

Out of the woods?

Lessons from the United States
on tackling rural homelessness



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Executive summary

This Churchill Fellowship report into homelessness in rural communities was undertaken in the United States in summer 2019. While the issue is complex the aim was simple: to find out what was behind the sustained reduction in levels of homelessness in rural communities across the United States, and identify learning applicable to rural communities in the UK.

Rural homelessness has long been a neglected issue in the UK, and the response to coronavirus provides a vital opportunity to end it for good

Since 2010 the number of people sleeping rough in rural local authorities in England has risen by 65%. This is likely to be a significant underestimate, given the more 'hidden' nature of homelessness in rural communities.

While overall levels of rough sleeping fell by 9% across England between 2018 and 2019, in the most rural local authorities rough sleeping actually rose by 2%. Figures since Covid-19 are not yet available, but this data suggests national efforts such as the Rough Sleeping Strategy were not having the same impact on rural communities as in urban areas when the pandemic hit.

Coronavirus has shone a spotlight on the dangers of rough sleeping, and shown how concerted government action can get people off the streets quickly. However a lack of services and systems in rural areas means the impact of this has been more limited. New learning is required to sustain success in rural communities.

The United States demonstrates the value of active and assertive leadership from central government in instigating efforts to tackle rural homelessness

This report focuses on the interplay between national and local interventions in four States – Mississippi, Virginia, West Virginia and Vermont. Nationally, there has been a reduction in levels of homelessness in the US over the past decade compared to a rise in the UK, and these states have made particular strides in responding to homelessness in their respective rural communities – in large part due to leadership of federal government.

Active and assertive leadership from the centre has been successful in circumventing resistance at state-level, and providing support for rural communities to end homelessness themselves. National strategies such as *Opening Doors*, institutional leadership, and prescriptive funding for 'best practice' programmes such as Permanent Supportive Housing and Housing First have made particular impacts in rural communities where previous service provision was limited – providing vital resources as well as thought leadership and a framework for implementing effective interventions.

Local ownership and widespread community buy-in for interventions to tackle homelessness is key to ensuring sustained reductions in rural communities

These national efforts have been complemented with innovative 'bottom-up' practice at the local level to create a sense of community ownership of system and service delivery. The best communities bring together a range of community groups to achieve widespread buy-in, and further embed effective practices through education, collaboration, and tailoring to local realities and needs.

Adapting to rural realities locally is a key factor in sustaining success. The reasons for ending homelessness may look very different in rural settings and be based on different impulses, and it is important to recognise and proactively shift these attitudes through local influencing campaigns and strategies – led by figures of influence from within rural communities. Securing support for outreach services as a vital first step can lead to further service interventions which identify unmet need, and support development of a 'homelessness system' – which efficiently identifies target populations, brings a range of agencies together and provides wraparound support.

Recommendations to central government based on this learning include:

- ✓ Develop a new cross-government public strategy to tackle homelessness which is truly national in scope and launched by the Prime Minister, including being rural-proofed by experts and representatives of rural communities with perceived low levels of rough sleeping.
- ✓ Require statutory bodies in every local authority with responsibility for keeping 'everyone in', and drawing from a wide range of community groups, with a non-profit as designated lead or co-lead agency. Support with technical assistance and create new forums for sharing best practice, including partnering rural local authorities with similar profile local authorities to upskill.
- ✓ Channel £1bn new funding for homelessness services through new these statutory bodies, to build on the Next Steps Accommodation Programme and keep 'everybody in'. Earmark funding for rural areas with limited homelessness services options to invest in outreach services as a vital first step, with dedicated funding to these communities partially to prevent 'flow' to urban centres. Support local authorities to co-design services with local communities.

Further recommendations for local authorities and charities included in the final chapter.

Acknowledgements

I would never have been able to even start to scratch beneath the surface of homelessness in the United States, were it not for the generosity, enthusiasm, and hospitality of the many people who supported me before, during and after my Fellowship.

In each of the States I visited there were some exceptional individuals who went above and beyond to make my Fellowship a success. Thanks in particular to Andrea Hurley in Vermont, Nichele Carver in Virginia, Zachary Brown in West Virginia, and Hannah Maharrey in Mississippi for not only helping me develop my itinerary, introducing me to people and giving me vital insight and expertise – but also for fully embracing me in your lives for several days. It gave me a level of understanding which would have been impossible otherwise.

Thanks to the many other individuals who shaped my Fellowship, including Ledger Parker from Mississippi, Beau Stiles and Amanda Sisson in West Virginia, and Mindy Mitchell from the National Alliance to End Homelessness. The dedication of you and your colleagues, and your willingness to share that dedication, was inspiring and incredibly beneficial to me in my Fellowship.

I would like to recognise the valuable opportunity given to me by the Winston Churchill Memorial Trust, as well as my employer St Mungo's who gave me the opportunity to undertake this Fellowship, and have supported me in the development of this report.

Finally, thank you to the people I met who were experiencing homelessness. While much of this report is about services and systems, it is your stories, struggles and achievements that are behind every statistic. These experiences should be the backbone of our efforts to end homelessness once and for all, and I hope this report plays one small part in achieving that goal.

About the author – Rory Weal

Rory Weal is Policy and Public Affairs Manager at anti-poverty charity the Trussell Trust. Prior to that he worked as Senior Policy and Public Affairs Officer at the homelessness charity St Mungo's. He has worked on a wide range of policy areas related to poverty, homelessness, mental ill health and substance use, leading efforts to influence central and local government policy tackle these issues effectively.

He has previously worked on the intersections of poverty and rural communities, while working for a Member of Parliament, and believes these issues can be too often neglected in these communities, something this report hopes to address.

Introduction

Since the start of the coronavirus outbreak in the UK, a spotlight has been shone on levels of homelessness and the disproportionate dangers faced in particular by those living on the streets. Homelessness had been rising significantly in England in the years leading up to the pandemic. Rough sleeping - the most dangerous form of homelessness - is up 141% since 2010.¹ There has been a growing recognition of this crisis in recent years, with the current Government committing to ending rough sleeping by 2024.

However, the issues of homelessness in small towns and rural communities has been persistently neglected, both in public understandings of homelessness as well as in policy responses. The greater prevalence and visibility in cities resulted in the issue becoming almost synonymous with urban policy. The result is that the significant rise that has occurred outside of major cities has too often been ignored.

In the 2019 rough sleeping counts, there were 889 number of people sleeping rough on a given night in local authority areas with significant rural communities.² This figure has risen by 65% since 2010. While rough sleeping across the country fell by 9% between 2018 and 2019, in the most rural local authorities there are actually a 2% rise in levels of rough sleeping.³

This is likely to be a significant underestimate, given the more 'hidden' nature of homelessness in rural communities - people often sleep rough in less visible settings such as in the woods or in cars - and are more likely to be sofa surfing.

Successive Governments have shown little to no recognition of the particular challenges for people experiencing homelessness outside of cities and large towns at a national policy level. The Government's 2018 Rough Sleeping Strategy contained no specific measures targeting these communities, with only one reference to the increase in rural areas.⁴ Previous successful government initiatives, such as the Rough Sleeping Initiative from the early 2000s, were also quiet on the particular challenges faced by these communities.

These trends have continued with the response to the coronavirus crisis, which has laid bare how vulnerable thousands of people experiencing homelessness are to serious ill health. There were welcome steps to provide people sleeping rough with immediate emergency accommodation, and since then a package of funding to ensure people do not have to return to the streets with the intention of moving into long-term accommodation. However, outreach and support services are needed to identify then support people – something which has been neglected and under-

¹ MHCLG (2020), Rough sleeping snapshot in England: autumn 2019,

<https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2019>

² This includes local authorities classified as 'mainly rural', 'largely rural', or 'urban with significant rural' according to the 2011 Rural-Urban Classification of Local Authorities and other geographies. Some of these local authorities have changed their boundaries in this time, and five have been removed from the calculation as a result.

³ Analysis of MHCLG rough sleeping snapshot, this refers to LAs classified as 'mainly rural' or 'largely rural' according to 2011 Rural-Urban Classification of Local Authorities and other geographies <https://www.gov.uk/government/statistics/2011-rural-urban-classification-of-local-authority-and-other-higher-level-geographies-for-statistical-purposes>

⁴ MHCLG (2018) Rough Sleeping Strategy, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

funding in rural communities for decades. The result is the invisible homeless in rural England have too often remained invisible and unsupported.

As we emerge from the current crisis and work continues to ensure the thousands supported do not return to the streets, we must ensure those whose homelessness finds them outside of major urban centres are not left behind.

My Churchill Fellowship took place before the pandemic began. In many ways, that feels like a different world. But as we look for responses to the present crisis, there is a wealth of learning in other countries which can now be utilised to meet the unprecedented challenge and opportunity we now find ourselves.

One of those countries is the United States, where there has generally been a stronger relative research, policy, and practice tradition which looks at homelessness through a non-urban lens. The federal government's approach to homelessness has been developed in such a way which levels up responses across all communities, and incentivises every community across the nation to have a strategy to end homelessness. Particular states have taken this and run with it, achieving dramatic reductions in levels of homelessness over the last decade, which starkly contrasted with the year-on-year rises we have become accustomed to in England.

The aim of my Churchill Fellowship was to find out what was behind the reduction in levels of homelessness in these communities, and identify learning applicable to rural communities in England. I did not limit myself to gathering learning which would only benefit rural communities – many of the findings are applicable to communities of different make-ups. What works for the hardest to reach often works for everyone, and often challenges our assumptions in constructive ways. This is why I hope that the contents and recommendations of this report will be illuminating to all - from the largest metropolis to the smallest hamlet.

Abbreviations

BoS: Balance of State

CoC: Continuum of Care

HUD: Department of Housing and Urban Development

PATH: Projects for Assistance in Transition from Homelessness

PSH: Permanent Supportive Housing

RRH: Rapid Rehousing

USICH: United States Interagency Council on Homelessness

Rural homelessness: what do we already know?

The UK literature on homelessness in rural communities and small towns is very limited. One of the few texts on the subject is *Rural Homelessness* by Paul Choke et al, a 2002 academic study which considered the tensions in conceptions of rural homelessness.⁵ The authors identified that the root issue was that: ‘constructs of homelessness and rurality are all too often anathema to one another, and there has been a failure to couple these two discursive constructs into a recognisable and acceptable problem that demands political and policy responses.’ This was not just a failure of political narrative and policy, but compounded by cultural conceptions which run deeply through public consciousness.

The authors argue ‘that both the stigmatic visibility of the homeless person in a rural place, and the tactics of invisibility employed in, and encouraged by, negotiating the countryside as a homeless person, are strongly connected with the non-coupling of rurality and homelessness.’ This means that when homelessness is visible in a rural area, it can be more stigmatised and result in greater out-migration, which in turn makes the problem less visible and reinforces that idea that it does not exist. ‘Where rural homelessness occurs invisibly in the countryside, it can be ignored.’

The flip side of the greater visibility in urban settings has an equally damaging effect on a nuanced understanding of the issue: ‘everyday experience has assimilated homelessness in city sites / sights and has been to conflate the phenomenon with other adjacent ‘urban’ issues such as the street ‘criminalities’ of drunkenness, vagrancy and begging’. While there can be overlaps in these experiences, the rural/urban distinction serves to heighten the associations, impeding effective responses.

Despite a lengthy absence in new research into the issue, many of these themes were developed in a recent piece of policy research was carried out by the IPPR, who analysed homelessness statistics in these communities.⁶ The author identified how:

‘Scenes of rolling hills, countryside pursuits and nostalgic ideas about village life can present rural living as offering opportunities for people to escape the pressures associated with England’s urban centres, to access a better quality of life. But these idyllic images mask significant experiences of inequality and deprivation to which rural communities are vulnerable.’

In addition to findings on levels of need, the IPPR report identified the following:

- **Many cases of homelessness in rural areas go undetected**, with individuals more likely to bed down in alternative countryside locations, such as outhouses, barns, tents and parked cars. Difficulties accessing or being identified by LA services can mean households remain uncounted in official records.
- **The causes of homelessness most frequently relate to the ending of an assured shorthold tenancy or family breakdown.** Rural areas can experience additional challenges which exacerbate these struggles: lower levels of housing affordability; shortages of appropriate tenure options; high prevalence of second and holiday homes; and decline in LA-owned housing stock.

