

THE PREVENTION FIELD GUIDE

How to move from managing homelessness to preventing it

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The prevention paradox

We know more about homelessness than at any point in history.

Across the UK and beyond, governments, housing providers, charities and researchers have invested enormous energy in understanding the problem and developing responses to it. We have built sophisticated homelessness legislation, specialist services, outreach teams, temporary accommodation systems and support programmes. We have generated a growing body of evidence about what works. We have become better at collecting data, evaluating interventions and identifying need.

Yet despite all this progress, homelessness remains stubbornly high. In many places, it is rising.

This is the prevention paradox.

As our understanding of homelessness has improved, and as our response has become increasingly sophisticated, our ability to prevent homelessness at scale has often failed to keep pace. This is not because people do not care. Nor is it because organisations are failing. In many respects, homelessness systems are doing exactly what they were designed to do. They respond when people present as homeless. They provide emergency accommodation. They coordinate support. They manage crises.

The challenge is that most systems were not designed with prevention as their organising principle.

Imagine a healthcare system that devoted most of its attention to treating heart attacks but relatively little attention to smoking, diet or blood pressure. Such a system might become highly effective at responding to medical emergencies while continuing to experience large numbers of them. For much of the twentieth century, this was precisely the challenge facing healthcare systems around the world. Progress accelerated when leaders began looking upstream. Researchers such as Geoffrey Rose demonstrated that meaningful improvements in population health would not come from treating individual cases more effectively alone. They would come from reducing the risks that produced those cases in the first place.

The same insight transformed approaches to road safety, tobacco control and, more recently, violence reduction. In each instance, the greatest gains emerged when attention shifted from responding to crises towards understanding and addressing the conditions that made them likely.

Homelessness presents a similar challenge.

Most people do not fall into homelessness overnight. Housing instability usually develops over time as pressures accumulate and options narrow. Rent arrears begin to build. Debts accrue. A relationship breaks down. An illness disrupts employment. A young person leaves care without adequate support. By the time someone presents to a homelessness service, a long chain of events has often already unfolded.

The uncomfortable implication is that homelessness services are frequently being asked to solve a problem that begins elsewhere. This matters because homelessness is not simply a housing issue. It can also be understood as a measure of how effectively wider systems are functioning. When people leave care, prison, hospital or asylum accommodation without secure pathways into housing, homelessness becomes one of the ways in which wider system pressures become visible. It is often where the consequences of decisions made elsewhere eventually arrive.

Indeed, some of the most effective homelessness prevention strategies may not look like homelessness strategies at all. Just as major improvements in public health came not only from better hospitals but from cleaner water, safer roads and reduced smoking, some of the biggest reductions in homelessness may come from improving the wider systems that shape housing stability. Housing matters enormously, but so do health, education, employment, justice, migration, welfare and social care. Prevention often begins long before homelessness services become involved.

"... homelessness services are frequently being asked to solve a problem that begins elsewhere."

There is also a growing economic case for this shift. As homelessness rises, larger proportions of public expenditure become devoted to managing crisis rather than creating opportunity. Temporary accommodation costs increase. Health, justice and social care systems face growing pressure. Frontline services work harder to keep pace with demand, often leaving less capacity to address the factors driving homelessness in the first place. Prevention is therefore not simply a moral imperative. Increasingly, it is a fiscal one.

The future of prevention may depend on a simple but profound shift in perspective. Rather than asking how we become better at responding to homelessness, we may need to ask how we become better at reducing the flow of people who experience it in the first place.

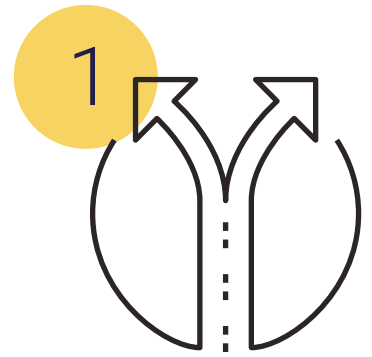
The question is not whether homelessness can be reduced. Evidence from around the world suggests that it can. The question is whether we are prepared to organise our systems around making that progress possible.

This booklet explores five shifts for leaders who want to move their systems upstream. It is not a guide to individual programmes, nor is it a blueprint. Instead, it offers five questions that every place should ask itself if it wants to become better at preventing homelessness.



SHIFT ONE

Move from crisis detection to risk detection



One of the most striking features of homelessness is that it is often visible elsewhere long before it becomes visible to homelessness services.

Consider a household facing eviction because of rent arrears. The landlord is aware of the problem months before a homelessness application is made. A family experiencing financial hardship may come into contact with schools, welfare services or debt advice agencies long before their housing situation reaches crisis point. Someone leaving prison enters a period of heightened risk that is known and predictable. Hospitals know when patients are approaching discharge. Social workers often recognise instability long before housing is lost.

