

## Cambridge Coproduction Group - Homeless Review – April 2025

The Coproduction Group ran a series of workshops across three sessions in the Autumn of 2024 to begin to explore the areas that are important to people with lived experience when using / accessing support when homeless.

The group comprises of people with lived experience of multiple disadvantage, very often including homelessness, and practitioners in services who have are interested in amplifying the voice of lived experience on a system level. Many people join regularly and would have been at all three sessions. Some drop in occasionally or as a one off. Attendance is normally around 16-20 people each month. Most are Cambridge City based but some also attend from South Cambs and Hunts.

The views represented are not intended to be comprehensive, there are many more people with lived experience who could still contribute, particularly those with living experience. The views are to highlight many of the issues and themes that arose and to start a conversation in which people with lived experience should be included as equal partners to address some of the points that were raised.

The workshops began by asking three questions:

What works well?

What would you change?

What is missing?

Those who do not have direct lived experience were asked to think within their responses that it is something they have heard or know people with lived experience have been affected by.

After the workshops, the Changing Futures Team have set out some of the themes that have emerged. These themes are set out in [blue](#) below with the responses from the workshops under the theme to illustrate how we have arrived there. Some responses cut across different themes. The themes and responses of the first two workshops were tested at the third in early 2025 at which we asked 'Who do you want to hear from?'

They are not placed in any order and we should recognise that everyone's experiences will vary but all are valid. The views have largely been left unedited so may be open to interpretation making it even more important to involve people with lived experience in developing future system change using this information.

**The Coproduction Group recommends that interested parties review the feedback that came from the workshops and commit to working to address the issues raised using their expertise to support change where it is needed**



## **1. What works well?**

### **Services**

- Crossways.
- Dual Diagnosis Street Project
- It Takes A City
- Cambridge Access Surgery
- The Outreach Van

### **Ways of working**

- Allowing professionals freedom to do what works well
- Communication between service user and professional
- Not being searched
- Spending time with individuals / smaller caseloads
- Working to same standard
- Being trauma informed
- Relaxed environments
- Quick response when someone is rough sleeping
- Separate housing from support
- Allowing professionals freedom to do what works well
- Informal opportunities to meet with service users and service providers

### **Practice**

- Streetlink - referrals from public.
- Services based in other services.
- TAP (Team Around the Person)
- Independent peer to peer advocacy.
- Haven - should not gender based – an option is needed for vulnerable adults as well.

### **Coproduction/Collaboration**

- Comms between all parties feels that everyone has a voice.
- Taking power.
- Being Equal.

## **2. What Would You Change?**

### **Policy**

- More robust + progressive govt policies to support homelessness.
- Private rents, cap.

- Better pay, less demands, workloads growing.
- Co-pro group, campaign, be more political.
- Review rules – Local connection and intentionally homeless.
- How long labels, bans and exclusions last.
- Nationally – how easy is it to access the politicians/political agenda?
- Protect people from being labelled and forced down a particular pathway
- Get rid of the label “intentionally homeless” – instead drill into the circumstances and ask, “Why has this happened?”

## Strategy and Funding

- Are we trying to prevent / progress or are we creating a service industry.
- Diversity funding to include corporate / university.
- Long term plan.
- Increase funding/capacity of specialists e.g. DDST. Prescribers.
- Too much time spent by services applying for multiple pots with different timelines.
- Thematic funding.
- Longer term funding settlements.
- Commissioners should prioritise quality of service over cost
- Commissioners do not understand how to assess individual needs – leading to stress and frustration on the ground to get boxes ticked
- Protect people from poor practices among service providers
- People fall through cracks in the current system
- A clear definition of a rough sleeper, I am not deemed a rough sleeper but I sleep in a tent as the accommodation offered me did not meet my needs
- What exactly is the goal/motivation if people cannot grow monetarily? I thought social mobility would be an implicit component of addressing the core issues