⁵ Choke et al (2002), *Rural homelessness: Issues, experiences and policy responses*

⁶ IPPR (2017), *Right To Home? Rethinking homelessness in rural communities*, <https://www.ippr.org/publications/right-to-home>

- **Delivering services to prevent and relieve homelessness in rural areas can be particularly difficult** due to: balancing economies of scale; providing specialist services; overcoming travel distances and accessing public transport; reaching isolated groups; commissioning in two-tier structures; ensuring accurate monitoring and reporting; finding alternative accommodation; and managing falling local authority budgets.

This echoed more anecdotal evidence which suggests the causes of homelessness in small towns and rural communities are often similar to the causes in urban areas. The real difference in homelessness in rural areas is the less effective methods of identification and limited systems and services to respond. Many communities outside of cities lack even a basic service infrastructure or a homelessness 'system' to identify and respond to people's needs, which in turn perpetuates the idea that homelessness is not something that happens 'around here'.

The result of these policies, cultures and realities can be a 'push' away from rural areas, just as urban centres can have a 'pull' effect due to (perceived or actual) more sympathetic local populations, better developed support systems, and more visible street communities. In recent years this tendency has been met by an increase in 'local connection' policies, which deprive people forced to move to new areas of vital service provision and housing, while their 'home' communities continue to refuse to provide the necessary support and housing which people need. The result is a catch-22 which makes an already hard situation even more desperate.

Looking to the USA

The UK is not alone in its neglect of rural and small town homelessness. It remains the case that by most measures homelessness - and particularly rough sleeping - is significantly more common in urban settings. But in some countries this fact has not impaired the capacity to recognise the still high levels of homelessness outside of cities.

Rural homelessness was also a historically under-researched phenomenon in the United States - but that started to change in the 1980s, when levels of homelessness nationwide reached record highs. Interest peaked in the 1990s, with the Federal Interagency Council on Homelessness developing specific work on this issue.

A 1996 study by Burt et al – one of the most comprehensive undertaken on this issue - compared people experiencing homelessness in rural areas with their urban counterparts.⁷ They found compared to urban areas people experiencing homelessness in rural areas were more likely to:

- Be male than female
- Be older than younger
- Be experiencing their first episode of homelessness
- Be homeless in the county in which they were born
- Be 'hidden' and not sleeping rough
- Be working, and less likely to be in receipt of welfare benefits

⁷ Rural Homeless Clients in the U.S. in 1996 Compared with Central City and Suburban/Urban Clients (Based on National Survey of Homeless Assistance Providers and Clients [Burt et al., 1999])

Studies such as this found that rural homelessness is not evenly spread; and is concentrated in areas with persistent poverty, heavily reliant on individual industries which have declined.

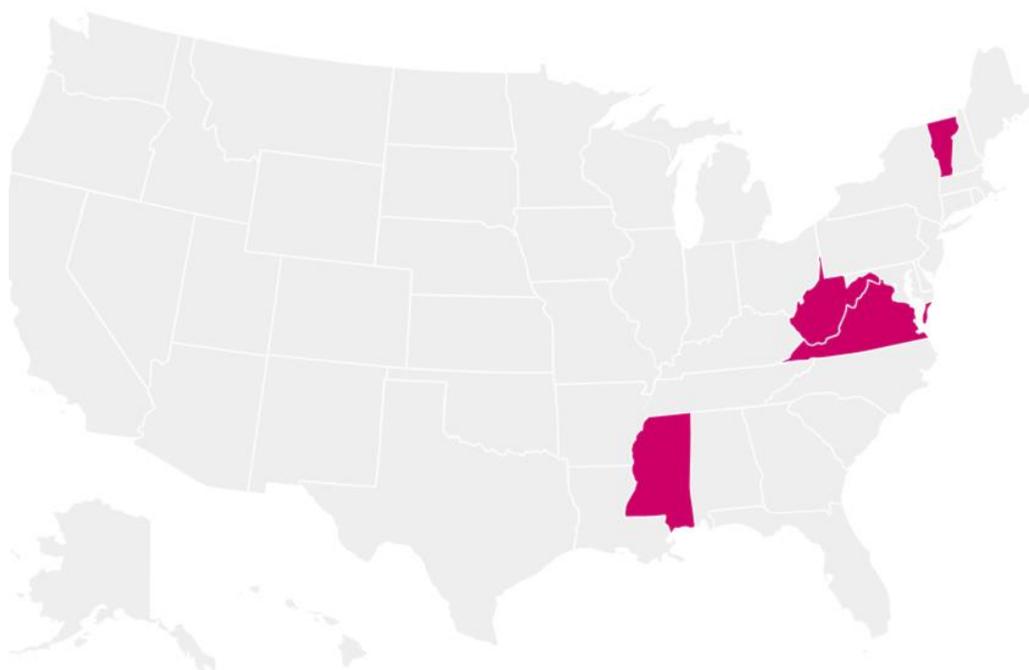
There is often an assumption that people homeless outside of cities have 'lower needs'. This has sometimes been borne out in data. The Burt study found that in rural areas people had lower rates of mental ill health or drug use compared with urban areas, but higher problems with alcohol. More recent studies have found that people in rural areas have greater health problems, and less access to healthcare. Support needs are still high regardless of the difference, and a range of services are therefore required to support this group. Unfortunately, this is where the major differences are to be found - historically on both sides of the Atlantic, there are significant barriers to getting support if you are homeless in a small town or a rural community.

However, where by many measures England has been going backwards in recent years, significant concerted action in the US has led to dramatic improvements when it comes to tackling rural homelessness. The result is - in many rural States - a dramatic decline in recorded levels of homelessness over the past decade. While this often starts from a higher base than the UK - and with significantly less generous entitlements - the dramatic difference in fortunes is striking.

Methodology

For my Fellowship I set out to explore the drivers of these changes in fortunes in several different States in the US, and set them against the national context. I selected four States to visit in depth and immerse myself in their processes and systems, these were:

- Mississippi
- Vermont
- Virginia
- West Virginia



In addition to these States, I also visited New York, New Jersey, and Washington D.C. which provided crucial subject matter to supplement my findings in these States.

These States were selected on the basis that they had each seen, by one measure or another, a reduction in homelessness over the past decade. I wanted to vary States by several indicators: red/blue States, well-established systems/late adopters, interventionist local government / vs non-interventionist. I also wanted to avoid areas that had particularly serious market pressures (e.g. on west coast) that was hampering efforts to reduce homelessness.

I wanted to understand what had been done in these States to achieve these reductions, but perhaps more crucially how and why this had been delivered - what was the social, political and cultural context behind these interventions and how did the relevant actors drive forward interventions and practices which ended homelessness and saved lives.

With this in mind, I set three key questions to answer:

- How has awareness of the issue of rural and small town homelessness been developed?
- How have relevant decision makers come to regard homelessness a policy priority?
- What interventions have been developed, and how have they been adapted to effectively serve rural communities?

As these questions suggest, my focus was more strongly in the 'how' and 'why' rather than the 'what'. I did not attempt to create anything akin to an evaluation of specific service models or interventions, rather to understand the drivers of good practice.

Crucial within this, I wanted to isolate these drivers where possible, and understand the extent to which common themes and trends could be identified within and between States, and the extent to which these common themes emerged organically or were the product of policies and practice driven at a federal level.

For these reasons my approach was almost entirely qualitative, with the exception of data analysis on levels of homelessness and characteristics. My interviews were loosely semi-structured and notably open-ended. This allowed a depth of understanding of actors' mental worlds, cultural reference points, motivations, hopes and fears to identify social and cultural drivers of practice. It also allowed for a more honest assessment to be delivered from them as to what had been achieved in their communities and how this had come to pass, as well as what the ongoing challenges and weaknesses were.

Most of my interviews and visits were determined by published evaluations and good practice guides, or through the direction of the National Alliance to End Homelessness or the Continuum of Care Balance of State coordinators. My approach was to go through key individuals 'in the know' who could direct me towards, facilitate, and introduce me to the most appropriate services, decision makers, and activists.

What's going on? Perspectives from four rural States

National context

The United States has a significantly different policy response to the issue of homelessness than the UK. A lack of social security entitlements and health and social support systems means that something akin to a distinct 'homelessness system' has been developed to fill the gap in universal provision.

Since the 1987 McKinney Homeless Assistance Act, the Federal government has had a significant role in tackling homelessness. At a national level, the Act created the United States Interagency Council on the Homeless - later the Interagency Council on Homelessness (USICH) - to review the effectiveness of federal activities and promote better coordination across agencies and local and national government.

The 'homelessness system' has been characterised by the creation of Continuums of Care following the McKinney Act. These are community bodies which organise and deliver housing and services to meet people's needs, with a planning body, usually at the local or regional level, which coordinates this. The Federal Government and particularly the Department of Housing and Urban Development (HUD) have used CoCs to channel funding into, as well as at different points mandate and require types of activity or programmes which this funding is conditional upon.

There have been particularly key political moments which have created momentum around ending homelessness. In 2002 President Bush pledged to end 'chronic homelessness within 10 years', and this became a stated federal priority. USICH and HUD used federal incentives to get hundreds of communities – local governments, businesses, charities, and religious groups – to work with each other on 10-year plans to end chronic homelessness. Efforts were underpinned by a 'housing first' approach, which emphasized solving the problem with housing rather than managing it - a strategy initially funded by Congress in 1999.



At the end of the Bush administration, chronic homelessness had been reduced by around a third – but ending it entirely remained some way out of reach. The 2008 Obama administration delivered the necessary funding and strategic oversight to move much closer to this goal. In 2009, Congress passed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, providing new funding for programmes alongside new conditions to stimulate evidence-based best practice. Some of these conditions include implementing Coordinated Entry, a system where communities use a by-name list to prioritise individuals and link them in with the most appropriate agency. Related to this is the encouraged adoption of shared data systems such as the Homeless Management Information System (HMIS), which supports the co-ordinated entry process. 2009 also saw the publication of *Opening Doors* - the first strategic federal plan to end homelessness, which encouraged and hastened many of these system changes.⁸

There was a flurry of associated efforts to address the needs of this group at the same time, such as the 100,000 Homes campaign - launched in 2010 by Community Solutions.⁹ The goal of the 100k Homes Campaign was to house 100,000 homeless Americans whose health conditions put them at risk of premature death without permanent housing. In July 2014, Community Solutions concluded its campaign, having helped participating communities house 105,580 people in 186 communities. Another national effort sprung up in 2014, the Mayor's Challenge to End Veteran Homelessness - spearheaded by First Lady Michelle Obama - and expanding to cover chronic homelessness. The campaign is ongoing but many communities have achieved the campaign objective to ensure homelessness is a 'rare, brief and one-time' event.

Between 2007 and 2017, homelessness decreased overall and across every major category of homelessness nationally in the United States - overall homelessness

⁸ USICH (2015), *Opening Doors: federal strategic plan to prevent and end homelessness* <https://www.usich.gov/tools-for-action/opening-doors/>

⁹ 100,000 Homes campaign (2013), <https://world-habitat.org/world-habitat-awards/winners-and-finalists/the-100000-homes-campaign/>

decreased 14.4 percent, with more dramatic falls among veterans (34.3 percent), individuals experiencing chronic homelessness (27.4 percent), and people living in unsheltered locations (24.6 percent).¹⁰ However this picture is blurred by the dramatically varying situation in different parts of the country. In many of the big cities particularly in the East (and more so) West coast, the problem has grown significantly. But in many other parts of the country, things have improved much more dramatically.

Some of the areas that have seen the most significant improvements in recent years can be found in rural America. Many of these States have benefited disproportionately from recent Federal policies, and combined this with effective local action to action sustained change.

In response to coronavirus the Federal government made additional funds available to support homeless populations, but the fact that most of this funding was not available until June was criticised by providers. In total HUD provided almost \$3bn in Emergency Solutions Grants (ESG) funding to support homeless Americans and individuals at risk of becoming homeless, in addition to \$1bn at the start of the pandemic. This funding was used to make more emergency accommodation available, provide support services, and prevent homelessness and rapidly rehouse.

Mississippi

Background

Mississippi is a relatively small State in the American 'deep South', bordered by the Gulf of Mexico. A historically and currently largely rural State, it has among the lowest median incomes and highest poverty rates in the country.