The challenge is rarely a lack of warning signs. The challenge is that systems are not always organised to recognise those warning signs as opportunities for prevention. This distinction matters because the indicators we pay attention to shape the systems we build. Most homelessness systems remain structured around visible manifestations of crisis. Rough sleeping, temporary accommodation use and homelessness applications often dominate public discussion, political debate and performance management frameworks. These measures matter enormously. They tell us whether people are experiencing homelessness and whether services are responding effectively.

However, they are also largely measures of failure. They tell us where prevention opportunities have already been missed. In many respects, rough sleeping, temporary accommodation and statutory homelessness presentations are not leading indicators of system performance but *lagging* ones. By the time they begin to rise, housing instability has often been building for months or even years. Once they become visible, multiple opportunities for intervention may already have passed.

A prevention-oriented system therefore pays as much attention to emerging risks as it does to visible crises. It seeks to understand not only who experiences homelessness today, but who is likely to do so tomorrow. It asks different questions, develops different capabilities and often works through organisations that would not traditionally see themselves as part of the homelessness system.

This requires leaders to look beyond homelessness services and understand where housing instability first becomes visible. In some places this may be schools identifying children whose housing circumstances are deteriorating. Elsewhere it may be housing providers noticing rising rent arrears, employers observing financial hardship among staff, GPs or hospitals identifying patients with insecure housing or community organisations recognising early signs of crisis.

The goal is not simply to predict homelessness more accurately. It is to create the conditions for earlier action.



CASE STUDY:

Homebase, New York

One of the most influential homelessness prevention initiatives in the United States was built around a deceptively simple insight: homelessness is often predictable before it becomes visible.

Rather than waiting for households to enter shelters, Homebase provides practical support when risks first emerge. Households can access mediation, financial assistance, legal advice, employment support and wider case management before housing is lost.

Independent evaluations found that participating households were significantly less likely to enter the homeless shelter system. Importantly, the programme demonstrated that prevention could often be delivered at a fraction of the cost of responding once homelessness had occurred.

The significance of Homebase extends beyond the intervention itself.

Its real contribution was to challenge where the system chose to focus its attention. By recognising that homelessness often becomes visible long before it reaches homelessness services, Homebase shifted resources towards earlier intervention and prevention. In doing so, it demonstrated that one of the most powerful ways to reduce homelessness is to act before homelessness occurs.

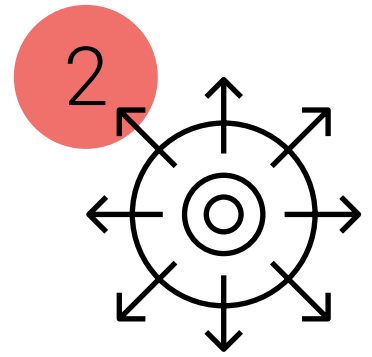
Questions for Leaders

1. What are the earliest indicators of housing instability in our area?
2. Which organisations encounter those indicators first and how can we work with them?
3. What proportion of people presenting as homeless were known to another service beforehand?
4. Which risks are currently visible within our system but not triggering preventative action?
5. Are our performance measures encouraging earlier intervention or rewarding crisis response?
6. Do we know more about people who present as homeless today than people who may do so homeless tomorrow?
7. If homelessness presentations fell by twenty per cent over the next five years, where would those reductions most realistically come from?



SHIFT TWO

Stop optimising the homelessness system in isolation



One of the risks facing homelessness systems is that they become victims of their own success.

As homelessness rises, political and organisational attention naturally turns towards improving homelessness services themselves. Leaders focus on assessment processes, temporary accommodation quality, outreach services, supported housing and homelessness prevention teams. These are important priorities. People experiencing homelessness deserve services that are effective, humane and capable of helping them move quickly towards stable housing. The experience of homelessness should be as brief, non-traumatic and non-recurring as possible.

However, there is a danger that as homelessness systems become more sophisticated, they are increasingly expected to compensate for pressures generated elsewhere. Over the past two decades many homelessness systems have improved significantly. Outreach has become more effective. Data has improved. Temporary accommodation is often better managed than it once was. Yet despite these improvements, homelessness remains stubbornly high in many places. Temporary accommodation costs continue to rise and demand frequently outpaces capacity.

This is not because homelessness services are failing. It is because homelessness is generated by forces that sit far beyond the homelessness system itself. Housing affordability, insecure employment, domestic abuse, poor mental health, exclusion from education, prison release arrangements, debt, welfare systems and wider economic conditions all influence whether people fall into homelessness. Homelessness services encounter the consequences of these pressures, but they rarely control their underlying causes.

The result is a paradox. A homelessness system can become increasingly effective at responding to homelessness while homelessness itself continues to rise. More people may be supported. Services may become more efficient. Temporary accommodation may be better managed. Yet if the flow of people entering homelessness remains unchanged, demand will continue to outpace capacity.

