

# **Oasis Community Housing Review of Change Through Covid and Beyond**

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### Executive Summary

This report shows that Oasis Community Housing is delivering some excellent, person-centred work in the North East, including a fast and effective response to COVID-19. Nevertheless, this report lacks the necessary data and clearly documented procedures to fully evidence this, and to focus more effectively on what services and processes work best for which clients. The options set out within this report should be considered to help the organisation successfully take forward its new strategy and “audacious” ambition to expand and become a bigger organisation working in two further and very different cities, through its links with Oasis Charitable Trust Community Hubs.

### Overview of Oasis Community Housing

The brief for this research is that Oasis Community Housing (Oasis) would like to better understand how their services have changed due to the COVID-19 pandemic, in relation principally to the services delivered in Gateshead and Sunderland. To do this, Oasis asked LSE Housing and Communities to:

- Review Oasis’ response to the COVID-19 pandemic since the beginning of 2020 to the appointment date in 2021, and find out how their response compares with other comparable organisations
- Identify key options Oasis needs to consider in order to optimise service delivery in the future i.e. post-covid, and in the likelihood of a “pandemic vulnerable operational environment”

Oasis Community Housing is an organisation providing services for vulnerable people and families who are homeless or at risk of homelessness. Its origins lie in initial homelessness projects started in Gateshead and London over 30 years ago, some of which are still operating. Following other changes, it joined the Oasis Charitable Trust (Oasis Trust) group becoming “Oasis Community Housing” (Oasis). This report covers the North East part of Oasis’s operations, specifically the activities in Gateshead, Sunderland, and South Tyneside.

Oasis uses 85 properties to house 158 residents (plus a small number of mothers with their babies and children in specialist units), although it is not a Registered Provider of social housing. At the end of the last financial year (August 2020), the average monthly number of staff was 93. During that year, income was £4,088,984, and expenditure was £3,737,739, leaving a surplus of £351,245. This income includes charitable donations and grants from charitable fundraising.

In the last three years there has been a focus on providing staff with extensive training focused on core skills and accreditation by registered providers of training, as well as good practice training, including safeguarding of vulnerable adults and children. Much of this training has been funded from charitable donations. Support for staff has also been increased in terms of counselling and stress related support in response to the pressures of COVID-19.

There is a management chain with five levels but most of the frontline work is delivered by local teams, consisting of a team leader and project workers who work in a supportive and focused manner in their specific area of delivery. The Board maintains oversight of the work, and is seeking to expand the range of board members with additional skills and knowledge specifically relevant to Oasis’s current and anticipated future work

Oasis’ main services include:

- Crisis support and accommodation which includes “Basis” day centres and access to “Basis beds”, which include some accommodation funded under the Rough Sleepers Initiative and others, offering a form of “Housing First” provision

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- Supported accommodation, which is specialist accommodation for vulnerable young women, including care leavers, and mothers and infants who are mainly subject to Child Protection plans
- Support for women in Gateshead experiencing domestic abuse (non-residential)
- Non-residential support for vulnerable people in parts of the North East who are eligible for assistance with preparing to enter the job market

There is a focus on assisting vulnerable clients who are homeless or at risk of homelessness. The approach taken is to provide “person centred” support, including addressing the drivers of homelessness – hence the additional services for domestic abuse and employment support. There is a stated aim of “always another chance”.

The current draft strategic plan 2021-24 envisages growth of the organisation into two cities (Bristol and Birmingham) where there are currently Oasis Trust academies and community hubs, to provide an additional housing related service attached to those hubs.

This report is based on interviews with Oasis staff and managers; a senior Oasis board member; Oasis records and documents; interviews with partner agencies; reviews of performance reports and evaluation reports produced by commissioners of Oasis services; and an interview with a senior Oasis Trust manager during a visit to an Oasis Trust hub. While interviews with Oasis clients were originally planned, in the end this was not possible to arrange due to COVID pressures.

### Main findings

In the report we first look in more detail at the crisis services, and identify areas where Oasis has options for optimising service delivery arising from current services and in light of the proposed growth into new cities. We then undertake a similar exercise for the Supported Housing services, Aspire and Empower. We then provide analysis and suggested options to explore for the future.

The next section considers the impact of COVID on each of the services, and the actions taken by Oasis to mitigate the impacts on their clients. This is followed by a wide-ranging look at the actions which Oasis has taken in comparison to other agencies across England, drawing on a range of comprehensive and authoritative reviews. Options for consideration to consolidate or change Oasis’ approaches are then explored.

Finally, we recap on how to address better service delivery in the post-pandemic period, and add some wider options which Oasis can consider.

Our analysis of the evidence suggests the following:

#### Crisis accommodation

- Oasis has, over the last seven years, and particularly in the context of COVID-19, been responsive to the needs of local people who are homeless or at risk of homelessness
- The “person centred” approach, which is a stated Oasis’ priority, has been developed by active participation in a range of prototypes, and programmes which have tested out how to deliver person-centred services
- These have also been developed through building or supporting local partnerships with complementary service providers, and in conjunction with the relevant local authorities
- In response to COVID-19, rapid and effective changes were made to services to address the special needs of Oasis and partner clients, and significant staff and management effort went into ensuring this work was effective
- Many of these initiatives have been subject to external evaluation, which has been positive about the Oasis contribution and performance

In considering the Crisis services, amongst the main issues arising for Oasis to consider are:

- Better pre-planning of new initiatives, including more input from frontline staff

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- More structured collection of data on outputs, progress in the client journey, and outcomes
- Development of the Inform or other data management systems to enable continuous monitoring and reporting on cases, key indicators, and patterns of information to understand “what works for whom”
- Structured and adequate procedural guidance to define and embed the “Oasis” ethos and good practice
- Clearer explanation and operationalisation of core but complex objectives, goals, and values including “always another chance”
- A revised and better suite of key performance indicators, output indicators, and ways to capture stages of progress in client journeys to their goals
- Applying most of the above points to the scoping and implementation planning of the proposed expansion into two new cities alongside Oasis Trust community hubs
- Ensuring that existing staff are valued and given the opportunity to have career development thorough this expansion
- Seeking ways to add more financial stability in the course of this growth

### Support Services

- Some of the support services for young women have been in place for over 20 years, and have a good local reputation for meeting local needs effectively
- These services have been expanded progressively, in partnership with Gateshead Council, and also in the London Borough of Southwark where OCH won a local competitive tender bid
- The development and delivery of the employment services takes place as part of a wider consortium of providers, under contract. The independent evaluation reports of the effectiveness of the consortium delivering the employment services show positive results, although it is difficult to identify the specific contribution of Oasis
- The domestic abuse services are available to any clients in the Gateshead area, and are contracted by the Northumbria Police Commissioner
- The evaluation of the domestic abuse services shows positive outcomes in relation to the indicators mandated under the contract, and the service is now under pressure from post-COVID demands
- Aspire and Empower are actively made available to Oasis clients in all parts of the organisation, in addition to the wider client groups targeted. This is in line with the original intention in developing the services

Amongst the main issues arising for Oasis to consider, one is the option to review how Empower and Aspire fit into the business in order to maximise their ability to assist homeless and vulnerable clients already being assisted by Oasis. This can be done in the light of new and detailed wider sector work on how best to address domestic abuse which was developed during the pandemic

### Response to the pandemic

“Everyone in” was very successful throughout England in shielding rough sleepers and other homeless people during COVID-19. Medical and other evidence shows that this resulted in hundreds of lives being saved because housing and support staff “went the extra mile” across the country, as highlighted in a range of comprehensive reports we reviewed. Comparing Oasis to the England-wide assessment of outcomes, many of the successful steps taken by other similar agencies were also taken by Oasis. These included:

- Effective partnership working with the local authority
- Giving autonomy to local staff
- Providing food and good quality self-contained housing, which was essential to encourage people in, and subsequently engage with services

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Successful mobilisation was usually related to the quality of pre-existing services. It was also the case that many staff were faced with fatigue and stress, so action taken to address this was essential. Programmes and approaches which develop models of person-centred work across partnerships should be expanded for a wider roll out.

Other issues raised in the reports and elsewhere which we suggest Oasis focus on for the future are:

- Celebrating, reflecting on, and documenting the very effective actions taken in response to COVID-19, to create a bank of good practice in rapid reaction to pandemic type events, showing how things were done
- Exploring some of the health-related good practice which emerged during COVID, which could provide an additional dimension to critical problems which clients face
- Refining the current Oasis model of Housing First, particularly in relation to whether it specifically targets entrenched rough sleepers with high needs where previous interventions have failed
- Initiating discussion with Bristol and Birmingham on how they managed COVID in the light of the landscape of their housing need and local partners. Examples of good practices in these cities figured in the various reports we reviewed
- In both the COVID-19 context and the growth context, making better use of existing guidance checklists and examples when preparing new procedures and contingency plans for possible further pandemics

### Wider post pandemic options

Additional measures include: a wider process of horizon scanning and risk management of pandemic-type risks; and specific options around monitoring protected characteristics such as ethnicity and religion to demonstrate that Oasis is delivering on its clearly stated commitments to equal treatment.

### Conclusions

Oasis is doing excellent work with a wide range of clients who are vulnerable, difficult to help and who require the type of patient and focused work which Oasis has made a central element of its services.

They have the opportunity to bring these services to other local communities alongside the existing network of Oasis partner organisations. In planning this, there are a range of ways in which they could strengthen existing systems, reduce risk, and simplify structures to facilitate spreading their approach and services to other cities.

## 1. Overview of Oasis Community Housing

### Research brief and approach

Oasis Community Housing (hereafter “Oasis”) wanted to better understand how their services have changed due to the COVID-19 pandemic, in relation principally to the services delivered in Gateshead, Sunderland, and the North East. To do this, Oasis asked LSE Housing and Communities to:

- Review Oasis’s response to the COVID-19 pandemic since the beginning of 2020 to the appointment date in 2021, and find out how their response compares with other comparable organisations
- Identify key options Oasis needs to consider to optimise service delivery in the future i.e. post-COVID, and in the likelihood of a “pandemic vulnerable operational environment”

In preparing this report, we have interviewed 23 staff and 11 external stakeholders or commissioners, reviewed a full range of output and outcome data provided by Oasis, data extracted from their Inform management database including examples of case notes and records, outcome and performance reports provided to commissioners of contracted services, reviewed Oasis annual reports, other external reports published by Oasis including annual reports and reports to donors and funders, internal management and strategic documentation including strategic plans and training records, and a range of external independent evaluation reports. All interviews were transcribed (mainly from Zoom recordings) and analysed thematically. We have been asked to focus on the services in the North East (Gateshead, Sunderland and South Tyneside).

In considering the key research questions we have taken account of the main division of Oasis services into: one group which mainly deals directly with a wide range of homeless or rough sleeping clients (which Oasis calls its “Crisis” services); a second group of more specialist supported housing or support services, including specialist accommodation for vulnerable women or women and their young children; and non-housing based services to assist people into employment and to address issues around Domestic Abuse. For each of these groups we have considered:

- Overview and pre-pandemic activity
- Response to the pandemic
- Comparison to other agencies
- Summary analysis and options for the post-pandemic future

In considering options for the future, Oasis has explicitly asked for consideration of post-pandemic issues. Over and above learning lessons from work during the pandemic, Oasis is actively planning (as set out in its latest three-year strategy 2021-24)<sup>1</sup> to expand from two English regions (NE and London) to cities in the West Midlands (Birmingham) and the South West (Bristol). This strategy is enabled by closer partnerships with existing Community Hubs run by the wider group to which Oasis belongs, called Oasis Community Trust (hereinafter “Oasis Trust”). This group includes Oasis Community Learning which currently runs 52 Academies across England; Oasis Community Partnerships which currently runs 18 community hubs providing a range of services including youth and family work, advice services, adult education, and crisis support such as food banks; and possibly a new emerging Oasis Community Health and Justice organisation. The Trust also has a wider linked but independent network of international projects. The immediate plans are to embed Oasis Community Housing services into hubs in Birmingham and Bristol.

The overall approach in this report is to view Oasis Community Housing as moving from a small to medium sub-regional organisation to a much larger multi-regional organisation. In the last ten or so years, Oasis has moved from being a very small organisation to consolidate its services to the point

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<sup>1</sup> Available at [ref]

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where it now has a significant presence in one part of the North East, providing a wide range of homelessness related services. It also has one additional property and a new specialist support contract in LB Southwark. The planned next stage of development is what it terms “audacious” growth to two new regions, providing significant risks and opportunities. Our analysis of options for the future are therefore considered in the light of Oasis expecting to become a much larger organisation, and no longer simply a small sub-regional player. In doing this, we will, where appropriate, make reference to the strategic priorities listed in the Oasis 2021-24 Strategy document, and expand on specific options under some of those headings.

### Origins of Oasis Community Housing

Oasis Community Housing is an organisation providing services for vulnerable people and families who are homeless or at risk of homelessness. Its origins lie in initial homelessness projects started in Gateshead and London over 30 years ago (some of which are still operating), and which became the organisation Aquila Way, which owned its own property. In 2014 Aquila Way became part of the Oasis Charitable Trust (Oasis Trust), changing its name to “Oasis Aquila Housing” when the merger occurred, and then subsequently renamed itself “Oasis Community Housing”. Oasis and Oasis Trust present themselves as being motivated by Christian beliefs and values, but also committed to providing services to all who need them irrespective of the person’s faith, disabilities, class, economic means, ethnicity, gender, or sexual orientation.

### Housing Stock

The full Oasis housing portfolio is:

Figure 1: Oasis property portfolio

<b>Total properties</b>	<b>85</b>
<b>Total residents</b>	<b>158 (plus babies/children)</b>
<b>Total properties <u>owned by Oasis</u></b>	<b>29</b>
<b>Total properties owned by local Housing Associations (including Gentoo and Hyde Housing)</b>	<b>47</b>
<b>Total properties leased from other sources (private landlords etc)</b>	<b>9</b>

The properties owned by Oasis include three HMOs – Naomi Project with eight residents, Elizabeth House with nine residents (both in Gateshead), and No.3 (in London SE15) which provides accommodation and support for 16 young women aged 16 to 25 who are facing homelessness. There are also four self-contained properties, the Naomi Project Flats, which are for young women. Nineteen of the other Oasis properties are part of the legacy Aquilla merger, and are street properties in the postcodes NE3, NE4 (Newcastle), NE8, NE10, NE11 (Gateshead) and NE28 (Wallsend). These properties in the “Social Lettings Agency” are mainly used for general needs tenants, not supported tenants, and let at affordable rent levels to applicants through a local waiting list. As existing tenants leave, use of these properties is now being changed, to be used in the crisis and support services. There are four additional units of supported housing for vulnerable young women, the Karis properties, but these are owned by Gateshead Council (formerly “The Gateshead Housing Company” until Gateshead Council took back control of its stock in April 2021).

Looking forward to the planned expansion to other regions alongside Oasis Trust, there is an active debate about how exactly the housing stock might be expanded in the new areas. There are opportunities to build and let housing within planned redevelopments in the community hub areas. This housing might include general needs housing for affordable letting focused on needs in the Hub area, or more specialist supported housing for clients at risk of homelessness and in need of housing related support within a larger catchment area – or a mix of both depending on the needs of each new area. No firm decisions have yet been made about this.

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### Services

In terms of **services**, Oasis is neither registered as a Registered Provider (housing association) nor as a care provider under the Care Act. It has a focus on four main areas which are considered to be important aspects of the causes or consequences of homelessness or risk of homelessness. These are:

- *“Crisis” support and housing.* These services include Basis Day Centre advice and support provision (drop-in services), an all-night “sit up” service for rough sleepers (which closed during COVID), street rescue services in Gateshead and South Tyneside, and a range of “Housing First” type and other emergency or medium-term accommodation (*“Basis Beds”*). Tenants or licensees in Housing First properties are provided with housing related support, which gives residents practical skills around successfully maintaining an independent tenancy. During the pandemic Oasis also played a major role by providing housing support and resettlement services to support the full range of “Everyone In” activity in Gateshead and Sunderland, and subsequent move-on activities.
- *Supported accommodation (grouped under the Oasis services category of “Home”).* This category primarily covers a range of specific services in the Elizabeth House, Naomi, Naomi Flats, Karis, and No.3 properties. Since 2019, the support provided at No.3 expanded beyond that single service, as Oasis won a larger supported accommodation contract in the London Borough of Southwark. This provides specialist supported accommodation to young women and men at risk, including care leavers or looked after children, as well as specific support for 10 mothers and their babies. These services are delivered in No.3 as well as in nine additional properties across Southwark. Oasis has recently (June 2021) closed an accredited Foyer service, which over the last 21 years provided supported accommodation to young people aged 16-25 experiencing homelessness in the London Borough of Croydon. This was closed as the owner of the property, Clarion, ended the lease and Croydon was unable to guarantee a continuing new contract in another property due to its own budget priorities. The Naomi, No.3 and Elizabeth House HMO units provide 24-hour on-site services, closely linked to complementary Social Services (for Elizabeth House) and other statutory support provision. The Naomi Project also includes four linked semi-independent self-contained units (Naomi Flats), in addition to the core Naomi HMO provision for eight women and their children.
- *Domestic Abuse support (“Empower”)* This provides a ten-week programme developed to break the cycle of abusive relationships for female victims of Domestic Abuse with low to medium risk in the Gateshead area. In the last year, 88 women have been engaged. There is also an emerging element of provision of emergency accommodation for victims of domestic abuse linked to the “Crisis” function, although this does not constitute a “Domestic Abuse Refuge” type service.
- *Employability support (“Aspire”)* This is a range of employment focused programmes to support vulnerable people at risk of homelessness to engage with the job market, including training. Over 160 people have engaged to date.

