

‘NORTHAMPTON BOROUGH COUNCIL

Overview and Scrutiny

Report of Scrutiny Panel 1 - Homelessness and Rough Sleepers

Draft Version 2

1 Purposes

- 1.1 The purpose of the Scrutiny Panel was to review the way in which the Council and its partners engage with rough sleepers, consider the best way in which ‘Housing First’ can be used to reduce rough sleeping in the borough, and understand the nature and extent of ‘hidden homelessness’ and how it can best be addressed.

Key Lines of Enquiry

- To gain an understanding of why people sleep rough
- To gain an understanding of the causes and extent of rough sleeping in the borough, the impact that rough sleeping has on the health, safety and life expectancy of people who are sleeping rough, and the implications for safeguarding and community safety.
- To gain an understanding of the work that is currently being undertaken by Northampton Borough Council (NBC) and local groups, services and organisations to engage with rough sleepers
- To consider the effectiveness of the action that is being taken (by NBC and local groups, services and organisations) to help people who are sleeping rough to come off the streets
- To gain an understanding of the ‘Housing First’ model and consider how best it could be used to reduce rough sleeping in the borough
- To gain an understanding of the nature and extent of ‘hidden homelessness’ in the borough, including the profile of the people affected and what contact (if any) they have had with NBC, Northampton Partnership Homes or local advice agencies
- To explore various ways of connecting with, and engaging with, harder to reach groups
- To gain an understanding of the specific needs and assistance provided for young people, between the age of 16-25, including care leavers
- To gain an understanding of the specific needs and assistance provided for ex-Offenders
- To understand how data, statistics and demographics are gathered and used to meet the needs of rough sleepers, men and women, who are homeless

1.2 A copy of the scope of the Review is attached at Appendix A.

2 Context and Background

2.1 Following approval of its work programme for 2018/2019, the Overview and Scrutiny Committee, at its meeting in April 2018 commissioned Scrutiny Panel 1 to undertake the review – Homelessness and Rough Sleepers. An in-depth review commenced in May 2018 and concluded in May 2019.

2.2 A Scrutiny Panel was established comprising Councillor Cathrine Russell (Chair); Councillor Zoe Smith (Deputy Chair); Councillors Sally Beardsworth, Jane Birch, Gareth Eales, Ian Bates, Umbrella Faire, was co-opted to the review.

2.3 This review links to the Council's corporate priorities, particularly corporate priority 2- Safer Communities (Making you feel safe and secure.)

2.4 The Scrutiny Panel established that the following needed to be investigated and linked to the realisation of the Council's corporate priorities:

3 Evidence Collection

3.1 Evidence was collected from a variety of sources:

3.2 Background reports and information

Presentation to set the scene

Rough sleeper engagement

Homelessness in Northampton

Housing First

Tackling Hidden Homelessness

- Ø Relevant national and local background research papers
- Ø Definitions – Rough Sleepers, homeless, and Hidden Homelessness
- Ø Homelessness Reduction Act 2017
- Ø Barriers to housing people and maintaining successful tenancies

Ø Relevant Council Policies and Strategies

Ø Statistics:

Rough sleeper data

Hidden homelessness data and information

Homeless data, including LGBT statistics

Ø Relevant Legislation:

Homelessness Reduction Act 2017

The Health and Social Care Act 2012

Ø Relevant published papers on homelessness and rough sleeping, for example Central Government's paper – [Rough Sleeping \(England\) 2018](#), [Housing First - A Good Practice Briefing - Shelter](#)

Ø HomelessLink paper https://www.homeless.org.uk/sites/default/files/site-attachments/Annual%20Review%202017_0.pdf

Best practice external to Northampton

Case studies – hidden homeless and rough sleepers

Internal expert advisors:

Ø Cabinet Member for Housing, NBC

Ø Housing Options and Advice Manager, NBC

Ø Cabinet Member for Community Safety, NBC

Ø Chair of the Community Safety Partnership (CSP) and the Community Safety Team

External expert advisors:

