



NORTHAMPTON BOROUGH COUNCIL

SCRUTINY PANEL 3 HOMELESSNESS AND ROUGH SLEEPERS

6 SEPTEMBER 2018

BRIEFING NOTE: BACKGROUND DATA

1 INTRODUCTION

- 1.1 At its inaugural scoping meeting, Scrutiny Panel 3 (Homelessness and Rough Sleepers) agreed that it would receive details of background research reports to inform its evidence base.
- 1.2 There are a number of published academic, Governmental and think-tank journals that explore the causes and effects of homelessness and rough sleeping which will be presented to the Scrutiny Panel over a series of meetings for its information.
- 1.3 The research papers for consideration by the Scrutiny Panel at its meeting on 20 September 2018 are:
 - [Rough Sleeping \(England\) 2018, Housing First - A Good Practice Briefing - Shelter](#)
 - HomelessLink paper
https://www.homeless.org.uk/sites/default/files/site-attachments/Annual%20Review%202017_0.pdf
- 1.4 **Rough Sleeping (England) 2018, Housing First - A Good Practice Briefing - Shelter**
 - 1.4.1 The briefing note reports that the Housing First Model was developed in the United States and has demonstrated high degrees of success in both housing and supporting those who are chronically street homeless, with multiple and complex needs. It goes on to state that it is founded on the principle of housing being a basic human right and provides permanent accommodation for people straight from the street. The model has no preconditions of addressing wider social care and support needs.
 - 1.4.1 The summary of the briefing states:

"As is evident from research to date, no single model of housing and support is likely to be effective for all homeless people with complex needs. Shelter has previously called for the consideration and development of new approaches."

The purpose of this briefing is not to advocate for any single model, but to examine the potential for the housing first approach to complement existing provision in the UK.”

1.4.2 The briefing paper reports:

“The housing first model operates by taking account of two key convictions:

- 1. housing is a basic human right, not a reward for clinical success*
- 2. once the chaos of homelessness is eliminated from a person’s life, clinical and social stabilisation occur faster and are more enduring.¹²*

There are a range of different housing first programmes operating across the US, which are underpinned by the following common principles. Immediate (or relatively immediate), permanent accommodation is provided to service users directly from the streets, without the requirement of assessed housing readiness. This is achieved by the housing first agency leasing private sector tenancies and renting these on to service users. This allows the agency to control access to housing and ensure it is targeted at the most vulnerable and complex cases. Typically these are people with mental health and/or substance use problems, who may not have alternative options or have not benefited from the traditional staircase approach. Tenancies are usually obtained and allocated on a scatter-site basis to avoid concentrations in any single locality.”

1.4.3 The briefing paper provides examples of the Housing First Model being presented in the UK, including:

“The housing first model presents a particularly innovative use of the private rented sector at a time when increasing emphasis is being placed upon its use for households in housing need in the UK.¹⁴ Furthermore, although it is still primarily a US initiative, elements of the model do exist in the UK.”

“Action Housing and Support Ltd, Derbyshire

Action’s floating support services in Chesterfield, Bolsover, and North East Derbyshire, target substance users and people with offending backgrounds. It provides cross-tenure support to local authority, registered social landlord (RSL), and private sector tenants, in addition to owner occupiers. Generally, the service prioritises and focuses on people that tend to fall between other services due to the extent or complexity of their needs, such as substance users who have underlying mental health problems. Few referrals are refused and Action works with service users whose dependencies range from current and active use to those who are now drug/alcohol free.

While Action does not control the housing of service users, it can provide support for up to two years (with some flexibility for extension). Service users who have left the scheme can be re-referred if difficulties arise. The

scheme has achieved notable success; in each of the last three years, more than 90 per cent of people who have left the programme have maintained independent living.”