Although substance misuse, and mental health issues are also aspects of risk of homelessness, the organisation explicitly does not provide services in these areas but relies on links to partner agencies.

### Client focus

In terms of **client focus**, three groups predominate:

- Younger vulnerable women including care leavers, mothers with young children (under-5s), and other particularly vulnerable young people (including some young men) at risk of homelessness

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and in need of housing related support. In these cases, there are contracts with the relevant local authority to provide this support. Oasis often accepts and supports clients who have been rejected, or evicted from other services, and has significant experience and expertise in supporting those with high levels of need, including statutory reporting requirements for under-18 young adults and for children.

- Any homeless person, or person threatened with homelessness is targeted by the Crisis services. Access to *Basis* day centres is open to all. Some are supported to claim priority need status with the Council Housing Options Service, or signposted on to Citizens Advice or other support agencies. Clients include some who have been previously supported by statutory services but have failed to comply with conditions for engagement. In addition, it appears other people with less housing need also choose to use the day centres to take showers, use the washing machine, drink tea, or make social contacts – although staff are alert to, and try to prevent, drugs related contacts.
- In terms of access to accommodation, “Housing First” referrals are taken from local authorities, probation, prison, charities, and day centres. Other *Basis* day centre clients may be referred internally, as can people not in “priority need” but who are referred from the Housing Options Service as part of their more general housing prevention duties.
- Access to the Empower and Aspire support services is from a wider pool of local people in line with the requirements of the Commissioners of these services, and not necessarily in housing need, although Oasis seeks to engage clients using its crisis services in these programmes as well.

### Approach to service provision

Oasis provides services which are described by staff and in Oasis literature as being informed by two key principles, which are explored in more detail below:

- **Taking a “person centred” approach:** What this means, and how it has been developed in various innovative projects, including during COVID, is explored below.
- **“There is always scope to offer another chance”:** This is also explored below and can be seen in relation to taking clients who have had difficulty sustaining engagement in other non-Oasis services.

### Structure and funding

Oasis is organised at five levels (CEO, Senior Management Team, heads of services, project team leaders, and project workers) under a Management Board. At the last financial year end (August 2020) the average monthly number of staff was 93. During that year, income was £4,088,984, and expenditure was £3,737,739, leaving a surplus of £351,245.

In relation to the active process of charitable fundraising, Oasis has a “Business Development Unit” which has targets to raise both unrestricted (for any purpose) and restricted funds from a range of individual supporters and larger charitable donors, including the Vardy Foundation, and Mercers Company.

In relation to these donors and charitable funders, Oasis’s Business Development Team provides regular updates to its supporters which include details of its programmes and successful cases. Staff note that there is a balance to be found between relating successes, and not providing material which is too distressing for their audience. They provide mainly case study material, depicting successful outcomes for individuals in need, or in the case of major donors, some general figures on the numbers of people being helped and related case studies. There is often little systematic formal programme assessment data in this literature, although this varies between the type of donor. The Business Development Team is currently procuring a Customer Relationship Management system to

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assist with building good case studies and a better understanding of the key areas of good performance by Oasis.

### Staff training, development, and accreditation

#### Activities to date

There has been a major investment in staff training in recent years, partly paid for by charitable donations, including around £30k for this purpose.

*Table 1: Number and type of training courses provided to staff between January 2018 and May 2021*

General Area of training	Number of courses	Main (selected) course titles
Induction	95	Equality and diversity, GDPR, adult safeguarding, prevent, suicide prevention
Safeguarding	212	Safeguarding adults, safeguarding children, safeguarding young people, conflict and aggression, domestic abuse
Health and Safety	146	Fire safety, health and safety, first aid, mental health first aid
Lone Working	42	Personal safety, lone worker training
IT and Security	27	Courses relating to specific IT programmes, or data security in specific contracts
Management and Professional	171	Equality and diversity, leadership, motivational interviewing, personality disorders, time management, solutions focused training
General	218	Unconscious bias, Mental Capacity Act, motivational interviewing, complex needs, support plans and coaching, emotional resilience, behaviour change
<b>Total</b>	<b>911</b>	

Training is discussed and promoted as part of individual staff reviews, and staff requests and suggestions. The training plans include understanding complex needs, coaching, support plans, diversity, and inclusion, all of which are client focused. They also include courses addressing the needs of staff such as personal safety, time management, lone working, and emotional resilience.

There is an increasing focus on accredited training for staff by relevant professional bodies, and staff certification by accredited training providers. This includes:

- Safeguarding adults and children
- First Aid, Emergency First Aid and Paediatric First Aid
- Mental Health First Aid
- DASH RICS (Domestic Violence training)
- Food Hygiene Level 2
- IDVA (tackling and preventing domestic abuse)
- CIPD (Chartered Institute of Personnel and Development) Levels 2 and 5
- Institute of Fundraising Certificate
- MECC (Making Every Contact Count)
- PIE (Psychologically Informed Environments)

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### The need to improve training and procedures

In the 2021-24 strategy document, it appears a more structured approach may be being taken to address the questions of staff competencies, training, and accreditation. This commits the organisation to:

- *Undertake a Job Evaluation of all roles and a comprehensive review of how we can improve the Terms, Conditions and Benefits of all staff*

and also to:

- *Develop staff who are ‘Generalist Specialists’ by investing in staff training, leadership development, succession planning, job swaps, and Work Force Development*

These commitments are certainly appropriate in light of the plans to expand the organisation and operate in new ways and places.

More structured approaches to staff training and development are needed for a number of reasons. Currently, Oasis is a small to medium organisation working in a range of different domains – from specialist support for vulnerable mothers and infants, to focused employment readiness and domestic abuse work, to very general Day Centre provision. In some cases, commissioners or partners have clear requirements about what and how work is to be delivered – particularly in the residential supported housing, Empower, and Aspire services. In others, particularly the Basis centres and accommodation, many of the aspects of service delivery lack clear written guidance on best practice, how outcomes are to be monitored, quality standards, and skills requirements. This will be explored below in more detail. This approach to working partly reflects the fact that Oasis currently has small local teams, which aims to recruit people with previous relevant experience and who share a commitment to the person-centred and “always another chance” approach. It also actively develops experimental approaches to improving person-centred working methods.

In moving to become a larger organisation, with dispersed teams of frontline staff in different areas of the country and different contexts, there are major risks to not having a more structured approach to clearly specifying the roles and responsibilities of each job, the ways the work is to be undertaken including the steps in the “journey” of clients being assisted, the standards to be met, and clear milestones, outputs and outcomes being delivered. Such specifications also enable some of the more experimental work on “person-centred services” set out below (like the Gateshead Prototype work) to be rolled out in a more consistent way. This does not mean that there is a particular problem at present, given the stage of development of the organisation, but for the future it is a serious risk if not addressed. Any working practice that is developed which delivers better services for clients in a more integrated “person-centred” way needs to be documented, made the subject of specific training, and appropriately monitored.

The expression “generalist specialists” quoted above from the Strategy document is, at least at first reading, clearly an oxymoron. It presumably refers to the idea that a client with multiple needs should have one key worker, responsible for ensuring that any necessary services are brought to the client, not dealt with by “signposting” the client on to specialists in a range of various disciplines – a principle outlined in the “Gateshead prototype” work. Perhaps this expression in the Strategy was meant as a thought-provoking stimulus, and in fact it also reinforces the need to have clearly documented specifications of how such an operational model for this type of post might be rolled out across the country, and the specific training, job grade required, and level of responsibility involved.

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### Staff views on procedures and change

Staff interviews reinforce aspects of the points being made here. Many staff<sup>2</sup> at some point mentioned the commitment of the organisation and its staff to having a compassionate attitude to the clients they are working with.

Some were very positive:

- *Some of us think it's a privilege to work here. It's so much better than working for [X]*
- *What is good is that it is an organisation focused on helping people, not chasing contracts to make money. Our work makes a difference, and does not just line someone's pocket*
- *Cut most of the staff open, and they will bleed compassion.*

Several mentioned the close working amongst and between teams:

- *Every week we have a catch up to check how everyone is doing in the team; each fortnight we go through the cases one by one and talk about how the people are doing. We then regularly update [the manager of the teams].*
- *We are here for each other, and often help out other teams.*

Several people mentioned the aim of the organisation to bring the different elements of specialism and expertise to all of Oasis' clients – for example around domestic abuse:

- *We now have very positive links to Empower and Aspire for our residents*

Many held positive views on the supportive management provided to the front-line teams:

- *Most managers are supportive, positive, active in for example providing counselling*

Sometimes the support given needed some changes, at least after its initial trialling:

- *There was a point where some people were exhausted, undervalued, ready to quit, and not getting psychological counselling, but this has now been made regular and compulsory for some teams*
- *It's good to have counselling, but some of the people who deliver it are mental*

Where there was most consensus, and most criticism, was around structured internal procedures and the development of new services in the organisation (the issues dealt with above). Here the comments were nuanced but clear. The intentions of the Oasis middle and senior managers was not in question, and they were seen as approachable, keen to listen, and motivated by a desire to provide good services. Nevertheless, there was a set of common themes expressed by many people:

- *They chop and change things too much. Often survey the staff, but often don't act on this*
- *Often the strategy is just growth. They need to involve staff earlier. We need a period to prepare, iron out problems in advance, before services are introduced*

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<sup>2</sup> In this document it is important to ensure we protect the anonymity of staff so in contrast to other studies where we might put numbers of people expressing specific view, we will here just say “**some**” where at least one but no more than three people expressed a view, “**several**” where four or more did, and **many** where a majority of those commenting on an issue shared a similar view. We also would remark that some views expressed were not by people working directly in the part of the organisation about which comments were made, so no conclusions about the people making remarks can be drawn from the topic of the comment.

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- *There's a lack of clear systems to get client to their goals. And we need proper plans to get from an idea to implementation*
- *They just create management posts with unrealistic job descriptions and workloads. We need more infrastructure and less managers*
- *We sometimes just get projects dropped on us, and no guidance.*

Awareness of these types of issues might be inferred from the commitments in the Strategy discussed above, but this range of comments from staff suggest a widely shared wish for more involvement and structured written guidance and support on planning, managing, and effectively delivering work, particularly in new project areas.

### External corporate recognition

In relation to other non-statutory recognition of its work, Oasis has achieved:

- *Best Companies 2019 awards – deemed “Outstanding”.*
- *Sunday Times Best Companies list 2019 27<sup>th</sup> of top 30 UK charities, and 17<sup>th</sup> of the top 30 North East companies.*
- *Living Wage Employer registered with the Living Wage Foundation 2021*
- *Registered with the Fundraising Regulator*
- *Member of Homeless Link (and CEO is board member off Homeless Link)*
- *Member of Housing Justice*

They are also working towards Leading Lights Accreditation and are assessing the benefits of the ISO 9001 quality mark. The Oasis Board Chair is a board member of Home Group (a Newcastle based leading national Housing Association (Registered Provider)). The CEO is a board member of the national charity Homeless Link.

### Governance at Board level

Oasis Annual reports set out the comprehensive arrangements for board governance, strategic oversight and the management of risk, which will not be addressed here.

One of the draft 2021-24 Strategy proposals is

*“Enhance membership of the Board of Trustees, growing membership to be more representative of the communities we serve and to broaden the range of skills, capacity and connectivity on the Board”.*

This appears a very appropriate commitment. While the current board has members with a range of skills, conversations during the research indicate that the recruitment of new members with more direct professional and lived experience of homelessness, addressing poverty and deprivation, and management of third sector agencies has been difficult to achieve. This would assist the Board in more quickly and effectively identifying and scrutinising risks and opportunities for Oasis.

## 2. “Crisis” services pre-pandemic

This section deals with the “crisis” type services which provide housing and support to people who are homeless or at risk of homelessness. It looks at the main pre-COVID provision, including services provided in partnership with other local agencies. It also reviews available data on outcomes and performance in these services, as well as comments from wider stakeholders. It concludes with an overview analysis of the services.

Some of the original services now delivered by Oasis started over 30 years ago, but over the past seven years Oasis has seen many changes: of name, of structure, of most of its senior management team, of direction in its strategic plans, and increased working in local partnerships. A key aspect of some of these partnerships is the development and testing of innovative ways to deliver person centred approaches to people with multiple and complex needs. This started before COVID, and in part would seem to have prepared the organisation for dealing quickly with the major social challenges of COVID.

### Oasis core services

#### Basis (day) centres

The “Basis” day centres have formed part of Oasis services for many years, providing a developing range of services from day centres, initially in Gateshead then also in Sunderland. These centres offered hot drinks, showers, washing machines, general advice and support, and a welcoming place to shelter and meet others. Basis is aimed at people who were homeless or threatened with homelessness, and has strict rules to deter drug transactions and violence. Over time, various specialist services like mental health support have been invited to have a regular presence, with varying degrees of success. Referrals on to other Oasis and statutory or non-statutory services are made (such as the Housing Options team or CAB), although the extent of focused casework has, until recently, been limited.

Key performance indicators (KPIs) for the day centres were, pre-pandemic, limited to numbers of showers taken, hot drinks consumed, and people accessing the service. The overall homelessness situation was that about 20% of clients were rough sleepers or had slept rough in the past month, 40% were sofa surfers, and 40% were vulnerable and in temporary hostel or short term accommodation. Originally (pre-pandemic) records were kept locally to record general data about visitors, which would include information on a local spreadsheet about issues such as whether the person was rough sleeping, or at risk of homelessness, short demographics, nature of the visit or request, services offered and used including referrals to other agencies like DWP, GP, CAB, Your Voice Counts (a disability charity) and food banks. These detailed spreadsheets showing pre-pandemic activity were apparently no longer available when we requested them. The main Inform data management system used by Oasis was intended to record this type of information more systematically, but this data appears not to exist, or at least it was not able to be made available to us.

An overview from the last two annual reports provides a high-level summary:

<b>Basis</b>	<b>2018-19</b>	<b>2019-20</b>
Drop ins	9,457	4,709
Homeless preventions	333	310

Previous analysis by Gateshead Council of the contribution of Basis during 2017-18 offered more information about the types of services delivered in Gateshead that year:

- 751 people accessed Basis@336 during 2017-2018
- 32 people were accommodated through Housing First Basis Beds Emergency

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accommodation

- 83 Afternoon sessions were delivered engaging with 37 Individuals
- The Basis Project workers directly assisted their Clients to claim a total of £449,358.20 via housing benefit, DWP benefits and charitable grants during 2017-2018
- Oasis Aquila Help to Rent Scheme housed 39 people during 2016-2017

Partners from Gateshead and Sunderland Councils were interviewed during the research, and from other third sector agencies. They noted that the day centres were seen as very valuable contact points for homeless people in those boroughs, providing both day to day practical support and good signposting advice. Oasis was seen as one of the few providers of this type of service in the boroughs, and was able to deliver consistent and positive general outcomes as a day centre:

*Basis was an excellent resource and patients can be signposted from there for support with applications for housing & benefits. There were facilities to make snacks and hot drinks and there was a friendly team to offer support and advice to those that attend. (Local authority view)*

Comments from some staff involved in these projects indicates how the service provided differs from other agencies including the local authorities:

*Before COVID anyone could come in, and we made them feel welcome and that we had time for them. Giving them tea, a bit of food, letting them do their washing, and listening to them helps diffuse anger, unlike what we heard happened with other agencies*

That said, in planning post-COVID services some other staff indicated lessons being learned (explored later):

*Previously Basis was very busy, but it was sometimes hard to see how we were actually helping.*

*At other times it was clearer, and we heard of one example where a very vulnerable rough sleeper had started to come regularly to one of the Basis centres but could not be persuaded to engage with other services. Gradually he was persuaded to go to a night shelter, but then disappeared. Some of the local staff left messages for him, including where he had been sighted a few times sleeping under an arch. Several visits to try to find him eventually resulted in him being found, having more trust in the team, and engaging more fully. But it is not known what happened after that.*

Street outreach teams are also provided by Oasis and are now part of the Resettlement sections set up during the pandemic. They provide response to reports of people found rough sleeping, regular early morning checks on known rough sleeping spots, and a two-monthly count in Gateshead.

