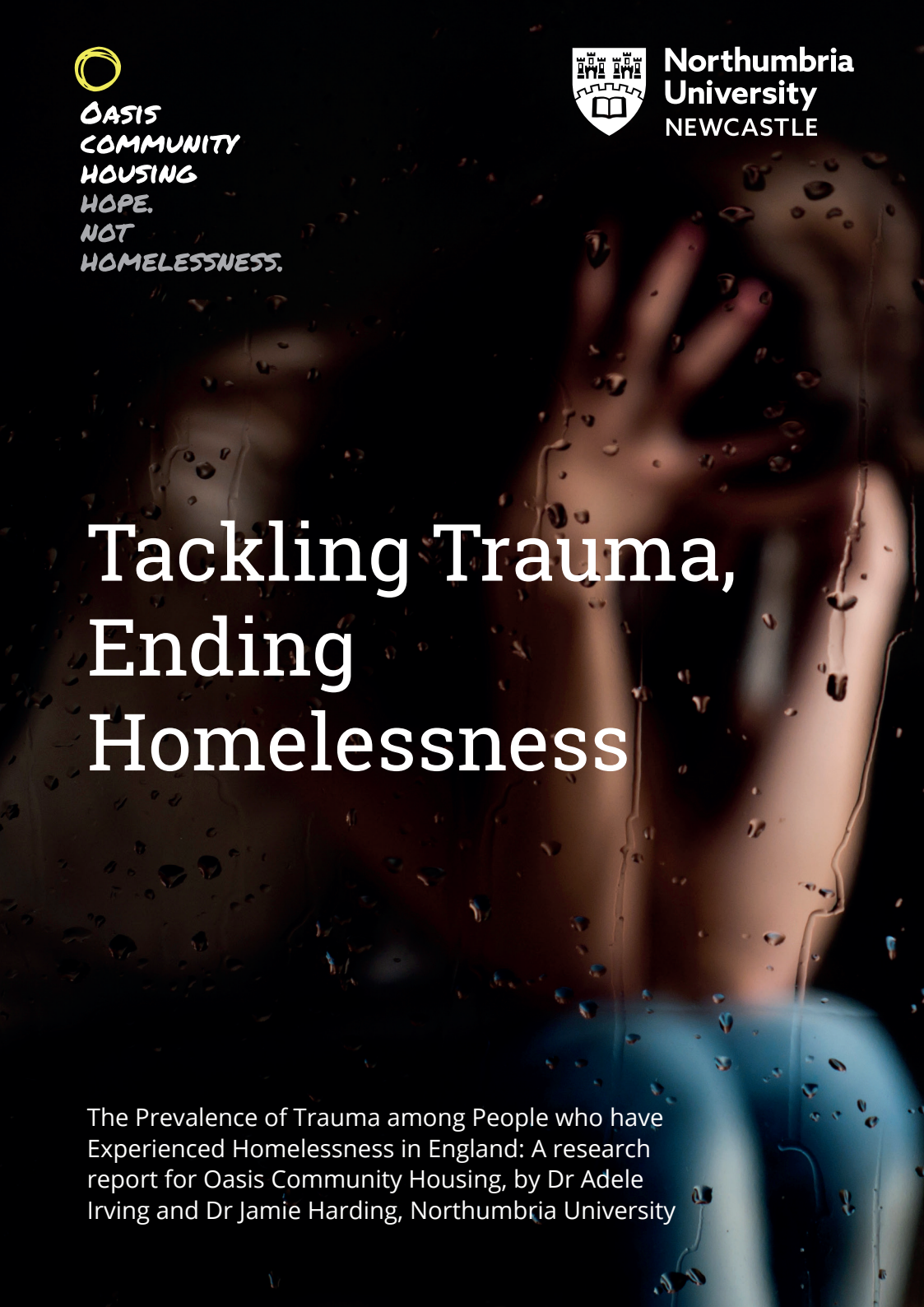


Oasis Community Housing
HOPE. NOT HOMELESSNESS.

Northumbria University
NEWCASTLE

Tackling Trauma, Ending Homelessness

The Prevalence of Trauma among People who have Experienced Homelessness in England: A research report for Oasis Community Housing, by Dr Adele Irving and Dr Jamie Harding, Northumbria University

Contents

Introduction

Oasis Community Housing has been working with young people facing homelessness, vulnerable mothers and babies, and men and women rough sleeping or in housing crisis for almost 40 years. While some of the stories in this report may be new to some, they evidence the pervasive level of trauma that the charity's support staff and others working within the homelessness sector have long been aware of.