In extreme cases, expenditure rises while outcomes remain stubbornly unchanged. Larger proportions of public expenditure become devoted to managing crisis rather than reducing the conditions that create it. Systems work harder and harder merely to stand still, or slip backwards.

This challenge is not unique to homelessness. Many complex systems experience similar dynamics. One part of the system becomes highly optimised around a particular objective, only for pressures to emerge elsewhere.

Recent changes to asylum decision-making provide a useful illustration. Efforts to reduce the asylum backlog and accelerate decision-making addressed an important operational challenge. However, without corresponding improvements in move-on support, housing pathways and local capacity, some areas experienced increased pressure as larger numbers of newly recognised refugees entered housing systems that were already under strain. The lesson is not that clearing backlogs was the wrong objective. It is that success in one part of a system can create pressures elsewhere when organisations optimise around their own goals without sufficient attention to wider system effects.

The same principle applies across homelessness. Hospitals can successfully reduce delayed discharges while increasing pressure on housing systems if accommodation needs are not addressed. Prisons can hold and discharge inmates while leaving people vulnerable to homelessness on release. Schools can improve attendance while overlooking housing instability among families. Employers, lenders, housing providers, charities and businesses can all influence housing stability, often without recognising the role they play.

The goal cannot therefore be to build ever larger homelessness systems. The goal must be to reduce the number of people who need them. Viewed through this lens, the role of the homelessness system becomes clearer. Its primary purpose is to identify risk, prevent imminent homelessness where possible, minimise harm when crisis occurs and help people move quickly and sustainably into stable housing. It should also generate intelligence about the pressures driving demand and use that intelligence to influence the broader system.

The wider challenge sits elsewhere. Reducing homelessness depends less on asking homelessness services to work harder, and more on ensuring that the institutions shaping housing stability understand and act upon the role they play in preventing homelessness. Housing providers, employers, schools, health services, justice systems, businesses, universities, community organisations and governments all shape the conditions within which housing stability becomes more or less likely.

The question is not whether homelessness should be everybody's business. The question is whether responsibility for prevention is aligned with where homelessness risk is actually generated.



CASE STUDY:

The prevention turn in public health

For much of the twentieth century, healthcare systems faced a challenge that will feel familiar to many homelessness leaders today. Demand for acute healthcare services continued to grow, costs continued to rise and policymakers searched for ways to improve performance. Hospitals became increasingly effective at treating illness, yet many of the biggest improvements in population health came from elsewhere.

Reductions in smoking, improvements in sanitation, safer roads, vaccination programmes and public health interventions all helped reduce the number of people requiring acute healthcare services. The lesson was not that hospitals became less important.

It was that hospitals alone could never create a healthy population.

The most successful health systems therefore learned to balance two objectives simultaneously. They invested in high-quality treatment for people who were already ill while also reducing the factors that made illness more likely in the first place.

Homelessness may require a similar shift. High-quality homelessness services remain essential. However, long-term progress is unlikely to come solely from improving homelessness services. It will depend on reducing the number of people who require them in the first place.

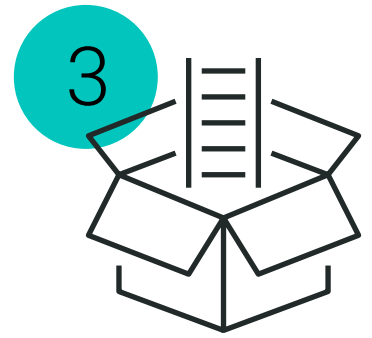
Questions for Leaders

1. What proportion of effort across our system is devoted to managing homelessness versus reducing the factors that create it?
2. Which institutions exert the greatest influence over homelessness demand in our area?
3. Are those institutions held accountable for housing stability outcomes?
4. Where is homelessness demand currently being generated?
5. Which organisations encounter people before they enter homelessness but are not currently involved in prevention?
6. If homelessness services became significantly more effective tomorrow, would homelessness necessarily fall?
7. What would need to change outside the homelessness sector for homelessness presentations to fall substantially over the next decade?



SHIFT THREE

Design around transitions, not services



Many homelessness strategies are organised around services. This is understandable. Services are how public systems are funded, managed and governed. They have budgets, leadership structures, performance frameworks and organisational boundaries. Policymakers naturally ask whether services are effective, whether they have sufficient capacity and whether they are delivering the outcomes expected of them.

People, however, do not experience life through services. A young person leaving care does not encounter a single service. They navigate housing, education, employment, health and welfare systems simultaneously. Someone leaving prison may need to secure accommodation, re-establish income, reconnect with healthcare and rebuild social relationships at the same time. A patient discharged from hospital may be clinically ready to leave but lack the housing stability required for recovery. A family experiencing relationship breakdown may suddenly find themselves navigating legal, financial and housing challenges all at once.