### Basis beds

There are in total 40 basis beds (excluding one additional unit used in the Empower programme). Three are owned by Oasis (previously part of the Social Lettings Agency) and the rest owned variously by Gateshead Council Housing Department (previously The Gateshead Housing Company), housing associations (principally Gentoo), or private landlords. 16 beds are funded through the MHCLG Rough Sleeping Initiative funding programmes. Access is from a variety of routes. South Tyneside have direct nomination rights to three beds; Sunderland have access to seven and send people for Oasis to consider housing (so not mandatory nominations); Gateshead similarly suggests people from its Housing Options list. Further candidates are suggested by prisons, probation service, Basis centres, GP link workers, or hospitals. There is a running list of referrals within the last three months, for immediate action when a void arises. Voids often require extensive work due to damage by previous tenants. Lettings are always to adults without children. There is no specialist provision

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for people with disabilities. Tenants are granted tenancies or licences depending on the requirements of the landlord agency.

All units are provided with housing related support. The extent of a potential resident's needs is assessed, and the capacity of Basis beds to meet those needs, prior to an offer being made. Around a quarter of residents are women, often women escaping domestic abuse. Move in support is always provided on arrival, addressing needs, setting up home, using the facilities, local shopping, utilities and other essentials to make the house comfortable. Subsequently support plans are discussed based on the original needs assessment and further exploration of the issues which the resident wants to work on. Not everyone has a formal support plan. The ultimate goal of Basis beds is to help move the person into sustainable independent living, and work is done to build their skills and aspirations to do so, but "in a flexible manner". Each person has one support worker who will also engage with other agencies to work with them as needed.

These properties are spread around the area and there was not much contact amongst the residents across the group, although in the past there have been some social/fun events organised open to them all, to "show them a bit more of the world than they might normally experience". One took place at a local karting centre, closed for the period of the visit and fully risk assessed, and went very well, including improving relations between residents and their support workers.

There are some "Housing First" units, although they do not fully follow the Housing First model. These residents are on licences and not granted tenancies, and there are clear elements of conditionality to continuing with the licence. On the other hand, they are used to grant immediate accommodation to some identified high needs people, without requirements to have already addressed some of their underlying needs.

Overall capacity of Basis beds units has increased from 22 in 2018 to its current level of 41 (including the Empower unit) across the three main local authority areas (but mainly in Gateshead).

In terms of outcomes the position is unclear. Annual report figures set out:

<b>Basis Beds</b>	<b>2018-19</b>	<b>2019-20</b>
Supported residents	43	54
Moved on to long term or more appropriate housing	15	N/A

Various other figures on outcomes are used in other reports to funders, but there appear to be no available figures on the main Inform data collection system, nor any available reconciliation of the different figures used in different reports, despite our requests for additional information and clarification. The balance between active case monitoring and summary analysis of actions, milestones, and outcomes for clients on the Inform data management system is discussed in more detail below.

### Somewhere Safe to Stay Hub

In 2019, pre-COVID Oasis initiated a new project, commissioned and funded by the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleepers Initiative, to extend the Basis type service model to provide all-night services. Called the "Somewhere Safe to Stay" Hub (SSTS) this service worked with a maximum number of eight people at any one time, and was open from 9pm till 9am every night of the week. It offered support on issues such as mental health and substance misuse to rough sleepers and those at risk of sleeping rough. It provided shelter in the short term as clients' needs were assessed and an appropriate move on option was obtained. Like in the Basis day centre, showers, toilets, and laundry facilities were available, as well as hot drinks, toast and cereals.

In terms of eligibility, this was stated to be:

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- Are aged 18 and over
- Have recourse to public funds – with the exception of those who have a connection pending
- Are not presently engaged with any other commissioned housing related support service
- Are prison leavers and have a history of rough sleeping within the last 12 months, and verified by Oasis
- Are hospital leavers and have a history of rough sleeping within the last 12 months, and verified by Oasis
- Rough sleeping and verified by Oasis
- Are willing to engage with support from the service

No local area connection was required, and placement in the Hub was intended to be a last resort when all other housing options had been exhausted.

Overview case monitoring and management was principally done by case management meeting every two weeks where progress for each person was reviewed, and complemented by the regular weekly team meetings. These records were kept locally. More formal risk assessment ratings were reviewed monthly and updated on the Inform data system. Regular returns were made to MHCLG on outcomes.

The Somewhere Safe to Stay service had to close with the COVID lockdown, at which point it had provided 753 nights of accommodation to the 84 individuals who have accessed the hub since opening in 2019. In terms of outcomes, the wide range of mainly positive move on outcomes are detailed below:

Figure 2: Somewhere Safe To Stay outcomes

Supported Accommodation	18
Private Hostel	6
Basis Beds	12
Temporary accommodation – Local Authority	12
Private Rented Sector	4
Reconnection	6
Return to Family	4
Approved premises	1
Housing company tenancy	4
Rehab	1
Asked to leave hub due to behaviour	3
Unknown – disengaged from efforts to re-house	10
Still in service	3

### Staff views

Interviews with staff showed high levels of commitment to delivering good outcomes for clients, and a belief in the values of flexibility, persistence, and person-focused solutions. This was evident at all levels of the organisation, from senior management to frontline project team staff.

- *There's a good working culture – people are supportive to each other, and we all do good work*

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- *Oasis is good to work for as we can be flexible and take the initiative to solve problems. For example, at one point we negotiated how to get rough sleepers bank accounts in a week, with a major bank*
- *I worked very closely with [X – staff member] and [Y] team to help one client engage. Eventually he began to realise what he needed from us and engaged*
- *At times I might see a client three times a week if they need this support*
- *The team have worked out how best to help clients with a three step approach: first sort out basic needs; then engage with other services; then focus on preparing for move-on*
- *It's been good to have training in solution focused therapy. Sometimes we get them to think of small steps they would like to take, by drawing pictures with paper and pens, which can be fun*
- *We can now call on the other services – Empower, Aspire, debt management advice, and others. This is very helpful*

Staff were also asked about case management and monitoring. Here the balance between active case monitoring and summary analysis of actions, milestones, and outcomes for clients on the Inform system was mentioned by several people:

- *We're not amazing at recording and reporting. It's mainly qualitative and fluid*
- *Mainly we go regularly through the current cases as a team every two weeks and talk about progress. We put risk assessments on the Inform data system every month though*
- *We are supposed to use Inform but actually we use the regular team meetings to work out how people are doing one by one*

There are also some tensions between support and housing management teams about the balance of enforcement of resident debt or taking responsibility for damage

- *Support plans need to include financial responsibility more prominently. People need to understand that when they move on, they have to pay their way or will not keep their home*
- *I understand that people are vulnerable and have problems. But it doesn't help to allow them to create havoc for their neighbours or trash the flat then not take responsibility*
- *...but some people can get cuckooed [their flat is occupied by others] and we need to quickly address this*

### Stakeholder and partner views

We have already mentioned the comments from Gateshead and Sunderland about the contribution of those Basis services to their provision. Given the small range of partners interviewed we do not indicate job roles or organisations next to the quotes below. Overall, the interviews indicated that Oasis has been a full partner in contributing to actively addressing homelessness in these two boroughs for some years.

- *We've known Oasis – and [X] - for years. They really help with practicalities like showers, and can also supply Basis beds.*
- *Oasis regularly attend meetings and play an active part in coordinating partnerships locally. They try to fit in with our strategy for homeless groups with multiple needs*

Partners often highlighted the importance of the long-term person-centred approach Oasis use:

- *Their idea of the empowered keyworker is very good.*
- *Oasis helps clients re-engage with services as they often have known them for a long time. It's better to continue to engage than to worry about having good numbers to report.*
- *Oasis is not money oriented. They listen to what people need and keep responding even if things fail.*

There was also an awareness that Oasis was growing and developing:

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- *Oasis is always open to conversations. Domestic abuse work is very good and make positive referrals to other agencies. We would like to be part of the new model [post-COVID] of Basis hub*
- *They provide good training for staff.*

There were also some criticisms:

- *Some staff are very proactive (but not all!)*
- *They can be late to provide the figures we need for meetings*

Overall assessments were positive:

- *I take my hat off to them for the good work they do*
- *We rate their work very highly*

### Wider services delivered in partnerships

In this section we consider the wider range of Crisis services delivered in partnership with other agencies and commissioners

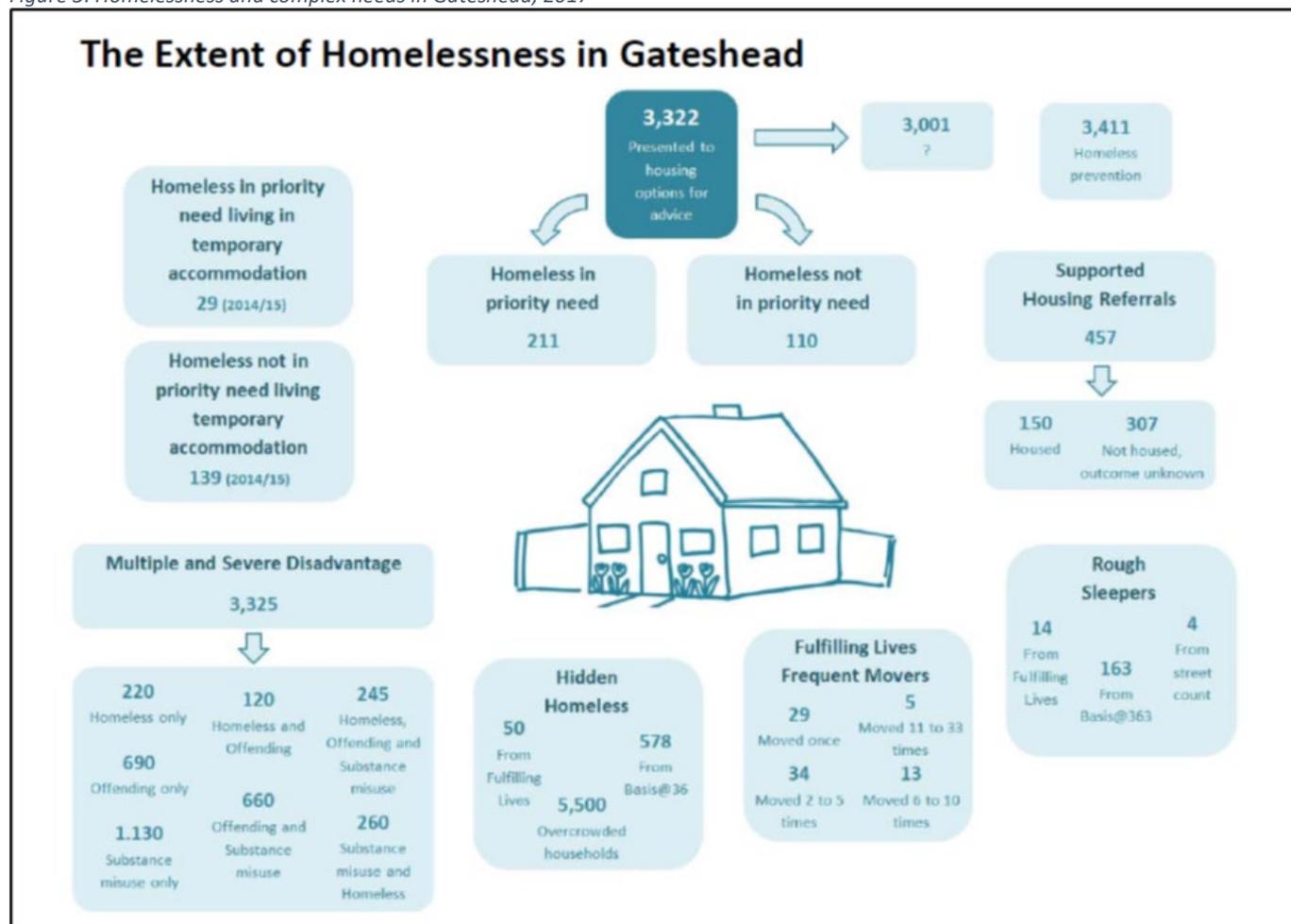
#### Gateshead's Health Needs Assessment and Prototypes

Gateshead Council instigated 2017 Health Needs Assessment on "Gateshead homelessness and multiple and complex needs"<sup>3</sup>. This produced a snapshot of the relationships between homelessness and needs, set out below:

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<sup>3</sup> Harland, J., (2017) *Gateshead Homelessness and multiple and complex needs* Gateshead Council, Gateshead.

Figure 3: Homelessness and complex needs in Gateshead, 2017



Source: Harland 2017

Recommendations from this health needs assessment included the need for:

- a joined-up system, commissioning and delivering coordinated, preventative services which are designed to understand and respond to the whole person and are able to work effectively with multiplicity of need
- an evidence base for what works, and to develop a local model for working with homeless adults with multiple and complex needs. This included learning how to be effective for each individual, understanding root causes, and identifying what help is needed/works
- a shift in performance management from accountability for results towards practice improvement – ‘how do we help people to do the right job well’.

This approach chimes with the Oasis “person centred” approach to service delivery, mentioned as a key Oasis principle above.

Following the 2017 report, Oasis worked closely with Gateshead Council on a “prototype” model to test out some of the recommendations. This prototype adopted a series of specific ways of working:

- decisions on what was important to do would rest with the citizen/client, and not with “experts” deciding what was good to be done to them. The typical “case conference” approach was seen as a circle of professionals telling the individual in the centre what to do, not listening to what that individual wanted to do themselves

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- that one allocated case worker should take forward actions by bringing other service providers to the clients, not asking the citizen to go from one expert to another and re-tell their story
- that decisions about provision and actions should be made by the frontline worker, not by referral up the line.

Anything that the citizen wanted to do was the driver of action, but with two overarching rules:

- do no harm
- keep within the law

The approach was tested with a small cohort of individuals. An external report<sup>4</sup> explored and evaluated the project, focusing on qualitative outcomes rather than underlying quantitative data. This looked at individuals showing:

*“signals such as non-payment of council tax as an opportunity to provide support, instead of a penalty [i.e. taking enforcement action], recognising that these are indicators of ‘not coping’. By intervening earlier to prevent the escalation of crisis, the rationale was that eviction could be averted. The evaluation from these initial prototypes showed that by considering individual need, without the constraints of normal service delivery models, the engagement with council support services increased, and people were helped to stay in their homes”*

A Gateshead Council Cabinet Planning Session meeting presentation in January 2019<sup>5</sup> by Mark Smith, Gateshead’s Director of Public Service Reform, reported on initial results and proposed using Oasis’s Gateshead Basis Centre as a focal location from which to take forward lessons being learned. This programme presented its findings that of 34 clients seen, 75% were happier with their lives and thought their prospects had improved. Council Tax arrears were one key trigger (a “signal”) for engagement. One example given to the committee indicated that rather than simply initiating enforcement action for Council Tax arrears against one person, the approach had enabled her to get food from a food bank, engage with her GP, also address other utility debts, engage her neighbours to provide support, get help to clean her flat, and pull in other agencies to address her wider needs. In another case a request for a transfer was discovered to actually be an anxiety about the tenant’s unmanageable and overgrown garden, and the problem was resolved by tidying the garden. This proposal was not taken forward as envisaged due to the pandemic, and Gateshead have not formally commissioned further work as yet. Nevertheless, the approach and lessons being learned has fed into Oasis’s approach to “person centred” services throughout the organisation, which is why it has been important to review this programme here.

### The Fulfilling Lives programme

The Fulfilling Lives Newcastle and Gateshead (FLNG) programme is a similar example of Oasis’s engagement in developing innovative practice for people with multiple needs. This is an eight-year learning programme looking to improve the lives of people with complex needs and build a trauma-informed approach within the services that support them across Newcastle and Gateshead. It is funded by the National Lottery Community Fund and led by the Changing Lives organisation, with partners from Mental Health Concern and Oasis Community Housing. It was set up to run from 2014 to 2022. A part of this was the piloting of a Critical Time Intervention (CTI) model in its frontline work

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<sup>4</sup> Much of the information in this section about the Gateshead Prototype comes from Sharp, J. (2020) *Gateshead Homelessness Prototype: Evaluating a new homelessness service delivery model from the experiences of the workforce* which is a master’s dissertation submitted to the University of Newcastle and kindly made available to us. Julia Sharp is the Gateshead Public Health Programme Lead

<sup>5</sup> *Public Service Reform: Proposition, Progress and Plans* Gateshead Council Cabinet Planning Committee, 19/01/19

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with people experiencing multiple and complex needs (MCN) between June 2018 and March 2020. It was one of the first full-scale pilots of CTI in the UK. CTI is an evidence-based time-limited (nine-month) practice that provides support for people during periods of transition. It aims to develop a person's independence, work towards person-centred goals, and increase their support networks.

In 2018-19 Oasis helped 108 individuals and saw 34 successful completions of Critical Time Interventions (CTI).

