futures, I wouldn’t be where I’m at now. I wouldn’t be on the housing register, bidding for property. So there needs to be more Changing Futures.”

Participants were clear that support needs to be **tailored to each person’s needs**:

“Not everyone can be put in the same box. Recovery journeys shouldn’t have a time span put on them.”

Another participant praised housing and homelessness charities in general for the holistic and person-centred support that they provide, but highlighted that funding challenges put precisely those services that are most needed at risk:

“The thing is they also need support because they're charity. They need funding. And if there is no funding there, they have to let go people who's providing the good service and so I feel like more support for them. They work really, really well with people and they got them. They support them, they listen to them. They are very, very important in anyone's journey.”

Support must be available to everyone

However, one participant highlighted that **the current system can feel too “tailored” to a specific list of needs** where people that don't fit into certain pre-defined categories are shut out of support.

She shared her experience of being unable to access high-quality wraparound support because she does not fit into a service definition of “complex needs”. Because she spoke well, was educated and could advocate for herself, it was assumed that she didn't need support - despite being homeless. She proposed that services remove the distinction between “complex” and “non-complex” cases, arguing that anyone going through homelessness will have a range of needs, with those needs becoming more complex the longer they remain in the system. This should also make services more responsive to less obvious needs, including hidden disabilities and neurodivergence:

“I'm locked out of so many services without a keyworker [...] I actually wonder if it's right that if you're trying to tailor support to groups you fragment the key working support to that tiny level. Also I find that all of the funding goes into funding for the most complex and the most entrenched. And I think if you sort out your easy cases, deal with them quickly, you can spend more time on the people that have got more issues.”

Another participant echoed this point. In her case, trying to access specialist LGBTQ support, she found that it wasn't enough to just be LGBTQ and homeless - she had to fit a list of other criteria:

“[They] can give you advice, but housing wise, for example, you need to be LGBTQ, you need to probably have a long addiction problem, and then you need to have also a disability before they can even actually consider you in a level of support. So it's actually very difficult.”

Forum 2 – Stigma and discrimination in the housing system

In framing the discussion, as previously discussed, we acknowledged that everyone would have faced barriers to accessing housing that felt unfair. The focus was on experiences of discrimination and stigma, using the following definitions:

- **Discrimination:** unfair treatment or prejudice against a person or group based on certain characteristics (e.g. race and ethnicity, gender, age, disability).
- **Stigma:** negative attitudes, beliefs and stereotypes associated with a particular characteristic or condition (e.g. mental illness, addiction or being on benefits).

We asked participants:

- Whether they felt they had faced discrimination.
- What form that discrimination had taken.
- What stops different groups accessing housing services.
- What should be done to ensure that everyone can access the services they need.

Facilitators emphasised that we wanted to hear about all experiences. We recognise that people will identify with many different “groups”. **We asked to hear about experiences that cut across groups and characteristics.** This created an open space to explore the intersection of people’s different identities, notably around gender in the context of domestic violence.

Experiences of stigma and discrimination

There were many examples of people facing discrimination (e.g. because of race) overlain by stigma associated with their life experiences (e.g. addiction). Several participants gave concrete examples where **services had discriminated against them and, as a result, they had not been housed, or there had been severe delays in finding accommodation.** Examples were because of gender – being a woman, including being a trans woman – disability and nationality. For several participants, **it was hard to pin down exactly what had led to the discriminatory behaviour due to their multiple intersecting identities;** for example, being an Asian woman and an asylum seeker.

One participant spoke of **the interplay between being a trans woman escaping domestic abuse and her immigration status** as a European without settled status. She ended up waiting for four weeks for a safe house, having initially been told by the Council that she was high priority and that there was no shortage of beds. She put this down to her immigration status and the Council not wanting to take a risk with a trans woman at her stage of transition:

“They wouldn’t necessarily openly say they do not want to because you are a trans woman, but they will try to find reasons not to accept.”

Several participants gave examples of staff making assumptions about them based on nationality, their accent or how they dressed:

“So I am Turkish, I’m Australian and I’m Bulgarian. As soon as people hear Turkish they get very weird. Bulgarian as well. I don’t know which one is worse. Organisations just kind of look at you and say, oh, you know, that’s the typical homeless Bulgarian Romanian.”

“That time I used to wear scarf like veil and he was not expecting me to speak English as well. So he was quite surprised.”

“It’s not the language you can speak. It’s the accent. People judge you on that.”

Stigma associated with multiple disadvantage

Participants pointed to many examples of **stigmatising behaviour** from people in authority connected to their other unmet needs, particularly around substance use or contact with the justice system, leading to different, worse treatment:

“If you do have that background in addiction or, you know, prison and stuff like that, the stigma just runs in before you’ve even spoke.”

“I was coming out of prison and trying to get a private rental. I had the money because I had back dated PIP so I could afford my rent... And they were like, yeah, that’s great. Have you ever been in trouble with the police? Yes? No. Right. They didn’t even want to know why. It was just like, no.”

One participant spoke of her experience as a Black woman using drugs and alcohol, and **the interplay between racism and stigma associated with addiction**. She experienced delays in being housed because she was seen as unreliable, with no engagement from the Council while she was waiting. She was housed out of area several times and put into unsuitable temporary accommodation, despite having a school-age child. Examples included not having hot water or enough furniture. She was told by the Council and social services that she would “never change”. She lost her daughter for a period after one Council eviction. Rather than house them together, they were split up and her daughter had to live with the child’s grandmother:

“My friends that don’t have addiction problems weren’t going through any of the stuff that I was going through. I was just always seen as not reliable, just in terms of paying rent and stuff. So they weren’t in a rush to get me into private rented because they don’t want to end up having to deal with you when it comes to evictions. They always just look at you as a risk [...] We were never ever a priority.”

That was the feeling that I always got. We just never were a priority, even though legally we was."

"There's always a delay with us when it comes to getting things like mental health and things. And you know where I'm seen as aggressive or argumentative and stuff like that."

She also spoke about the potential **lack of community support for Black people in addiction**. She was fortunate in having a support network but she knew of others that have been ostracised by family and friends because of addiction:

"Within my community, addiction isn't really spoken about. It's like a taboo topic."

Several participants spoke about the **stigma of being on benefits**, and discrimination they have faced from landlords, which has severely restricted their options when it comes to accommodation:

"There needs to be more properties that landlords will accept payments from the Job Centre because a lot of landlords won't accept it."