Ø Head of Protecting Vulnerable Persons, Northamptonshire Police

Ø Director, NACRO

Ø Director, NAS

Ø Director of Public Health, Northamptonshire County Council

- Ø Director, Adult Social Care, NCC (specifically in relation to ex-Offenders)
- Ø Director, Housing First (England)
- Ø Manager, Hope Centre
- Ø Service Manager, Salvation Army
- Ø Service Manager, Jesus Army
- Ø Chief Executive, Central Northamptonshire CAB
- Ø Homelessness Charities such as:
 - Shelter
 - Crisis
 - Joseph Rowntree Trust
 - Big Issue
- Ø Health Watch Northamptonshire
- Ø Director, Maple Access Centre
- Ø Director, SAAFA
- Ø Skype interview, or similar, link with American organisation regarding the Housing First initiative
- Ø MPs – Michael Ellis, Andrea Leadsom, Andrew Lewer
- Ø Community Co-Chairs, all Northampton Community Forums
- Ø Representative of the Landlords Forum

Site visit(s) to the Hope Centre, Women’s Refuge, Oasis House; other organisations that support homeless people and rough sleepers, Emmaus Centre in Bedford. Representatives of the Panel to accompany the Out Reacher Workers and attend the Rough Sleepers count. Site visit to Re-Store Café. The Deputy Chair to visit Manchester.

SWEP and the Winter Shelter.

Over 50 people had volunteered so far in 2019 and it had been staffed by an NBC Officer. The Winter Shelter had opened on 17 January 2019

and had closed on the morning of 24 January 2019. During this 7 day period, 58 people had used the facility. Patterns of use will be recorded and monitored.

More volunteers are needed and it was hoped that the Winter Shelter might operate as an all-weather Winter Shelter from February until 31 March 2019.

3.3 **Published Papers**

There are a number of published academic, Governmental and think-tank journals that explore the causes and effects of homelessness and rough sleeping which were presented to the Scrutiny Panel over a series of meetings for its information:

- [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

Rough Sleeping (England) 2018, Housing First - A Good Practice Briefing - Shelter

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.

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.”

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.”

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. “

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.”

A copy of the full briefing paper can be [located](#).
HomelessLink – Support for Single Homeless People In England (Annual Review 2017)

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."*

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

Published academic, Governmental and think-tank journals

There are a number of published academic, Governmental and think-tank journals that explore the causes and effects of homelessness and rough sleeping including:

- House of Commons Library – Briefing Paper (23 February 2018) Rough Sleeping (England)

- Crisis – Ending Rough Sleeping: What Works? An international evidence review
- CJS – Housing First – Housing Led Solutions to Rough Sleeping and Homelessness (March 2017)

House of Commons Library – Briefing Paper (23 February 2018) Rough Sleeping (England)

The Summary of the Briefing Note details:

“Local authorities’ duties

Local authorities in England do not have a duty to secure accommodation for all homeless people. Those who approach an authority for help who are deemed to be homeless but not in priority need, may find themselves sleeping rough. Rough sleepers are one of the most vulnerable groups in society; studies have found strong correlations between homelessness and a multiplicity, and increased severity, of both physical and mental health conditions. Rough sleepers are over 9 times more likely to commit suicide than the general population; on average rough sleepers die at age 47 (age 43 for women).

Government initiatives

Successive Governments have put in place initiatives to tackle rough sleeping. The [Rough Sleepers Initiative](#) operated between 1990 and 1999 until it was replaced by Labour’s Homelessness Action Programme. Over the years some ambitious targets have been set; for example, Labour set a target in 1999 to achieve a two thirds reduction in rough sleeping by 2002. [No One Left Out](#) (Labour, 2008) set a target of ending rough sleeping “once and for all” by 2012.

Crisis commissioned the Centre for Housing Policy at the University of York to conduct a review of single homelessness in the UK between 2000 and 2010. The study, [A review of single homelessness in the UK](#), (2011) provides an overview of the history, causes and policy responses to single homelessness, and assesses how successful these policies have been in tackling the issue. The study suggested some policy responses for the next decade.

The Conservative Government elected in 2015 continued with the approach initiated under the Coalition. This [No Second Night Out](#) approach was piloted in London. A key aim was to ensure that no-

one new to the streets sleeps out for a second night. A [Ministerial Working Group](#) was established to prevent and reduce homelessness.

The current Government was elected with a manifesto commitment to “halve rough sleeping over the course of the parliament and eliminate it altogether by 2027” by setting up a new homelessness reduction taskforce to focus on prevention and affordable housing and by piloting a Housing First approach to tackle rough sleeping. The Government also supported Bob Blackman’s Homelessness Reduction Act 2017 which will place additional duties on local authorities in England to prevent and relieve homeless for all eligible applicants from April 2018.