The executive branch of government includes the governor, with a legislature including a House of Representatives and a Senate. The Supreme Court consists of nine elected justices, for staggered terms of eight years. Each of Mississippi's counties is governed by a five-member board of supervisors elected to a four-year term.

Historically a Democrat State, this shifted from the 1980s, and in 1991 a Republican governor was elected in Mississippi for the first time since Reconstruction. In national politics, the Republican Party has come to dominate, winning the state in all but one presidential election since 1972.

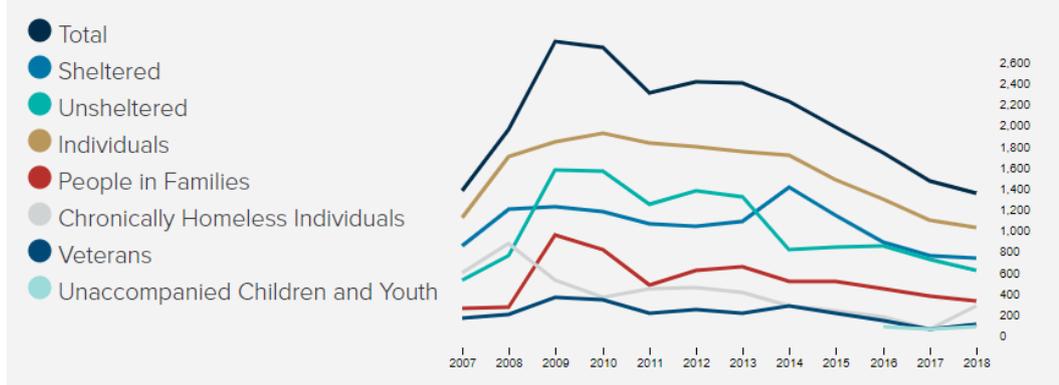
Homelessness

Homelessness in Mississippi has fallen dramatically over the past decade. It peaked at over 2,800 in 2008, but at the last count stood at 1,400 - a reduction of half.¹¹ Unsheltered homelessness has fallen from over 1,500 to 600, and chronic homelessness has fallen even more dramatically - from almost 1,000 in 2008 to 300 in 2018 (albeit up from less than 50 in 2017).

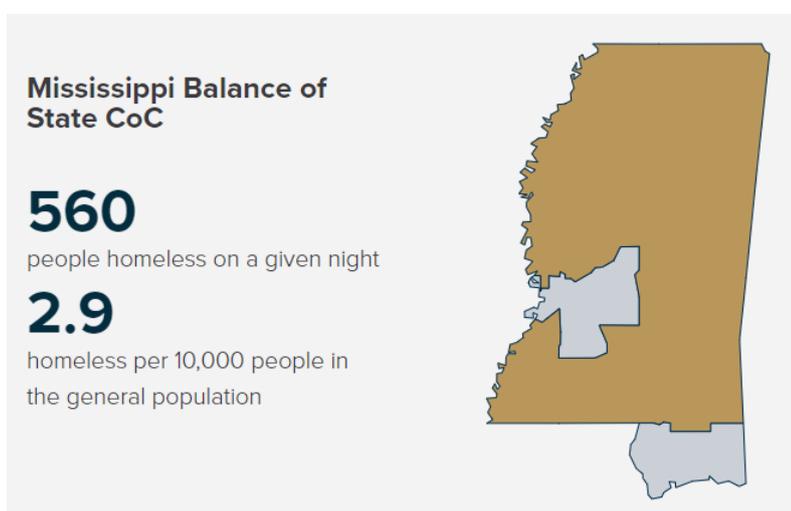
¹⁰ End homelessness (2020) <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/>

¹¹ USICH (2019), Homelessness statistics by state [https://www.usich.gov/tools-for-action/map/#fn\[\]=1400&fn\[\]=2800&fn\[\]=6200&fn\[\]=10000&fn\[\]=13200](https://www.usich.gov/tools-for-action/map/#fn[]=1400&fn[]=2800&fn[]=6200&fn[]=10000&fn[]=13200)

Number of People Experiencing Homelessness, by Type, 2007-2018



Per capita homelessness in the Balance of State (i.e. excluding the urban parts of the State) is amongst the lowest in the country - 2.9 people per 10,000.



Political and system leadership

Concerted action at State level has been limited in Mississippi. But at various other levels of government and in system leadership, Mississippi has seen some significant success stories.

Mississippi United to End Homelessness (MUTEH) has taken on the pivotal leadership role in the State, leading the CoC and managing State homelessness systems. They have successfully secured buy-in from a variety of State-level actors too, with clear results.

I met with the Mississippi Supreme Court Justice Dawn H. Beam, elected in 2016 as a Republican to serve as county prosecutor for Lamar County. Her background was in protecting abused and neglected children, she served as co-chair of the Commission on Children's Justice and co-chair of Mississippi's Family First Initiative. This brought her into the world of homelessness and disadvantage, and she had a dramatic shift in her attitudes – which resembles the attitudinal shift among many similar figures in the State.

She says 'Mississippi has historically not done a good job' and been too reliant on a 'lock 'em up' approach to homelessness, but that these attitudes have shifted. The

two key drivers of attitude shift have been improved data and trauma-informed thinking - this has helped convince Justice Beam and many others that homelessness is simply a symptom of other underlying problems, and closely bound up with experiences of trauma, abuse and neglect.

A key result of this has been getting faith-based communities to come on board with these ideas and help to deliver interventions which are proven to address people's underlying needs – as opposed to sticking plasters. As an active member of the faith community, Justice Beam has a key role in changing these attitudes – particularly in addressing complex needs and adverse childhood experiences (ACEs) which can act as drivers of homelessness. Various related documents, including *Families First*¹² have adapted trauma-informed practices, including a view of 'prison as last answer not first answer'.

Other key stakeholders have been brought on board in these efforts - such as the Mississippi Mental Health Department (MHD). This has included data sharing agreements between MUTEH, different CoCs and MHD - encouraging greater collaboration. I met with Jack Hutchinson from MHD who said trauma-informed thinking has brought peer models to the fore, which are being increasingly rolled out by the Department. At the same time almost 500 police officers in the State have been trained in trauma-informed methods. The key message they have received and themselves pushed out is that if one part of the system is broken then everyone's work is impacted. This principle is driving forward positive collaborative practice.

These efforts to bring together State and system leaders have filtered all the way to national representatives. I joined MUTEH representatives for meetings in Washington D.C. with House Representative Trent Kelly and Senator Cindy Hyde-Smith. This allowed me to see the strategies MUTEH have employed to leverage support from conservative figures, with a clear emphasis on elevating voices from within their communities and particularly those with lived experience. Hannah Maharrey, Director of the BoS, utilised links to the Representative's community of Tupelo, while Jarrett Frierson spoke about his own lived experience of homelessness. This soft influencing is combined with a focus on clear asks - this including lobbying the politicians to support a House Bill to expand HUD-VASH vouchers. Crucially, this was co-ordinated with homelessness coalitions from a wide variety of different States descending on Capitol Hill on the same day with the same asks - the collective impact was therefore that much greater.

¹² Family First Initiative aims to prevent child neglect (2018), <https://courts.ms.gov/news/2018/07.31.18Family%20First%20afterstory.php>



With Jarrett Friarson and Mississippi United to End Homelessness to lobby policymakers in Washington D.C.

Organising in communities

These commitments from State-level actors are translated into effective organising at the local level in a range of different communities. MUTEH have re-organised the BoS into five different regional counties, to improve local ownership over efforts and tailor their systems to local needs.

I visited two of these communities - in Tupelo and the Mississippi Delta. Tupelo's efforts to tackle homelessness have been co-ordinated by the Homeless Task Force, established by the Democrat Mayor Jason Shelton, something MUTEH played a key role in. I had the opportunity to attend a meeting at the Council with key figures from the Task Force, including the Police Chief. Bringing together a variety of local partners - particularly the police - has been among the most significant changes in the community.

The Task Force was established to better allocate and direct resources, and upskill providers in the community - particularly faith groups. This has been a part of what MUTEH Chief Executive Ledger Parker refers to as the 'war on shelters' - the Task Force has been important in popularising and building support for a Housing First approach, as the most effective intervention to disrupt cycles of poverty, crime and homelessness.

I met with a Caleb Bedillion of the Northeast Mississippi Daily Journal who has been covering the work of the Task Force, who told me that the sense of ownership of these efforts from the community has been significant. In particular, they have managed to harness local identifies and concepts such as 'Tupelo spirit' and Southern hospitality to drive support for their work. The fact that the Director of the BoS hails from Tupelo has been significant here in building community support. Secondly, the strategic decision of the Mayor to avoid taking strong personal ownership of the Task Force has created the space for more organisations to get on board and sustain efforts beyond his term in office. The result is effective culture

change in the region, improved multi-agency working, with an associated fall in the number of people experiencing homelessness.

The way in which change is being created looks very different in the Mississippi Delta, but is just as significant. This is among the poorest parts of the State, the vast majority of residents are African America and face disproportionate levels of homelessness. Here I attended the CoC regional committee to see how MUTEH have worked to increase capacity and train providers in the region. MUTEH have successfully embedded co-ordinated entry in the region, with the Delta having its own by-name list of everyone experiencing homelessness, which is used to identify those most in need and collaborate to resolve their homelessness. Their new priority has been to convince the local providers in this region to all use the same data systems and to roll-out Housing First principles. They have had to overcome significant opposition here to make headway, but have embarked on an education drive to extoll the merits of these approaches.

I saw this in action with the participation in the committee of a Local Minister who recently came on board with their work. When he announced plans to set up a new shelter, MUTEH convinced him to better understand the root causes of homelessness and the most effective solutions by bringing him out on outreach shifts - he was largely convinced saying 'it's important to meet people where they are, but it does take you out of your comfort zone.' Winning over these key figures in the local community is essential to any effective effort to tackle homelessness and is a key part of their success.

Providing housing and services

In addition to their system leadership, MUTEH also provides direct services including outreach. These are funded largely from federal money and PATH grants, with limited State dollars available. As a result the success of their services has largely been built on their capacity to upskill and leverage other agencies and community groups.

This is particularly true for law enforcement - there were already efforts underway to reform police practice and their relationship with the local community, following a serious incident which had severed trust with the community - the result was the establishment of a Police Advisory Board which gave regular reports on practice to the local community. The homeless agencies used this opportunity to reform their working practices too.



With MUTEH outreach in Hattiesburg, Mississippi, engaging with people experiencing homelessness in the woods

Service in focus: outreach and police working

The outreach team in Tupelo have developed effective partnership working with law enforcement in the region, which has yielded significant successes. Sara Ekiss is the Northeast Mississippi coordinator for MUTEH, overseeing outreach efforts in the region - and regularly participates in the Tupelo Task Force building links with the Chief of Police. On the ground, Sara works to train and educate police officers in homelessness. This is particularly important in a rural community where police have coverage that other agencies would never get.

MUTEH developed homeless response cards for individual officers, and delivered specialised training for new officers. This has been supplemented by open communication with senior figures - the Chief of Police says when individuals are homeless 'instead of getting aggressive enforcement we bring in MUTEH'.

I accompanied Sara and Hannah on an outreach shift, which entailed significant partnership with police officers who had recently been trained in homelessness. It was clear the officers held the outreach team in high regard, and deferred to their expertise in the field. This had the result of more rapidly identifying individual cases and bringing them within the purview of the homelessness system and coordinated entry, as well as minimising more damaging techniques which could further isolate vulnerable individuals and push them further from support.



Hannah Maharrey, Director of the Balance of State, on outreach shift in Tupelo

Service in focus: Homelessness 101

Across rural communities in the State MUTEH have been rolling out Homelessness 101. This intervention is aimed at increasing public, community, and agency awareness of the issue of homelessness and the most effective interventions to prevent and end it.

In these efforts MUTEH partnered with the Tupelo library, which welcomes significant numbers of people experiencing homelessness, as well as the Mayor's office and other local agencies. The goal is to engage concerned citizens proactively, present them with up-to-date data and evidence on the efficacy of different interventions, so as to promote positive local practice and empowerment. This proactive education piece is significant in mobilising the local community to make the right referrals for the right people, and rapidly resolve people's homelessness.