The challenge is that homelessness risk frequently emerges not *within* a single service but *between* services. Many of the pathways into homelessness are characterised by predictable moments when responsibility shifts from one organisation to another. These moments are often associated with heightened vulnerability, increased uncertainty and fragmented accountability. One organisation's involvement comes to an end before another's begins. Individuals are expected to navigate complex systems precisely when their resilience may be at its lowest.



As a result, homelessness is often produced not by the complete absence of support but by failures of connection between forms of support that already exist. This matters because it changes where leaders should focus their attention.

When systems are organised around institutions, it is tempting to improve each service in isolation. Yet many of the greatest opportunities for prevention sit not within services themselves but in the pathways connecting them. A system can contain excellent organisations and still produce poor outcomes if the transitions between them are weak.

The implication is that prevention often depends less on creating new services and more on improving how existing services work together across the moments that matter most.

This is particularly important because many of the highest-risk transitions associated with homelessness are predictable. We know that people leaving care face elevated risks of housing instability. We know that prison release can be a critical point of vulnerability. We know that unsafe hospital discharge can increase homelessness risk. We know that relationship breakdown remains one of the most common routes into homelessness.

The challenge is not that these risks are unknown. The challenge is that systems are not always organised around managing them. For leaders, this requires a shift in perspective. Instead of asking whether services are performing well individually, they may need to ask whether people are moving successfully through the system as a whole. Instead of focusing solely on organisational accountability, they may need to focus on shared responsibility for the outcomes that emerge between organisations.



CASE STUDY:

Critical Time Intervention

Critical Time Intervention (CTI) was originally developed to support people leaving shelters and psychiatric institutions during periods of heightened risk. Rather than providing indefinite support, CTI concentrates resources during critical transition periods, often lasting around three months, and gradually reduces involvement as stability increases. Multiple evaluations have found positive impacts on housing stability and reductions in homelessness. However, the significance of CTI lies not simply in the intervention itself but in the insight that underpins it.

"People rarely fall through services. More often, they fall between them."

CTI begins with the recognition that vulnerability is not evenly distributed across a person's life. Certain moments carry disproportionate risk, particularly when people are moving between institutions, services or living arrangements. By concentrating support where risk is greatest, CTI demonstrates that prevention can often be achieved through better management of transitions rather than the creation of entirely new systems.

The lesson extends far beyond homelessness. Many of the most expensive and damaging failures in public services occur during transitions. People rarely fall through services. More often, they fall between them.

Questions for Leaders

1. Which transitions are most strongly associated with homelessness in our area?
2. Where does responsibility currently become fragmented across those pathways?
3. Who would notice first if an individual struggles in a transition and how can we support them?
4. Which transitions generate the highest human and financial costs when they fail?
5. How effectively do organisations share responsibility for outcomes during periods of transition?
6. Are we investing more effort in improving individual services than in improving the pathways that connect them?
7. If we mapped the five most common routes into homelessness locally, where would we find the greatest points of friction, delay or system failure?
8. Which transition, if improved substantially, would have the greatest impact on homelessness in our area?



SHIFT FOUR

4



Build shared responsibility around a shared vision

If homelessness is shaped by multiple systems, and if many of the pathways into homelessness emerge at the points where those systems intersect, then prevention ultimately becomes a challenge of alignment.

This is often where good intentions collide with institutional reality. Most organisations already have clear objectives. Hospitals seek to improve health outcomes and reduce waiting times. Schools focus on attendance and attainment. Employers focus on workforce productivity and retention. Housing providers focus on tenancy sustainment and financial viability. Homelessness services focus on preventing housing loss and supporting people through crisis.

Each objective is reasonable. Yet organisations can pursue these objectives successfully while collectively producing outcomes that nobody wants. A hospital may reduce delayed discharges while increasing pressure on housing systems if accommodation needs are not addressed. A prison may successfully complete sentences while leaving people vulnerable to homelessness on release. A housing provider may manage arrears effectively while increasing evictions. A government department may achieve an operational objective while creating pressures elsewhere in the system.

These outcomes rarely emerge because organisations are making poor decisions. More often, they emerge because institutions are optimising around their own goals without sufficient visibility of how those decisions affect the wider system. This is why collaboration alone is rarely enough. Organisations can meet regularly, share information and maintain positive relationships while still pulling in different directions. What matters is not simply whether organisations work together, but whether they are working towards a common destination.

The most successful systems therefore spend less time talking about partnership and more time developing shared outcomes and shared ambitions. Shared outcomes create a framework through which different institutions can understand how their own objectives contribute to a broader goal. They provide a basis for accountability, help organisations navigate competing priorities and create a common language through which progress can be understood.

Importantly and obviously, this does not require every organisation to become a homelessness organisation.

Schools should remain focused on education. Hospitals should remain focused on health. Employers should remain focused on productivity. Housing providers should remain focused on providing good homes. The challenge is ensuring that these institutions recognise the relationship between their own objectives and housing stability.