The findings presented in this report are based on in-depth analysis and England-wide research.

It concludes that we cannot hope to end homelessness unless we help address people's trauma. Respondents comments show services failing people due to long waiting times, refusals due to co-existing mental ill-health and alcohol or substance use issues, and a general lack of understanding around and sensitivity to trauma.

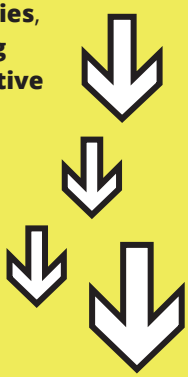
The purpose of this report is to ensure the public and policy makers are aware of the real life traumas that people experiencing homelessness have lived through, and that have either led to their homelessness or are helping to trap them in it.

This research also considers the effectiveness of current support available to those experiencing homelessness and affected by trauma, and offers key recommendations of how to move forwards.

94% of people facing **homelessness** have experienced **trauma**

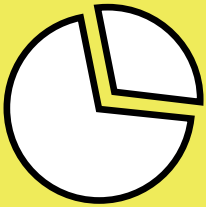
63% of people surveyed reported **4 or more traumatic experiences** or trauma over a prolonged period

Poor mental health, **relationship difficulties**, **difficulties managing emotions** and a **negative view of themselves** were cited as the most significant impacts of trauma



Trauma is often **a direct trigger for homelessness**, with 2 in 3 people linking trauma and its impact to their current housing situation

Almost **half of people** feel they **need more help** than they are currently receiving



35% people feel their **trauma** is **preventing** them **moving on from homelessness**

Executive Summary: the prevalence and experiences of trauma

94% of people facing homelessness have experienced trauma. While 14% of people surveyed reported a one-off traumatic experience, almost two-thirds (63%) have experienced four or more traumas or trauma over a prolonged period of time.

While these figures indicate a very high prevalence of trauma amongst those with experience of homelessness in England, they are likely an under-reporting.

The types of trauma experienced include:

- psychological, physical and sexual abuse and neglect as children
- familial addiction often resulting in bereavement or being taken into local authority care
- being victims and witnesses of domestic abuse or violent attacks
- sexual or criminal exploitation
- the removal of children
- bereavement
- physical pain and injury
- serious illness or disability
- incarceration
- fleeing to the UK from abroad to escape persecution and war
- prolonged separation from family
- homelessness itself

It is futile to try to solve the issue of homelessness without addressing trauma.

Those who had experienced homelessness – rather than being at risk of homelessness - were more likely to report five or more experiences of trauma or trauma over a prolonged period. Thus indicating a link between the pervasiveness of traumatic experiences and the likelihood and long-lasting nature of homelessness.

The majority of trauma reported was 'complex' and occurred at multiple stages throughout life. The ensuing impacts of trauma on people's lives are often wide-ranging and devastating, and result in multiple disadvantages including poor mental health, substance misuse and homelessness.

Trauma is often a direct trigger for homelessness. Homelessness itself is a trauma, and increases the likelihood of exposure to further traumas and the negative impacts of trauma. Where complex and unresolved, past trauma and the impacts of this were stated as key factors preventing someone moving on from homelessness. The research identified this complex and often mutually reinforcing relationship between trauma and homelessness as a 'Catch 22'.

Therefore, it is critical that mental health support is accompanied by support to address other needs, notably housing. But well-known barriers to support continue.

All services engaging with people facing homelessness must acknowledge and understand the past and present harms experienced to avoid reproducing further harms in the future. Psychologically- and trauma-informed approaches to service delivery appear key to service user well-being and engagement.

Data from the Fulfilling Lives programme, which was scrutinised as part of this research, demonstrated the significant social and economic benefits that can be derived through more joined-up, person-centred support for people with multiple and complex needs. From significant net reductions in the average cost of service use, to reducing social harms such as crime and anti-social behaviour and, critically, preventing premature loss of life.[i]

We can only end rough sleeping and homelessness if we tackle trauma. To help address experiences of trauma, we recommend:

- Establishing minimum standards for the delivery of trauma-informed homelessness support services
- Developing and rolling out a national trauma-informed training programme in England, mandated for Local Authorities and providers of commissioned homelessness services
- Local Authorities are required to only commission services supporting people experiencing homelessness that are trauma-informed
- Developing dedicated mental health pathways for people experiencing homelessness that acknowledge and reflect the challenges posed by the chaos of homelessness and the impact of trauma

Ultimately, the cross-Government focus on homelessness, set out in the Ending rough sleeping for good strategy (September 2022)[ii], should be backed by an accountable cross-departmental working group[iii] that recognises the linkages between trauma and homelessness.