"There's only private houses which accept people with benefits like us, and the number is very limited, so the government could encourage somehow the Councils."

Lack of consistency across the system and its workers

Several participants highlighted good experiences – services that had supported them when they had been exposed to discriminatory behaviour, or workers that had gone out of their way to respond to their needs:

"Just two weeks ago, I was exposed to very hateful, transphobic behaviour by a client, so my own project reported that person to the police... I was like oh no you don't need to. They said no, no, this is not acceptable."

"There was another hotel. The staff was really, really supportive. I have kid with additional needs. So they were extra careful with me."

Although there are clearly good services with good staff, the lack of consistency across the system came across strongly. One of the facilitators, who has been out of the homelessness system for many years, reflected that it still seems like a lottery. On the evidence of this forum, whether you experience discrimination is all about whether you "get lucky" and meet a more

enlightened and empathetic worker. This speaks to a need for more staff training, particularly around trauma-informed approaches:

“The people who are there to serve can make a huge difference. They can ease your pain or they can increase your pain.”

Participants called for **more staff that reflect the communities they serve**, for example through characteristics like race and life experience, including of homelessness and addiction:

“The lack of diversity from the staff makes it harder to understand the client’s needs.”

Lack of suitable accommodation for people with specific needs

Participants cited practical issues around the **suitability of accommodation for groups with specific needs**. This included a lack of women’s accommodation, as previously discussed. Another common issue was people in recovery from drug and alcohol issues being put into emergency accommodation that was known as a drug house or wet house with people actively using. A participant with diabetes was offered a “fully furnished flat”, which turned out to be a room with a microwave, making it hard to manage his condition. He got the impression from staff that “As long as you’ve got a roof then we’ve done our job”:

“I’m not saying that I’m not averse to having a microwave meal, but at least give me the ability to choose how I live my life in terms of my health.”

Within emergency accommodation, there is a **lack of capacity among specialist housing providers**. For example, the main two LGBTQ+ housing charities have only 17 emergency rooms across the whole of London. This is a significant barrier to emergency accommodation for a group that is particularly vulnerable to discrimination and hate crime:

“As a woman, you are generally a target of man for sexual assault when you are LGBTQ. That starts with a sexual assault, but then easily turns to a hate crime where it’s your life is threatened.”

Making services more accessible to everyone

Participants called strongly for **the system to be trauma-informed and avoid retraumatisation at all costs**, as previously discussed.

Alongside a focus on trauma, **the system needs to better manage the practical access barriers**. One participant highlighted access to Wi-Fi and electricity for phone charging as a significant access barrier, given the increasing digitisation of services. She described the exhausting round of getting phone access and a SIM card and putting money on your phone, by which time you’re too tired to phone the service the need:

“When you're homeless, being able to connect by phone or Internet is really hard. Like once we're in the hostels or once you're out on the street it's really hard, like my phone will die. And then there's no charger. And then there's no electricity point. And then you get to the homeless hostel and all their electricity points are broken. Often I go to a homeless centre or service and they don't even have active Wi-Fi. So even once you're in the building, you have to queue to use a computer to be able to do your online forms.”

She proposed two solutions, both of which could be worked into commissioning so that there is some robustness behind it:

- Homelessness services should have landlines for people to use with direct lines through to support services. Homeless people shouldn't have to pay to access support through their own frequently broken or dead mobiles.
- Service specifications should specify access to free Wi-Fi and a minimum number of computers for a given number of clients.

Finally, a participant observed that **the homelessness sector feels very fragmented**:

“Everyone has a different system. Everyone has a different registration point that's such a barrier, and then everyone has a slightly different bit of training. Everyone has their own internal prejudice. And one service will say go to that service, and that service will say go to that service and you spend all your time as homeless trying to get through the front door of the charity sector.”

She called for homelessness services to be delivered **through a single hub under one roof**, giving workers access to a single, centralised database, and in-house specialists, including translators, domestic violence experts, drug and alcohol experts, etc. This chimes with the NECG's recommendation, which calls for services delivered in community hubs, in easily accessible, central locations.

Forum 3 – Transitions

MHCLG primarily **wanted to hear about transitions from temporary accommodation (both supported and unsupported) to more settled housing**. At the same time, they were interested in insight around other transitions, particularly from **people at high risk of retuning to homelessness**.

Our questions focused on how to make transitions out of homelessness more supportive and positive for people, and how to sustain the transition into settled housing. We asked participants about:

- The services that need to be involved to support people through transitions.

- Good examples of collaboration between services.
- How to improve access for people who need these services.
- Community connections and relationships beyond services that sustain a successful transition.
- How services could be joined up to offer better support for people with unmet needs.
- What needs to be considered to ensure the transition is successful and people don't return to homelessness.

Avoiding the cliff-edge – transitional support and after-care

The predominant theme was that **the transition into settled accommodation is a risky time in peoples' lives, due to a "cliff-edge" in support.** Participants acknowledged that services are stretched, but that this cannot be an excuse. Many people said that they received no support from their housing associations with the transition. Without transitional and after-care programmes to address both practical and psychosocial support needs, transitions become a point of failure. What should be a happy and hopeful time was characterised as "stressful", "scary" and "frightening" by many. Lack of support through and after the transition means that some people can't sustain their tenancies and fall back into homelessness.

Several participants spoke of **the speed of the transition.** People had to move to an organisation's timeframe, rather than when they felt ready and prepared. The lack of agency was palpable. One participant (now a peer support worker) gave the example of one of her clients whose transition failed because it had skipped a stage in the stepping-down of support. As a result, she had no skills for independent living and felt isolated, cut off from her support community:

"I've had no support and I actually came from supported housing. And they offered me no support. They literally were like, right. You're outbound. Bye. See ya."

"You're surrounded by people plus support workers that then all of a sudden you're put into a place on your own. It was absolutely frightening. I suffered extreme loneliness."

"I felt incredibly isolated when I moved from 'supported' accommodation to my current flat. I didn't have any support, and it was so quick (which, while I was glad to be moving away from where I was as it was really unsafe) it felt like now what? I hadn't gained any skills in looking after myself, I wasn't in recovery. I was used to only socialising with other addicts, so I didn't know how to become part of a new community."