In practice, this means being clearer about responsibility at different levels of the system. Homelessness services should focus on identifying risk, preventing imminent homelessness, minimising harm and helping people move quickly into stable housing.

Local leaders should focus on aligning institutions around shared outcomes, strengthening pathways between services and ensuring that prevention remains a collective priority.

National governments should focus on the structural conditions that shape homelessness, including housing supply, welfare systems, migration policy and the wider economic environment.

Businesses, employers, lenders, universities, housing providers and community organisations should recognise the role they play in creating or reducing housing insecurity and contribute accordingly.

The challenge is ensuring that everyone understands the contribution they can make to the same goal.



CASE STUDY:

Greater Manchester and the power of a shared ambition

One of the most interesting features of Greater Manchester's reform journey is that it has increasingly organised itself around a broader ambition: creating a place where everyone can live well, contribute and thrive. This may seem like a subtle distinction, but it matters.

People rarely unite around homelessness as an issue alone. Different organisations see different priorities. Health services focus on health. Employers focus on work. Schools focus on education. Housing providers focus on homes. Local authorities balance multiple responsibilities simultaneously. However, many of these same organisations can see themselves in a broader ambition to create a place where people are able to participate, contribute and flourish.

The power of this approach lies in its ability to connect different objectives to a shared purpose. Homelessness prevention becomes important not simply because homelessness is harmful, but because reducing homelessness helps create healthier communities, stronger local economies, better educational outcomes and more resilient places.

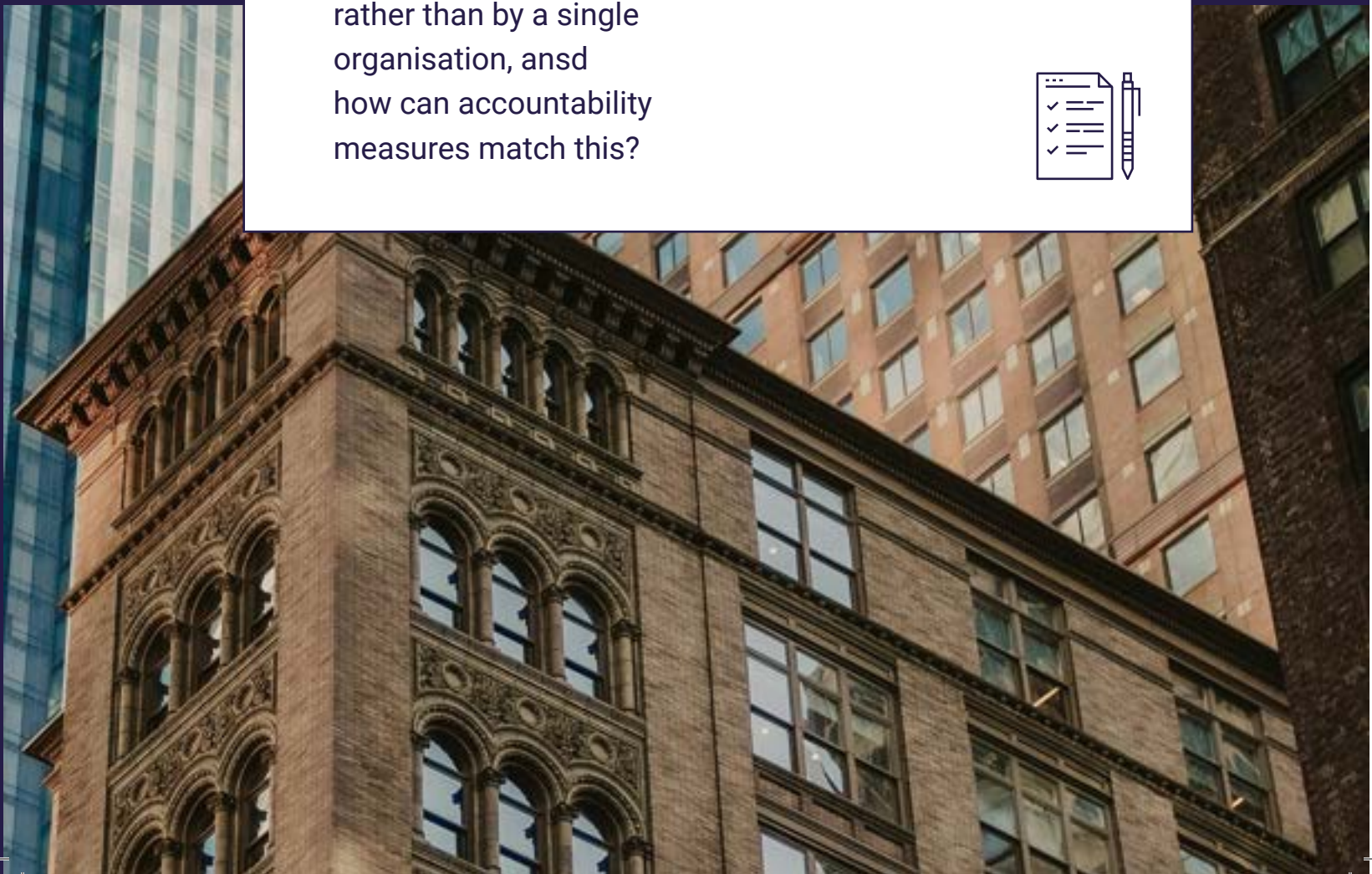
Viewed through this lens, homelessness prevention is not simply an act of compassion. It is an investment in the kind of society we want to build. This is particularly important at a time when public trust in institutions is under pressure. People are more likely to support long-term prevention when they can see how it contributes to safer communities, stronger economies, better public services and greater opportunity for everyone.