As part of the National Lottery funded "Fulfilling Lives" programme (on which more details are below), a peer research "Basis Gateshead Evaluation"<sup>6</sup> document was produced in 2019. This contains detailed information about the services offered, the views of service users, and conclusions about the service with suggestions about future development. It does not contain much quantitative data however. The principal elements of the conclusion were that:

*There is no doubt that the service is living into the five core values outlined above, it is a warm, supportive and welcoming service that is meeting the needs of those it serves, and responsive to the changing needs of people accessing it.*

*Some people referenced key outcomes for them around being supported into accommodation, accessing universal credit and combatting loneliness. Others talked about the social aspect of the service, of strongly valuing the information and advice that they get and the importance of the practical interventions on offer – food, warmth and washing and cleaning facilities. People spoke positively of the staff team, of each other and indicated that if they needed more help or wanted to speak up about something they would like to be different they would do so.*

*The peer researchers noted evidence of co-production and person centred support, and observed both in action over the two days we were present in the service.*

The outcomes above indicate the extent of Oasis's contribution to enabling move on to new accommodation and support to maintain new tenancies for people on the trial programme.

### Help through Crisis Programme (HtC)

This programme was launched in 2015 by the Big Lottery Fund as a £33m scheme to improve the prospects of people living in crisis, or at risk of crisis as a result of hardship. The initiative focused on supporting people to overcome barriers to access the services they need. Across England, 69 partnerships are supported, including through a learning, evaluation and support team which produces training and evaluation materials, case studies, co-production and skills sharing events, and evidence on what works.

In August 2016 a partnership of Oasis, Gateshead Advice Centre (GAC), and Your Voice Counts (YVC) – and supported by Gateshead Foodbank - was allocated funding over five years to deliver a project supporting people in crisis. All the partners are experienced in providing hardship services, are rooted in the community, and focused on supporting people finding it difficult to access support because of a disability, mental health issue, or living in an isolated community. There are overlaps with the approach of the Gateshead Prototype described above in that the HtC partner agencies aim to reduce signposting across agencies and the impact this has on individuals in crisis. The organisations share the evidence, and they offer immediate coordinated support to help people experiencing hardship to better plan for the future, offering a range of shared organisational experience and learning to support and give voice to the aspirations of the person involved.

In 2018-19, Oasis closely supported an average of 19 clients monthly on a range of benefit issues, and during 2019-20 supported around 12 repeat clients per week in addition to new clients. Within

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<sup>6</sup> Fulfilling Lives Peer Research Network (2019) *Basis Gateshead evaluation* Fulfilling Lives, Gateshead

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this client group, the levels of vulnerability vary. In all, by 2019-20 the partnership had engaged with 9,548 people with 1,492 individuals receiving specialist and ongoing support to navigate them beyond a situation of crisis.

COVID-19 impacts on this programme, and wider lessons, are set out in a 2020 evaluation report<sup>7</sup>. The report has some general conclusions, which cover Oasis as part of the partnership group but also have resonance for the Oasis question about learning from the pandemic. In summary these are that:

- *Each partner has to date consistently over performed on indicators and outputs set for the Project, as agreed with National Lottery Community Fund, and all outcomes have for the most part been met.*
- *The Project...is transformative for a number of reasons.*
  - *it provides wrap-around support for people in crisis and redefining how crisis is both viewed and tackled*
  - *other agencies such as Gateshead Council involve and refer to HTC Partners in their decision-making, for help in setting up*
- *...the HTC Project has been continually evolving into an emergency response service for those in crisis, establishing levels of support within networks to help them manage that crisis pandemic.*
- *The members of staff who started with the Project have increased their knowledge and their ability to navigate new clients through the system..... [T]he links created between the Partners have survived the shock of the lockdown, and workers still go the extra mile for their clients.*

The involvement of Oasis in this partnership has assisted in delivering a range of immediate and essential services to vulnerable clients, but also provided learning, new skills, and service delivery insights to the Oasis staff involved. Their contribution is recognised in the evidence set out above. This evidence particularly shows the collaborative approaches within the fairly small Gateshead area as a more general model which has been developed by Oasis.

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<sup>7</sup> Gollan, S. *Help through Crisis Evaluation 2019-2020*

### 3. Summary analysis of Crisis services

The evidence above suggests that Oasis is a valued partner in the areas in the North East where it has traditionally provided homeless services. It is now embedded in partnerships particularly in Gateshead and also Sunderland. It also appears to be the case in these areas that there are not many alternative providers either in place or planning to open similar services, although that could change at any point. Oasis has also shown itself to be open to developing its model of person-centred service delivery, and of working in partnership with other agencies. These points were also evident during the pandemic period, as will be explored in a later section.

In terms of overall contribution to reducing homelessness, the evidence above indicates that Oasis has, during its last two financial years (09/2018-08/2020):

- Assisted 14,166 individuals in its Basis centres, including preventing homelessness for 643 people
- Supported 97 residents in its Basis Beds
- Provided 753 nights of accommodation to the 84 individuals with the Somewhere Safe to Stay service (SSTS)
- Enabled 30 of the SSTS clients to move to supported housing, 18 to move to other temporary housing, and a further 18 to reconnect with their previous homes, or move to other more permanent housing

Oasis has been an active partner in supporting homeless people in three major North East regional partnership projects which have been positively evaluated, and it has provided a range of new and invaluable local services in the North East in reaction to the COVID crisis, as set out later.

These are considerable achievements, and show the growing range of services Oasis is providing, and is capable of providing in the future. Our analysis, however, is that this evidence is mainly based on quantitative assessments and high level counts (such as of people rehoused) which are important and valid approaches to assessing performance, but not sufficient. Better monitoring and management of case level data, and more transparent and documented mapping of processes, are needed.

The context for this report, as has been set out at the start, is moving forward to working in other cities as part of the Oasis Trust group of community hubs. There are also commitments in the 2021-24 Strategic Plan to:

- *Review all systems within the organisation and renew where necessary, in order to support growth and innovation*
- *Refine, standardise and mainstream our Key Performance Indicators*

These are in addition to the “specialist generalist” commitment mentioned above. For the next stage of these “audacious” proposals, some significant changes to the way Oasis manages and monitors its services are set out as options here. The issues raised here will also be explored in relation to the later section on learning the lessons of the pandemic.

#### Effective recording of outputs, progress, and outcomes

At several points in the report above we have indicated that in the Crisis services there is a lack of structured Oasis-wide tracking of baseline data, actions taken, updated information on progress, and final outcomes. This mainly addresses issues for the Crisis services, as the Supported services have different contractual and commissioned information to retain and use – although the benefits of consolidating both crisis and supported actions across a common client database is also noted below.

There is clear evidence that for Crisis services, case management takes place on a regular basis at team level; and that risk assessments are regularly performed. That means that locally cases are

progressed in a timely and effective manner. There is also a clear view that what matters is getting to a good outcome in the end, and the business should not be driven by a set of artificial or arbitrary data targets. We consider targets in more detail below, but the issue here is having the basic information to understand the business itself.

It may be helpful to be clear about this option. It does not mean that Oasis should abandon its people-centred and “no last chance” approach. It does not mean it should become driven by inappropriate targets and numbers. What is being proposed is in addition, not in place of what it currently does. Oasis needs to get better at knowing in more detail what works, who benefits most from what services, and how its work with clients might be made to be more effective. Good data is the starting point. It is already starting to do this, and we are suggesting some further options here.

The approach most organisations take is to maintain full and continuously updated records, and data held and consolidated using a unique client identifier and record covering all services provided to, and outcomes for, that client. These records can then be used to analyse how different actions taken are linked to different outcomes, and in particular track and evidence progress (or not) of clients and types of clients across their different service areas. This helps to answer key questions: what works? For whom? Who actually benefits most from the wide range of support activities which take place across the organisation? Where are there opportunities to provide additional services? How are partners in mental health, CAB, social services responding to requests for engagement? What happens? Are clients getting the full range of Oasis services they might benefit from (such as Empower services or Aspire services being available to Basis bed residents, for example)?

Inform is a widely used package developed by the national homeless advice and training agency Homeless Link, and is already partly in place in Oasis, though not fully used. Inform provides three levels of product, all of which provide dashboard views of key performance and monitoring data. This allows tracking of clients across the agency using it, and the production of bespoke reports.

Oasis might consider specifying that an updated system could deliver more of the available Inform functionality such as:

- Clear dashboards of performance, output and outcome information, available in real time and on demand by managers
- Production of reports on interim progress measures for individual clients such as changes in Outcome Star scores or progress against support plan goals
- A more structured set of outcome measures in relation to the more general Crisis/Basis services, to reflect analysis of issues presented, levels of engagement with the service, actions taken, and clear outcomes
- Tracking of individual clients across the organisation, where they engage with different services, to link actions and outcomes across different areas of Oasis provision
- Easily produced bespoke reports for regular review or on topics of concern
- Easy access for front line staff and managers to input information, and consult records
- Systems of alerts to ensure that outstanding tasks are completed
- The ability to easily download raw data to enable more detailed statistical analysis of which interventions seem more correlated with which client groups or needs categories. This will enable clear learning of how best to improve services to clients as well as areas of weakness. In our original suggested approach to this research, we proposed doing exactly this sort of analysis, but unfortunately the data was not there to do it.

### Structured and adequate procedural guidance

The first section of this report identified concerns that growth and service expansion may in the past few years have taken place without adequate planning, preparation, and in a very short timescale. Some of that was driven by the need to respond to COVID, and nothing could have been done to

address the need for immediate action. But the evidence above suggests this is a more fundamental issue.

The options we suggest here are around the consolidation of processes, ways of working, good practice, and the ethos of Oasis in clear, structured, step by step documents and data recording procedures. Oasis has invested in developing the prototype models, working in partnership with other organisations, and training staff in new and important skills. The simple option being proposed here is to write this all down. This is even more important where Oasis intends to move to new areas, and will look to apply this learning to new situations in cities with different problems which will be tackled by new staff. It is moving from a situation of incrementally absorbing new staff into existing teams in the North East, to rapidly growing its activity in new areas. The clear risk is that unless the Oasis ethos and good practice principles are clearly documented, it will not be possible to replicate the good work done in the North East in these new cities.

That is, if the Oasis approach is different and distinctive from other agencies, this needs to be clearly documented. For the avoidance of doubt, we have seen that there is also a Strategic Objective to “Ensure that there are regular and consistent opportunities for all staff to focus on our Christ-centred Ethos and Habits in the course of their work”. We are not qualified to make any judgements or comments around that strategic objective. Nevertheless, we would suggest specific written guidance on detailed and specific articulation of operational practices and procedures as an option to seriously consider.

Finally in relation to this point, we would highlight the previous point about good data and analysis of “what works”. Procedures and guidance should be written in the light of the best evidence – internally and externally – about what works. A good starting place is what could emerge from a more systematic review of what works in Oasis. This will also be informed by other regular engagement with similar organisations and emerging lessons they present, which is already a regular aspect of Oasis partnership work.

### “Always another chance” type values

The importance of more detailed procedures also can be seen in relation to one prominent Oasis principle. This is that it is always willing to offer another chance, wherever it believes this would benefit the client. It appears to be a major part of the ethos and approach of the organisation.

We are not in a position to address directly the effectiveness or operational impact of this policy as to how it is applied in specific cases, as this is not information which is available in any records to which we have been given access. However, there are some issues associated with this approach which have been drawn to our attention in interviews, and here we flag options for Oasis to strengthen this approach going forward.

The best example is in relation to collection of charges and rents, and re-charges for damage caused to flats incurring high costs in preparing re-let voids. In general, Oasis has a good record on rent and charges collection, not least as Housing Benefit pays for basic rental charges and the levels of additional service charges are low. There is a problem of historic debt which had not been sized and addressed until recently, but action is now being taken on recovery and write off of that debt.

There have been recent discussions and decisions around enforcement action for current rent and charge collection. Briefly, we have been told in interviews that some staff feel that learning to manage money and understand that not paying debts can lead to eviction is an essential lesson for clients to learn as part of supporting them to prepare for independent tenancies. On the other hand, other staff consider that debt is one problem amongst many which their clients face, and focusing on the other issues – such as mental health, domestic abuse, substance misuse or others – is the first priority and pursuing debt interrupts the focus on these more pressing issues. Eviction is certainly not to be considered as a real threat, not least as it would constitute a failure on the part of Oasis.

A proactive approach has been taken recently to address this specific issue of regular payments and arrears. First, the whole organisation's operation has been split into two parts. One deals with housing management functions including collection of charges and arrears, and issues of maintenance, anti-social behaviour and enforcement of tenancy conditions. The other deals with the wider housing related support issue – a sort of “good cop/bad cop” arrangement. This seems a robust, radical, and very effective structural change. In addition, the policies on enforcement of debt and other charges have been revised and updated to provide a clear set of agreed principles and operational stages to raise the importance of payment of debts and charges in the organisation. The underlying principles remain the same – staff must recognise the difficulties faced by their clients and actively support them to move towards realising their full capacity for a fulfilling life. But alongside this there are clear, measured but progressive steps whereby the issue of meeting financial obligations to Oasis are set out, reinforced, and have real consequences in terms of enforcement actions, including, if necessary, eviction. This is a very helpful model which Oasis has developed to address the problem of “always another chance” which in the past had led to the high level of historic debt.

Our observation on this successful process around charges is that it would be helpful to both staff and clients if such an approach were to be developed in relation to other areas of “never a last chance”. In some of the supported housing (such as for vulnerable women in supported accommodation) there are already strict and clear rules around mainly, but not exclusively, safeguarding issues where breach action is swift and clear – for example use of drugs on site leading to eviction. Oasis has a number of places where clear procedures and guidance are in place for staff and clients. One option for Oasis is to review where these more structured and detailed aspects of “never a last chance” might be more clearly set out in clear operational guidance and examples for a wider range of situations.

### Performance management including KPIs

The draft Oasis Strategy 2021-24 includes the commitment to “Refine, standardise and mainstream our Key Performance Indicators” reflecting an awareness that more work needs to be done here, which is a positive commitment. We would suggest that the work should go beyond formal KPIs and include the whole range of management information which could appropriately be included in an updated Inform system suggested above. This would include not just high level outcomes or key outputs, but interim progress measures, baselines, and tracking of the involvement of third parties such as employment and domestic abuse support, or CAB interventions.

We are aware that devising KPIs and other outcome and output indicators is a task that requires careful thought and testing. It is well known that a focus on specific targets can at times lead to negative practices, which in fact lead to poorer outcomes for those in most need. This includes, for example, organisations who focus on the most job ready and least in need clients to meet “in work” targets, to the detriment of the clients who really need help in making the journey towards employment; or the GP two-day waiting time limit which leads to some surgeries refusing to make appointments at all once the limit had been reached to fit in the two days. The objective in setting targets is to identify ones which reflect the main aims of the programme.

One particular area to consider here, particularly when reviewing how to work with new cities, is the range of ways that client journeys can be planned and progress assessed. There is a range of measures in addition to the widely used Outcome Star, based on client feedback. These include the Chaos Index<sup>8</sup>, or the Warwick–Edinburgh Mental Well-being Scale<sup>9</sup>(WEMWBS), providing ways of access support towards independent living.

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<sup>8</sup> <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>

<sup>9</sup> <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

### Planning for growth

We have noted above the concerns expressed by some staff around the process of introducing new programmes without adequate prior planning. We understand that not only have discussions on the growth options been happening with Oasis Trust for some time, but also initial discussions have been put in train with the senior political leaders and senior managers in Birmingham and Bristol. This builds on the existing good relations which Oasis Trust has already built through its schools, community hubs, and other support services. The expansion is also predicated on rapid inclusion in the Community Hubs already operating in these areas. More concrete plans are not scoped in any detail, particularly in terms of business cases, new organisational Oasis structures, risk assessment, the nature of the housing offer to be made to the new Local Authorities by Oasis, and the funding arrangements attached.

Notwithstanding the opportunity afforded by linking into existing Oasis Trust hubs, it is clear that major expansion of this type creates risks for current Oasis operations in the North East and to an extent in LB Southwark. This includes the motivation and performance of staff, as well as the possibly reduced focus on, and resources available to maintain good services in, these existing areas. New and different needs in these new cities may need revised procedures, training, and support. Oasis is certainly aware of this, and of the considerable issues of effective distance and coordinated management across four areas and 300 miles which will need to be addressed. One suggestion here is to reflect on how best to engage and draw on the knowledge and experience of existing staff, and value their potential contribution. These new areas may also allow scope to offer career advancement opportunities – perhaps with relocation packages – which would also assist in taking the Oasis housing model and ethos to these new places. It is also worth noting that Empower and Aspire type services may be being already provided (in some form) in the new cities, so specific risks may arise in relation to the way in which these services are integrated in the new areas.

### Financial sustainability

A final option arises in relation to the financial sustainability of the organisation. We understand that a separate exercise to evaluate the possible business models to finance this expansion is already being commissioned. We only note here that whatever models are developed, the current Oasis portfolio of shorter-term contracts and services, along with the continuous activities of fundraising to enhance and expand the work, suggest that any financial option which would give a more stable capital base and forward regular funding stream could assist Oasis in the medium to longer term.