One participant called for **better management of the logistical side of discharge from institutional settings.** In her case it was from a mental health ward, but her points apply

equally to any institutional setting. She was discharged as a vulnerable young woman late in the day, with nowhere to go:

"I ended up just drinking myself silly on the streets."

Finally, services need to cater to people with specific support needs, including neurodiverse people. One non-verbal participant gave her experience:

"I'm in the process of moving on from clearing house to a council property when one becomes available. And I'm so scared I'm not going to get enough support because where I'm nonverbal it's causing so many barriers because I can't give verbal consent on phone calls, etc. So it's playing a big part on my mental health at the moment when I should be feeling happy and excited."

Need for joined-up, holistic support through the transition

Two participants that have been supported by Changing Futures spoke in praise of their model and its ability to pull in multiple specialist services around a person to take a holistic approach and address homelessness alongside other needs. Changing Futures has worked with one participant for the last three years. He had spent the previous 12 years cycling between prison and street homelessness. Thanks to Changing Futures' persistence in sticking with him, particularly in the early days, he is now in recovery. He joined the forum from the council property that they have just supported him to move into:

"They managed to get like a group of, I don't know, 15 different services. And they all sat around the table at the end of the month, each month."

Without holistic practical and emotional support, vulnerable people with anxiety and other mental health issues feel unable to take the steps they need – assuming they even know where to start. People that have experienced trauma characterised the transition as a "fight or flight" moment, and that their response is to freeze. Participants spoke of having good support workers who advocated for them with other services, made appointments and went with them to make sure they get there, and helped them work through practical issues around the move:

"If I didn't have support around me I don't know what I'd do. I'd probably end up using because it's quite stressful... Things get very, very overwhelming very quickly. And that's when I start isolating. That's when I shut down. So [my support worker] was helping me with all these things and even with the housing stuff like, she's the one who got me to Citizens Advice. She's the one who got a solicitor for the housing because my housing association wasn't listening to me."

Support to build community connections

Participants felt that they **needed support to build a social network in their new communities**. Several participants mentioned that they felt they lacked social skills – for example, before their move they had been used to only interacting with other people using substances. Alternatively, they had built up good communities in supported accommodation that they then lost in the move into their own properties, which could be in a totally different area.

One London-based participant **advocated for community centres, which combat the isolation and loneliness that characterises the transition into settled accommodation** for many, helping people make connections and get them involved in the community that they are moving into. Her life changed when she found her local community centre. This move beyond services into the community itself was felt to be crucial to sustaining the transition. Participants called for services to make connections with community centres and groups so that they can support people to get involved:

“I was getting lonelier and lonelier, and I joined a writing group in a community centre. And I’ve made two amazing friends.”

Other **community services** mentioned included **accessible and supportive community health services**, especially GPs and community mental health teams. Referrals need to follow people through their moves if they move out of area:

“I was moved from TA in one borough, to TA in the neighbouring borough and I was removed from the waiting list for psychotherapy, because I left their trust area. I’ve never been able to get back on that list, even since being in settled home.”

Libraries were highlighted as another important but underused community asset:

“Local libraries could do more in the way of advertising what services they offer too, and be given more scope to assist people.”

Finally, **schools need to support children through transitions**, which may or may not mean that the child has to move schools. Two participants talked about how their children had problems because of their housing situation. One, whose son received no support from his school, with the result that he failed all his GCSEs, got a referral to a local **youth centre**, who was able to help him.

The need for a practical aftercare package

Participants were clear that practical support needs are not ameliorated when people move into settled accommodation – and for many become greater once they are living on their own. For the transition to be successful, people need help to meet these needs. These included:

- Grants and loans to cover moving costs, and buy white goods, carpets and furniture
- Administrative support to set up a household, e.g. notifying re changing address, setting up energy and Wi-Fi accounts.
- Lifeskills needed to run a household, e.g. meal planning, shopping and cooking, managing tax and bills.

“Help with budgeting and support with daily living. It’s the little things that can go a long way and that can help, especially when you’re living alone. Things can get very overwhelming very quickly.”

Several participants reported good experiences of **pre-tenancy courses through Changing Futures**. One participant, who is in the process of moving into his own council property, has been given an air fryer and completed an air fryer cookery course, again with support from Changing Futures.

Other solutions supported by participants included:

- Extending the package of support given to a care-experienced young person to all ages.
- **Prioritising “turnkey ready” homes** as someone’s first tenancy, to minimise the amount the individual has to sort out themselves. This would mitigate the imbalance between the speed with which people can be expected to move, versus how long it can take for financial support to be approved. It means that people are not stuck with an empty flat to kit out, with no time and no money to do it:

“You turn the key, you walk in, you put all of your boxes and bags down and that’s kind of the hard bit done. You don’t have to source your fridge.”

Support must extend to **managing the practical side of moves**. Some people had family and friends to support them. Others had no-one and struggled to keep hold of their possessions through their various moves. This has knock-on financial impact and emotional impact, affecting people’s sense of stability, as well as meaning they had to re-buy items with each move. One participant proposed giving people a stable “care of” address to allow them to store their belongings safely:

“In 2024 I had nine moves, you know, and because of my situation, I also didn’t have dedicated key working. So you just have to move yourself and then you have to move all your things and there’s nowhere to put your things because you’re homeless.”

Multiple moves have another financial impact, **putting people further in debt** and further adding to their mental load. The participant with nine moves over the last year shared that

she is constantly in arrears because it has been hard to keep track of all her addresses. Debt can resurface once people are in settled accommodation, including through poor management on the part of temporary accommodation providers:

"I then found out that when I was in supported accommodation they'd never set up my water bill, so I was like moving into a new place with then having excess debt put onto me. And it was like, oh, this is fun, fresh start and everything. Yeah, it's just awful."

"I had a lot of debt build up whilst I was in TA and not working, so year after I moved into a settled home, I got a job and all my debts came back and ended up being chased."

Benefits and homelessness as barriers to employment

A recurring theme was how the benefits system does not support the transition out of homelessness. A participant questioned why councils and the DWP do not coordinate to support someone at risk of homelessness or transitioning out of homelessness:

"A specific communication between two organisations or two authorities which is missing is the Council's homelessness assessment teams and Department of Work and Pensions. I still don't understand why these two bodies doesn't communicate with each other."

"The job centre is supposed to apply an 'easement' if you're homeless to allow you to resolve your immediate needs. In practice they don't do this and make you attend work commitments."