The lesson for leaders is that systems often align more effectively around a shared vision than around a shared problem.



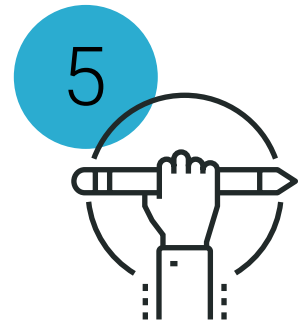
Questions for Leaders

1. What is the shared vision that unites the organisations influencing homelessness in our area?
2. Do different institutions understand how their objectives contribute to housing stability?
3. Where do organisational incentives currently pull partners in different directions?
4. Which outcomes should be owned collectively rather than by a single organisation, and how can accountability measures match this?
5. Are responsibilities for prevention clear at local, regional and national levels?
6. What would a place where everyone could thrive look like in practice?
7. If that were our ambition, what would need to change for homelessness to become increasingly rare?



SHIFT FIVE

Invest in implementation and learning



One of the most encouraging developments in homelessness over the past two decades has been the growth of evidence. We know far more about the causes of homelessness, the pathways into homelessness and the interventions most likely to reduce it than we did a generation ago.

Yet one of the most persistent challenges facing leaders is that knowledge does not automatically translate into improvement. Many places have access to the same evidence. Many are aware of the same interventions. Many share similar ambitions. Yet outcomes can differ dramatically. The difference often lies not in what systems know but in what they are able to do with that knowledge.

This is one of the central insights of implementation science. Successful change depends not only on identifying effective interventions but on creating the conditions that allow those interventions to be delivered effectively and consistently, adapted intelligently and sustained over time. Leadership matters. Workforce capability matters. Data matters. Governance matters. Feedback loops matter. Learning cultures matter.

In other words, evidence alone is rarely enough. The challenge is not simply discovering what works. The challenge is building systems capable of making what works happen routinely. This requires a different understanding of learning. Learning is often treated as something that happens after delivery through evaluations, reviews or reports. In reality, the most effective systems treat learning as part of delivery itself. They generate feedback continuously. They use data to understand whether implementation is occurring as intended. They adapt when circumstances change. They stop doing things that are ineffective and strengthen those that show promise.

Just as importantly, they learn the right lessons. One of the risks facing leaders is drawing conclusions from the wrong indicators. Rising homelessness is often presented as evidence that existing approaches have failed. Yet the relationship between system-wide outcomes and individual interventions is rarely so straightforward. Effective interventions can coexist with worsening overall outcomes when the wider drivers of homelessness are becoming more severe.

A city may experience rising rents, worsening affordability and increasing homelessness while simultaneously preventing thousands more people from entering homelessness through effective prevention programmes. Housing First, Rapid Rehousing and prevention interventions should not be judged solely by whether homelessness exists. They should be judged by whether they reduce risk, improve outcomes and perform better than the alternatives available.

The challenge is therefore not simply to ask whether homelessness is rising or falling. It is to understand why. This is where shared definitions, shared indicators and shared outcomes become particularly important. If different organisations define homelessness differently, measure it differently or pursue different objectives, collective improvement becomes extremely difficult. Shared understanding creates the foundation upon which collective learning becomes possible.

The most successful systems invest as heavily in learning infrastructure as they do in service delivery. They recognise that improvement depends not only on action but on the ability to understand the consequences of that action and adapt accordingly.



CASE STUDY:

Finland, Denver and the power of staying the course

Finland's success in reducing homelessness is frequently associated with Housing First. Housing First undoubtedly played an important role. However, focusing solely on the intervention risks overlooking the broader lesson.

Finland's progress was built over many years through sustained political commitment, cross-government coordination, investment in implementation support and a willingness to maintain focus over successive administrations. Housing First succeeded not simply because it was a strong idea but because leaders invested in the systems required to deliver it consistently and at scale.