## 4. “Supported accommodation” services and outcomes before and during the pandemic

This section deals only with the Gateshead and Sunderland services, as was specified in the terms of reference for this research – so it does not cover the LB Southwark services (except for a short reference to the Healthy Resilient Lives Programme). The LB Southwark provision was recently expanded following a competitive procurement exercise won by Oasis.

### Supported Housing

#### Elizabeth House

This is a 24-hour, staffed, nine-bed project which provides supported accommodation to pregnant young women, and young women aged 16-25 and their pre-school aged children. The women housed have medium to high needs. Approximately 50% of the families supported have experienced domestic abuse. The aim of the project is to resettle mother and child together into their own accommodation, building capacity within the family unit to live safe and healthy lives. Staff “walk alongside” the mothers as they settle their children into positive routines, learn to parent positively, build self-confidence and personal resilience. Staffing consists of the manager, day time support workers who undertake the main support work, and night staff who are there from 8pm to 9am, but can sleep from midnight to 730 am.

In over 90% of cases the children have a Child Protection Order in place. The children are therefore recognised by the Local Authority as at risk of significant harm and failure to thrive. Provision of the supervision, guidance, and legal liability for the care of the child under the child protection plan in place is the responsibility of the allocated social worker for each resident. Oasis is tasked with assisting the mother to follow this advice. Oasis staff do not directly care for the children at all, but only assist the mother, which precludes any babysitting or interventions which involve direct contact with the children. In the event of any incidents causing concern, there is an emergency social worker available on call 24/7. Oasis provide social services with regular and detailed reports, which can be used as evidence in further child protection or other related local authority decisions aimed at ensuring the welfare of the child while in its mother’s care. Responsibility for inspecting the adequacy of Oasis service provision rests with Gateshead Social Services.

Sometimes urgent issues do arise. In one case, the support worker had invited the mother to attend a meeting in the main shared area. As part of this she went to the door of her bedroom, where she observed the mother kicking her child while trying to get out of the door. Social services were immediately called, who contacted the police to advise them to attend Elizabeth House and take appropriate action. The police required the mother to surrender the child into social services care as an immediate precautionary action. Following further Social Services decisions, the mother was evicted from Elizabeth House. Mothers and their children can also be evicted for violating rules on drug and alcohol abuse in Elizabeth House (although they work with women on scripts e.g. for methadone), for incidents of violence, or other serious violations of the house rules, though these are last resorts.

In all cases Oasis risk assessments are made before accepting new clients. Decisions about admission to the HMO services also take into consideration the make-up of the HMO at the time, and the levels of support need and risk of current residents, to ensure these remain manageable and increase the chances that any new mother admitted will benefit fully from the service.

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The paramount consideration for the Oasis team at Elizabeth House is the “welfare of the child”<sup>10</sup>. Good outcomes are well evidenced decisions about whether the child should remain in its mother’s care, with whatever continuing support may be necessary on move on, or whether a Care Order should be made to remove the child from the mother’s care. That is a decision for social services and Family Court. The focus of the work in Elizabeth House, and a clear indicator of the quality of the support given, is the extent to which they can work with the mother to help them become a “good enough” parent (which is the criterion used). Oasis staff interviewed set out that in many cases problems from the mother’s own background and childhood have contributed to the situation she is in, and that they attempt to manage risk no matter how high. Support can take the form of practical support around independent living including cooking and holding a tenancy, support in areas identified by Social Services around caring for the child, additional professional support from outside agencies around issues including health and mental health, and others. In interview, Elizabeth House staff stressed that an additional and crucial element was modelling behaviours which the mother may never have seen.

*“[The] team have such a heart, and are adaptable - key is being adaptable... We need a tight plan around this, e.g. she needs to be in at 4pm not 7pm so her child is fed, but around this we work with her, on social skills, anything that pops up ..... Get them to think in different ways for example on their social skills where they cannot talk about things but just shout. Once a week they get formal support, look at Care Plan, rules of house, discuss all of these. If the mother is not happy staff are skilled at coming alongside and talk to her about how she is coping.”*

Some of the difficulties can be seen from the case study below:

*Ms S and her siblings were removed from their own parents care when she was aged three – there was serious substance misuse and domestic violence in the family home which the children witnessed. Our service user was placed in care and adopted before she was four. She described her adoptive family as strict but had a good upbringing (both parents were professionals). Her biological mother died of an accidental overdose when our service user was only 13, and she still finds this difficult to come to terms with. The placement with her adoptive family began to break down. Her adoptive family believed she has undiagnosed Foetal Alcohol Syndrome. S did not do well at school. When she was 18 she was raped. She is now 20 and in a relationship with a controlling violent male who she got pregnant to, and during the pregnancy was diagnosed with Type 1 diabetes and struggled to come to terms with this diagnosis. She moved in with her partner and baby, and they had a few tenancies which ended badly through anti social behaviour, police call outs, non payment of rent etc. Children’s services became involved on a CIN voluntary basis, and she was referred into Elizabeth House approximately 9 months ago. Despite our input and that of seven other professionals (Talking Therapies/DV worker/Substance misuse/PAMS assessments/Family Nurse Partnership) etc, she continued to escalate to having a child protection order imposed, which is where she is now. Last year she became pregnant again and sadly gave birth to a premature baby who died within a couple of hours of the birth. She is unable to pull away from the partner and is now at PLO stage (Public Law Outline, where possible Family Court action to remove the child from its mother’s care is considered.)*

Oasis KPI indicators for Elizabeth House cover number of residents; numbers successful moving on to other accommodation; numbers in volunteering, education, training, employment; and void

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<sup>10</sup> This phrase forms part of the Childrens Acts 1989 and 2004, and is the framework within which OASIS services have been commissioned by Gateshead Council Social Services

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turnaround rates. Operational indicators monitored also include eviction rates, number of support sessions, support plans completed, Support Plans in place within four weeks of service entry, workshops/activities held and numbers attending, and submission of housing benefit & claim documents within target timeframe.

Interviews with Gateshead Council Social Services indicated clearly that Elizabeth House was seen as a very valuable resource in Gateshead. The quality of the work done with the women and children is very high.

*Issues which need to be raised are clearly flagged, and very often the support team do an excellent job in supporting the women to build new skills and attitudes, which allow them to move on to independent living with their child*

*Reports used by Oasis feed very effectively into the case conference held by social services*

There were no areas of problem to be identified, although it could sometimes be the case that the women there were frustrated that the staff would not be more active in providing childcare – something which was expressly not allowed to be provided by the support team under the Gateshead contract.

### Naomi Project and Flats

**The Naomi Project** is an eight bed supported accommodation project for young women experiencing homelessness aged 16-30. Residents come to this project from a variety of circumstances including leaving care, struggling to cope with a family situation, or leaving situations of domestic abuse. Staff work with young people to build confidence, develop life skills and prepare them for more independent living. Alongside the main project, temporary accommodation is provided for up to two years for women aged 18-30. These flats provide an opportunity for semi-independent living. The same staff members provide support across the Naomi project and flats, to ensure consistency of support and to aid the transition to more independent living for young women. In the main Naomi house, residents have their own bedrooms with a bed, sink and TV, and they share the living room, dining room, and kitchen.

Referrals come from the Gateshead Housing service, the looked after children services, and from other networks of agencies assisting this client group. Some residents are mothers who have lost custody of their children. They can stay up to two years, and normally a minimum of 6-8 months is expected. Assistance finding move on accommodation is provided – though sometimes this is moving in with a new partner. With under-18 residents there are safeguarding issues which require additional monitoring to police or social services. All potential new residents are interviewed and background checks carried out, and an assessment made of how they might fit with other residents already living there.

Each resident has a support plan, including an Outcome Star assessment. An interviewed staff member remarked:

*The outcome star assessment is very visual and we always want to see their star shining bright when they leave*

Review meetings are held weekly with each resident, although often they do not turn up and this becomes a long chat in the kitchen when they are around. This must be more formal in the Naomi and Karis flats, as residents have their own front doors.

An interviewed staff member explained the approach to support

*We're all very nurturing here, and also strong women and good role models, and honest about who we are. We show them they can do things like change a lightbulb or build our own Ikea furniture.*

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Staff provide breakfast, plus tea, coffee and milk, but residents can take it at any time. On Sundays residents are encouraged to cook dinner together then spend the afternoon together, as a model of family behaviour. The importance of this can be seen from one example offered during interview:

*At Christmas the staff all come in and cook Christmas lunch, then sit round and share presents. One year one of the women disappeared when presents were being given out, crying. A staff member went to see her, as she seemed distressed. The woman explained that she was crying because she was really happy. She had never before sat round a table for Christmas lunch and got presents or played games.*

There are also a range of house rules, including being a dry project, curfew times (later at weekends), and addressing racial abuse or violence. When residents first arrive, the staff discuss with them how to handle anger and issues with staff or other residents, and are alert to tensions which arise. Mediation can be offered or simple help like going for a walk with them.

**Naomi Flats** provide interim move on for residents from the main Naomi shared house, with whom the staff already have a relationship, which continues in the flats. There the women can have visitors and approved overnight stays. There have been some problems with parties or anti-social behaviour. In one instance in one of the Naomi flats, a woman's domestically abusive male friend moved in and refused to leave, and action had to be taken to end that tenancy (with the offer that the woman could return to the main shared house).

The **Karis** Project provides temporary, supported, semi-independent accommodation for young women aged 16-25 who have pre-school children or who are pregnant. Flats are leased from Gateshead Council. Each family is allocated a 2-3 bedroomed property on an estate, in which there is a community centre and office at the heart of it. Oasis staff work from this community centre, providing support during office hours, with emergency support out of hours if needed. Support is holistic and tailored to each resident's needs and hopes for the future, through aspirational outcomes-focused support planning. None of the children are under child protection orders; the highest level of social services intervention would be "team around the family". Support is provided around housing related skills and general advice and support on looking after the children.

In terms of key performance indicators for these Naomi/Karis services, Oasis monitors numbers of residents, the planned move on rate, void turnaround rates, numbers and percentages of residents in volunteering, education, training, employment. There are also operational indicators in place including eviction rates, number of support sessions, support plans completed, Support Plans in place within four weeks of service entry, Workshops/Activities held and numbers attending, and submission of housing benefit & claim documents within target timeframe.

During 2019-20, four Naomi residents moved into the flats. In addition, one resident moved to their own Gateshead Council tenancy, one to private renting, and one to Leeds University. From Karis, two mothers returned to family homes, one moved to private renting, and one moved to Elizabeth House when her support needs escalated. Comments in interview from Gateshead Council officers, and other local partners, indicate that in Gateshead the Naomi and Karis supported housing units provide unusual and very important support services to a very vulnerable group of young women, which plays a highly valued role in the overall delivery of housing and support services in the borough.

Interestingly, the Naomi and Karis projects do make extensive and effective use of the current Inform database to record client goals which have been agreed, progress in achieving the goals, dates of attaining goals and other aspects of risk and care management. This was the main area where we were provided with clear evidence that in some parts of the organisation effective recording of the client journey towards key agreed objectives was in fact being undertaken systematically.

### The Healthy Resilient Lives Programme

Although this report is not dealing with LB Southwark services, it is useful to briefly mention a new service being delivered through the support for young, vulnerable 16-25 year olds there. This is the “Healthy Resilient Lives” programme which provides support to improve health outcomes in three areas; healthy eating, mental health, and physical health. Young people helped shape an application to gain the resources to develop the programme.

The programme provides health related activities and workshops e.g. activity residentials, healthy cooking workshops, mental health workshops (confidence, self-esteem, body image, stress management, meditation, vision boards, pamper nights), trampolining, Wii Fit sessions, Paediatric First Aid, gardening, healthy relationships. It also funds group social activities, which reduce isolation and increase social integration e.g. to Thorpe Park, cinemas, and London Zoo. Alongside this, the young people can apply for Personalised Health Budgets, which can support them to gain funding to achieve any health-related goals, including covering the costs of gym memberships, acupuncture, personal development books, childcare costs to enable a young person to attend ‘Recovery College’ and counselling sessions, as well as access to dyslexia assessments. There is also an in-house Child and Adolescent Psychotherapist, who provides support to individuals as requested.

This is a useful example of more recent development of a new area of expertise and support to address the needs of Oasis clients.

### Aspire (Employment support)

There are two principal programmes which Oasis engages with here, Wise Steps and Moving On Tyne and Wear:

**Wise Steps** is a programme funded by the National Lottery and the European Social Fund to help people in Tyne and Wear transform their lives through the provision of one-to-one tailored support to enable them to take positive steps towards work. Participants must have need of assistance due to barriers to gaining work. Oasis is one of 17 coaching partners, and identified as specialising in “Homeless people, lone parents, and ex-offenders”.

**Moving On Tyne & Wear** provides free one-to-one support to people who are unemployed and have physical/mental health issues or additional learning needs. It is funded from the Community Fund and the European Social Fund

Aspire also works on a Sir James Knott Trust project to support people towards work, where some barriers must be present to finding work. Aspire advice and services are also offered across the wider range of Oasis services as part of other support packages in the Crisis or Home sections of the organisation.

The Aspire service is made up of a team of four, working across these main areas, as well as a specialist debt advisor who has a wider Oasis remit. All of the team have undergone specialist training to do the work. In addition, the structure of the work, the reporting requirements around progress and outcomes, and the general approach in the engagement tools to be used are largely specified by the funders, particularly due to the ESF element of the funding. One assessment approach mandated has 12 sections on what the client’s needs are, which then leads on to an action plan. Nevertheless, in interviews, staff stated that team members bring the ethos and the values of Oasis to the work. It was suggested that staff genuinely care for clients and were prepared to give them multiple chances.

Clients are engaged in line with their background, needs and aspirations. Support includes confidence building, improving wellbeing, mental health, CV advice, preparing for interview, referrals for advice about debt and financial stability. The aim is to get them more work ready, including in practical ways such as getting employers to assist in job interviews, getting the client

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involved in volunteering, work related training, and particularly learning digital skills and helping them to make decisions for themselves.

In terms of evaluation reports and key indicators, for Wise Steps a Phase 2 evaluation report<sup>11</sup> was published in March 2021. Amongst the main findings were that:

- For participants with two assessment points (who were on the programme for more than three months) only 3% disengaged from the Wise Steps programme
- Wellbeing support is a vital element of the Wise Steps programme supporting participants' journeys towards work. This type of support has increased due to the impact of COVID-19 on participants' lives
- A strong relationship between the job coach and the participant is critical to successful outcomes
- On average, Wise Steps participants made progress in all self-assessment categories. In comparison with findings from previous interim reports, self-assessed progression was moderate
- It is the quality of employment related opportunities, and their suitability to the participant, that makes the largest impact on employment related outcomes, rather than the quantity
- Advertising and marketing of the Wise Steps programme was identified as an area for improvement by all stakeholders in the partnership, and by participants

These are findings which fit with the approach to person-centred work which Oasis is pursuing. They suggest the overall programme was making progress despite the challenges of COVID. Note also that one Oasis manager suggested that it was clear that the indicators used in these programmes could be much improved, but that was not an option due to the funder's requirements.

In terms of the specific Oasis targets and outcomes:

- **Starts Target: 40 starts - achieved** (of these 19 participants have left, 11 voluntarily, 7 jobs, 1 training outcome)
- **No. of participants who move into employment target: 5 people** - as of 23.06.21: 7 had achieved  
**No. of participants move into Education and Training: 6 people** - as of 23.06.21: 1 had not achieved

Two out of three targets have been achieved. The third was particularly challenging due to the impact on education and training courses due to lockdown.

### Empower (Domestic abuse support)

This is an outreach service which provides a ten-week programme developed to break the cycle of abusive relationships for female victims of Domestic Abuse with low to medium risk in the Gateshead area. It is currently only commissioned to provide outreach support to women aged 18 and over who are living in Gateshead and the surrounding area. The service is risk-led and supports women who are assessed as being at 'non-high risk' (or 'standard risk') of serious harm<sup>12</sup>. Where the risk is higher, they are referred to Gateshead Council's Domestic Abuse Team (DAT) to receive more urgent safety planning from the Independent Domestic Violence Advisers (IDVAs). The highest risk referrals are passed straight to the Multi-Agency Safeguarding Committee for Gateshead (MARAC), that currently meets weekly. The Empower Service is currently the only community based domestic

<sup>11</sup> Paisley, J., White, E.S., Anderson, S., Scothorne, R. (2021) *Wise Steps: Phase 2 Interim Report* Rocket Science, London & Edinburgh.

<sup>12</sup> Using the DASH Risk Checklist with a score of 9 or below. Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) is a risk identification, assessment and management model which was implemented across all police services in the UK from March 2009, having been accredited by ACPO Council, now known as National Police Chief Council (NPCC).