The benefits system is not configured for homeless people, insofar as it is primarily centred on employment. A homeless unemployed person's experiences, needs and barriers to work are very different from an unemployed person with a stable home and access to support networks.

Participants were very clear that finding good employment is key to sustaining the transition out of homelessness but that this is easier said than done. Participants spoke both about the difficulty getting back into work following homelessness and of staying in work while in temporary accommodation. Several participants spoke of the difficulty of explaining gaps in CVs to prospective employers:

"I think the employment side is so destabilising when you lose work in your career and then having to explain to an employer, oh, you know, I had a three-year gap because I was homeless."

One participant shared that despite being highly educated and experienced, she could not resume a professional career, which she attributed to the stigma of homelessness. She called for people with experience of homelessness to be protected through employment and anti-discrimination laws:

“Now, people do have jobs for me, but they expect me to go in an office and copy papers, you know? That's the job I probably can get. [...] They're very happy actually to see a trans woman coming to an interview surprisingly. But once they realise I'm homeless, they see me as damaged goods.”

This echoes the challenges faced by care-experienced individuals, whose systemic exclusion is now being recognised in public policy. While the Equality Act 2010 does not currently list homelessness as a protected characteristic, recognising it as a form of disadvantage would empower public bodies and employers to proactively tackle this stigma.

For employers, this could mean reviewing recruitment policies, providing tailored support, and ensuring that homelessness experience is not used — implicitly or explicitly — as a reason to exclude someone from opportunity. Following Scotland's example with care experience, recognising homelessness in equality frameworks would help shift responsibility from the individual to the system, placing the onus on organisations to create truly inclusive workplaces.

Forum 4 – Temporary accommodation

The final forum looked at the experience of temporary accommodation. As the discussion was face-to-face we did not capture verbatim quotes.

We used the following definition of temporary accommodation, provided by MHCLG:

- Accommodation provided by the local authority under its homelessness duties, such as hostels, B&Bs but excluding night shelters and winter-only provision.

In the first half of the session, we asked participants about their experience of temporary accommodation and its impact on their health and wellbeing and that of their partner or children. We also asked to what extent people felt part of local authority decision-making at each stage, and the changes that are needed to make temporary accommodation feel accessible and safe, and promote dignity, choice and wellbeing.

Impact on health and wellbeing

On each of the tables it was clear that temporary accommodation has overwhelmingly been experienced negatively as exacerbating trauma, financial hardship and instability rather than offering a clear pathway to permanent housing.

- **Insecurity and uncertainty:** Significant distress and feelings of hopelessness are triggered by the unpredictability around the length of time that people are in temporary accommodation, the lack of agency around relocations and repeated failures to secure permanent accommodation. One participant described how they were always “waiting, waiting, wating”, another how they were “wishing their life away”. Another described how they could be moved at any time, often with only a few hours’ notice. Frequent moves meant people never feel settled, leading to anxiety. A participant described how she avoided fully unpacking as she knew they would be moving on again soon.
- **Isolation and displacement:** Being placed outside of one’s local area (OOA) had severely impacted family life, schooling and access to community support networks. Two parents both had an hour-long commute to their child’s school from a new address. Another had been placed far from her children despite the fact that she does not drive. Participants were also isolated by the ban on having visitors in some temporary accommodation.
- **Impact on families and children:** Participants reported how their children had been impacted by unsuitable housing, lack of cooking facilities impacting their eating habits, lack of space to play, disruptions to schooling and exposure to parental stress, despite their best efforts to hide it. One parent described how the rooms were so covered with mould that she didn’t feel she could invite her child’s friends round for playdates, with the result that they were never invited on playdates themselves. Her child had anger issues, “shouting and hitting me”. Another child lost access to their speech therapy when they were moved out of the area and became non-verbal for a time. Another participant’s son had left school without qualifications. One participant suggested that temporary accommodation be considered an adverse childhood experience (ACE).
- **Poor living conditions:** Participants described how overcrowding, lack of cooking facilities, shared bathrooms and unsuitable environments make day-to-day living difficult, especially for families with additional needs. Physical and emotional wellbeing is impacted by the poor condition of much temporary accommodation, including problems with mould and damp, cockroaches and bedbugs and sewage. Participants described not feeling safe. One participant who was homeless due to domestic violence described how she was harassed and assaulted twice by men in the hotel in which she was placed.
- **Financial hardship and debt:** Temporary accommodation was described as “financially devastating”. Lack of cooking facilities cuts off access to cheaper homecooked food. Housing benefit does not cover the service charge, putting people into debt and keeping them trapped in homelessness. Participants described finally getting to the top of the queue to bid on tenancies but finding that they could not pass the credit checks due to their accumulated temporary accommodation debts. Although some participants were managing to work whilst in temporary accommodation, for others the sums just did not add up, trapping them in benefits

and homelessness. Participants felt that they shouldn't have to choose between work and housing.

- **Exposure to substance use:** The presence of drugs and alcohol in many temporary accommodation settings increases vulnerability – both for families with children and for people in recovery from substance use issues. One participant said they were in more fear in temporary accommodation than in approved premises following their prison release.

Involvement in decision-making

Overall, the process felt opaque, disempowering and sometimes discriminatory. Most people did **not feel part of the decision-making process at any stage** — before, during, or after temporary accommodation. People wanted to be heard, respected and treated as partners in decisions about their housing. Instead, they were often sidelined and made to feel invisible.

- **Exclusion from decision-making:** Participants consistently reported having no say in where they were placed or when they moved, often being given very short notice or being asked to sign for properties they had not seen and that proved to be unsuitable. Many had housing officers assigned on paper but never actually met or spoke to them, leading to feelings of abandonment and confusion about what stage they were at in the process.
- **Poor communication and impersonal systems:** Communication from local authorities was described as cold, inconsistent and impersonal. People often had to chase down information or were passed between professionals with no continuity. Welcome packs and essential information were missing, leaving individuals to navigate complex systems alone, often without contact details or basic guidance. The bidding process was characterised as “dehumanising”. Participants described having to bid on properties they knew they would never get to seem willing and not harm their future chances.
- **Disempowerment and lack of transparency:** The process was opaque with no clear communication about rights, timelines or next steps. People were left guessing, unable to plan or advocate effectively. This lack of transparency forces people to learn housing law themselves just to survive in the system — a burden that leaves behind those unable to self-advocate.
- **Punishment for speaking up:** Participants that advocated for themselves were labelled as “aggressive” creating a damned-if-you-do, damned-if-you-don't scenario. Participants described not speaking up for fear of losing out in the future. A culture of “disrespect” was the norm: participants no longer expected to be treated with respect. Many participants described a cultural expectation of gratitude, with the implication that individuals should accept any conditions without complaint because at least they have a roof over their heads.
- **Minimal or non-existent support:** Support is often minimal, inconsistent or entirely absent. Participants described being “dropped” into temporary accommodation and

left to fend for themselves, only receiving help if they fought for it or found external advocates. One participant had been in temporary accommodation for a year and had not managed to speak to a housing officer about their plan, despite trying. When support is offered it can be impersonal; for example, getting transferred between workers with no continuity and little genuine care. When one participant told her social worker that the toilet in her new place was broken and had waste in it, she was told that she'd "seen worse".