By investing in preventative measures, such as early mental health support, the result would be fewer households in crisis. These measures would reduce the number of people who become homeless and also, in combination with our other recommendations, improve the ability of those with experiences of trauma to sustain accommodation and make better use of support services.

Amanda's story

3rd August 2001 was when I went into foster care. I don't know how old I was. It wasn't that my Mam and Dad didn't love us, they just didn't know how to look after us in the right way.

There was always drinking involved, they were always arguing. My Mam and Dad were alcoholics. That's how my leg got broken at 18 months old, in the middle of an argument.

I had a lot of anger and hate inside and I didn't know how to deal with it, I used to lash out a lot. Including self-harm. I found the bottle. Then drugs came too.

I had 15 foster placements in 7 years. Lots of living out of bags. I didn't want to empty my suitcase as I knew I wouldn't be there very long.

I remember getting my first council flat at 18 years old, which was fantastic at first, having my own independence. But obviously the drink and drugs were always a problem. I didn't realise or want to admit that I was an alcoholic. That flat broke down.

I ended up staying at my uncle's, with friends, wherever I could get a bed for the night. It wasn't long after that that I became involved with Oasis Community Housing's drop in. I had a lovely worker there, she brought me to the charity's Naomi project [supported accommodation].

It was losing my Mam that was the turning point in my life.

I was on a bridge, ready to end everything. I was sick of going on, of hurting people, of being angry with the world. I'd had enough. But I spoke to my Mam that night, which I'd never done: she knew about my overdoses, but I hadn't told her the other stuff.

Two weeks later, my Mam unfortunately lost her battle.

Something changed, I started putting the effort in. It's not just taking the drink and the drugs away, it's about working on myself. Now I'm one year sober. You can have a life when you're sober!

When I moved into my Naomi flat it was the first time I'd unpacked a bag in years. I felt safe. I unpacked everything! I didn't feel like I had the world on my shoulders. It was the start of Amanda's life.

Now I've got a beautiful home, a nice little flat, I'm paying bills and I've got it all decorated. Stuff that I never dreamed I'd be able to do. I volunteer at Gateshead Recovery Partnership, giving back. When you've been there, you get it.

The Naomi project never gave up on us. They could see an outcome. God honest truth, if it wasn't for Oasis Community Housing then I don't know where I'd be.

Trauma in childhood, adolescence and adulthood

Defining trauma

In this research, the term 'trauma' was used to refer to: events or circumstances that are perceived as physically or emotionally harmful or life threatening, and have lasting impact on wellbeing or the ability to function.[iv]

A key strength of this definition is its recognition of the subjectivity of trauma, enabling respondents to define trauma for themselves and avoiding a list outlining events or experiences which are commonly understood to be traumatic to prevent re-traumatisation.

Almost 45% of people experiencing homelessness reported suffering trauma as a child.

It is broadly accepted that approximately half of the population in England has endured one adverse childhood experience (ACE) – a potentially traumatic event or situation – while approximately 9% of people have experienced four or more ACEs. Given the prevalence of complex trauma reported here, it is reasonable to assume that the proportion of people experiencing homelessness who have endured four or more ACEs[v] is significantly higher than 9%.

Some examples given by respondents, of multiple forms of childhood trauma, were:

> ***'Five deaths, neglected, parents on drugs, abusive household, around drug dealers, social services, police'***

> ***'Locked in cupboards over weekends. Starved. Physical abuse. Emotional abuse. From age 7 to 27 years of age'***

> ***'Multiple rapes from age 11'***

'Witnessing domestic violence between parents'

'Lost mum aged 16 when she was 38 to a heroin addiction. Mum was pregnant and it happened very suddenly'

Several participants reported being taken into care because of household dysfunction. Similar observations came through the Fulfilling Lives research.[vi]

While much research on trauma has focused on childhood, a significant finding of this research is the level of trauma experienced in adolescence and adulthood showing the possibility, and impact of trauma occurring throughout life.