## Service Level

- Recruitment - quality, lived experiences, more standards/ training.
- Open communication between organisations/services.
- Specialists funded to work across providers as needed, not in house. Must have capacity but more efficient model than in house.
- More opportunities to share and learn together – forums/networks/joint training.
- Consistency of approach by providers and staff.
- Route for service users to challenge, advocacy.
- Communicate regarding Digital inclusion & skills – shared documentation, not just driven by pressure from individuals – produce action
- Ensure preventative help to avoid homelessness situations

- Improve consistency – encourage providers to attend the same training, and agree working methods; promote shared practice nationally
- Staff are well paid and supported so retention is an issue
- Avoid parents being separated from kids, and isolating parent and kids
- Protect people from separation from loved ones and pets
- The 2 above are part of de-humanising practices
- Some support workers go above and beyond in supporting and championing, but not consistent
- Problems with moving goalposts
- We need to be listened to when going through the system and not funnelled down someone else's idea of what should happen. We are all individual!
- Wind chill taken in to consideration for SWEP
- Get off the streets asap especially in winter
- DWP / Jobcentre 'framing' – setting unrealistic expectations given homeless circumstances

## Delivery

- Pharmacies!! Not enough 7 days, stigma – disorientation.
- Benefits too complicated, takes too long and changes.
- Benefits, back payments/ compensation paid in full to vulnerable people.
- Offices that are shut off from service users – open doors/spaces.
- Would work better with direct medical access.
- Door entry systems that are hostile and retraumatising e.g. Jimmy's.
- Improve ways in which scripts are administered to reduce exposure of vulnerable users
- Establish access to monthly injection in place of methodone scripts as far as possible -reducing relapses and associated shame felt by users
- CAB didn't offer any continuing support
- Verifying homeless situation ("prove myself") is part of agenda to increase barriers to access support services
- In addiction situations there is a need to distinguish between victims and predators – through improved police liaison. Focus more on hidden/unseen nature of predatory activities; also consider cuckooing situations carefully
- Rules and regulations can seem like prison
- different forms for information sharing - making people aware tool, including self-referral.

## 3. What is Missing?

### Structural

- Women's only support housing (higher needs / dual diagnosis).

- Beds specific to need.
- Affordable housing for low-income workers.
- Couple and NRFF support.
- Small Homes.
- Limit bureaucracy / bottleneck
- Employing/consulting people with lived experience is just the start eg need to ensure those involved are not retraumatised because of working practices
- Public and Agency Awareness both long and short term
- A rehab that works

### Service Level

- Not much/no support once moved into accommodation. Scope of services needs to be widened (and time limit) for ongoing support i.e. there is probably help to setup but not going forward.
- Services shutting doors
- Strategy to join up services, identify gaps, understand services/each other.
- Use of LE (Lived Experience) in services i.e. Peer Mentoring.
- Support to live in a house.
- Retention of good staff (specialised).
- Joint training opportunities, consistency across services.
- A consistent trauma informed approach.
- Long term funding.
- Make additional accommodation specific to post-rehab available
- Need to set up improved (currently missing) rehab service in Cambridge with increased mental health support and following effective approaches
- An advocacy service for service user complaints
- Set up a 24/7 referral hub at which people can raise any current issue(s) and obtain immediate help – similar to Samaritans, but not related to suicidal thoughts
- More staff with lived experience
- More specialised services

### Needs

- Language used 'priority needs'.
- An understanding of the process.
- Meaningful occupation.
- Having purpose.
- Shared goals for individuals (high level).
- Going beyond signposting to advocacy,

- Being a responsible adult.
- Help to provide the information that they need. Having to prove myself. Do you mind if I contact.
- Active signposting.
- No mechanism to change.
- Not knowing where to go with an issue/problem.
- Feels like some services find ways not to help.

At the third workshop, where we tested the information received so far, we also asked the group who they wanted to hear from. The responses here have been collated so as not to duplicate. They are the people that the group feel need to be represented in making change.

#### **4. Who do we want / need to hear from**

- Homeless people themselves
- Support Workers
- Council representatives
- Politicians / Councillors
- The hard to reach / non engagers
- People with complex needs
- The repeat homeless, what is they are struggling to overcome?