- **Systemic failure and no accountability:** Complaints about issues like damp or disrepair are ignored or blamed on the tenant. There is no accountability mechanism. Councils were described as "marking their own homework". There is no joined-up thinking across local authorities. People are shuffled across areas without consideration for support needs, jobs, schools or existing ties, often disrupting lives and services. Participants described people being "exchanged" between London boroughs.
- **Inequality and stigma:** Vulnerable groups such as care leavers, people with mental health or substance use issues, or domestic abuse survivors are frequently dismissed, judged or stereotyped. One participant was told by a council worker that as a "good-looking trans woman" she didn't need to be homeless. The participant understood this to mean that she should be earning money through sex work. Experiences like being relocated far from family, or having support needs disregarded, reflect a system that lacks compassion and understanding of trauma or complexity.

Key changes needed to improve temporary accommodation

Participants were clear that to make temporary accommodation accessible, safe and dignified, changes must focus on information, choice, support, better accommodation standards and a person-centred approach.

- **Clear, accessible information and advocacy:** People need to know their rights and how to navigate the system. Without this, they cannot self-advocate or access what they are entitled to. Councils should provide a simple, clear document outlining the process, available support, and local services (e.g., healthcare, legal aid, benefits, schools). Services must be accessible beyond digital platforms, as many in temporary accommodation lack digital access or face language barriers. Participants were clear that schools should only be informed of a child's housing status if the information will lead to positive support. Participants cautioned against blanket information sharing, fearing that it would lead to stigma in an unsupportive school.
- **A more supportive and healing temporary accommodation experience:** Participants were clear that temporary accommodation needs to be about more than mere survival. People should be able to live, breathe, and thrive. Participants proposed introducing a support programme for people in temporary accommodation, including peer support groups & healing spaces, practical tools & solutions (legal help, benefits advice), and mental health support. This could be provided flexibly (in-person,

remote, via podcasts). People should also have a dedicated caseworker throughout their journey (either council or charity staff). Housing staff need to be better paid and trained to work with empathy and understand the challenges of homelessness.

- **Safe, suitable and dignified accommodation:** Temporary accommodation should meet a minimum quality standard, with accountability for landlords providing substandard housing. Pre-move inspections must be mandatory to ensure safety and habitability. Temporary accommodation should offer enough space. Participants were clear that a living room is not a bedroom. People should be allowed visitors, and there should be no unannounced room checks. There should be real choices in housing, recognising that one size does not fit all. Gender-specific, including LGBTQ+ inclusive temporary accommodation is needed, especially for trans people facing discrimination. Temporary accommodation must be truly 'suitable', not just legally classified as such.
- **A long-term, cost-effective housing strategy:** Participants wanted to see a commitment to building more self-contained, affordable social homes to reduce reliance on temporary accommodation. They also want the government and councils to work with private landlords to reduce discrimination and make renting more accessible. People should not be moved out out-of-area unnecessarily if they have connections, especially families with children with special educational needs. Other participants argued that housing should be based on need not local connection rules and that people that were happy to move anywhere should have that right. Everyone deserves a home, regardless of location.
- **Involving people with lived experience:** People with experience of temporary accommodation should be involved in shaping policy and as peer support workers and paid staff at all levels. Lived experience voices should drive change, ensuring that policy reflects real needs.

Temporary accommodation journey map

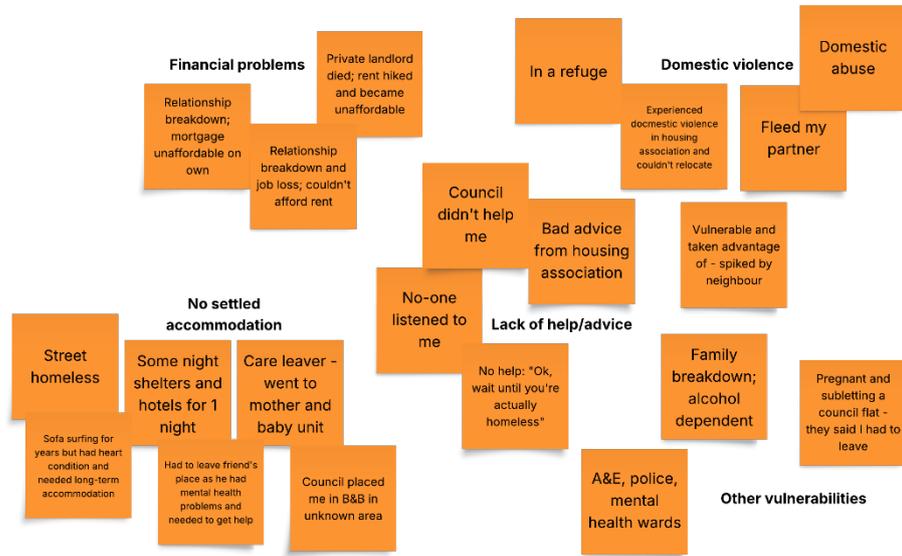
In the second half of the session, we invited participants to work together or by themselves to create a visual map of their journey, including:

- What happened at each stage.
- The minimum that should have happened.
- What should have happened in an ideal world.

The summary for each stage is shown over the next 3 pages. The themes covered much of what was summarised from the first half of the session – the lack of information, communication and agency, the need for support, the need for safe and suitable accommodation, financial support, benefits reform, and strategies to increase the supply of housing.