This is not just present in Tupelo, but has been rolled out across the State, with each regional coalition being asked to run and implement it - for example in the Mississippi Delta.



In Tupelo library, discussing people's experiences of homelessness and the role of Homelessness 101

Mississippi key learnings

- ✓ **Education to build community support:** proactive efforts to deliver education and alternative ways of thinking about homelessness to community members and leaders can dramatically increase support for effective interventions. Explaining the links with trauma was key to gaining support from Supreme Court Justices, while homelessness 101 classes have channelled community goodwill to the kinds of interventions which end homelessness.
- ✓ **Harnessing local identity and community networks:** In rural areas, a sense of pride in place and emphasis on 'who you know' can be more significant than in urban areas. Support for interventions can be effectively couched in the language of local identity and civic pride, such as 'Tupelo spirit' or 'southern hospitality'. There is significant value in advocates being embedded in these communities themselves.
- ✓ **Collaborations with law enforcement:** In rural areas law enforcement can have a particularly important role to play in responses to homelessness. Building relationships with police chiefs as well as new officers is essential to minimise damaging practice and increase referrals – this should include training sessions and call cards such as those offered by MUTEH.

Vermont

Background

Vermont is one of the six New England States, located in the northeastern corner of the country. Among the smallest States in the country, it is also highly rural. The State is relatively prosperous, and attracts thousands of out-of-state residents to travel and own second homes in the State.

The government and politics of the State varies by region, with the governorship alternating between Democrat and Republican. Since the 1980s, control of the General Assembly has tended to be Democratic, with a relatively strong showing of Progressive Party and independent legislators. Indeed, two-fifths of the Vermont electorate considers itself independent. This links to a perceived independent spirit in the State, combined with a political culture of town hall meeting - with voters throughout the state often meeting in town halls or community buildings to debate budgets and other topics, with more direct access to elected officials than in many other parts of the country.



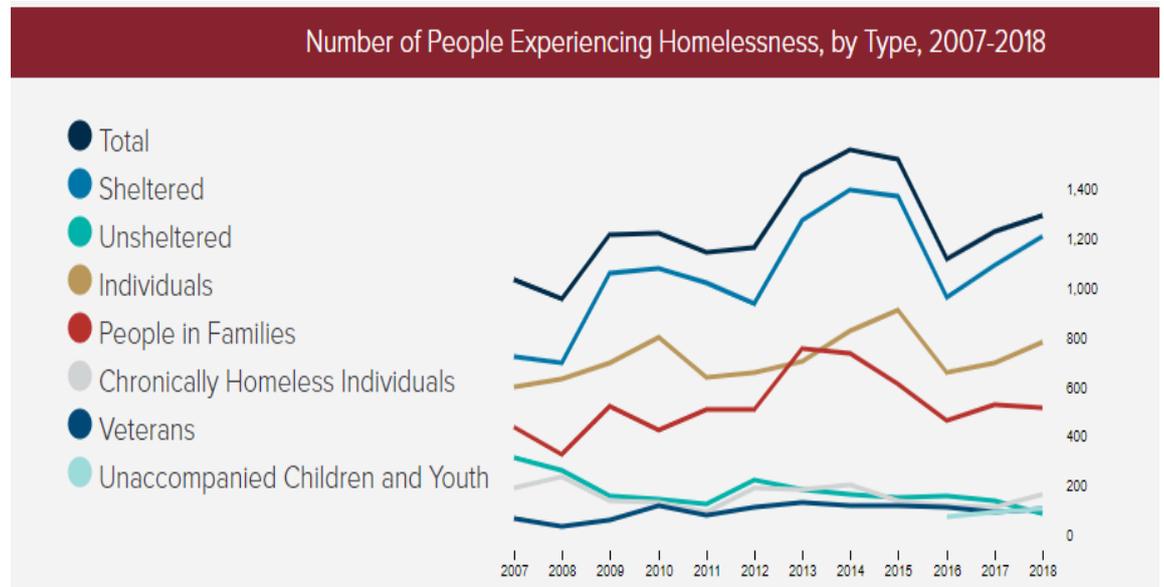
Abandoned building in South Hero, Vermont

Homelessness in Vermont

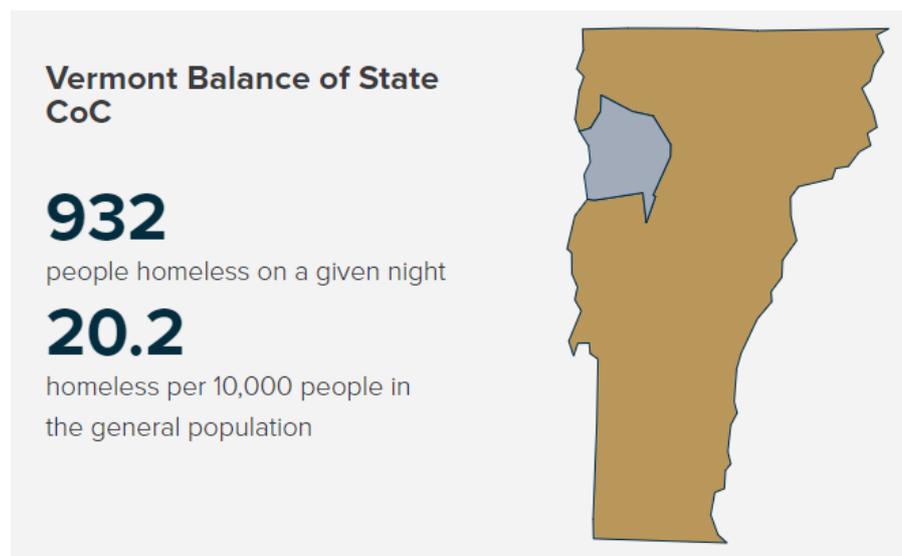
Vermont has an interesting place in the history of rural homelessness research. In the 1980s, Vermont was one of the first areas to carry out a State-wide study of rural homelessness. The Department of Social Welfare conducted a survey of district directors of state social welfare offices and other key officials, to determine the scale of rural homelessness, the drivers of the problem, and the ability to access services. A total of 2,800 persons were estimated to need shelter during 1984.¹³

¹³ Vermont Department of Social Welfare, 1985

Thirty years later and the interest in the issue remains high. 1,300 people were identified as homeless in the State in 2018 - down from a peak of almost 1,600 in 2014. But this obscures a particularly dramatic fall in the number of 'unsheltered' in the State, down to less than 100 from almost 300 in 2007.¹⁴



Looking at the figures from the 'Balance of State', which excludes the more 'urban' parts of the State, there were 932 people homeless in 2018, 20.2 per 10,000 in the general population. This is a high number, and much higher than the other States included in this research.



¹⁴ USICH (2019), Homelessness statistics by state [https://www.usich.gov/tools-for-action/map/#fn\[\]=1400&fn\[\]=2800&fn\[\]=6200&fn\[\]=10000&fn\[\]=13200](https://www.usich.gov/tools-for-action/map/#fn[]=1400&fn[]=2800&fn[]=6200&fn[]=10000&fn[]=13200)

However, Vermont offers an interesting case study less for its reductions in homelessness, more for the kinds of service models that have achieved success against certain key outcomes - and are summarised in this chapter.

Strategic direction and political leadership

I spent time with the Vermont Council on Homelessness as well as the Vermont State Housing Authority, who at different levels are responsible for responses to homelessness across the State.

The Council was established under former Republican Governor James Douglas via Executive Order in 2003¹⁵, and continued under Democrat Governor Peter Shumlin. This reflected the increased policy prioritisation of homelessness in the rural State. It had a fluid membership appointed by the Governor, but with strong emphasis on public accountability and open public meetings. Governor Shumlin oversaw a variety of measures aimed at tackling homelessness, including the development of state-funded rental assistance and passing an Executive Order to increase access to affordable housing.

The Council's work was framed by the creation of two strategies, 'Vermont's Plan to End Homelessness' (2012) and the 'Roadmap to End Homelessness' (2016).. I met with Paul Dragon and Alison Harte from the Vermont Agency of Human Services – Paul was involved throughout these processes process, and told me that there was a clear priority to build the long-term viability of these efforts, and ensure attention endured beyond the administration responsible for its creation. In the years that followed important reductions were made in levels of homelessness in target populations, with the number of people 'unsheltered' and 'chronically homeless' falling. However, the overall figure including those sheltered increased slightly in this time.

For this reason, key figures recognised the need to build by-partisan support for their efforts and ensure the Council endured into the successive Governorship. Paul told me the new 2016 strategy, the 'Roadmap to End Homelessness' was the key resource in achieving this, launching in the same year as the Governorship election, with the successor Republican Governor Phil Scott maintaining the Council and continuing to prioritise efforts to tackle homelessness in the State.

The Roadmap was developed by the Corporation for Supportive Housing, who also collaborated with the Council's steering committee, and a working group composed of officials from across state agencies, regional non-profits, public housing authorities and advocacy organisations.

Having an external lead for the Roadmap helped create an honest appraisal of the State's current approach and future changes. The Roadmap concluded that:

'[Our] assessment of Vermont's homelessness system clearly indicate Vermont is headed in the right direction. Local innovation and a willingness among non-profits to partner is supported by flexible state programs and leadership. A nascent coordinated entry system is helping to prioritize resources to those in greatest need of assistance. An understanding of the effectiveness of supportive housing and Housing First programs is in place and local programs continue to develop.'¹⁶

¹⁵ Established as the Vermont Interagency Council on Homelessness (Interagency was later removed to be inclusive of non-state agencies)

¹⁶ Roadmap to End Homelessness (2016) <http://www.vtaffordablehousing.org/wp-content/uploads/2019/01/VT-Roadmap-to-End-Homelessness-Final-Report-2016.12.20.pdf>

At the core of the Roadmap's argument for success, and case for continued investment, was a clear pitch to 'Vermont' values.

'A long-standing belief in "solving problems locally" combined with a commitment to flexibility at the state level to foster and support this Vermont value has led to the rise of innovative homelessness programs around the state. As in other states where significant progress has been made toward ending homelessness, a high level of coordination between key state agencies (corrections, housing, human services, etc.) exists in Vermont'



Vermont State House, Montpelier, where decisions on homelessness policy are made

Organising in communities

I spent time with Andrea Hurley, the BoS coordinator, who is responsible for upskilling communities and providing technical assistance and expertise. This is directed at the regions within the BoS, with each one having a designated 'lead agency' to oversee the homelessness system in their area. In many cases the organisations who end up being the lead agencies are Community Action Agencies (CAAs).

CAAs are federally recognised entities established during Lyndon Johnson's 'war on poverty' of the 1960s. They address multiple issues related to poverty, including childcare, fuel and food provision, and even community developments and grants for small businesses.

In Vermont I visited two CAAs which acted as the lead agency in two rural communities - Northeast Kingdom Community Action and Capstone Community Action, which serves the counties of Orange, Lamoille and Washington.

The Northeast Kingdom is the most rural part of the State, with many commenting that the area is home to a more traditional conservative emphasis on personal resilience, responsibility and self-help - and a resistance to accepting services. These have posed distinct challenges which the CAA has had to take the lead overcoming. Moreover, much of the homelessness in the region is precarious housing and overcrowding. They have the benefit of providing multiple services on one site, including a food bank, fuel and crèche - as well as some transportation and outreach to address the challenges of scale. This allows them to identify people's multiple needs and also support people before they slip into literal homelessness.



Northeast Kingdom Community Action, who act as lead agency for tackling homelessness in the region

Many of the challenges in Northeast Kingdom are present in Lamoille, albeit less acutely. Capstone Community Action also provides multiple services, something which Dawn Butterfield (Integrated Services Programs Manager for Capstone) says you need more things in one place to help people move up Maslow's hierarchy of needs, but doing this requires effective partnership working. This is something rural areas can uniquely deliver - 'we're so small we all know one another...we do have a strong sense of helping our neighbours.'

But it is also clear that there is only so much a spirit of volunteerism and neighbourliness can deliver when people are in serious need. Capstone are leading efforts to deliver coordinated entry in their communities, something which Dawn says must be done even if it means 'dragging people kicking and screaming'. The results are clear, with lots of providers - particularly of healthcare - coming to the table for the first time.