60% of respondents said they had experienced trauma as an adolescent, and 61% as an adult.

Relationship breakdown with family and being asked to leave the family home was the primary trauma reported during adolescence. As relationship breakdown is the leading cause of youth homelessness in the UK[vii], this finding is perhaps unsurprising.

However, many said this relationship breakdown was interwoven with other experiences of trauma and the impacts of these; for example, the loss of a parent, resulting in substance misuse and poor emotional regulation.

It is also important to highlight the staggering rise in experience of trauma between 16 and 30 years old - from 10% (16-20 year olds) to 80% (for 26-30 year olds) - suggesting that young adulthood may be a key time when people with housing difficulties are particularly likely to experience trauma.

The types of trauma experienced by adults facing homelessness are wide-ranging. These include: poor physical health; disability; being a victim of crime or often serious violence; family breakdown (including being a victim of domestic violence, or the removal of children from their care); bereavement (often parents and children); the loss of a job; and incarceration.

Questionnaire respondents shared:

> ***'Had children, their father was abusive for 13 years, he now has the kids. Drug gang took over kitchen for 5 days and beat [me] while waiting for the father to return'***
>
> ***'Been in the army, saw stuff'***
>
> ***'I was a train driver and someone jumped in front of my train to kill themselves. There were body parts and blood everywhere and I still think about it all of the time'***
>
> ***'Daughter died at 6 weeks of cot death. Walked out due to drinking to ease the pain of grieving loss of daughter'***
>
> ***'Was assaulted. I was beaten up and woke up with sore ribs and my trousers were round my ankles'***
>
> ***'Ex set me on fire while I was asleep'***

Every respondent seeking asylum reported experiences of trauma; their experiences were often distinct from those born in the UK and included fleeing persecution, war, traumatic journeys to the UK, and acute physical and emotional separation from family.

The comments shared here are not exhaustive of the experiences of the trauma disclosed, but they provide a clear indication of the breadth and severity of the situations which the respondents have endured. The impacts of these experiences and the support which might be useful to service users as a result will be very different dependent upon the nature of the trauma experienced, requiring frontline workers to have wide-ranging knowledge and skills.

Reflecting the findings of several of the Fulfilling Lives partnerships[viii], and much of the broader literature on trauma, it was also clear that the nature of trauma experienced by the participants, and the impacts of this, were gendered.

One-off or longer term trauma?

Trauma literature makes a distinction between single incident and complex trauma.

Single incident trauma refers to a single, unexpected, random event such as an assault or natural disaster that has a profound effect on the functioning or well-being of an individual.

Complex trauma refers to traumatic experiences involving multiple events with interpersonal threats. These experiences typically arise within the context of a child's relationships, occur during child development, and are chronic or repeated in nature. Complex trauma tends to pervade every aspect of an individual's being.[ix]

From this research, it is reasonable to conclude that complex trauma was experienced by a large majority of the respondents.

Women revealed higher levels of trauma, with 59% saying they had experienced trauma more than five times or for a prolonged period – compared to 40% of male respondents. Wider trauma literature suggests that trauma is often under-reported by men. This is attributed to men being less likely to recognise situations as abusive, tending to see their experiences as less severe compared to the experiences of females and males being less likely to disclose abuse.[x]

Experiences of interpersonal violence, sexual abuse and trauma associated with the removal of children from their care or separation from children were more commonly reported by female respondents. However, several male respondents also reported these. It is important therefore that services are mindful of the gendered nature of trauma, but do not make assumptions about the types of trauma that service users may have experienced based on gender alone.

With trauma unaddressed, many participants described situations where the consequences of their traumas were preventing them from being able to engage with services or to move on from homelessness.

Homelessness as trauma

Although it was most common for trauma to have occurred prior to homelessness, a recurring theme in this data was homelessness as a form and source of trauma.

28% of respondents reported trauma as a result of the process of becoming homeless – and this seemed to be particularly acute among those who had fled domestic violence. This includes women who needed to find a way of fleeing with dependent children and women who had been forced to leave their children in the family home.

38% of people reported trauma as a result of being homeless; for example, many reported trauma linked to rough sleeping. Here, they shared feelings and experiences of hunger, fear and vulnerability, violence, exploitation, stigma, poor physical health, addiction, loss, and isolation. Someone else reported being sexually abused by someone they were reliant on for accommodation when homeless.