Temporary accommodation journey map 1 Before temporary accommodation

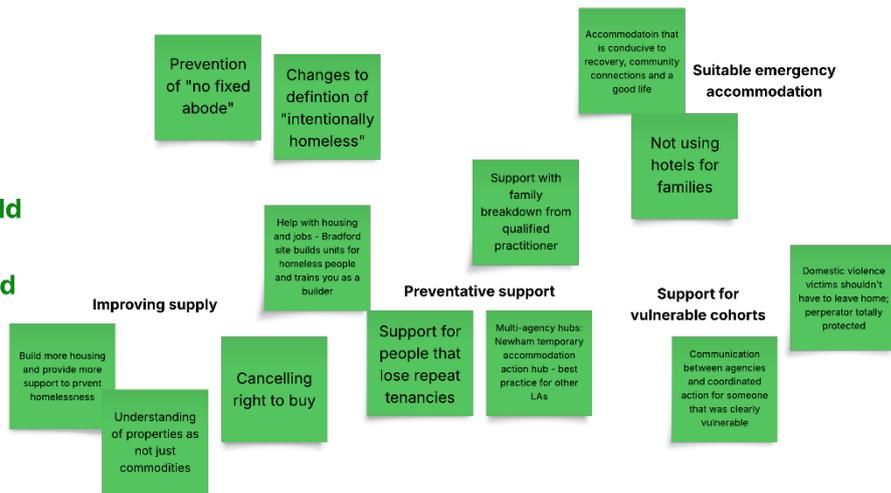
What happened



The minimum that should have happened

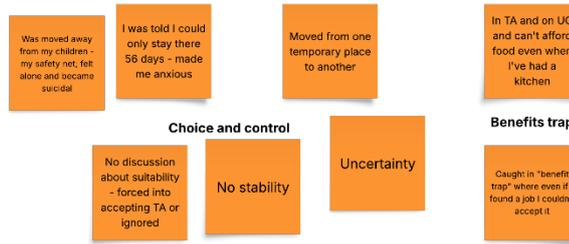


In an ideal world what should have happened

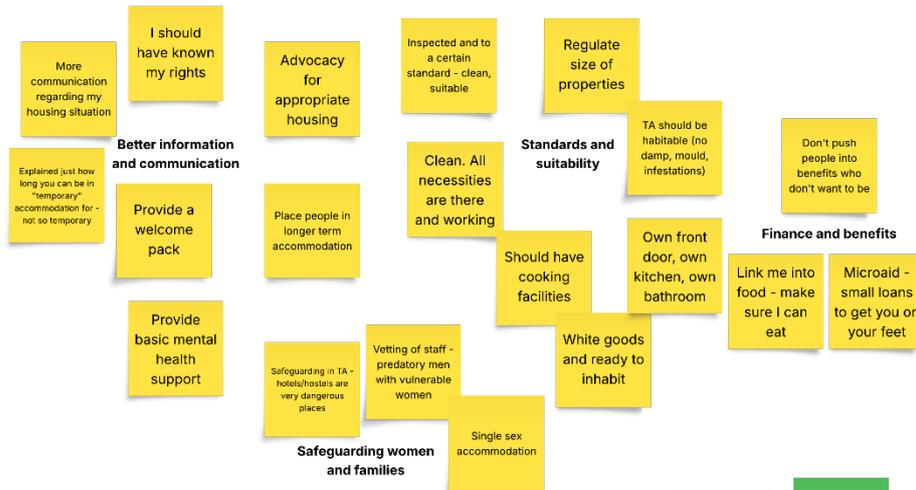


Temporary accommodation journey map 2 My temporary housing experience

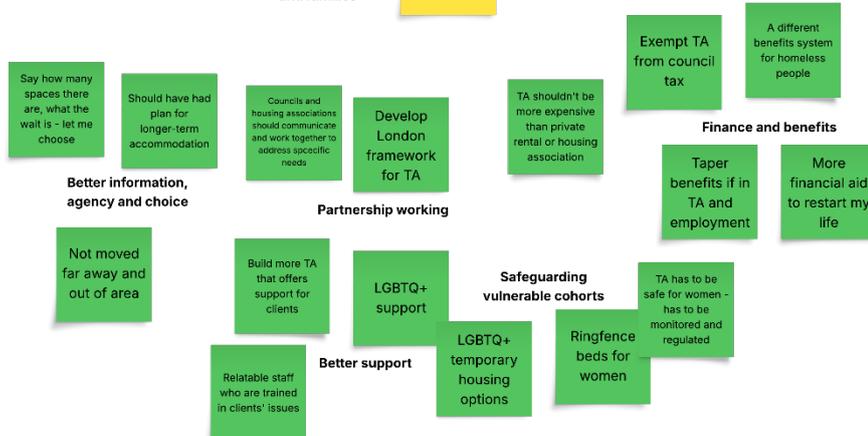
What happened



The minimum that should have happened



In an ideal world what should have happened



Temporary accommodation journey map 3 My move into settled housing

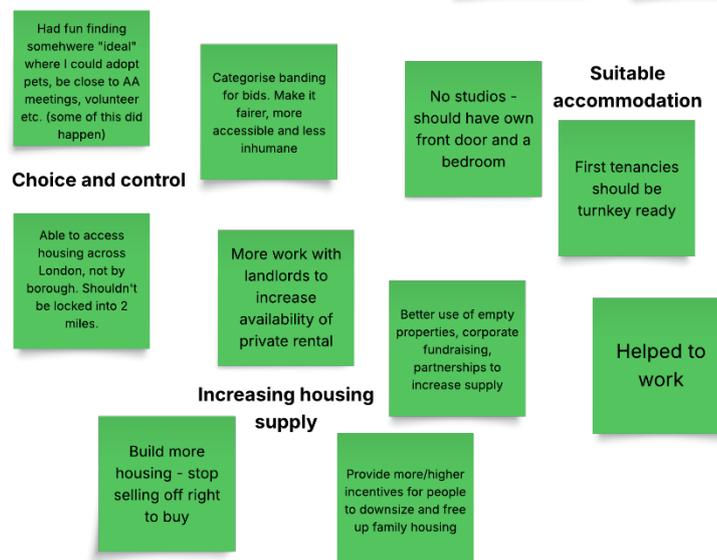
What happened



The minimum that should have happened



In an ideal world what should have happened



6. Lived experience recommendations for the homelessness strategy

The following recommendations reflect the experiences and solutions proposed in all four forums. Together they present our participants' vision for how the housing and homelessness system needs to change. We recognise that the implementation of some recommendations will not be easy or quick. Therefore, we have identified actions that will make an immediate difference and that can either be implemented relatively quickly and without major investment, or that are in support of existing MHCLG programmes. These "quick wins" are highlighted in bold.