A key factor is personal experiences, connections and relationships. Dawn herself has lived experience of homelessness which she has drawn on throughout her

career. A third of the members on the Capstone Board have lived experience too, and this helps ensure a close focus on mission and needs. It also helps to make the case for change, something which can be more achievable in a rural State like Vermont: 'We can have an influence in the State House, again it's good in Vermont because we're so little you know the people, it's like our little local parliament and you know everyone personally...that's nice and not like that in every state'.

Delivering effective housing and services

The providers who work with the 'lead agencies' are responsible for delivering services on the ground - though many lead agencies will deliver services too. Vermont has a number of services which deliver innovative interventions to people experiencing or at risk of homelessness, within a system which facilitates partnership working and shared goals.

Many organisations deliver a range of services, with the Champlain Housing Trust and Pathways Vermont two such examples. Champlain was formed out of the Burlington Community Land Trust, established in the 1980s during Bernie Sanders' time as mayor of Burlington, Vermont. A nonprofit corporation which aimed to make housing affordable for people on low and middle incomes through a shared equity model, CHT today provides 2,500 apartments, a very high proportion of housing in a city of 40,000. But while being primarily a real estate entity, they have a clear mission to support those most in need, and ensuring tenants receive the support they need to rebuild their lives, investing in specialist support services for vulnerable groups.

This combined mission - of providing affordable housing to a broad middle class as well as a clear focus on the most acute forms of homelessness - makes CHT unique among the providers in the State. They run a specific set of programmes to end chronic homelessness, with a target for 15% of their units going to people who have been homeless, alongside a range of measures and partnerships with other providers to prevent homelessness.

Although their emergence came from the mayoralty of a now well-known socialist politician, the CHT's longevity can be found in a rather different impulse. It's current Chief Financial and Operating Officer Michaela Monte, who originally worked under Bernie Sanders in the 1980s, was clear that their model tapped into a distinct small town identity, one of independence and community, with a history steeped in Vermonter town hall meeting and neighbourhood assemblies.

For Michael Monte, healthcare has been a particular focus: 'healthcare as housing is a theme - you can't have quality healthcare if someone is not housed.' CHT's leadership recognise there is nothing inevitable about their existence, and constantly seek to innovate and frame the work they do in frames that make sense to people. This is just one of many 'hooks' or stories the Trust have deployed to win popular support for their initiatives; alongside efforts to highlight the pain, suffering and trauma associated with substance use. They have delivered real change in practice, funding approaches which join up housing and healthcare and getting local hospitals to play their part too.



With Michael Monte, Chief Financial and Operating Officer of Champlain Housing Trust

Service in focus: Bel air medical respite

In response to growing numbers of people being discharged from hospital with nowhere safe to stay, the Champlain Housing Trust (CHT) and [University of Vermont Medical Center](#) have developed an innovative partnership that deepens the connection between housing and health care.

Using funds invested by the medical center, CHT purchased and converted a motel in Burlington into eight rental apartments to house people who are either frequent users of health care services or who are patients but no longer need hospital care. The apartments house twelve residents who lack a safe place to call home in order to recover. The tenants are supported by a caseworker from the [Community Health Centers of Burlington](#). Physicians and nurses also come into the service on a regular basis

Harbour Place is another similar model, though closer to a traditional 'motel'. Owned by CLT, a support worker is available to aide people's transition from hospital and through their stay in the motel.

The willingness from the hospital to fund these services came from the head of the hospital, who previously worked in the emergency room and saw first hand how many people coming in were homeless, and realised the need to provide housing as a first step of healthcare. This explains the motivation of the hospital to cover people's rent and case management services, in partnership with CLT.

The service is part of the co-ordinated entry process, with providers regularly coming to these forum meetings to identify individuals at risk of homelessness after discharge and putting arrangements in place for their discharge. Referrals are sent when people arrive at the motel, and they are entered into HMIS. Then on every Monday their case is discussed at the coordinated entry forum. Margaret Bozik from CLT says this represents a 'huge step forward' in delivering person-centred services.

Pathways Vermont are another significant provider of services in the State. Initially founded in 2009 with funding from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to implement a Housing First program – the first of its kind in a rural setting. Pathways offers a state-wide network of permanent housing and support services to address chronic and veteran homelessness.

While initially founded with federal funding, the success of Pathways in embedding their unique person-centred approach in the State can be found in their capacity to develop relationships with funders and agencies across the State. This started with formal partnerships with the State of Vermont’s Departments of Corrections and Mental Health. Further partnerships were built with Burlington Housing Authority and Vermont State Housing Authority, which allowed access to CoC Permanent Supportive Housing subsidies¹⁷ and a more holistic approach to service provision.

This partnership work culminated in Pathways being awarded designation as a Specialized Services Agency by the Department of Mental Health in 2014, the first such designation awarded to a mental health organization in Vermont since the 1980s. This means Pathways can bill Medicaid for their services, and provide a more sustainable service as a result.

Pathways say ‘this decision spoke to the true originality of our programming and the need it meets in the state of Vermont’, and has allowed them the long-term sustainability and funding they need to embed their models in the state. The arrangements have also facilitated better joined-up service delivery, and with a clinical status Pathways can leverage other State-funded agencies to work more effectively with people experiencing homelessness. This is particularly important in more rural areas, where I heard there is a particular importance in connecting with people where they are, and not expecting them to come to you – given the changes of culture and geography.

They overcame significant resistance from existing providers to achieve designated status. This was in no small part due to a highly effective influencing campaign to get their prized Designated Status. They applied on three separate occasions, were denied twice, then awarded their status at the final hour of their third attempt.

I spoke to Lindsay Mesa, Housing First Program Director at Pathways, about the process, something she says was ‘a remarkable process to be a part of’. Their tactics were centred on building popular support and personal relationships: ‘one of the amazing things about a state like Vermont is everyone is so accessible to you’. Their staff spoke extensively to legislators, and combined that with grassroots organising and public forums - which Lindsay identifies as the most significant part of the process. ‘Nobody could tell us how to do it because it had never happened before’ - they had over 100 people attend, including 30 programme participants with lived experience.

Having achieved this result, they have had to deal with new challenges as they adjust to fit into their more clinical mental health provider role. These include less flexibility and higher expectations of adherence to established practices and procedures. Influencing did therefore not stop here, with Pathways having to make the case to change practices – examples include lowering barriers and thresholds, especially over the kinds of mental health needs catered to. It has now been agreed that clients do need to have a clinical diagnosis on file annually, but that is all that is expected - they don’t need to have a plan specific to their diagnosis. This is just one

¹⁷ Known as ‘shelter-plus-care’.

part of a whole-person and trauma-informed approach adopted by Pathways in their new role.

Service in focus: Pathways Housing First

The Housing First program seeks to end homelessness by supporting individuals and families to locate independent apartments in the community. Housing First clients are provided long-term, multidisciplinary community supports, including service coordination, drug & alcohol counselling, employment support, psychiatry, nursing care and representative payee services.

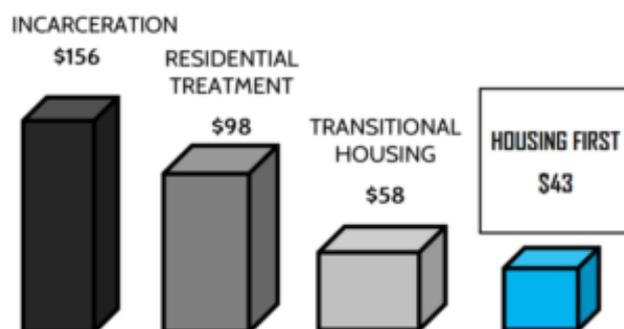
Developed in New York City, Pathways is unique in applying this model to a less urban area. This has come with some clear practical challenges including:

- Greater variety of private landlords, often less willing to let to people with complex histories of homelessness.
- Greater distance between different clients increases travel time and limits time with clients.

Service features and adaptations:

- Greater resourcing for landlord liaison: this function is clearly split from client support, but requires greater resourcing and relationship developments with landlords. The risk of losing faith of one landlord can quickly ripple through to others given many know each other.
- Flexibility over fidelity: in a rural area it is harder to maintain strict fidelity to the Housing First model. Pathways have compromised on fidelity to practice around limiting 30% of a block of partments for HF. They say when they have found really good landlords 'sometimes we have to make hard decisions'.
- Emphasis on technology: to overcome challenges of scale technology has been strongly prioritised, with the agency built on the google platform, a shared contact list, and electronic health records. Paper files are never used.

The results of this approach are clear. Since 2010, the Housing First program has ended the cycle of chronic homelessness for over 200 Vermonters, and has maintained a 85% Housing Retention Rate.¹⁸ For their prison leavers programme, 81% of participants have not returned to long-term incarceration. They have calculated the average daily "cost" of homelessness for their clients to be approximately \$91.51, compared to \$42 for Housing First. Other research shows \$1mil savings to local hospitals from the programme.



¹⁸ Pathways Vermont data, <https://www.pathwaysvermont.org/what-we-do/our-programs/housing-first/>

Vermont key learnings

- ✓ **Housing as healthcare:** in a State with a better resourced health system, success has been achieved by pushing a clear narrative of housing as healthcare. There is real value in making this case to win over key decision makers, and leverage funding from the health system for innovative approaches that reduce costs elsewhere in the system.
- ✓ **Flexing established service models to rural realities:** In rural settings existing service models tested and designed in urban environments may need to be flexed and rely more heavily on technology and remote working – this can be done while remaining true to many core principles, such as shown by Pathways Housing First.
- ✓ **Using local networks to influence:** In rural areas there is often a greater proximity between decision makers, service providers, and a supportive local community. This should be utilised wherever possible, with services encouraged to see themselves as community organisers.

Virginia

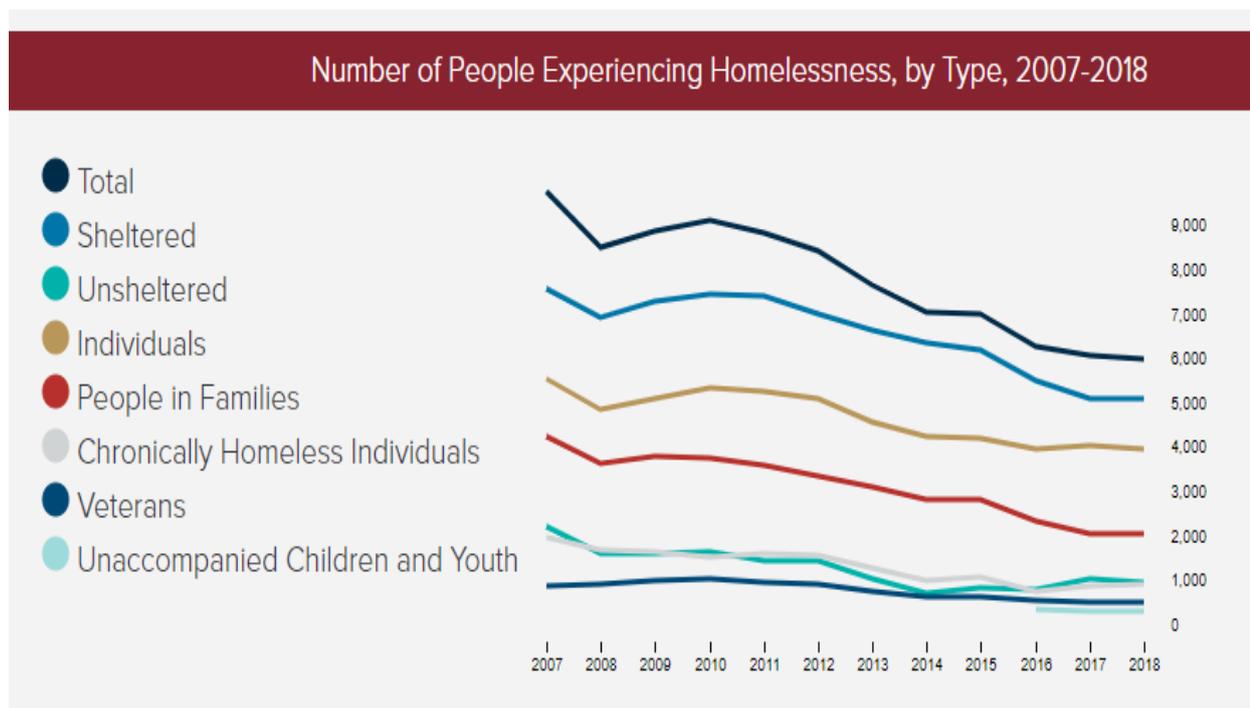
Background

Virginia is located on the East Coast of the United States, regarded as the northernmost southern State. In terms of history, its capital city Richmond served as the Confederate capital in the Civil War, but today the State today is more diverse and more prosperous than other Southern states. The northern part of the State has many shared similarities with Washington DC, whereas other parts of the state, particularly the south and west retain a more rural conservative character.