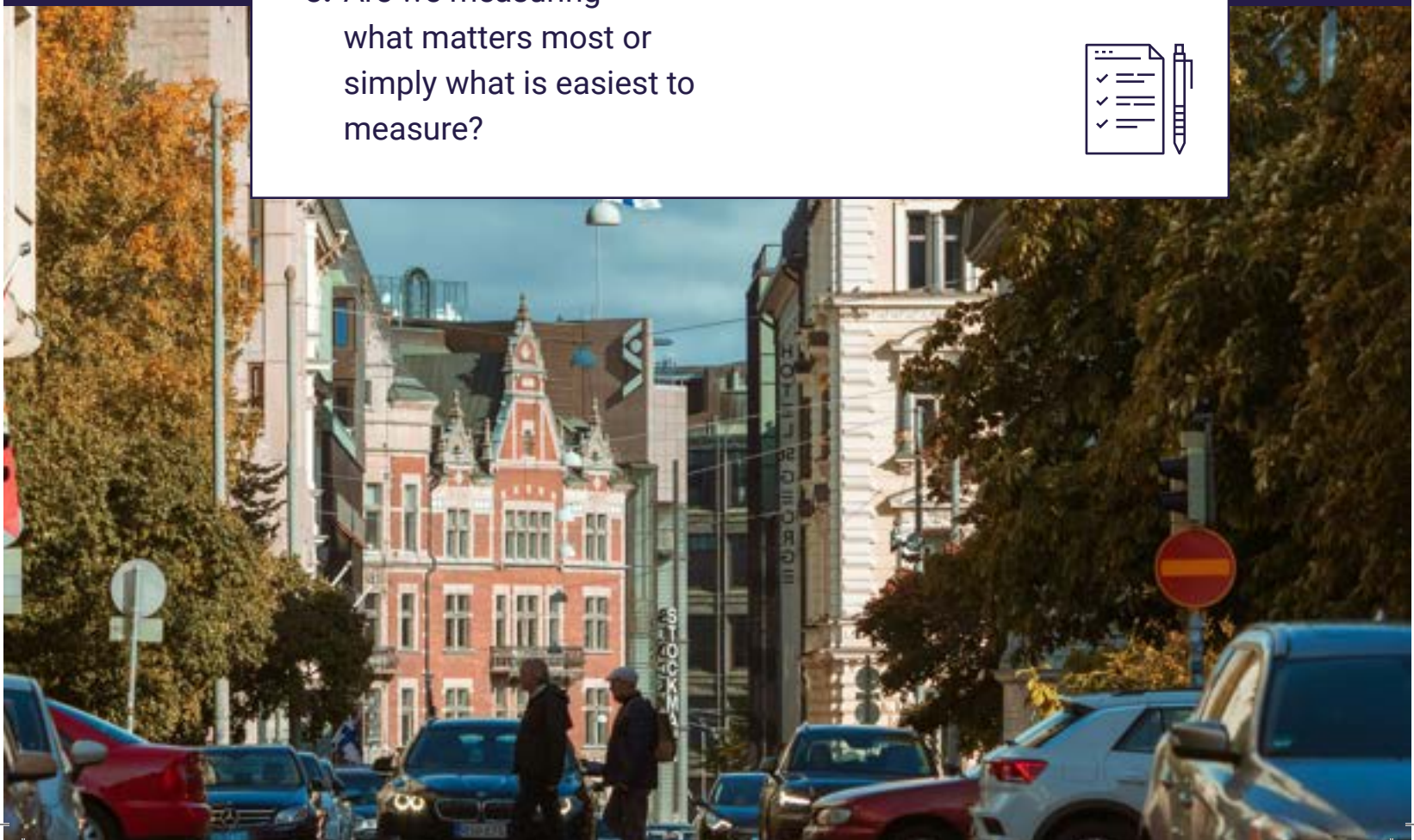
More recently, Denver has demonstrated a complementary lesson. Faced with growing public concern about homelessness, the city established clear goals, strengthened coordination across agencies, invested in performance management and maintained a relentless focus on delivery. While the context differs significantly from Finland, Denver illustrates how leadership, accountability and implementation discipline can translate ambition into measurable progress.

The common thread is not a particular programme or governance model. It is the recognition that lasting improvement rarely comes from a single intervention. More often, it emerges when leaders create the conditions for evidence, implementation and learning to reinforce one another over time.



Questions for Leaders

1. Do we know which evidence-based practices are currently being implemented across our area?
2. How consistently are they being delivered?
3. How quickly can we identify when implementation is drifting from intended practice?
4. Do organisations across our system share a common understanding of success?
5. Are we measuring what matters most or simply what is easiest to measure?
6. How well do we distinguish between changes in homelessness demand, system performance and intervention effectiveness?
7. What have we stopped doing during the past three years as a result of evidence or learning?
8. How quickly does new knowledge translate into changes in policy, commissioning or practice?



THE PREVENTION READINESS CHECK

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How prevention-oriented is
your system?

