

Evidence-led approaches to tackling rough sleeping in rural communities – local authority practice guide launch

Introduction

- 24% rise in levels of rough sleeping in rural areas between 2021 and 2022 ([Kent University](#))
- Key challenges for rural areas:
 - Physical isolation
 - Limited support services
 - Limited transportation options
- LGA and Rural Homelessness Counts coalition came together to identify effective practice

Investing in a flexible, expansive model of outreach

- **Building a network of community referrers in rural settings**, to address limited outreach capacity in rural areas and build links with partners
- **Using technology such as geocoding systems** to better identify need and expand reach into remote areas
- **Reconsidering verification barriers** to speed up support and take a ‘balance of probabilities’ approach
- **Promoting Streetlink and self-referral** through awareness raising in rural settings

Building better data to evidence need and leverage multi-agency support

- **More regular data collection**, including at points of identification not just verification
- **Using location-based technologies to build a clearer spatial picture of need**, such as geo-mapping
- **Capturing hidden forms of need in rural areas** through bringing wider range of partners together over a longer period, building on the Women's Rough Sleeping Census
- **Evidencing need and cost savings** to leverage support from local partners

Effective governance to make rural homelessness a priority

- **Rural-proofing each homelessness and rough sleeping strategy**, proactively consulting rural stakeholders.
- **Collaborating with health through data sharing and joint commissioning**, to deliver integrated support in rural settings
- **Partnering with neighbouring authorities to address ‘flow’ into urban centres and** to deliver services which may not be viable in their area alone.
- **Raising awareness raising locally to combat** stigma and limited awareness of support available in rural settings

Practice example: New Forest District Council MH support

- **New Forest District Council, embedded mental health nurse** in the council's Homelessness and Support Team, to provide whole person support when people face crisis, with access to NHS data systems to inform housing decisions.
- **Delivered as a result of data-led collaborative commissioning:** In 18 months, 62 cases were supported through the service, including 9 people sleeping rough who took up accommodation and 9 hospital admissions prevented.⁴

Summary



Investing in a flexible, expansive model of outreach



Building better data to evidence need and leverage multi-agency support to tackle the problem



Effective governance to make rural homelessness a priority

What next?

- **Read the full guide** here and share with your networks:
- **Share your feedback**, and examples of good practice to build our evidence
- **Sign up to our mailing list** to hear more about this work

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