Critically, one participant stated, “Every time I become homeless it’s traumatic … and it doesn’t get any better either”. This quote is a poignant reminder that the majority of people experience repeat homelessness.

On average, respondents had experienced homelessness three times in their lives, with the mean length of time spent homeless just over two and a half years. In several cases, participants reported being homeless for over 10 years. In the most extreme case, one suggested that they had been homeless for 44 years. It is important that services are mindful of the likely cumulative effects of repeat homelessness.

The impact of trauma

Almost all respondents said trauma had negatively impacted their life. In 70% of cases, the impact was reported to be 'significant'.

104 out of the 115 questionnaire respondents provided details of the type of difficulties trauma had caused them. Some of these difficulties are known to have a direct and indirect impact on the likelihood of homelessness or the ability to make use of support and housing services.

A significant impact, affecting 72% of respondents, was relationship difficulties with people reporting problems developing trusting relationships with partners and professionals, feelings of wanting to be alone, running away from home, and feeling unable to settle and remain in one place for any period of time.

Reports of maladaptive behaviours and risk taking were prevalent, including an inability to engage in self-care (63%) and problems of substance misuse (61%) or offending behaviour (31%). A lack of self-esteem, optimism about the future and an inability to concentrate, think and learn were also apparent.

On average, people said they felt they had experienced six types of impact as a result of trauma however, four people (4%) reported experiencing all 11 types listed below:

Impacts of Trauma	Percentage
Mental health or emotional difficulties	90%
Relationship difficulties	72%
Difficulties in emotional management	67%
Negative view of self	64%
Self-care	63%
Substance misuse	61%
Limited sense of hope	56%
Ability to concentrate, think or learn	50%
Self-harm	46%
Offending behaviour	31%
Other impacts	10%

The number of traumas experienced typically correlated with the number of impacts reported. Again, female respondents reported a higher number of impacts of trauma than male respondents (6.5 and 5.7, respectively).

Those who had experienced homelessness - rather than been at risk of homelessness - were also likely to report a higher mean number of impacts of trauma than those who had not. This is likely to be in part because homelessness itself was widely reported to be traumatic and exposed individuals to a range of risks.

> “It has affected how I feel about everything. I always thought it was a problem with me.”

The cycle of trauma and homelessness

Experiences of trauma and homelessness are clearly linked. Trauma – such as abuse, violence, family death, or war - was often a direct trigger for homelessness.

2 out of 3 respondents said trauma has affected their housing situation.

It was also common for the impacts of trauma to be a key contributor to the experiences of homelessness. One respondent shared:

"I drink 3 litres of vodka a day. I am in hospital about 4 times a week due to seizures and falls."

Here it is important to note that, similar to homelessness, the experience of addiction and mental ill-health were also said to be traumatic so the relationship between trauma, the impacts of trauma, and homelessness was often bi-directional and could not always be easily disentangled.

Wider literature on trauma and homelessness[xi] suggests that trauma can impact the chronicity of homelessness and, in this research, 35% of people reported that trauma was preventing them from moving on from homelessness. This was typically due to unresolved needs resulting from trauma, such as outstanding mental health needs, poor emotional regulation (sometimes resulting in aggressive behaviours) or inability to think and concentrate thus affecting tenancy management and payment of bills. Another reported concerns over the prospect of living alone after many years of communal living in a children's home, prison and supported accommodation.

However, many of the participants considered that housing stability would be necessary for them to fully address their needs relating to trauma, suggesting a 'Catch 22' situation.

A complex and often mutually reinforcing relationship appears to exist between trauma and homelessness. In this research, trauma was usually a precursor to homelessness, but homelessness itself was often experienced as a form of trauma and increased the likelihood of exposure to further traumas and adverse impacts. It is thus futile to try to respond to the issue of homelessness without addressing trauma.

> "Trauma was often a direct trigger for homelessness."

Specialist trauma support

Almost half of people had not accessed specialist help for trauma.

Those whose trauma had led to a mental health diagnosis (64%) had typically found it easier to access specialist support. Others said they were only "taken seriously" and able to access support after reaching a crisis point.

While some described the support received as effective, it was more common for respondents to report negative experiences linked to well-known barriers to mainstream mental health support for those with multiple and complex needs. These barriers were also identified through the Fulfilling Lives programme[xii], alongside similar struggles of accessing and engaging with services.

> "I would refer myself for help but I would have to wait too long … By the time I received help, I had different needs because of the lapse of time."