Most places already do some prevention. The question is whether prevention has become an organising principle. The purpose of this exercise is not to generate a score for its own sake. Rather, it is intended to help leaders reflect on the strengths and weaknesses of their current system and identify where the greatest opportunities for progress may lie.

Consider each dimension below and score your area from one to five.

☐

1. Risk detection

How effectively does your system identify housing instability before homelessness occurs?

☐

2. Understanding demand

How well does your area understand the drivers, pathways and pressures generating homelessness demand?

☐

3. Transition management

How effectively are high-risk transitions identified, owned and managed?

☐

4. Shared outcomes and accountability

To what extent are organisations aligned around common prevention goals and clear responsibilities?

☐

5. Implementation capability

How effectively does your system translate evidence into routine practice?

☐

6. Learning capability

How effectively does your system use data, evidence and feedback to improve over time?

☐

7. Leadership commitment

To what extent do leaders consistently prioritise prevention alongside crisis response?

Reflect

1. Where did your system score highest?

2. Where did it score lowest?

3. Which dimension is currently limiting progress most?

4. What would need to change over the next five years for prevention to become a stronger organising principle across your area?

5. Most systems will score highly in some areas and less strongly in others. That is normal. The purpose of prevention is not perfection. It is progress.

How good do we want to be?

Most homelessness systems are not failing.

Across the world, thousands of practitioners, housing providers, charities, public servants and community organisations work tirelessly to support people facing some of the most difficult circumstances imaginable. Their commitment matters. Their work matters. Every day, homelessness services prevent crises, protect people from harm and help individuals and families rebuild their lives.

The challenge is not that homelessness systems have become worse. The challenge is that the scale and complexity of the problem increasingly exceeds what homelessness systems can solve on their own.

For many years, progress has largely been defined by our ability to respond more effectively once homelessness occurs. We have improved assessment processes, developed specialist interventions, strengthened prevention services, expanded outreach and become more sophisticated in our understanding of what works. These are important achievements and they should not be understated.

Yet the prevention paradox remains.

Even as our response has improved, homelessness continues to place growing pressure on public services, housing providers, charities and communities. Temporary accommodation costs continue to rise. Demand continues to outstrip capacity. Frontline services work harder than ever while the flow of people requiring support remains stubbornly high.

The risk is that systems become trapped in a cycle of perpetual crisis management. More resources become devoted to responding to homelessness, leaving less capacity to influence the conditions that create it. More attention is focused on managing demand, leaving less space to ask how demand might be reduced. In such circumstances, homelessness systems can become increasingly sophisticated while homelessness itself remains largely unchanged.

"The goal is not to build ever larger homelessness systems. The goal is to build places where fewer people need them."

Conversely, places that become better at preventing homelessness often become stronger in other ways as well. More people are able to participate in education, employment and community life. Public resources can be directed towards opportunity rather than crisis. Health outcomes improve. Communities become more stable and resilient. Prevention is therefore not simply about reducing homelessness. It is about creating the conditions in which more people can contribute, participate and thrive.

This field guide argues that such progress requires a different way of thinking. It requires leaders to look beyond homelessness services and understand where homelessness risk is generated. It requires systems that identify risk earlier, manage transitions more effectively and align institutions around shared outcomes. It requires investment in implementation and learning, alongside the humility to adapt when circumstances change. Above all, it requires recognising that preventing homelessness is not the responsibility of a single organisation or sector. It is a property of the wider system.

Perhaps the most important shift, however, is one of ambition. Many of the places that have made the greatest progress began by rejecting the assumption that current levels of homelessness were inevitable. They recognised that while homelessness may never disappear entirely, much of it is preventable. They asked not how to manage homelessness more effectively, but how to reduce it over time. They understood that meaningful progress requires persistence, leadership and a willingness to think beyond electoral cycles, organisational boundaries and immediate pressures.

The evidence increasingly suggests that homelessness can be reduced. The question is not whether progress is possible. The question is whether we are prepared to organise our systems around making that progress inevitable.

The most successful systems are not those that build the largest homelessness sectors or the most complex service landscapes. They are the ones that steadily reduce the number of people who require those services because risk is identified earlier, transitions are managed better and other institutions take responsibility for the role they play in creating or preventing homelessness.

The goal is not to build ever larger homelessness systems. The goal is to build places where fewer people need them. Or, put more simply: **How good do we want to become at preventing homelessness?**

Where next?

This field guide is intended as a starting point rather than a destination.

To explore these ideas in greater depth:

How to use evidence to end homelessness

Edited by Dr Lígia Teixeira and Greg Hurst

Available for pre-order



Ending homelessness: how good do you want to be?

A forthcoming book by Dr Lígia Teixeira

You can also access evidence, tools and practical resources by visiting:



Have an example of prevention in action that others could learn from?

We'd love to hear from you: hello@homelessnessimpact.org





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