Rough sleeping is still increasing

Despite these considerable efforts, the official rough sleeper counts have risen in each year since new methodology was introduced in autumn 2010. The most recent statistics published on 25 January 2018 recorded a 169% increase in the number of people sleeping rough in England since 2010. Existing programmes have recorded successes in helping individuals to exit rough sleeping, but the flow on to the streets continues. The UK Statistics Authority declared DCLG’s Rough Sleeping statistics to not to meet the standard to be regarded as National Statistics in December 2015.

Rough sleeping is at its most severe in London. The latest financial year report from the Combined Homelessness and Information Network (CHAIN) database, [CHAIN Street to Home Annual Report 2016-17](#), shows that a total of 8,108 rough sleepers were contacted by outreach workers or building-based teams in London during 2016/17.

Factors identified as contributing to the ongoing flow of new rough sleepers to the streets include: welfare reforms, particularly reductions in entitlement to Housing Benefit/Local Housing Allowance; reduced investment by local authorities in homeless services; and flows of non-UK nationals who are unable to access benefits.

Organisations working in the sector have called for an effective safety net and a long-term homelessness strategy backed by investment to deliver it. Some organisations support legislation to extend the priority need categories to cover all homeless people, an approach already adopted in Scotland. In December 2017, the Public Accounts Committee published a [report](#) which criticised the Government’s approach to rising homelessness:

The Department for Communities and Local Government’s attitude to reducing homelessness has been unacceptably complacent. The limited action that it has taken has lacked the urgency that is so badly needed and its “light touch” approach to working with the local authorities tackling homelessness has clearly failed.

The Department is placing great reliance on the new Homelessness Reduction Act to provide the solution to homelessness.

While this new legislation will no doubt help, it cannot be successful unless it is matched by a renewed focus across government on tackling the twin issues of both the supply and affordability of decent housing, which underlie the causes of homelessness.”

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

Crisis – Ending Rough Sleeping: What Works? An international evidence review

The Summary of the Report states:

“Ending rough sleeping: what works? An international evidence review (2017)

This study demonstrates what works to end homelessness for rough sleepers through an international evidence review. The ongoing need for people to sleep rough on the streets of the UK is indicative of an unacceptable societal failure and recent homelessness projections suggest that the scale of the issue is worsening. Ending rough sleeping is an increasing policy priority across the UK. Crisis commissioned Cardiff University and Heriot-Watt University to undertake an international evidence review of what works to end rough sleeping.

Key findings:

Through analysis of over 500 published studies and interviews with eleven homelessness experts around the world, the review found that current approaches to address rough sleeping are not as effective as they might (and need) to be. The development of an improved approach to ending homelessness must of course incorporate the views of rough sleepers and those who work with them, and take into account homelessness prevention, but the learning from this evidence review can play a key role in shaping a new approach. It suggests five key principles should underpin this approach:

- 1. Recognise heterogeneity – of individual rough sleepers’ housing and support needs and their different entitlements to publicly funded support. Local housing markets and rough sleeper population profiles will also vary across the UK.*
- 2. Take swift action – to prevent or quickly end street homelessness, through interventions such as No Second Night Out (NSNO), thereby*

- reducing the number of rough sleepers who develop complex needs and potentially become entrenched.*
3. *Employ assertive outreach leading to a suitable accommodation offer – by actively identifying and reaching out to rough sleepers and offering suitable accommodation.*
 4. *Be housing-led – offering swift access to settled housing including the use of Housing First*
 5. *Offer person-centred support and choice – via a client-centred approach based on cross-sector collaboration and commissioning. Personalised Budgets are a good example of this.*

In the UK there is both an opportunity and a need for change in the way rough sleepers are assisted. The findings presented from this review should be used alongside the wider body of work being undertaken by Crisis with rough sleepers and those who work with them, to shape an improved approach and end rough sleeping. Moreover, we hope this synthesis will provide a reference point for policy makers, practitioners and researchers working with rough sleepers across the globe.”

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

CJS – Housing First – Housing Led Solutions to Rough Sleeping and Homelessness (March 2017)

It is reported that the Centre for Social Justice, that was established in 2004 is an independent think-tank that studies the root causes of Britain’s social problems and addresses them by recommending practical, workable policy interventions. The CSJ’s vision is to give people in the UK who are experiencing the worst multiple disadvantages and injustices every possible opportunity to reach their full potential.