Democrat and Republican representation in the Virginia General Assembly has been relatively balanced over the past two decades, but the current Governor and Senators are Democrats.

Homelessness in Virginia

Homelessness in Virginia has reduced quite significantly in recent years. The total numbers have fallen from over 9,000 in 2007 to 6,000 in 2018.¹⁹ Within this, numbers have fallen across all sub-populations, with particularly significant falls among people in shelters and people in families.



When looking across the rural parts of the State covered by the Balance of State, there were 718 people registered as homeless on a given night in 2018, which worked out at 4.2 people experiencing homelessness per 10,000 in the general population.

¹⁹ USICH (2019), Homelessness statistics by state [https://www.usich.gov/tools-for-action/map/#fn\[\]=1400&fn\[\]=2800&fn\[\]=6200&fn\[\]=10000&fn\[\]=13200](https://www.usich.gov/tools-for-action/map/#fn[]=1400&fn[]=2800&fn[]=6200&fn[]=10000&fn[]=13200)

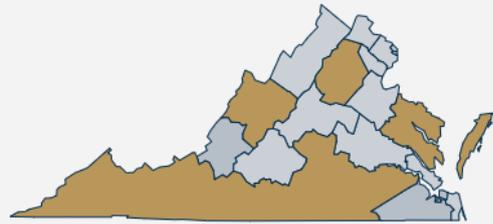
Virginia Balance of State CoC

718

people homeless on a given night

4.2

homeless per 10,000 people in
the general population



Political and system leadership

The State of Virginia is relatively unique in having its homelessness systems run through the State government. The CoC Balance of State is managed from within the Virginia Department of Housing and Community Development, unlike the vast majority of other States who have a non-government agency as coordinator.

Since 2010, State-level systems have been overseen by the Governor's Coordinating Council on Homelessness. The Council was founded under a Republican Governor, Bob McDonnell, in 2010 and was designed to mirror the Federal *Opening Doors* strategy. This followed the HUD expectation for 10 year plans from all States. The Governor had set a target of reducing homelessness by 15% in his time in office, and tasked the Council to deliver this.

The council is comprised of 13 state agencies and various continuum of care and local planning groups – and oversees development and implementation of the state plan to address homelessness. There are a variety of standing and subcommittees to focus on specific priorities (e.g. a performance and impact committee, and a youth committee). Through their efforts Virginia better aligned local work with federal goals and strategies, and harnessed shared language and effective collaboration across a variety of different agencies and providers.

This work was supplemented with a partnership with the National Alliance to End Homelessness and the Virginia Coalition to End Homelessness to deliver training to providers across the State. This led to 172 providers being trained in rapid re-housing and other core planks of the strategy, coupled with establishing collaborative learning groups to share learning and best practice.

The result of this was that Virginia met its target to reduce homelessness by 15% by 2014. Priorities turned to ensuring this reduction was sustained over the long-term.

Maintaining progress across administrations

Following the 2014 election of Democrat Terry McAuliffe as Governor, those working in the Council developed a plan to ensure reductions were sustained after the transition. The Homeless Veteran Summit was convened in 2014, which brought together the communities with the highest percentage of Veterans to create an in-depth, state-wide action plan to end veteran homelessness. In the June of that year, Governor McAuliffe became one of the first governors to sign on to the Mayors' Challenge to End Veteran Homelessness. Efforts continued through the Homeless Veteran Boot Camp and the 100-day challenge to help communities develop local plans to end Veteran homelessness. The result of these efforts was a series of

interventions that led to Virginia becoming first state in the country to functionally end veteran homelessness.²⁰

Pam Kestner who has overseen much of the Council's work and has been a representative for rural communities in these conversations, credits the timing of the veterans' campaign with achieving continued buy-in for tackling homelessness as a state priority. The fact this work crossed administrations meant the new Governor could come in and take political credit for its success and therefore have a greater chance of continuing its efforts.

However, it was widely recognised that there was a need to expand interventions and target other vulnerable groups beyond veterans, particularly people experiencing chronic homelessness and mental health problems. This shift in priorities did occur – but was in part facilitated by tragic circumstances. When a General Assembly Representative's son took their own life, a commission on mental health was established with housing as a key element. From the tragedy emerged a new agenda which the Council and other providers helped to shape. The result was a range of new funding streams and interventions to deliver continued reductions in homelessness, with a particular focus on mental health. This demonstrates how unlikely – and at times tragic – circumstances can offer opportunities for positive change, if organisations are primed to respond effectively.

Success has also been attributed to a shift from a shelter approach to a rapid rehousing approach, which was borne out of shifting federal priorities and resources. This has required leadership from DHCD as well as the Co-ordinating Council to get all parts of the system bought-in, and required a strong network from top to bottom across the State. Nichele Carver at DHCD has been at the centre of these efforts, and helped to deliver new approaches to funding which reduce incentives to create more shelter beds, instead taking into account capital and service costs more strongly – something which has led to a stronger Housing First approach.

Organising in communities

DHCD have a crucial role in supporting communities to upskill, and empower them to solve problems themselves while still remaining accountable. Nichele's team have provided support and capacity to a range of communities across the state to keep up with these changes and deliver the most effective services they can.

This has involved re-calibrating the relationship between State and service, not as funder and provider but as partners. Building relationships based on trust has therefore been essential, as has getting the right personnel in to build those relationships. As Nichele says: 'that's why the National Alliance likes how we do business. We're not just funders, we're partners. We've bought into the idea that if we're not part of this then people die on the streets. It's pretty basic.'

I visited communities in Northern Neck and Middle Peninsula, to see how this translated into practice. The local housing coalition's work covered 10 counties in Northern Neck, with Bay Aging as the lead agency. Bay Aging are an example of the very different kinds of providers who can act as lead agency. Originating as an organisation to support people in older age, they now provide a range of services including transportation, shelters and permanent supportive housing.

The agency leads the local planning group in the area, which meets regularly to oversee delivery of services in the region, as well as leading coordinated entry. At one meeting I met representatives from health services, criminal justice, social

²⁰ <https://www.va.gov/homeless/endingvetshomelessness.asp>

services and public health. The forum provides an opportunity to identify systems blockages and find new solutions, as well as delivering closer case management through the co-ordinated entry process. They are forums to share practice and crucially achieve buy-in for new ways of working - in this case getting providers on board with using HMIS and sharing data.

Northern Neck was an example of where multiple parts of system change – integrated data systems, coordinated entry and strategic planning - were coming together effectively. This isn't the case for all rural communities in the State. Nichele says 'our role now is to get our struggling communities up'. This often means challenges backwards attitudes and providing educational resources as a first step, to change the way people conceptualise the reality of homelessness and its solutions.

Delivering effective housing and services

In Northern Neck, Bay Aging acts as a direct service provider as well as lead agency. Recent steps to improve outcomes for people experience homelessness included prioritising these individuals in the allocation of their housing units, and making their transport services such coaches far more accessible to this group, who would otherwise struggle to access support services in this rural region.

Service in focus: landlord liaison in G.U.E.S.T

GUEST housing in Northern Neck are a church-run shelter, which for many years existed largely outside of the homelessness system in the state. Partly as a result of improved organisation in the community, including the work of Bay Aging and DHCD officials upskilling communities, GUEST has developed their practice to make ending homelessness - rather than sustaining it and providing a sticking plaster – their goal.

They have recently improved upon their shelter model run by volunteers, by securing funding for a landlord liaison worker, to line up private tenancies for their residents. This is particularly important in this rural community, where landlord attitudes make them less willing to let to people with histories of homelessness. This has only been achieved due to the support of Bay Aging, the Local Planning Group, and DHCD official oversight. Crucially, this has involved working in partnership with faith-based organisations, rather than in opposition, channelling goodwill to effective outcomes and encouraging established best practice.

Closer to the capital in Richmond, Homeward are a particularly innovative service provider and lead agency in the local CoC, who have upscaled the provision of Permanent Supportive Housing in the area. This has included new plans to construct housing and shelters with integrated support services and women-only provision. There is an emphasis on creating psychologically informed environments, with plans to involve residents in the selection of colours of rooms and furniture, and replicating the old site's graffiti inside rooms to maintain a connection to space and place.

Homeward also have a keen sense of influencing decision makers to create and sustain change. I attended a day of visits from State and City officials to their sites, including conversations with their residents. Taking out a mini bus for the day for the

whole party, this showed how Homeward are able to make influencing impactful, engaging and appealing to city officials.



With Richmond City officials and Homeward and DHCD staff, viewing new developments of supportive housing and other services in the city

Service in focus: Homeward Permanent Supportive Housing

Permanent Supportive Housing is recognised as best practice for chronically homeless individuals, and unlike in the UK is regarded as a Housing First intervention – due to low thresholds and indefinite stays. Homeward’s facility in Richmond has 10 beds sponsored by the hospital, covering the rental subsidy and clinical services in the building. This has allowed individuals with disabilities to get the treatment and support they need, close to home.

Individuals are referred to residency here through the co-ordinated entry process, and have a tenancy for as long as they need it. I spoke with one resident who was formerly a plumber until physical health problems struck. After a year in a shelter he was referred into PSH - he has been here 11 years and spoke very positively of the experience, citing the intensive on-site support as particularly valuable.

Virginia key learnings

- ✓ **Maintaining political support across administrations:** sustaining reductions in homelessness can stall following elections and new administrations. Planning thoroughly for transition, including activity to achieve the continued buy-in of successors is essential, such as launching positive stories after elections.
- ✓ **Direction for faith groups providing services:** with faith communities having a more significant role in homelessness response in rural communities, directing their efforts towards practices which end homelessness is key. This means working in partnership to improve what is available, such as landlord liaison workers in shelters.
- ✓ **Providing technical support to failing communities:** communities with limited service infrastructure or ineffectual systems will need extra oversight; this should be done by partnering them up with a best practice area, or investing extra time in capacity building there. Positive results do not come overnight.

West Virginia

Background

West Virginia is a relatively small State, largely rural state situated entirely within the Appalachian Mountains. It has among the lowest incomes and highest poverty rates in the US.

West Virginia's Governor is head of the executive branch, with a bicameral legislature of a Senate and House of Delegates. Each county has three commissioners who govern, supported by other elected county officials.

State level elections are often reasonably split between Democrat and Republican, with Republican candidates performing well in recent years.