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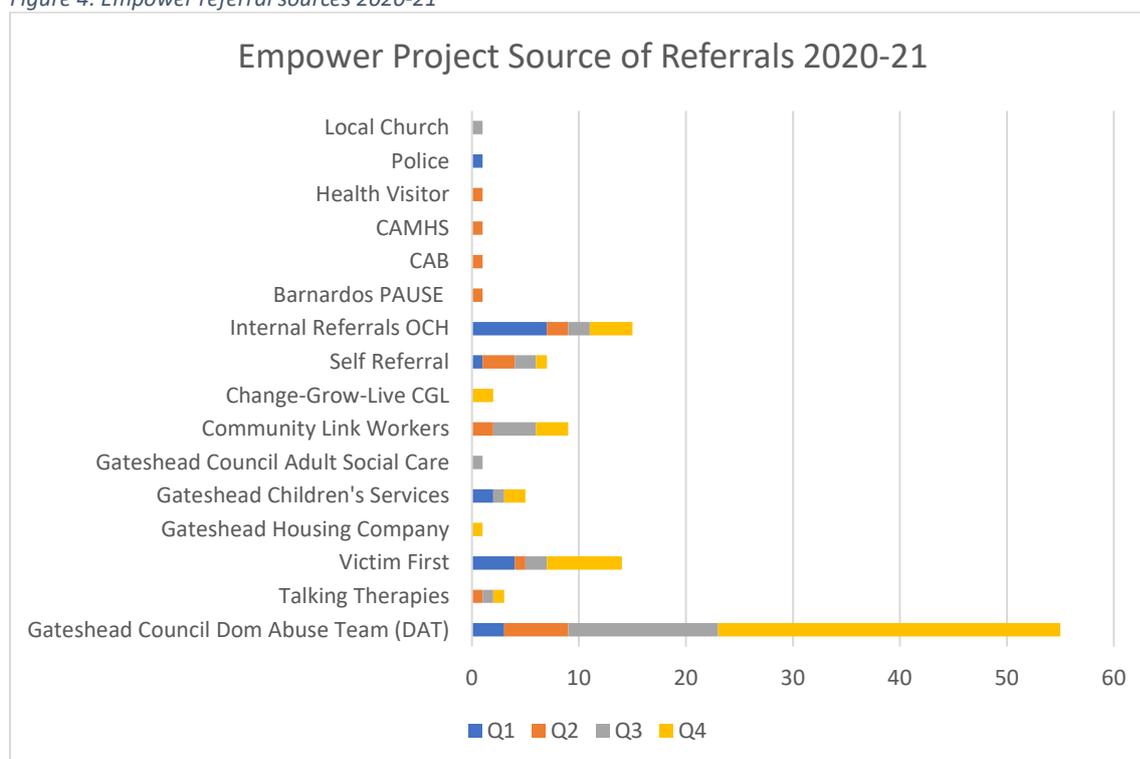
abuse service in Gateshead. The specialist IDVA and ISVA service for high risk referrals is directly provided by the local authority. Oasis has also an emerging element of provision of emergency accommodation linked to the “Crisis” function, although this does not constitute a “DA Refuge” type service.

The Empower service is funded by the Northumbria Police and Crime Commissioner (NPCC) ‘Supporting Victims’ fund. This fund originates from the Ministry of Justice and is distributed on their behalf by the regional Police and Crime Commissioners. The NPCC funding mainly contributes towards staff costs, and the shortfall in 2020-21 was supplemented by a charitable grant from Nationwide.

One key issue (recognised in the new 2021 Act) is continuing coercive control from abusive ex-partners, in addition to the previous focus on abuse from current partners. This can often be around questions of contact arrangements with children.

The Empower Service operates an open-access policy and accepts self-referrals and referrals from other agencies. The service also supports women referred from other OCH Services (Aspire, Home Projects, Crisis Services and the Resettlement Team). Empower Service received referrals from 16 different agencies in 2020/21, as set out below:

Figure 4: Empower referral sources 2020-21



The anticipated benefits set out for the programme are:

1. Health and wellbeing: Victims receive holistic support around their wellbeing, such as signposting and referring to appropriate mental health services. Where possible Oasis works in a multi-agency setting around the wellbeing of the family.
2. Financial independence: Victims can access financial support from the Oasis welfare pot to cover the costs that result from being victims of abuse. Oasis can refer clients to an Oasis debt adviser for financial capability support. This aims to lead to improvement in managing finances, and ensuring clients access the benefits they are entitled to.

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3. Decreased impact of the previous or continuing criminal abuse impacting their lives: Without support, domestic abuse can have a huge widespread impact on the lives of the victim and their family. Oasis aims to decrease this overall and long-term impact by supporting victims to address issues and needs that come up as a result of the abuse.
4. Decreased likelihood of being a future victim of crime: An aim here is to break the cycle of abuse and reduce the risk of victims becoming repeat victims. To reduce this risk, victims are taught about healthy and unhealthy relationships; victim's rights; and how to access help.
5. Healthy relationships: Victims are assisted to increase in understanding and awareness of healthy and unhealthy relationships, through the group programme.
6. Self-determinism: Victims receive person-centred support, and are involved in putting together their own safety and support plans. Victims are given opportunities to say what their priority needs are for support. Empower aims to empower victims to take control of their own lives, many having previously been in controlling relationships.

These aims are delivered in a variety of ways, including:

- *One to one person-centred support*: every woman receiving support has a DASH RIC Assessment and personalised safety and support plan. These are regularly reviewed with their caseworker. The type of support includes help to report abuse to the police, support to access legal advice, referrals for specialist counselling, support with Child Protection Proceedings (e.g. an Oasis caseworker will attend Core Group meetings and court proceedings), employment, emotional support, and education
- *Groupwork*: this covers domestic abuse, power and control, healthy relationships, impact on children, the law, personal boundaries and other areas. There was a digital safeguarding session in partnership with a local Digital Community Interest Company, 'Digital Voice' pre-COVID
- *Peer Support*: With support from a student volunteer from Newcastle University, Oasis revised its secure Facebook Page to provide virtual and moderated peer support
- *Addressing Digital Exclusion*: In 2020 Oasis secured a Winter Resilience Grant from the CCG to purchase digital devices (Chromebooks and iPads) and have been working with local Community Interest Company, 'Digital Voice', on a digital skills and safeguarding pilot project

Training for Oasis staff, quality assurance and accreditation are important goals moving forward. Some team members have completed Independent Domestic Violence Advisor training through the "Safe Lives" domestic abuse training programme, and others have completed other Safe Lives courses; some have Counselling training. DASH material (Domestic Abuse, Stalking and Harassment and Honour Based Violence) is used to structure interviews and action planning, though the final Oasis systems are bespoke versions. There is a clear objective that the service should achieve Safe Lives accreditation, to give assurance to Oasis and to current and future funders about quality standards and staff competences.

In relation to progress tracking and outcomes, the Inform data system is used to some extent to record activity. There is also a team spreadsheet supporting monthly internal reports on progress and issues. Oasis has key performance indicators on numbers of referrals, numbers of people getting support, and the percentage of people who feel safer at the end of the programme. Northumbria Police require quarterly reports covering the use of funding, challenges, failure to meet milestones, and final outcomes around feelings of improved safety, lower isolation, better health, and better wellbeing. Summary totals at the end of 2020-21 are below:

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Figure 5: Supporting Victims Fund: Outputs and Outcomes 2020-21

- 88 clients attending 1:1 work - Engagement rate 70%
- Education group work – 27 beneficiaries – being approximately seven groups of three, 75% of women who felt the group work helped them to make healthier choices about future relationships
- Monthly social events: 12 events attended by 41 women over the year. 80% of attendees will report that the events have helped build their resilience, network, and feel better supported to make the right decisions for them
- Peer-mentor programme: Three victims who have experienced abuse will be recruited as mentors for women experiencing abuse/about to flee. Mentors will all report an increased sense of worth as a result of their mentoring relationship and victims mentored will report they coped better with the impact of crime as a result of the relationship
- Digital buddies: Four trained digital buddies to support service users to safely and securely access digital platforms to obtain support

More generally Empower managers are concerned that it is becoming increasingly difficult to access specialist funded counselling services in the community and those that exist often have long waiting lists. In previous years they have provided predominantly move-on and emotional support and education interventions. Recently they have been dealing much more with current abuse risks and safety planning, and women are presenting with more complex additional needs and also enduring financial hardship as a result of the abuse they have experienced. There are also impacts from the rise in domestic abuse during COVID, and the restrictions of in-person services. These are explored later.

### Summary and analysis of Supported Services provision

The evidence above indicates that some of the support services for young women, some of which have been in place for over 20 years, have a good local reputation for meeting local needs effectively. These services have been expanded progressively, in partnership with Gateshead Council, and also in the London Borough of Southwark where Oasis won a local competitive tender procurement. Looking forward, the example of the bid in LB Southwark (which we were given sight of) suggests that Oasis has an area of longstanding expertise which it is able to demonstrate to new local authorities and build on. If there is a need for this kind of service for vulnerable women and young people in Birmingham and Bristol, a bid for similar services may be appropriate there. It may be a mistake to think that the wider homelessness and “crisis” offer would be equally attractive. This is not to say that it would not be, but that Oasis should be aware that the more general offer is less specialised and there is a much more crowded market of providers. That means that the added value and “niche” in terms of type of service offered would need to be much clearer.

Two additional areas of support have been added, addressing domestic abuse and employment related skills. These were developed to address issues and risks affecting people who are homeless or at risk of homelessness, and both add value to overall Oasis services. The increased incidence of domestic abuse during COVID heightens the importance of providing services and expertise in this area. Similarly economic recovery post-COVID will be difficult, and supporting previously homeless people far from the job market becomes an important focus.

Currently, the development and delivery of the employment services takes place as part of a wider consortium of providers, under contract to local commissioners. The independent evaluation reports of the effectiveness of the consortium delivering the employment services show positive results, although Oasis is working as part of a wide range of providers of very similar services. With the Empower domestic abuse services there does seem to be a clearer complementary aspect to the

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overall range of DA services in Gateshead, with Oasis taking clients with lower DASH scores. There is also a difference in that there is only one commissioner here, the Northumbria police.

One issue to discuss is whether Oasis should bid for contracts to support external clients, who are not supported by their housing service. The non-housing support services (Aspire and Empower) would be of use to internal Oasis housing clients, and would support the holistic, whole-person ethos of Oasis. In fact, it is an ambition for the charity to provide these services to *all* internal clients. Therefore, should Oasis focus on increasing the provision of these services internally, rather than supporting external and non-Oasis clients?

One option is to outsource these services in a similar way to the welfare benefit services (like DWP and CAB) or for health and mental health services. This is a more common model for homelessness organisations, whose main focus is to triage client needs (in person focused and trauma informed ways), then agree with the client what their wishes and goals are, with a view to engaging with external and specialist services in a way that works well for the client. This is followed by close awareness and assessment of progress to understand the client journey and to help clients fulfil their goals. The particular expertise of Oasis is the ability to work with the client wholistically across multiple domains and bring them the services they needs, not to provide them in-house. This would need Oasis to have a more structured and better monitored set of tools to scope and manage this client journey, as set out above. Costs could be lower as the outsourced organisation are responsible for recruiting, training, managing, providing space and equipment, and getting funding for those services.

The other option could be to focus these very important services only on Oasis clients, or other linked and occasional clients (such as in Basis centres) who present to the organisation itself. The model might fit neatly into the “generalist specialist” type of framework where certain key workers are focused on certain types of client, and trained in two or three specialist areas in addition to basic training. For example, women who were survivors of domestic abuse and also suffering from poor mental health or were distant from the jobs market would have an Oasis staff member with particular specialisms in those two areas as their key worker, whereas another male care leaver who had been abused and who had anger management issues would be assisted by another Oasis key worker who had specialised in these areas. The advantage here is that the training in each of these domains remains deployed within the organisation to bring better outcomes for the Oasis clients, rather than being (without wishing to undermine the value of current arrangements) dissipated across a much wider range of short-term external clients – sometime for the sake of getting the money from a contract. There could be some of this work done, but the main focus would be on internal clients.

In fact, this is not an either-or choice. Depending on the region and city where it is working, either could be the best solution depending on the quality, availability and ethos of other more specialist partners working in different cities.

## 5. Pandemic responses and outcomes across Oasis and in other agencies

In this section we examine the ways in which Oasis responded to the pandemic and is continuing to re-model its services in the current context of continuing COVID risk. This is a specific element of the project brief, and also focuses on a second requirement, to compare the response to the pandemic with how other agencies responded.

The impacts of COVID on Empower and Aspire were severe, but very different in nature from the type of impacts and mitigating actions taken in the Crisis services. We will address the COVID-19 impacts on Empower and Aspire in the later section on those services.

### Resettlement team

At the point of lockdown, Oasis made a proposal to Gateshead, Sunderland, and South Tyneside councils. It noted that the “Everyone In” national programme for rough sleepers had committed to providing temporary accommodation, mainly in hotels, but that this also would require additional services. In this it was responding in a proactive way to the problems which other local authorities and housing associations were facing at the time, and offered to put the necessary services in place on 30 March 2020, just days after lockdown was announced. Oasis proposed using the combined resource of the Basis Resource Centre and the Safe to Stay Hub personnel to offer a new version of a floating support service.

The main issues identified included access to food and the ability to prepare and cook food, and access to a range of support services that were no longer offering face to face access. Oasis’ offer included:

- Provision of food that did not need to be prepared by the individual. Oasis would source and prepare food to deliver to people in the hotel, providing a mixture of fast food (sandwiches, crisps, biscuits and fruit etc) and some meals prepared at Basis.
- Provision of mobile phones to those who did not have them - to discourage trips out for food and to enable contact with residents’ friends and necessary services. It was recognised that this might take a bit of getting used to for some clients, and support staff would assist with this.
- Regular resident contact with homelessness support staff over the phone to give practical advice and support, including guidance around protection against the virus, support to access medical help, and engagement with support services.
- Face to face welfare checks (observing safe distancing and use of PPE). This would be done by support staff visiting those who were not responding to contact, as a last resort, adopting an assertive outreach approach to the harder to reach and more vulnerable people.
- Safeguarding – there was a danger that retreating services would create a vacuum that allowed for people to become more vulnerable than when services might have more contact with them or have “eyes on them”. It was necessary to safeguard those most vulnerable to abuse and neglect.
- Laundry service, making use of Oasis washing machines and tumble dryers to enable the washing and drying of clothes.

The service was to be extended to people who were then being served in the Gateshead prototype and paid for from existing funds for projects suspended because of COVID. Initially seven staff would be immediately diverted to this project. These staff were progressively located in a “resettlement” team, which continued to work with the client group to arrange move-on from the temporary accommodation and provide follow on floating support where needed.

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The same services were extended to residents in Basis beds, for whom support plans were already in place but for whom these new and very different ways of continuing to provide support needed to be explained and carefully implemented.

The table below sets out the numbers of people assisted during the period up from the start of the programme to the end of December 2020.

Figure 6: Resettlement service clients by authority at 12/20

<b>Resettlement</b>	<b>420 individuals engaged</b>	<b>Current Caseload</b>
Sunderland	133	26
South Tyneside	66	9
Gateshead	221	42

In moving swiftly and proactively to make this offer, and to enter a long term and continuing commitment to provide COVID related services, Gateshead and Sunderland partners have noted in interview that Oasis demonstrated a high degree of flexibility, good planning, staff motivation, and responsiveness to client need. They noted that these services had gone beyond the type of service they had anticipated being offered from their own internal resources.

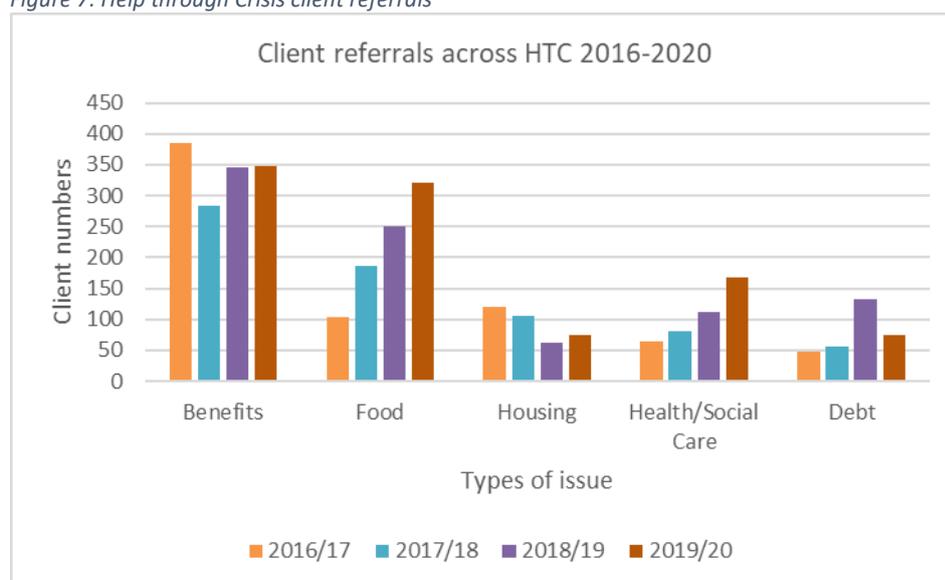
*Oasis were straight away in the hotels. They had practical ideas about what was needed, and continue to be responsive, for example in helping with returns on Covid vaccinations.*

*Oasis were quick to realise that some of the people being housed under “Everyone Is” were very unused to the regular type of support. They quickly moved from simple signposting to more active referrals and support in getting other services like registering with a GP*

### Help through Crisis during COVID-19

COVID impacts on this programme, and wider lessons, are set out in a 2020 evaluation report<sup>13</sup>. A summary of the number of client referrals 2016-2020 shows the steady rise of food bank requests, and the variable request for housing assistance:

Figure 7: Help through Crisis client referrals



Source: Gollan, S (2020). Op cit. P3.