We presented a draft of these recommendations to the core group to "check and challenge". This process resulted in new wording, changes to emphasis and some entirely new recommendations.

Trauma

- **The strategy must acknowledge trauma as a driver of homelessness and recognise that the system itself compounds that trauma.**
- A trauma-informed approach must be embedded throughout all homelessness services, sharing learning from where it is already done well. Principles should be coproduced with people with lived experience.
- People with lived experience bring a trauma-informed approach to their work. Peer involvement and peer roles should therefore be established and funded throughout.

Prevention

- Councils must proactively engage with council tenants at risk of homelessness before a legal duty is owed. This could be effectively done through peer outreach.
- Agencies must improve information sharing to identify and support those at risk before they reach crisis point. Governance for such data sharing needs to be coproduced so that people with lived experience inform decisions about how and when data is shared.
- Councils should convene specialist teams to support key populations at risk of homelessness, notably women fleeing domestic violence, people leaving prisons and hospitals, and people leaving the immigration system.
- Rental and welfare reform is needed to prevent people and families falling into homelessness through poverty. Keep LHA rates in line with inflation, year on year. Scrap the two-child benefit cap, and raise the overall benefit cap.

First contact

- **Councils should provide clear but comprehensive "one stop" rights and information guide to everyone at first contact. The guide should outline rights,**

entitlements, what to expect, key contacts, and support services (emergency funding, housing, benefits, mental health). It should be available in multiple languages and accessible formats. There should be tailored versions for key at-risk groups.

- Everyone presenting as homeless should have access to a support worker, regardless of the “complexity” of their case, to provide tailored advice and support, signpost into services and community groups, and help with applications. This could be a professional or peer worker.

Support

- Local area partnership programmes like Changing Futures work for people in entrenched homelessness and facing multiple disadvantage. The programme principles – a multi-agency approach to working holistically with people, meeting them where they are at, and with lived experience throughout the programme – need to be rolled out, with funding committed nationally.
- Co-locate services in community spaces, allowing people to access all the support they need under one roof.

Staffing

- Council housing teams must receive training, ideally led by people with lived experience, to build their empathy and understanding for the root causes that lead people into homelessness and the experience of the system.
- In the long-term, council housing teams need to be sufficiently staffed. This will reduce caseloads and support more people into accommodation more quickly.
- All staff in supported and shared accommodation must be trained and held accountable for how both they themselves behave and how they foster good a culture of respect to and amongst residents to prevent bullying, harassment and discrimination.

Temporary accommodation

- Extend the Decent Homes Standard to all forms of temporary accommodation as soon as possible. Mandate pre-move inspections and a regular schedule of post-move inspections. Develop minimum standards for temporary accommodation. All temporary housing should meet a clear national baseline standard.
- Clear complaints mechanisms must be established and advertised to allow residents to report substandard accommodation, with accountability measures for landlords.
- Ensure that there is sufficient gender-specific accommodation, including LBGTQ+ inclusive options. Women require separate and secure accommodation to prevent

further trauma. Ideally women who have lost their children should not be placed with families, including women who are at risk of losing their children.

- **Temporary accommodation should be included in national and local policies and systems that aim to recognise, prevent and respond to childhood adversity and trauma.**
- **Out of area (OOA) placements for families should end. Local authorities must prioritise keeping families with children with special educational needs and disabilities (SEND) in their local area.**
- **Individuals who actively want to relocate OOA should be supported to do so. These are often people in recovery from addiction who have completed rehab in an area where they do not have a local connection. They have settled in their new area and have made a support network, away from old problematic relationships. It makes sense that they be supported to stay there.**
- **Local authorities must better coordinate any OOA placements with the receiving area.**
- **Address the 'catch-22' for people living in supported accommodation, who are unable to earn income through employment as they would risk being unable to afford the supported housing costs. This should include establishing permitted earnings for people in supported and temporary accommodation or other initiatives to make going into work affordable and accessible.**
- **End the “dehumanising” and opaque bidding process by introducing clarity about the points system.**

Transition into settled housing

- **Councils must coproduce structured transition plans with people moving into permanent housing to ensure that the transition is at a suitable pace and time for them.**
- **Ongoing post-move wraparound support must be provided through and after the transition, including financial and practical assistance with the move and setting up the new home, and emotional and social support.**
- **Turnkey-ready homes must be prioritised for individuals moving into their first tenancy to reduce associated costs.**
- **Peer support must be offered to everyone going through the transition.**

System

- **A rental cap linked to housing standards must be introduced to ensure housing benefit covers both rent and service charge. Standards could be based on the new framework for exempt housing.**
- **Housing provision must be expanded, prioritising social housing construction and allocating housing to individuals experiencing homelessness.**

- Recognise homelessness in equality frameworks to tackle implicit and explicit discrimination by current and prospective employers. This will help shift responsibility from the individual to the system, placing the onus on organisations to create truly inclusive workplaces.

7. Recommendations for lived experience input into implementation of the homelessness strategy

“The main thing you've got to remember is if you're going to be working with people, don't just expect to get a group together and start working with them. It's about building relationships. Like all the people who have lived experience in this group today will have worked with people like Sean and Rachel [NECG and Groundswell team members] for years. So you know, if you set your own lived experience groups up, it would be a like a long-haul kind of thing. It's not just a quick fix. It's a commitment from both sides.”

This consultation process has clearly highlighted the value of people with lived experience working as partners with decision makers. Officials have accessed a diverse range of insight, including experiences they have not heard before in these spaces. The combination of more experienced core group members and forum participants with ongoing experience means they been able to understand how the system is working – or not working – for people right now and gain perspective on how it has changed over the last five or ten years.