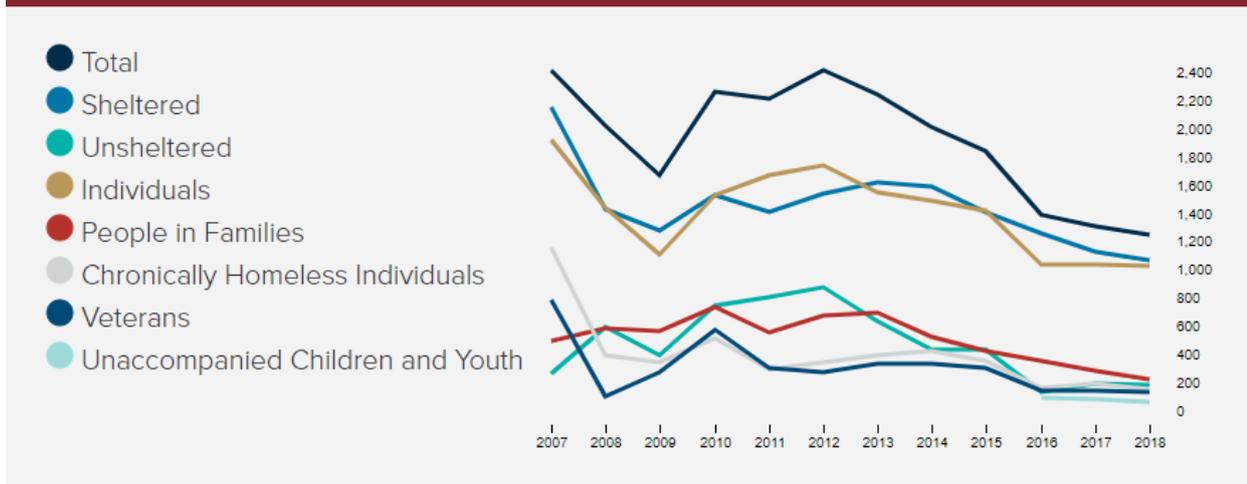
Homelessness in West Virginia

West Virginia has seen a significant reduction in total levels of homelessness in recent years. Falling from a peak of over 2,400 in 2011, the present total is under 1,300, a reduction of almost half.²¹

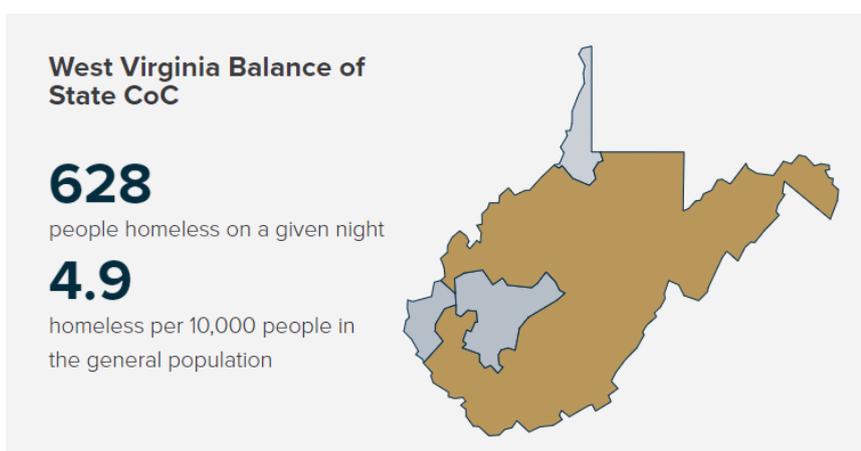
This reduction has occurred among all sub-populations, but has been particularly pronounced among unsheltered individuals, falling from over 900 in 2012 to below 200 in 2018.

²¹ USICH (2019), Homelessness statistics by state [https://www.usich.gov/tools-for-action/map/#fn\[\]=1400&fn\[\]=2800&fn\[\]=6200&fn\[\]=10000&fn\[\]=13200](https://www.usich.gov/tools-for-action/map/#fn[]=1400&fn[]=2800&fn[]=6200&fn[]=10000&fn[]=13200)

Number of People Experiencing Homelessness, by Type, 2007-2018



The figures in the Balance of State are relatively low, with 4.9 people per 10,000 experiencing homelessness. This is notable given it is among the poorest states in the country, with high levels of deprivation and poverty.



Political and system leadership

The response to homelessness at the state-level in West Virginia is set by the West Virginia Interagency Council on Homelessness. The Council was reformed in 2013 by Democratic Governor Earl Ray Tomblin, after falling dormant for several years. The centrepiece of their recent approach has been *Opening Doors in West Virginia - 2015-2020*.²² The strategy sets out a framework for action to tackle homelessness, recognising the low income and high poverty rates in the State. The approach centres on replicating national best practice and adapting to local settings, supported by several key principles including: being person-centred and trauma-informed, collaborative, outcome-driven, and cost effective. The strategy is aimed at engaging state leadership, and challenging myths and misconceptions around homelessness is a key aspect of their work.

The system leadership in the state falls largely on the shoulders of the West Virginia Coalition to End Homelessness. WVCEH started as a small voluntary organisation but over the past decade have taken on a greater system leadership and service delivery role.

²² Opening Doors (2015)

<http://www.wvich.org/docs/Opening%20Doors%20in%20WV%20Plan%20-%20FINAL-%20low%20res.pdf>

Chief Executive Zachary Brown says ‘we are the vessel for driving change here because we decided we would be the vessel for driving change, no one told us to do it. It’s will.’

That ‘will’ led them to take responsibility for co-ordinating the Continuum of Care Balance of State. WVCEH were working with limited resources and support from other services in the state, so when increased federal support and funding came onstream they seized the opportunity to grow. They were inspired by - and utilised - national campaigns and programmes and adapted them to the needs of West Virginia. The 100k Homes campaign was a key moment here, and WVCEH credit that campaign with stimulating the system change which led to coordinated entry and by-name list adoption in the state.

Brown says: ‘We’ve passed up the slow arc of change at state level, to the extent that the state now comes to us to solve problems...we’re riding the cultural edge of what’s acceptable here.’ The key has been a clear collective vision of what they wanted to achieve, and a collective belief structure that has brought others on board.

Organising in communities

The positive impact of implementing co-ordinated entry and HMIS are apparent in the communities which WVCEH supports. The coalition have worked to embed co-ordinated entry in local planning meetings, which were already actively overseeing voluntary efforts to tackle homelessness in rural parts of the State.

Organising communities to more effectively respond to homelessness has been a challenge, because it often requires overturning well established norms and cultural expectations. Defensiveness and cultural differences led to slow and inefficient change, which has required far more investment in changing hearts and minds in these communities. The benefits of a by-name list, data systems and co-ordinated entry was effectively sold in health terms - the concept of ‘triage’ was important here.

Zachary Brown: ‘What folks do understand is triage, people understand that anywhere in the world, wherever you go, if it’s on the battlefield, if it’s in the hospital, you take the person with the most acute issues first’.

The other key part of upskilling communities was developing voices from *within* those communities - it became WVCEH priority to hire people from those communities. This neutralised the problem of the Coalition being seen as ‘outsider’ or preaching from an ivory tower.

The long-term result of this investment in community systems, is a far more efficient approach to service delivery than ever before, with widespread use of co-ordinated entry and HMIS and resources therefore targeted more efficiently.



Providing housing and services

A big challenge in a rural State like West Virginia is a lack of viable service providers. Having seen the positive work locally, the state government stepped up and augmented the PATH grant to fund homelessness services, but no providers came forward. This pushed WVCEH to take on the role of service delivery for the first time. Brown says: 'the non-profit structure as low quality as it can be, does allow you a certain amount of utility and freedom, you can think outside the normal span.'

Starting with a thin and minimal operation ('all we did was turn and burn') they now have a far more developed service infrastructure across the state. The key to service delivery has been outreach, which has often been the first service funded in WV's rural communities.

Service in focus: outreach in the Eastern panhandle

I spent time with Beau Stiles, Outreach Team Lead for WVCEH in the Eastern panhandle of the state, located in Martinsburg. Starting as a one-person operation, the outreach function is now supplemented by a Rapid Rehousing Worker and a Permanent Supportive Housing Worker.

The funding that was secured from PATH for the outreach worker was the foot in the door services needed to be established in the state. Beau says 'I believe outreach is the most crucial part of this system, because you are the absolute frontline. Without outreach, how do you find people to engage that truly need your services?.... without outreach you won't touch the most vulnerable people, ever'

This is particularly true in rural communities, where unmet need is less visible and can be ignored. Outreach services work to make these problems visible - 'without it you will never have to deal with the guy with severe mental illness, who's been living in a tent back in the woods, raising his chickens for the last 7 years, you will never have to deal with him.' This is contrary to the common attitude that outreach is either not needed or cannot work in a rural area.

I saw how outreach works in practice, on a shift in the woods first thing in the morning. I saw first-hand how strongly the approach is predicated on building relationships with local institutions and businesses.

Beau Stiles says: 'the first thing I do going into a new community or new town, and I repeat it periodically, is I hit every gas station, I hit the liquor store, I hit the library, I go to all these places someone might frequent, and I ask for their help...I ask them to be my eyes and ears, if you encounter someone please give me a call, and that's been a huge change in how we're doing what we do here compared to other areas.' This is the manifestation on the ground of WVCEH's approach of adapting responses firmly around place and community.

The availability of Permanent Supportive Housing in the State, funded through federal dollars, offers a vital route off the streets for people with higher needs, with Rapid Rehousing supporting those with generally lower needs. These interventions are particularly important given the severe limitations of mental health and substance use services in the state.



Outreach with Beau Stiles , Outreach Team Lead, outside Martinsburg, West Virginia

West Virginia key learnings

- ✓ **Filling vacuums of leadership:** it will not always be possible to secure commitments and buy-in from local leaders. When this is the case, service providers can become system leaders in their communities, and invert the traditional commissioner/provider relationship in these circumstances. Political leadership can come on board later in the process.
- ✓ **Letting local communities take the lead:** rural communities can sometimes be more adverse to 'outsider' influence. In these circumstances the priority should be to identify local leaders to champion and lead efforts, and not rely on external coercion or encouragement.
- ✓ **Outreach can be the vital first step:** In rural areas with perceived low levels of need, an outreach team (or role) can be the first step to identify unmet need and make the case for further provision. Ensuring teams are well integrated with community institutions is key.

What's behind success? The drivers of ending rural homelessness and comparison with the UK

Political leadership

Political and system leadership were perhaps the most crucial ingredients to an effective approach to tackling homelessness in the rural communities I visited. The role of federal or central government within this is significant - firstly in terms of setting the policy, structural and funding framework which has been both increasingly generous and increasingly prescriptive in its expectations of providers and systems. This is particularly beneficial to rural communities which may have been lacking in local political will or resourcing, with the federal government stepping in to provide and expect a level of provision many previously lacked.

The UK has witnessed the opposite trajectory, through the combination of austerity and localism central government has stepped back from providing active and assertive leadership. Recent research has attributed rises in homelessness to this tendency, claiming 'localist policymaking has an intrinsic tendency to disadvantage socially marginalised groups' and 'strong central government leadership and accountability are needed to drive positive change on homelessness.'²³ This is therefore an area ripe for learning and new approaches.

Active and assertive leadership from the centre

In the US a significant sum of money from within the budget of Department of Housing and Urban Development funds programmes and systems across the country, by-passing the 'slow arc of change' at the State level and getting the most evidenced-based interventions to the frontline. This includes money for Permanent Supportive Housing, Rapid Rehousing, and CoC administrative costs. There are clear expectations placed upon receiving these funds, which range from the kinds of programmes that can be delivered (incentivising a move away from shelters) through to the representatives who must be present in CoCs and the process by which individuals who are homeless are assessed and allocated services (co-ordinated entry).

These programmes have survived largely unscathed from changes during the Trump administration largely because of the strong evidence base behind these programmes, and the strong data available on need and service efficacy - with systems such as HMIS and the VI-SPDIAT creating confidence that interventions are cost effective.

In contrast, a less sophisticated approach to data collective, reporting and service for existing programmes made homelessness programmes in the UK far more

²³ Fitzpatrick et al (2020), Localism and homelessness: a decade of disaster in England, <https://blogs.lse.ac.uk/politicsandpolicy/localism-and-homelessness/>

vulnerable to cuts post-2010. This has been particularly pronounced outside of major cities – for example research by WPI economics for St Mungo’s found that spending on ‘Supporting People’ had fallen by 34% in Greater London compared to 73% in the South West between 2008/9 and 2017/18.²⁴

Central government thought leadership

In the US, federal leadership has expanded and instigated cultural changes which have transformed how homelessness is viewed and responded to. The United States Interagency Council on Homelessness and the 2010 federal strategy *Opening Doors* were significant in this regard. Both the structure of the USICH and framing of *Opening Doors* were widely modelled across the country; this was particularly true in states without long histories of homeless systems and strategic leadership. The personal ownership President Obama took of the approach was significant, writing the foreword to *Opening Doors* and popularising its contents.

It was particularly telling that these frames were adopted in both red and blue States, demonstrating how the association with a particular administration did not jettison their local impact. This shows how the value of persuasive, engaging and inspiring political leadership from the centre can be a vital determinant of change.

In contrast, recent central Government strategies on homelessness have not always sought to effect the same cultural change. While the Government’s 2018 *Rough Sleeping Strategy* did result in significant new investment and require local authorities to deliver new strategies, it did not provide an influential framework for doing so and senior Government figures were not associated with its promotion or dissemination. This has resulted in limited influence upon local strategies.