Several people felt re-traumatised by having to repeat their personal histories to each professional they engaged with.

Co-occurring mental ill-health and substance misuse resulted in several respondents being excluded from support. This is despite national NICE and Public Health England guidelines requiring the provision of services for people with co-occurring issues.

The Fulfilling Lives programme, however, highlighted that through system change, those with multiple and complex needs can be effectively supported to move forward in their lives. Effective mental health support is central to this. Outside of mainstream mental health services, some of the most effective mental health interventions and models of working identified through

the Fulfilling Lives programme were the use of system navigators and peer mentors; flexible, person-centred and bespoke mental health services; 'pre-treatment' support provided by non-clinical workers; and the use of psychologically-informed and trauma-informed approaches to engagement.

The Fulfilling Lives findings also indicate that relatively rapid progress can be made in addressing some of the immediate aspects of chaotic lives, but tackling underlying, more complex and entrenched issues such as poor mental health resulting from trauma and substance misuse - which were key issues affecting participants of this research - take longer.

Access to specialist help with complex needs is central to progression[xiii]. The average time in the Fulfilling Lives programme before positive move on was achieved was over two years[xiv], highlighting the need for long term support to be available to those with multiple and complex needs.

Almost half (48%) of respondents feel they need more help than they are currently receiving. Support to access and sustain housing, and to specialist mental health support were the two key types of support highlighted.

Trauma-informed approaches to support and housing

The questionnaire asked about respondents' broad experience of working with support services, thus exploring the extent to which trauma-informed care (TIC) principles are implemented.

Overall, reflections on working with services were largely positive. The majority of respondents said they felt physically and psychologically safe when accessing services, listened to and that they had typically been supported to access the services they need.

What are trauma-informed services?

Trauma-informed services are consciously designed to acknowledge, understand and address the emotional and psychological needs of service users, taking into account the impact that trauma may be having on their lives. It is an approach that creates an environment where someone who has faced trauma feels safe and where they can establish trust with those supporting them. Trauma-informed care (TIC) has been associated with improved service user experiences and outcomes[xv].

Commonalities exist with philosophies such as psychologically-informed environments (PIE) and Housing First, which have been key features of homelessness policy and practice over the past decade[xvi].

Respondents spoke particularly positively about the support received from Oasis Community Housing, as well as from various food banks, addictions and recovery services.

A number of Fulfilling Lives partnerships reported the success of their Housing First schemes, with data suggesting relatively high levels of tenancy sustainment, improvements in physical and mental health, and reductions insubstance misuse and offending[xvii]. A specialist Housing First scheme for women who had experienced domestic abuse – alongside other services recognising the distinct support needs of women who are homeless – was also very positively received[xviii].

In the main, questionnaire respondents spoke less positively about the support received from social services, criminal justice agencies, a housing options team and mental health services.

Key aspects of TIC are staff support, clinical supervision and training. The Fulfilling Lives data suggests that in some localities, staff training on the frameworks that underpin TIC provided a common language and shared set of cross-organisational values. Ultimately, this could result in those with multiple needs receiving more co-ordinated and effective support.

Recommendations

To end homelessness, we must help people address their experiences of trauma. Therefore, alongside other recommendations highlighted by the research, we recommend that the Government:

Establishes minimum standards for the delivery of trauma-informed homelessness support services. This framework, developed in partnership with the homelessness sector, can be used by Local Authorities and other commissioning services to embed best practice in the design and delivery of services for those experiencing homelessness.

Develop and roll out a national trauma-informed training programme in England, mandated for Local Authorities and providers of commissioned homelessness services. Central government funding must be made available to support charities, agencies and other bodies in achieving this.

Thereafter, **Local Authorities are required to only commission services supporting people experiencing homelessness that are trauma-informed**, psychologically-informed and person-centred, in recognition of the needs of those accessing services and to support effective responses to these needs.

Develop dedicated mental health pathways for people experiencing homelessness that acknowledge and reflect the challenges posed by the chaos of homelessness and the impact of trauma. These pathways should be accountable to local inclusion health strategies as set out by Integrated Care Boards.

Methodology

The findings presented in this report draw upon both quantitative and qualitative data enabling the research team to explore the complexities of the relationship between trauma and homelessness. Research was carried out between April and August 2022.

In trying to gain a deeper understanding of the prevalence, nature and impacts of trauma experienced by people facing homelessness, we spoke to people who access Oasis Community Housing's homelessness services across North East England and South London.