“BCHA, Bridge Project, Exeter

This project was developed as part of a strategic approach to address homelessness within the city, particularly that of long-term, repeat street sleepers. Exeter City Council commissioned BCHA as the support provider, Signpost Care Partnership as the housing provider, and Street Homeless Outreach Team as the referral agency. The organisations work in partnership in order to provide secure accommodation with high levels of support to homeless people directly from the streets. Typically, service users have multiple and complex needs and previous conventional methods have failed to resolve their homelessness. The accommodation is made up of a mixture of dispersed shared and single RSL flats, with current capacity to support service users. The accommodation is not permanent, but let for up to two years, providing long-term settled accommodation with the potential to move on to permanent social housing. The flats can accommodate single men, women, and couples, including those with pets. Access to support is available between 8am and 6pm five days a week, but can be provided seven days a week if service users require. The support is funded through a Supporting People contract. BCHA are keen to progress and develop the model in other areas. The organisation has considerable experience in managing private sector leasing stock and there is significant potential for developments in this area. “

- 1.4.4 The briefing concludes that *“Housing first programmes have expanded markedly in the US, based on a growing evidence base of effectiveness in providing more permanent solutions to the needs of homeless people with multiple and complex needs. Elements of the approach are present in the UK, and achieving some success. However, in order to realise the opportunities the model may present, and support in its wider adoption, a similar evidence base will be required in the UK. No single model will be appropriate for everyone and research and evaluation will need to identify for whom this approach may be most appropriate and effective. It will also need to identify potential cost benefit savings across a range of health, social care and support services to build the multi-disciplinary partnerships that will be required to meet the needs of homeless people with multiple and complex needs.”*

- 1.4.5 A copy of the full briefing paper can be [located](#).

1.5 HomelessLink – Support for Single Homeless People In England (Annual Review 2017)

- 1.5.1 The Executive Summary of the Report states:

“For the past ten years, Homeless Link has produced an annual review of the support that is available to single homeless people. These reports provide crucial evidence on the homelessness sector and the people it supports and are the only data source of their kind available on homelessness services in England. This report outlines findings from five key data sources, including survey data provided by accommodation providers and day centres across England. The findings provide a detailed overview of the nature and availability of key services for single homeless people.

Trends in single homelessness

- *Approximately 200,000 single people experience homelessness in England each year.*
- *An average of 77,000 single people are estimated to experience some form of homelessness on any one night.*
- *Between April 2016 and March 2017, 19,460 people who made a homelessness application in England were found to not be in priority need by their Local Authority and the majority of them were likely to be single homeless people. This represents 17% of the total number of households making a homelessness application.*
- *In 2017, a total of 4,751 people were estimated to be sleeping rough in England on any given night, which represents an increase of 15% since 2016.*

Availability of homelessness services

- *There are currently 1,121 accommodation projects for single homeless people in England.*
- *A total of 196 day centres currently operate throughout England.*
- *Homeless England data identifies a reduction in both the number of accommodation projects (-5%) and the number of day centres (-8%) in the past year.*
- *The number of bed spaces has decreased by 3% in the past year, and now stands at 34,497 in total.*
- *39% of the responding accommodation providers reported a decrease in funding, with 38% reporting no change in funding over the past 12 months. 15% reported an increase in funding.*

Delivery of services

- *Accommodation providers and day centres provide a wide variety of services to address individuals' needs, and respondents rarely reported that services are completely unavailable.*
- *People who are homeless face difficulties in accessing mental health services.*
- *Services provided in-house on an organisation's premises are less likely to have barriers to access than services provided via formal referral to external services.*

Outcomes, move on and service development

- *Among accommodation projects, the level of resident engagement is highest for money management activities and for meaningful activities such as sports or art groups.*
- *Accommodation providers were most likely to report homelessness prevention as their main outcome.*
- *74% of accommodation providers continue to support individuals after they move on from their services.*
- *People accessing accommodation services face significant structural barriers to moving on. Lack of affordable accommodation is the main barrier.”*

1.5.2 A copy of the full report can be [located](#).

2 Recommendations

- 2.1 That the information provided in this briefing note informs the evidence base of this Scrutiny Review.