In the US, alongside central government leadership has come a range of impactful nationally-driven campaigns for change. Both 100k Homes and the Mayor’s Challenge were associated with the same administration, with First Lady Michelle Obama leading the latter. Creating these national drives, and ensuring in their development rural communities feel part of the conversation and planning, can help bring once outcast communities in the centre of these moments of social progress. Community Solutions - who were behind 100k homes and now lead the Built for Zero campaign - provide system leadership to fill perceived gaps in such leadership from HUD and other agencies.

At the same time the role of the National Alliance to End Homelessness has been crucial in harnessing the voices of its members to influence and inform federal policy and practice. I saw this in action at their Annual Conference in Washington D.C., which brought together over 2,000 individuals from across the country, who descended on Congress for Capitol Hill Day. Their influencing activity was informed by NAEH priorities and briefings, but supplemented by their own local experiences and issues from rural communities.

While there are manifold organisations who influence and lobby around homelessness in the UK as well as many examples of successful campaigns in recent years, there is no equivalent to Capitol Hill Day. This model could be utilised to provide a platform and support for local providers to demand change in a joined-up and strategic way, ensuring an influencing multiplier effect and limiting the ability for central government to ‘divide and rule’ in response.

²⁴ Local authority spending on homelessness (2020)

<https://www.mungos.org/app/uploads/2020/02/Local-authority-spending-on-homelessness%E2%80%93WPI-Economics-research-report%E2%80%93February-2020-update.pdf>

Recommendation for national leaders: develop new cross-government strategy to tackle homelessness that is truly national in scope, including being rural-proofed by experts and representatives of rural communities.

Recommendation for third sector providers and charities: co-ordinate influencing activity targeting Parliamentarians on an annual basis, with shared asks, supplemented with harnessing voices from local communities including voices of lived experience.

Systems leadership

Political leadership has been essential in making tackling homelessness a policy priority, and directing the relevant actors towards the most effective, evidence based, and joined-up interventions. But the more immediate driver of success has been systems change and operational adjustments, which have ensured resources are allocated efficiently and effectively. This has acted to reinforce the political commitments from the top.

Key within this is a relentless focus on systems over individuals as the real drivers of both homelessness and its solution. This is very present in all of the communities I visited and at state and national level, and helps centre conversations around structural factors over individual behaviours or experiences.

Identifying sub-populations

In the US there is a real focus on *specificity* both in setting out the problem to be solved and the marker of success. Homelessness has been both tightly and diversely defined - as roofless or in a premises not fit for human habitation - coupled with further sub-group segmentation including sheltered, unsheltered, chronic and more. This has focused minds on a particular definition and goal, and the more robust data collection of various sub-categories allowing systems to more accurately identify changing realities and priorities. For example, many of the service interventions I observed were driven by various targets to end *chronic homelessness* which means homelessness for more than 12 months alongside a co-occurring health or substance use need. Targets based on specific sub-populations allow more tailored interventions to be developed, as well as focusing minds locally on the issues to prioritise.

Many of these kinds of categories do not exist in common vernacular in UK homelessness policy. A distinction between different kinds of homelessness is often limited to the *form* of present homelessness (e.g. sofa surfing vs. rough sleeping), but this does not helpfully identify individuals with complex needs or long-term experiences of homelessness as distinct from other groups (as 'chronic homelessness', however imperfectly, effectively does). Strategies at national or local level frequently avoid specifying sub-populations to prioritise when it comes to ending rough sleeping. However this risks missing out on opportunities to set tightly defined goals which can be effectively mobilised around with success more likely to be forthcoming, and therefore creating momentum for further successes. The origins of this kind of approach can be seen in services models which already exist in the UK such as Social Impact Bond programmes which identify specific, fixed cohorts with clear outcomes, and have seen tangible success as a result.

Shared structures to triage those most in needs

Alongside a focus on specificity in US homelessness policy and practices comes a clearer focus on needs and risk. Homelessness systems in the US are designed to prioritise individuals in highest need, and this theme runs through the systematisation responses in areas. Coordinated entry represents both an effective opportunity for collaboration and a means of triaging people based on risk and need. This creates consistency and fairness across communities, and a framework all are bought into. This is particularly important in rural communities, where 'everyone knows each other' which can undermine standardised efforts to provide services according to needs. This problem can be neutralised, while simultaneously having the benefit of an approach which wraps services around an individual.

Structures exist to oversee these systems and provide local leadership. The Continuum of Care system, and the Balance of States which cover rural communities, ensure that every area is represented by a homeless system footprint which functions as an interface between State and national funding and regional service delivery and planning.

'The beauty of the continuum of care system is we are connected to other providers to provide the most holistic support' - Dawn Butterfield, Vermont

In rural communities, where homelessness responses may be almost entirely voluntary or faith based, and systems thinking historically lacking, CoC coverage can upskill and provide vital technical assistance, bringing these communities up to federally expected standards. This accountability can be ensured in a non-coercive way, when CoCs are embedded in the communities they serve, bringing providers and communities on board as partners. This is something which Government and States can at times struggle to achieve. This can involve pairing up local areas to share best practice and facilitate relationship sharing across county lines. This has the benefit of cascading national thinking into local communities, and building a shared moral and systems framework across different communities.

In contrast, too often rural communities lack wider structures to support and encourage effective interventions to tackle homelessness. This is exacerbated by the impact of localism and results in highly divergent approaches, with cities developing sophisticated responses (such as No Second Night Out in London) and more rural areas being left to develop their own systems with little central support or know-how. This can result in patchy or fragmented policy responses as a result.

Recommendation for national government: Implement new statutory bodies in all local authorities with responsibility for keeping 'everybody in', including rural areas, with non-profit as a designated lead or co-lead agency. Support with funding and technical assistance and create new forums for sharing best practice.

Recommendation for local authorities: Until new statutory boards are established, designate a lead forum to take case management responsibility for homelessness within their local area (e.g. Health and Wellbeing Board, non-statutory homelessness forum), and for case management oversight, with non-profit lead agency. Carry out Joint Strategic Needs Assessment to identify local needs beyond rough sleeping count, and set targets for reductions among specific groups.

Adapting services and programmes to rural realities

The prescriptive nature of service funding in the US can present challenges for rural communities. The main funding resources are restricted to specific programmes - such as for Rapid Rehousing and Permanent Supportive Housing, or outreach services funded through PATH grants. However, areas that have achieved reductions shared a history of embedding and adapting service models to their local communities, even where these models had previously been regarded as obsolete or inappropriate outside of urban settings.

Outreach in rural communities

In multiple communities securing funding for an outreach service was the first domino to fall that led to a plethora of services developing. In many cases, this started with a very 'thin' service supported by a very limited service infrastructure, but in identifying the scale of unmet need they became important levers for further provision. This case was even made by HUD officials who told me most provision in rural communities starts with outreach, and once need is identified the case can be made to line up housing and support.

In the UK, funding cuts have meant that outreach services are limited in rural communities. In the coronavirus pandemic, this may have limited the ability of local authorities to identify people who are homeless, and in turn provide them offers of emergency housing or hotels to people. This demonstrates how limited outreach capacity can limit the ability of rural areas to secure further funding for services to tackle the hidden forms of homelessness which exist in these communities.

In the US there were specific ways in which the likes of outreach had been adapted to better serve rural communities. An asset-based approach has been developed in many areas, relying on communities and their institutions to be a part of the outreach effort. In West Virginia, this involved building relationships with gas stations and liquor store owners. In Mississippi this involved closer collaboration with the police for their referrals. In all cases, outreach was not able to take place very late at night or very early in the morning due to safety concerns - but the response was not to abandon the practice but to adjust it to take place once it was light in the morning.

The kinds of flexibility in outreach has also been seen in other services, such as Housing First. Given the challenge of distance in rural communities, it was clear that full fidelity to the Housing First model may not be possible - such as the scatter site requirements - but compromising on this can lead to closer fidelity elsewhere, such as shown by Pathways Vermont. Investing in technological capacity can also be a key factor in adapting to more rural communities.

Recommendation for national government: Guarantee long-term funding for local authorities to provide homelessness services, to the tune of £1bn per year. In the interim, ensure areas with lower official rough sleeping counts are not excluded from funding pots, with dedicated funding to these communities to help prevent 'flow' to urban centres.

Recommendation for local authorities: In areas with limited homelessness services beyond housing options, invest in outreach services as a first step. Co-design service with local communities, and partner with similar profile local authority with existing outreach function to co-design then upskill.

Local influencing

Services and programmes cannot just be technically ‘adapted’ to rural realities - to be effective and long-lasting they need to properly embed, gain local support and buy-in, and integrate within existing communities and other systems.

The communities where sustained reductions in homelessness were found had taken the benefits of national funding and expectations, including the ability to provide the most evidence-based interventions, but combined this with a conscious and proactive effort to tell a story about these services and systems in a local context. This work can actually be easier in rural areas, with their closer-knit communities, and greater accessibility to community leaders and institutions. This was clear in places like Tupelo, Ms and Montpelier, Vt where homeless services and system leader would engage regularly with political decision makers who were more proximate to the communities they served. Making the most of these closer links is crucial. This can include unlikely allies, such as the Supreme Court Justice in Mississippi who championed the cause of Housing First and trauma-informed responses.

But as important as building relationships is building the stories and narratives that change people’s mental frameworks and compel them to take action. The reasons for ending homelessness may look very different in rural settings and be based on different impulses, and it is important to recognise and proactively shift these attitudes. For example, in Vermont there was a clear conservative-communitarian framing which channelled the ‘we look after our own’ sensibility and ‘Vermont reasonableness’ towards the provision of genuinely affordable housing.

In Mississippi officials said the success of MUTEH had been their objective to ‘help people help themselves’. Once homelessness is prioritized in an area, according to one of these frames, the trust that can develop gives them the potential to shift the frame in more advantageous / sympathetic directions, which without adaptation to existing cultural ideals would simply not be possible.

Crucially, in these communities the ‘message’ is not all that matters but often more importantly the messenger - this was clear in the conversations I participated in on Capitol Hill, where representatives from MUTEH leveraged local connections and ‘good ol boy’ networks to build relationships and achieve impact.

Proactive narratives are crucial, but so is the capacity to respond quickly and effectively to changes in priorities or ‘moments’ to leverage change. Examples include the review of police practices which took place in Tupelo, Ms or the new prioritisation of mental health provision in Virginia. These opportunities for change were not within the homelessness space, but effective local influencers utilised them to leverage their cause and secure change as a result.

Recommendation to providers: Identify ‘influencing champion’ in each service where similar role is not already established, responsible for building relationships with local decision makers, building shared narrative, and capitalising on influencing opportunities.

Recommendations

Recommendations for central government

- ✓ Develop new cross-government strategy to tackle homelessness that is truly national in scope, including being rural-proofed by experts and representatives of rural communities with perceived low levels of rough sleeping.
 - ✓ Implement new statutory bodies in all local authorities with responsibility for keeping 'everybody in', including rural areas, with non-profit as a designated lead or co-lead agency. Support with funding and technical assistance and create new forums for sharing best practice.
 - ✓ Guarantee long-term funding for local authorities to provide homelessness services, to the tune of £1bn per year. In the interim, ensure areas with lower official rough sleeping count are not excluded from funding pots, with dedicated funding to these communities partially to prevent 'flow' to urban centres.
-

Recommendations for local government

- ✓ Until new statutory boards are established, designate a lead forum to take strategic leadership for homelessness within their local area (e.g. Health and Wellbeing Board, non-statutory homelessness forum), and for case management oversight, with non-profit lead agency. Carry out Joint Strategic Needs Assessment to identify local needs beyond rough sleeping count, and set targets for reductions among specific groups.
 - ✓ In areas with limited homelessness services beyond housing options, invest in outreach services as a first step. Co-design service with local communities, and partner with similar profile local authority with existing outreach function to co-design then upskill.
-

Recommendations for service providers

- ✓ Form national coalitions to co-ordinate influencing activity to Parliamentarians from all regions of UK on an annual basis, with shared asks, supplemented with leveraging voices from local communities including voices of lived experience.
- ✓ Identify 'influencing champion' in each service where similar role is not already established, responsible for building relationships with local decision makers, building shared narrative based on local identities, and capitalising on influencing opportunities as they emerge.



Franklin Delano Roosevelt memorial, Washington D.C.

Author: Rory Weal

September 2020

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