A questionnaire was sensitively designed by Oasis Community Housing in partnership with the Centre for Homelessness Impact and the Northumbria University research team. Oasis Community Housing's frontline staff and ex-service users fed into the design of the questionnaire at a number of stages. Of paramount importance throughout the research was avoiding risk of harm to the participants, particularly re-traumatisation. It was made clear that participation in the research was entirely voluntary, would be confidential and anonymous, and participants could withdraw at any point until the process of report writing had begun.

Response rate, rather than sample size, is the most important factor when determining the accuracy of a sample in predicting the characteristics of a population[xix]. The response rate to this questionnaire (19%) compared favourably with that of other organisations when bearing in mind the client group and the short-term nature of their relationships with staff in many cases. This indicates that the data presented in this report is as robust as is likely to be obtained with people who are homeless or threatened with homelessness. 115 questionnaires were completed over a 12-week period.

At the point of completing the questionnaire, the majority of respondents were either living in supported, temporary or hostel accommodation or rough sleeping. Homelessness or the risk of this had featured in most of the respondents' lives, affecting 90% in total. However, by virtue of respondents' engagement with Oasis Community Housing, it is likely that all respondents

had either been homeless or at risk of this at some point in their lives. This suggests those who did not identify as homeless may have adopted a narrower definition of homelessness than that understood by the Northumbria University research team and Oasis Community Housing.

Respondents were almost evenly split between males and females, aged 16 – 60 years old. 71% of respondents identified as 'White British' with other respondents identifying as: 'other Black background'; 'other Asian background'; 'Black Caribbean'; 'Black African'; 'African'; and, 'other mixed ethnic background'.

The second strand of research reviewed publicly available Fulfilling Lives publications and reports. The Fulfilling Lives programme was a Big Lottery funded initiative running from 2014 - 2022, where voluntary-sector led partnerships across 12 English regions sought to improve the lives of those with multiple and complex needs (MCN). Those with MCN was defined by the Fulfilling Lives programme as individuals experiencing at least two of the following: homelessness, substance misuse, offending and mental ill-health. A key focus of the programme was 'systems change' – designing, piloting, and evaluating new ways of working with those with MCN. Oasis Community Housing was part of the Newcastle-Gateshead Fulfilling Lives partnership.

Approximately 100 outputs were closely scrutinised, with a view to identifying the prevalence of trauma among the Fulfilling Lives beneficiaries, the influence of the programme on services, and the interventions that appeared to have most positively impacted on the mental health of those accessing them.

Drawing on wider research, a brief literature review was undertaken, which reflected upon the most recent literature on the relationship between trauma and homelessness and the application and efficacy of trauma-specific and trauma-informed interventions and approaches across a range of sectors.

References

i Moreton et al., 2021

ii https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102408/20220903_Ending_rough_sleeping_for_good.pdf Last accessed on 20 October 2022

iii Seconding the policy recommendation of Homeless Link, the national membership charity for frontline homelessness organisations in England

iv Specifically, a simplified version of the Substance Abuse and Mental Health Services Administration (2014) definition of trauma was used

v Asmussen et al., 2020

vi Crowe et al., 2020

vii Action for Children, 2022

viii Everitt, 2021; Lamb et al., 2019b; Headley and Crowe, 2020

ix Crowe et al., 2021

x Morris and Webb, 2021

xi Macia et al., 2020

xii CFE et al., 2020; Broadbridge & Blatchford, 2018; McCarthy et al, 2020; Revolving Doors Agency, 2020

xiii Lamb et al., 2019c; CFE et al., 2020

xiv Moreton et al., 2018

xv Kahan et al., 2020; Miller and Najavits, 2012

xvi Dobson, 2019

xvii CFE et al., 2020; Bimpson, 2018; FLIC, 2016; Crisp et al., 2018

xviii Moreton and Welford, 2022; FLIC, 2018; Inspiring Change Manchester, 2022

xix Harding, 2022

Supported by Homeless Link

Oasis Community Housing is a Christian homelessness charity. We believe in prevention and intervention. Working across North East England and South London, our four cornerstone services address the immediate needs of the people we support and tackle the root causes of homelessness.

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For more information or to read the full research report, please visit the above webpage or contact Oasis Community Housing's Campaigns and Communications Manager amy.waddell@oasiscommunityhousing.org

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