Coproducing strategies and services alongside those with lived experience who will be most impacted by those strategies and services creates more effective solutions. The officials involved have indicated that they intend to embed lived experience for the long-term and from end-to-end of the strategy process. **We welcome this intention and call on the government to commit to ongoing, meaningful lived experience input into the implementation of the strategy at all levels.**

The core group made the following recommendations for taking this work forward:

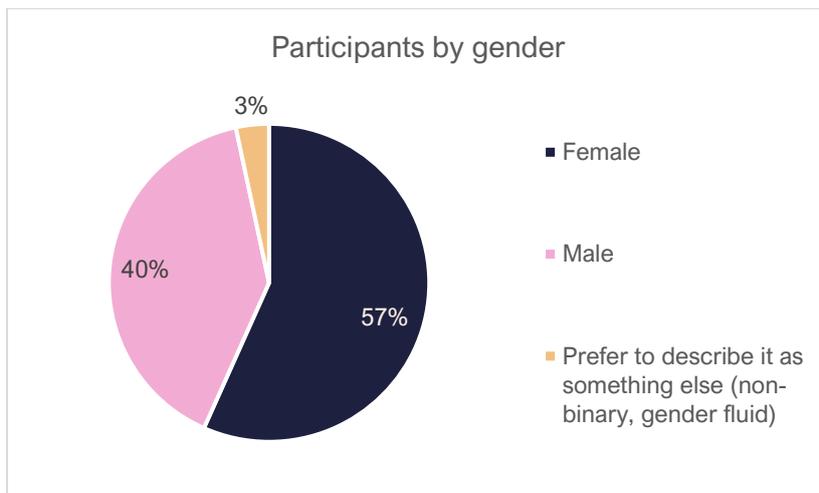
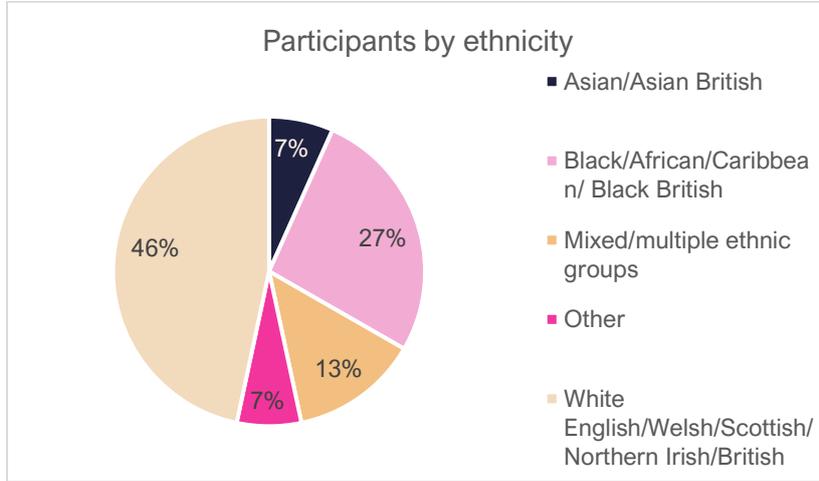
- Relationships and trust are the bedrock for meaningful lived experience coproduction requires. This is not a quick piece of work. And it cannot be done on the cheap. **The work needs to be funded on a full cost recovery basis, with long-term contracts that enable delivery partners to fund the specialist support roles and infrastructure required to make it work.**
- **There needs to be lived experience scrutiny at both national and local levels.** Commitments and delivery plans should be coproduced by funded lived experience groups that work with national and local decision makers. The same groups need to regularly review progress, providing continuity and accountability for the original lived experience priorities. The NECG offers a proven national-regional-local networked model.
- **People with lived experience need to be in the same spaces as national and local decision makers, included as partners in strategic, multi-agency “systems change” work.** Many areas now have established multiple disadvantage lived experience or expert by experience groups, but there can be a tendency by professionals to keep those groups at arms-length from strategic work. Work to

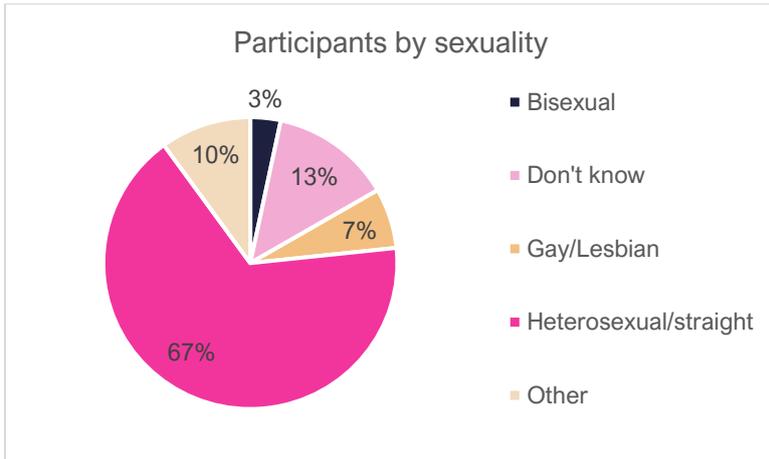
change the system cannot be achieved exclusively by the professionals in the system. It needs an external impetus. People with lived experience know the system and how all the partners work, but are not held back by institutional cultures and behaviours.

- MHCLG needs to continue to hear from people in the system right now. There is huge power in those experiences, but they can be hard to access. **Well-trained and supported peer research groups have reach into communities and can deliver that up-to-the minute insight. They provide a conduit to people on the ground that wouldn't normally engage in lived experience forums or coproduction groups.** Revolving Doors, Groundswell and Justlife Foundation all have strong track records in innovating and delivering peer research models. The NECG is currently delivering peer research that provides precisely that real-time insight for officials at the Office for Health Improvement and Disparities (OHID) delivering the Government's drug strategy.
- **Local authorities should look to best practice from Changing Futures local area partnerships for successful coproduction models.** The group recognised that coproduction coordination roles are increasingly being funded by local authorities. This needs to continue.
- **Local authorities need to tap into existing residents' groups.** These groups are often long-standing. They need to be resourced and supported, so that people can have confidence to speak up and share their experiences without fear of repercussions for their housing situation.
- **MHCLG must commit to closing the feedback loop on this project and all subsequent coproduction nationally and locally.** Officials must feed back to participants on how their input has shaped their thinking and the strategy itself, and how it will be taken forward.

Annex Participant characteristics charts and tables

Summary demographic characteristics for the 30 individuals for whom we have data. We collected data from forum participants only, not core group members.





Participants by location



Map data: © Crown copyright and database right 2020 · Created with Datawrapper

Relative circle size represents the number of people coming from a particular location.

Note: we know that locations were more diverse than this map shows, if core group members are also counted. For example, two core group members come from North East England.