<sup>13</sup> Gollan, S. *Help through Crisis Evaluation 2019-2020*

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This HtC report provides useful evidence about how services were affected and the pressures of lockdown on both Oasis staff and clients. Quoting sections of this report obtained from interviews with Oasis staff at the time the report was compiled (and taken from various sections of the report):

*Oasis clients in lockdown generally have been more chaotic and have presented with more needs. Many have not understood the seriousness of the situation so have continued to put themselves and others at risk by not isolating when needed and by continuing to socialise as they usually would. Many have additional health needs so this is particularly dangerous.....*

*Clients have suffered with low mood generally during lockdown. These who have followed the guidance have been very lonely. We have sadly had a few clients who have passed away. Most of these were clients who had been more stable in recent months but the restrictions severely impacted on their mental health which in turn led to an increase in drug taking behaviour.....*

*Most external partner services are offering a pared down version of their services....You often have a small window of opportunity to do some meaningful work with them. If this is not possible because, for example, you have to offer a strict appointment system then their needs go unaddressed.*

*For a small group they have shielded during lockdown. This has meant that for some their alcohol and drug use has reduced and they have been able to manage more successfully.*

### Assessment Centres

The **Basis day centres** have partially opened with the easing of lockdown, but have maintained COVID-secure protocols. While direct access is still possible, and appointments are not necessarily required, the centre has moved to an emerging new model of seeing a limited number of clients at any one time. Within a more focused “assessment centre model” Oasis is being much more cautious about who they are working with and why, and therefore who can access Basis services and beds. This is allowing more intensive casework with individual clients to take place. The changes have been welcomed by Oasis front line staff as providing new opportunities for more productive engagement with clients, and with providers of other services. One dimension of this, emerging from initiatives like the “prototype” is that signposting and hand-offs to other partners – like DWP or mental health professionals – can be better managed by bringing these services to the assessment centres. This delivers more of a “pull” approach to engaging with other services, rather than a “push” approach of referrals outside the assessment centre. Plans for a remodelled Basis space with more opportunities for private interview and discussion areas are under development.

Alongside this are proposals to provide a short term residential “assessment” centre for homeless clients, similar to the No Second Night Out service model. This would be commissioned by MHCLG and form part of their rough sleeping strategy. Its overall aim is to provide emergency accommodation in the short term to rough sleepers and those who are sleeping rough, so that their needs around issues such as mental health and substance misuse are assessed, and an appropriate move-on option agreed.

The service would be staffed 24 hours, with a maximum six guests at any one time, staying for a target maximum of five nights in ensuite bedrooms with a shared kitchen and lounge area. Guests will be expected to engage in housing and needs assessments with Oasis, and Gateshead Council Housing Department, as well as engaging with support from specialist agencies as necessary. The support could include arranging income benefits, support from LA housing specialist, signposting to debt agency, access to mental health services, substance misuse services or primary healthcare (GP & Dentist). Move on options include back to the local authority in which the guest has a local connection, Basis Beds, supported accommodation (using existing commissioned providers), LA temporary accommodation, B&B, private renting, or local authority housing.

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The Assessment Centre is to be made available as last resort when all other housing options have been exhausted, and restricted to people who:

- Are aged 18 and over
- Have recourse to public funds – with the exception of those who have a reconnection pending
- Are not presently engaged with any other commissioned housing related support services
- Are prison leavers and have a history of rough sleeping within the last 12 months, and verified by Oasis
- Are hospital leavers and have a history of rough sleeping within the last 12 months, and verified by Oasis
- Rough sleeping and verified by Oasis
- Are willing to engage with support from the service

This would represent a new service for Oasis, which, like the revised approach to Basis daytime provision, has been developed in the light of the experience of COVID, and is put forward as a proactive response to local needs and in partnership with other local agencies.

### Residential supported accommodation

Women in the main residential supported accommodation (Elizabeth House, Naomi, Karis) remained housed as before during COVID. Move-on accommodation became less available, and the main impact was that the women (and children) were confined to the property except for permitted trips out during the first lockdown, or restricted in their movements. There were also fewer opportunities to access services, to go out and take walks with children or friends, or let off steam. In addition, some of the social activities which were organised from time to time could no longer take place. The problem eased as lockdown was relaxed in the various waves, and the problems faced by residents in these properties were not dissimilar to those being faced by the general population. It was harder to work with the women because of COVID, but these were different issues from those faced by the homeless clients or clients in temporary accommodation in the Crisis services.

### Empower

In contrast, the Empower service saw significant impacts directly as a consequence of COVID-19. In relation to domestic abuse itself, the Office for National Statistics (ONS) report that in mid-May 2020, there was a 12% increase in the number of domestic abuse cases referred to victim support. Between April and June 2020, there was a 65% increase in calls to the National Domestic Abuse Helpline, when compared to the first three months of that year<sup>14</sup>. In April 2020, the Home Affairs Committee said there was “evidence that cases are escalating more quickly to become complex and serious, with higher levels of physical violence and coercive control.”. In evidence to the Justice Committee, Vera Baird QC, Victims’ Commissioner for England and Wales, said the experience of other countries such as China and France meant it had been “obvious” that domestic abuse was going to be an “epidemic within the pandemic.”

The immediate impact of lockdown was that Empower work had to be moved online or delivered in other ways. Oasis quickly adapted their education work to be delivered digitally or over the phone for women who lacked access or confidence to use Zoom. The teams moved to predominantly working from home. This involved more telephone support as direct face-to-face contact with the women that were supported was severely restricted in first three quarters of the year. Oasis also adapted creatively and expanded the use of digital forms of contact such as facetime calls and a secure Facebook account. In addition, during April 2020, all new referrals were directed to the Council’s ‘front-door’ Early Help Service for risk and assessment and initial support to ensure that

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<sup>14</sup> Information from a May 2021 House of Commons library summary available at

<https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>

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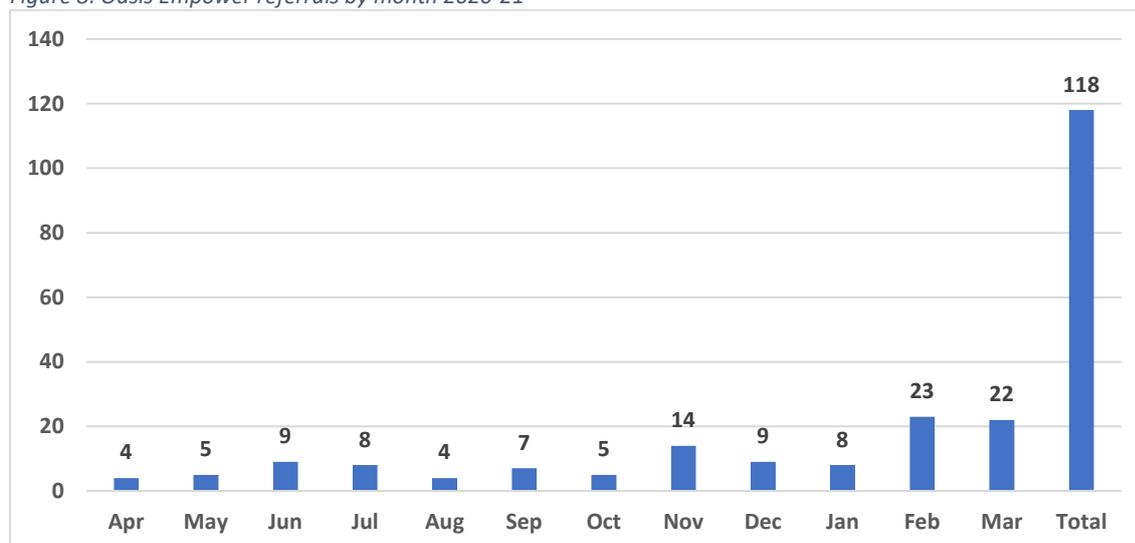
nobody was left without support. The average time spent on the waiting list was 10 days. These arrangements to manage referrals allowed staff to review their existing caseloads and to signpost women to other agencies for additional support and or move people forward into recovery through case closure where safe and appropriate.

The teams maintained some level of direct face to face support where necessary in line with COVID-safety guidance throughout the lockdown. They also continued to help women with form-filling, and scanning and copying essential documents for housing and benefit applications, meeting women in safe outdoor spaces or in COVID-secure spaces in Oasis offices. In addition, they delivered wellbeing packs, toiletries, and emergency food parcels to women throughout the lockdown periods. Many of the women supported throughout this period struggled with social isolation. Some had to shield because of health conditions or were unable to go out because of childcare issues. Consequently, the teams supported increasing numbers of women experiencing economic hardship and mental distress in addition to the trauma of domestic abuse.

As lockdown restrictions eased, face to face group work restarted in June 2021. Oasis is gradually introducing opportunities to enable women to build safe social connections, such as a new 'Make and Create' craft group which started in July. As COVID restrictions ease further, Oasis plans to recruit, train and establish a new core team of peer mentors with lived experience of domestic abuse to provide individual peer support and help with group-work.

The other pressing problem currently is the upsurge in demand for assistance. There has been a very varied pattern of demand during the different stages of the pandemic. In the first period of the pandemic referrals were lower than anticipated as shown below:

Figure 8: Oasis Empower referrals by month 2020-21



There was a general consensus amongst domestic abuse support workers that demand for support would increase as the lockdown arrangements eased, and Empower saw a marked increase in referral volume in Quarter 4, with 23 new referrals to the service in February 2021 and 22 in March 2021 – in fact, Quarter 4 accounted for 45% of the total annual referrals for 2020/21. The increased volume of referrals threatened to overwhelm service capacity and a temporary waiting list was introduced in April 2021 to allow time to work with the existing caseload.

Part of the difficulty dealing with this increasing demand is the uncertain availability of short-term funding. Oasis has recently received additional funding from the Community Foundation and a Ministry of Justice Grant Uplift. Nevertheless, it is unclear how it can deal with the much larger caseload as a consequence of post-COVID lockdown restrictions easing, without additional staff and funding.

### Aspire

COVID-19 has provided considerable challenges to delivery of employment support work. The clients of these services were directly affected by the restriction in the economy and available jobs, rather than by housing and homelessness issues, from the Oasis point of view (although of course they may have housing issues outside the scope of the Aspire programme). Many potential or previous clients were not online, or did not like using the phone. A significant proportion had mental health problems, or other disabilities which affected their ability to participate at a distance. This led to disengagement being exacerbated by COVID-19 and the move to remote learning. On the other hand, as noted earlier, Wellbeing support is a vital element of the Wise Steps programme in supporting participants' journeys towards work. This type of support has increased during the COVID lockdown.

Given these are partnership projects, there was also competition for clients from other partners during the pandemic, some of whom have larger teams – a problem of too many trainers chasing too few clients during economic lockdown. Consequently, it had been difficult to motivate the team, and for them to work effectively with the clients who are available. The provision of clinical supervision for staff by Oasis, in response to these pressures, was reported to have been very helpful. It is not clear how quickly this work will pick up again post-COVID.

### Comparison to COVID responses in other agencies

In the North East there is a very limited range of comparable agencies available for this purpose, so a different and more wide ranging approach has been taken here. During the pandemic period, and up to July 2021 when this report was being finalised, there have been a series of reports looking at how the pandemic has been dealt with across the various sectors involved – local authority, housing associations, third sector agencies, the main governmental agencies including health and DWP and others. These reports include both general national figures and findings, sectoral analysis, and specific case study examples. The reports drawn on here are:

- House of Commons, Library *Coronavirus: Support for rough sleepers (England)* Briefing Paper Number 09057, 14 January 2021<sup>15</sup>
- National Audit Office, *Investigation into the housing of rough sleepers during the COVID-19 pandemic* (2021)<sup>16</sup>
- The Kerslake Commission, *Report On Homelessness and Rough Sleeping – Learning the lessons* (2021)<sup>17</sup>
- Local Government Association, *Lessons learnt from councils' response to rough sleeping during the COVID-19 pandemic* (Nov 2020)<sup>18</sup>
- Homeless Link, *COVID-19 and Homelessness Resource List* (2020)<sup>19</sup>
- Crisis, *COVID-19: Next steps and transition planning toolkit* (2020)<sup>20</sup>

The rest of this part of the report will look at what Government funded and encouraged housing and partner associations to do; what actually happened in England; which approaches proved effective

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<sup>15</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-9057/>

<sup>16</sup> <https://www.nao.org.uk/report/the-housing-of-rough-sleepers-during-the-covid19-pandemic/>

<sup>17</sup> [https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2021/07/KRSC\\_Interim\\_Report\\_0721.pdf](https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2021/07/KRSC_Interim_Report_0721.pdf)

<sup>18</sup> <https://www.local.gov.uk/publications/lessons-learnt-councils-response-rough-sleeping-during-covid-19-pandemic>

<sup>19</sup> <https://www.homeless.org.uk/sites/default/files/site-attachments/COVID19%20HomelessnessResources%20v15%20Sept20.pdf>

<sup>20</sup> <https://www.crisis.org.uk/about-us/the-crisis-blog/housing-led-toolkit/>

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or were less successful; and in more detail how particularly effective approaches were planned and delivered. The information at each of these stages is compared to what Oasis itself did.

### Overview of actions and outcomes

This section sets out what local authorities and third sector organisations like Oasis were expected to do in response to the pandemic, through guidance and funding provided by Government, and high level outcomes which were delivered in response. It is a baseline starting point for comparing what Oasis did to what happened in other similar organisations.

The House of Commons Library report provides a comprehensive overview of the steps taken by Government to tackle the homelessness crisis during COVID-19, particularly Everyone In, setting out responses by different agencies and the impact of these responses. The principles for action which the Government set out to be followed included to:

- focus on people who are, or are at risk of, sleeping rough, and those who are in accommodation where it is difficult to self-isolate, such as shelters and assessment centres
- make sure that these people have access to the facilities that enable them to adhere to public health guidance on hygiene or isolation, ideally in single room facilities

Actions to be taken included:

- The Local Authority convening a local coordination cell to plan and manage their response to COVID and rough sleeping involving the local authority (housing, social care and public health) and local NHS partners together. This would then report in to wider local COVID structures
- Seeking to stop homeless people from congregating in facilities such as day centres and street encampments where there is a higher risk of transmission
- Urgently procuring accommodation for people on the streets if you have not already done so
- Getting the social care basics such as food, and clinician care to people who need it in the self-contained accommodation. The government urged organisations to work with the commissioned and non-commissioned sector to make sure there were adequate levels of support provided.
- If possible, separating people who have significant drug and alcohol needs from those who do not

Subsequent guidance covered taking account of the impact of COVID-19 on vulnerability in assessing priority need, and other guidance around hostels from Public Health England, Department of Health and Social Care, and MHCLG. A specialist taskforce was set up, headed by Dame Louise Casey, to work with local authorities and their local partners, and a range of funding streams were put in place. This funding could be used to secure additional housing, provide additional services such as employment support and training, reconnection, and Cold Weather provision. Additional support was provided to the voluntary sector from an HMT Covid 19 Homeless Response Fund, supplemented by funding from the National Lottery Community Fund, with some of the latter fund being administered by Homeless Link. Crisis also provided additional emergency funding. Further funding for rough sleeping and homelessness was announced in the 2020 Spending Review.

This report goes on to summarise some of the headline outcomes. They include:

- By November 2020, 9,866 people were in emergency accommodation and 23,273 people had been supported to move into settled accommodation (such as social housing or the private rental sector) or a 'rough sleeping pathway' (including hostels and supported housing, or moving in with family or friends)

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- Despite the success of the ‘Everyone In’ initiative, homelessness organisations report that the flow of new rough sleepers onto the streets has continued throughout the summer and autumn of 2020, and they were experiencing increased demand for their services
- It is widely acknowledged that without ‘Everyone In’, the loss of life as a result of the COVID-19 outbreak would have been much higher

It also notes some of the headlines of the NAO report (cited above) that:

- Everyone In has for the first time provided data on the potential scale of the population in England which either sleeps rough or is at risk of doing so. The Department needs to build upon this knowledge to understand fully the size and needs of this population and communicate this to local authorities
- It is clear that there is significant learning available from the experience of Everyone In for the Department and all partners involved. The Department should use this knowledge towards its goal of ending rough sleeping by the end of this Parliament

The NAO report itself sets out that the official snapshot of rough sleepers at autumn 2019 (pre-pandemic) showed 4,266 people. In reality, at November 2020, 9,866 people remained in emergency accommodation due to being rough sleepers. As 23,273 people had moved into more settled accommodation from emergency accommodation by November 2020, this gave a total of 33,139 homeless people assisted.

Responding to the NAO report, the Chair of the Committee of Public Accounts (PAC), Meg Hillier, said:

*MHCLG, Local Authorities and the voluntary sector all rose to the challenge. Their staff went the extra mile and may have saved hundreds of lives. And two thirds of people supported by ‘Everyone in’ have since moved into long-term accommodation.*

*However, MHCLG can’t rest on its laurels and it was caught off guard by just how many people needed help. Now rough sleeping is on the rise again, and the pandemic is far from over*

This overview is helpful in showing the nature and extent of the response to COVID in England as a whole. Oasis has been providing services in line with the key priorities set out by Government and supported by local authorities and the voluntary sector. Oasis staff also, as the PAC highlighted as a key achievement, “went the extra mile” and thereby may have saved lives, and subsequently helped many people move into long term accommodation – as the figures set out above for Oasis show.

The other reports provide more detailed information on how other comparator organisations achieved results, and we turn to this next. Before doing so it is also worth noting that NAO sets out a rank ordered list of the local authorities in England with the largest rough sleeping estimated populations in autumn 2019, which we see from the NAO further analysis of the COVID period was a considerable underestimate. Number three in the rough sleeping list is the city of Bristol, and number nine is Birmingham. This is of importance in considering expansion to these cities.

### What worked well and how?

This section provides more detailed information about what organisations did which worked well, and areas which showed less positive outcomes. This helps place Oasis’ actions in a wider evaluation context.

Lord Kerslake provides the latest comprehensive overview of the actions taken, and their strengths and weaknesses. The bullet points below are the main positive messages identified in the Kerslake Commission report:

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- “Partnership working has been the defining characteristic of the response, with the common objective to save lives leading many to work beyond their remit ...Stakeholders met more regularly and widely, and this coordinated approach was highly effective at identifying and responding to need”

This was clearly evident with Oasis.

- “The overarching mission to save lives meant staff in the homelessness sector were afforded more autonomy in order to respond to need and keep people safe”

Here, evidence from staff interviews suggested staff autonomy played a part in Oasis’ response. We have noted above that Oasis was quickly proactive in proposing how it could assist the Local Authorities involved, at senior level, and that front line staff were also empowered, as the quotes from those staff below indicate:

*We just had to adapt, and quickly*

*[X] and I put our heads together and worked out how we and our respective teams could do all this in a risk aware and effective way*

- “The provision of food and good quality, self-contained accommodation was key in encouraging people to come inside and facilitated the in-reach of multi-agency services, particularly health”

This was one of the main approaches taken by Oasis, noted above.

- “The degree of success that areas had in mobilising and meeting the needs of their rough sleeping populations was largely determined by pre-existing services and infrastructure”

Oasis was a key partner involved in services locally, and was able to make good use of those pre-existing links and services.

In outlining the limitations on how organisations dealt with the challenges, Kerslake notes:

- “Staff working on the frontline of homelessness services are fatigued from the emergency response. Additionally, they face ongoing employment uncertainty due to short term funding”

We have noted above the provision, and expanded use, of counselling and support for frontline staff in Oasis. This is a proactive approach which has, at least to some extent, addressed the problem identified here and is a positive point to note.

The Changing Futures programme, funded by the government in partnership with the National Lottery Community Fund, is another new (but familiar in focus) programme which grows out of two-year pilots in England. It aims to “*improve the way that local systems and services work for adults experiencing multiple disadvantage and to use learning from this to influence future government programmes and policy. The programme will promote a more joined-up, person-centred approach to local delivery*”<sup>21</sup>. It is clear from the evidence that Oasis has been exploring and implementing person-centred joined up working for adults with multiple disadvantages for many years, including for example the Gateshead prototype, and its current plans for a new style Basis Centre provision. The Kerslake Commission recommends:

- “Funding should be allocated to implement the learnings from the Changing Futures Programme at a national level, in order to deliver the system change that is needed to embed partnership working and support people with complex needs”

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<sup>21</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/943316/Changing\\_Futures\\_Programme\\_-\\_Prospectus\\_for\\_local\\_EOIs.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943316/Changing_Futures_Programme_-_Prospectus_for_local_EOIs.pdf)

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This recommendation from the Kerslake Commission indicates that this is the correct model of service delivery which should be more widely adopted. This is reinforced by another key recommendation which also reflects the recent training initiatives in Oasis.

- “Funding should be targeted at improving services to provide trauma informed, person led and controlled support for people with complex needs, with integrated approaches across all agencies, to improve access, experience and outcomes, and maintain tenancies”

Other aspects of the Kerslake Commission report have relevance to Oasis. The West Midlands Combined Authority – where the principal city is Birmingham - was highlighted (p16) as an example of good practice. The particular element picked out included effective assistance to people with No Recourse to Public Funds (not a current issue in Oasis, but a prominent issue in bigger cities); a good level of leadership and coordination from the Local Authorities (whereas Oasis seemed to take more of a leading role with its authorities); the use of hotels as an alternative to hostels; and a more proactive approach to planning exit strategies from the outset (which was needed in the context of a wider range of people and services). An short PowerPoint overview of Birmingham’s response can be found [here](#), and contacts in Birmingham and Bristol can supply additional internal reports.

Kerslake also highlights an excellent programme in Bristol run in conjunction with St Mungos’s (the Next Steps Accommodation Programme, p18). This focuses on the acquisition of homes for permanent move-on from temporary accommodation, with continuing floating support. This question of how to secure longer term move-on accommodation is one which emerged as challenge for the future more generally, and is an option for Oasis to consider further as an objective in its housing strategy decisions.

In learning lessons from the pandemic, Oasis needs to be aware of what worked in Birmingham and Bristol as well, and factor that into their contingency planning for mitigating risks for a further pandemic.

The LGA Lessons Learned report brought other comparisons with Oasis and insights about what could be learned for the future. One striking lesson was that having a self-contained room in a hotel with adequate washing facilities and food, provided a new sense of dignity and self-worth for many people, and had a significant impact on people’s welfare and willingness to engage. The provision of food also had outcomes in terms of better health. Oasis made a point of providing food to people sheltering through Everyone In, which was recognised as being very helpful.

The use of phones for client contact was an area where the LGA noted mixed results. Some partners reported people were happier with phone interactions due to the ease of the transaction and reduced stigma. However, others found this was a significant barrier to engaging with some groups and had maintained or set up new mechanisms to facilitate face to face delivery. Oasis did useful work in providing phones to sheltering residents, but we were not aware of much exploration of how well these functioned with different types of clients, in the context noted above.

Three other issues which LGA flagged were ones which were not highlighted in the Oasis interviews about COVID provision. One is around health issues, where LGA cited a useful article in the Lancet documenting the effectiveness of the Everyone In actions in preventing death in that population of homeless people<sup>22</sup>. LGA noted the different services available in different sized cities, which determined whether rapid health screening and cohort segmentation could be undertaken for those placed in temporary accommodation. It noted that councils and their partners were greatly assisted by the NHS guidance on “COVID 19 Clinical homeless sector plan: triage-assess-cohort- care”<sup>23</sup> produced by Healthy London in early April, which sets out measures to protect those at increased risk of severe illness, reduce transmission risk for residents and staff, and prevent mortality. At the

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<sup>22</sup> [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext)

<sup>23</sup> <https://www.healthylondon.org/wp-content/uploads/2020/04/COVID-19-Homeless-Sector-Plan.pdf>

beginning of this project, we were made aware of the Oasis Board's interest in overlaps with health care, and this may be a place to start in considering incorporating additional links with health, particularly in the new and larger cities.

The second area highlighted by LGA is the role of Housing First. The report notes that almost all respondents contributing to its report felt there was a place for Housing First. Some also felt that it was not a panacea and that a variety of service offers are important, including good quality supported housing. Other reports<sup>24</sup> have stressed the role of Housing First being primarily an approach for supporting homeless people with high needs and histories of entrenched or repeat homelessness, but in discussion of the use of Oasis' Basis Housing First properties, in COVID and more generally, it was not clear what the criteria were for access.

The third area is one which is familiar to Oasis, the issue of domestic violence. This was not mentioned specifically in relation to COVID by staff interviewees, although several did mention the intention and frequent practice of extending the Empower support across all Oasis clients. In doing this within the context of future planning for COVID type emergencies, it may be useful to take account of the LGA comments. These cited the need to deliver the safeguards that women survivors of violence and abuse required during Everyone In, including women-only accommodation, ongoing specialist support, and additional security measures for safety. In particular LGA referenced Good Practice Guidance<sup>25</sup> which includes involving specialist Violence Against Women and Girls (VAWG) agencies in planning move-on accommodation and support for women; not evicting any domestic abuse survivor from emergency accommodation without an offer of accommodation and support; and where survivors in couples choose to leave a relationship, ensuring local authorities work with specialist domestic abuse agencies to accommodate perpetrators as well as survivors, to prevent the perpetrator returning to rough sleeping or to the survivor's accommodation.

LGA includes many references to guidance on good practice. This is also a key element of the final two reports cited above. The Homeless Link document provided 14 pages referring to multiple guidelines and suggested checklists and procedures dealing with COVID related subjects like health, mental health, women, day services, pets, trauma informed care, criminal justice and many more. The Crisis document is a similar type of document which sets out an extensive list of key lessons for next steps and transition planning following COVID, and makes reference to the Crisis extensive toolkit which is also described with multiple links in a separate blog page<sup>26</sup>.

There are guidance documents, providing detailed frameworks, examples and good practice citations, and suggestions about choices, contexts, and where this type of procedural documentation could best be used. They reinforce the issues raised earlier in this report about planning change, having clear procedures developed and in place which can then be systematically monitored, reviewed, discussed, and with staff and users, amended to suit local contexts. Oasis is certainly aware of this type of material, however based on what we have seen and set out above, Oasis currently has not consolidated this type of material, and we have not seen any materials around COVID-19. The extensive guidance already available can be used as initial drafts of such material, for Oasis' own further development. There is no need to reinvent the wheel here.

Finally, and as part of the suggestion above but perhaps somewhat in contrast, we also suggest that Oasis also create its own "organisational memory" of all the actions taken to address the current COVID pandemic. This could include records and key documents around what was done; how plans were devised and delivered; problems and issues which arose; strengths and weaknesses; photos, press articles; letters of thanks from clients and local partners; short notes or phone videos from

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<sup>24</sup> For example from Homeless Link <https://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf>

<sup>25</sup> <https://www.local.gov.uk/publications/tackling-domestic-abuse-during-covid-19-pandemic>

<sup>26</sup> <https://www.crisis.org.uk/about-us/the-crisis-blog/housing-led-toolkit/>

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staff, clients and partners recording their thoughts; and anything else that might be helpful in responding to a similar event in the future. This could be a series of exercises involving staff and managers, in part as a celebration of what was achieved. Service users could be involved in the co-creation of this collective memory. This could then lead to identifying the areas where wider guidance could inform next steps, and in particular how to prepare for any future pandemic type risks.

## 6. Further learning from COVID-19 and moving forward

This section responds to the second main question of the research specification. The precise scope of the brief indicates a focus on “key options Oasis needs to consider to be best placed to optimise service delivery in the future post-covid, and in the likelihood of a pandemic vulnerable operational environment”. This forms two linked questions:

- The first is about managing service delivery in the future – which means in the context of an audaciously expanded Oasis, operating jointly with Oasis Trust in at least two new areas. This question is about service delivery as a medium to large multi-regional organisation, as opposed to a mainly sub-regional small to medium organisation.
- The second consideration is about optimising service delivery in the light of a possible new pandemic type event. There is a range of such events which have already been identified in a recent Horizon Scanning board exercise, including UK economic decline and austerity, significant political change, social disharmony and riots, cyber or ransomware attacks, or extended COVID restrictions. To these we would suggest adding the very prominent question of the effects of climate change, reputational risks (perhaps internal or external complaints about values or ethos), and performance risks such as serious harm coming to vulnerable women or children, vulnerable rough sleepers, or staff members.

Throughout this report we have provided options to improve service delivery and mitigate risks around planning to be a much expanded and bigger organisation, and around the post-pandemic world. To summarise these briefly, they include:

- Better pre-planning of new initiatives, including more input from frontline staff
- More structured collection of data on outputs, progress in the client journey, and outcomes
- Development of the Inform or another data management system to enable continuous monitoring and reporting on cases, key indicators, and patterns of information to understand “what works for whom”
- Structured and adequate procedural guidance to define and embed the “Oasis” ethos and good practice
- Clearer explanation and operationalisation of core but complex issues including “always another chance”
- A revised and better defined suite of key performance indicators, output indicators, and ways to capture stages of progress in client journeys to their goals
- Applying most of the above points in the scoping and implementation planning of the proposed expansion into two new cities alongside Oasis Trust community hubs
- Ensuring that existing staff are valued and given the opportunity to have career development thorough this expansion
- Seeking ways to add more financial stability in the course of this growth
- Reviewing how Empower and Aspire fit into the business in order to maximise their ability to assist homeless and vulnerable clients already being assisted by Oasis. This can be done in the light of new and detailed work on how best to address domestic abuse which was developed during the pandemic
- Celebrating, reflecting on, and documenting the effective actions taken in response to COVID-19, to create a bank of good practice in rapid reaction to pandemic type events, and how things can be done
- Exploring some of the health-related good practice which emerged during COVID, which could provide an additional dimension to these important links
- Refining the current Oasis model of Housing First, particularly in relation to whether it specifically targets entrenched rough sleepers with high needs where previous interventions have failed

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- Initiating discussion with Bristol and Birmingham on how they managed COVID in the light of the landscape of their housing need and local partners
- In both the COVID context and the growth context, making better use of existing guidance checklists and examples when preparing new procedures and contingency plans for possible further pandemics

There are further options to consider, which we now set out.

### Identifying the risks

The first issue to address is how Oasis can identify and manage the main post-COVID and growth-related risks. We have seen the Oasis risk register and are aware that the board regularly reviews risk at one of its sub-groups, but the question posed in the research specification is a wider one. This needs to be built on.

One major area to consider is how to make risk assessment, mitigation, and strategic planning a more prominent and structured activity within Oasis. The Board exercise to horizon scan is a good step forward, but more can be done. This could include:

- An annual horizon scanning exercise to identify emerging risks which may not be on Oasis's agenda. Unfortunately, what may be most important is what the board does not identify, in addition to what it does see. This would involve staff at all levels, Oasis Trust, representatives of similar organisations, and a few independent representatives to update on major issues like climate change and the economy, where new developments may change the way Oasis needs to monitor and plan its services, and the areas where regular board monitoring may need to be enhanced.
- This can be complemented by regular (annual or biannual) all-staff or main service group workshops to explore current and emerging risks, but also to explore what could be done if they actually arose including immediate mitigation actions which stretches the imagination and calls on the ingenuity and resourcefulness of Oasis's committed staff. These could involve some more creative and fun activities, such as role play exercises dealing with clients during a ransomware cyber attack, and in particular if all the data and records are lost; or further cuts to housing allowances.
- In relation to current procedures, a continuous and regular process of risk assessment of current Oasis policies, operational procedures, and safeguarding of clients and staff should be undertaken by independent evaluators. This would include advice on training and accreditation issues at a staff and organisational level, and advice on safeguarding of vulnerable clients or staff facing stress and exceptional pressure. We understand something along these lines may already be under consideration.

### Equal opportunities

We noted at the start of this report that Oasis has very clearly and publicly signed up to deliver services irrespective of a person's faith, disabilities, class, economic means, ethnicity, gender, or sexual orientation, and we have no reasons to think this is not a firm commitment. There is, however, a question of being able to demonstrate that this is so, and that demonstration cannot be done without having and using clear monitoring data around these issues.

The options we suggest here for Oasis are in two areas:

- A basic first step is to ensure that client details on all cases include reference to these protected characteristics. It needs to show that such discrimination – particularly indirect – is not happening. It would no longer be acceptable to omit these questions in case records, and on Inform.
- Second, in addition to this monitoring we suggest that Oasis should regularly commission an evaluation of the presentation of the organisation in its offer to clients, its offer to

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commissioners, its general publicity and outreach. This is again to evidence compliance with the principles of non-discrimination. Put simply, it could be thought by some people that the way Oasis presents itself means “it’s not for the like of us [whatever religion or ethnicity they are] people, so we won’t apply”. We suggest that explicit action to test the risk of this occurring is an important option to consider.

### Concluding remarks

Oasis is doing excellent work with a wide range of clients who are vulnerable, difficult to help and who require the type of patient and focused work which Oasis has made a central element of its services. They also pulled out all the stops to provide highly responsive and innovative local services to respond the COVID-19 emergency and Everyone In programme.

They have the opportunity to bring these services to other local communities alongside the existing network of Oasis partner organisations. In planning this, there are a range of ways in which they could strengthen existing systems, reduce risk, and simplify structures to facilitate spreading their approach and services to other cities.