The Executive Summary of its report “Housing First – Housing Led Solutions to Rough Sleeping and Homelessness (March 2017)”:

“Homelessness is a devastating experience. It can trigger and exacerbate problems, from substance misuse to mental health conditions, and destabilise families and support networks. And the effects can last a lifetime; children who experience homelessness are much more likely to experience homelessness as adults. This cycle must be broken. But over the last six years, the number of people experiencing homelessness in England has risen significantly. The number of households approaching their council for homelessness assistance has grown considerably. And at the sharpest end rough sleeping has increased by over 130% since 2010 to over 4,000 on any given night. Throughout the course of a year, CSJ analysis has found that around 34,500 people might sleep rough in England. As well as the significant personal harm caused to individuals, the Government has estimated that the cost to the state is up to £1bn every year.

Both statutory and non-statutory responses to homelessness are too often predicated on crisis, with less focus on prevention interventions. For many people with complex needs they often fail to qualify for statutory assistance, but are turned away from hostel accommodation because their needs are too high. Falling between the gaps of statutory and non-statutory provision they can find themselves with nowhere else to turn. Furthermore, a lack of access to affordable housing is both a key driver of homelessness and undermines efforts to ensure that when people find themselves in this situation they are quickly able to secure stable housing and get back on their feet.

Opportunity for change

While the rising number of people experiencing homelessness, especially rough sleeping, is of significant concern, and has provided an impetus for this report, it is still well within our capability to resolve this issue. The Government has already made a strong commitment to do this, which is warmly welcomed by the CSJ. This report provides a detailed plan on how this ambition can be achieved.

With strong political will and robust evaluation of the services we deliver, there is great potential to ensure that local authorities and government departments work in a smarter, more efficient way to end homelessness. This report will emphasise the need to move towards a housing led approach to ending homelessness, with a specific focus on scaling up Housing First provision for people with multiple and complex needs. The Government has a significant and realisable opportunity to end homelessness for this group. The move towards Housing First sits alongside broader recommendations in this report looking at preventing homelessness from occurring in the first place and addressing broader structural issues relating to affordable housing.

Key recommendations

1 Problem: *Rough sleepers and people experiencing chronic homelessness often fall through the cracks of services. People who experience chronic homelessness will often not qualify as vulnerable enough for an offer of settled accommodation under the homelessness legislation, despite having high support needs such as mental health problems and addiction issues. Furthermore, a significant number of hostel providers report refusing people access to accommodation because their needs are too high.*

Many of these people, slipping through the gap between statutory and non-statutory provision, are forced to sleep rough. The Department for Communities and Local Government (DCLG) counted over 4000 rough sleepers on a single night last year.

Although the London CHAIN rough sleeper database recorded much higher numbers in the capital throughout the course of the year (8,096). For those

who do gain access to temporary hostel accommodation, they are often required to address issues such as substance misuse in a relatively chaotic and unstable environment before they can access permanent housing.

Recommendation: *The Government should create a new funding pot of at least £110 million per year to deliver a National Housing First Programme to end rough sleeping and chronic homelessness for people with the most complex needs. This programme will be cost neutral over the course of a parliament.*

There is overwhelming international evidence to support the use of Housing First as a housing solution for people who have multiple and complex needs. Housing First provides stable, independent homes alongside coordinated wrap-around, personalised support to homeless people. Widely adopted across North America and Western Europe, Housing First has formed a central component of successful, national homelessness strategies. Reduced national spending, high tenancy sustainment rates and improved health and wellbeing outcomes provide a compelling argument for scaling up this approach in England.

Problem: A lack of effective prevention work.

Both statutory and non-statutory responses to homelessness are too often predicated on crisis and geared towards providing an emergency response. The homelessness legislation provides an all or nothing system of assistance, with certain groups receiving an offer of permanent accommodation when they lose their home, but very little provision for preventative interventions for most single people. As a result, important opportunities are missed to help prevent homelessness and avoid much costlier emergency responses.

Recommendation: *The Government should amend the homelessness legislation to place a greater focus on prevention work. The homelessness legislation in England should be amended to create new prevention and relief duties (following the new Welsh model). Unlike the current statutory assistance, these new duties would expand entitlements to a greater number of people. Moreover, the period that someone would be considered to be threatened with homelessness should be extended from 28 to 56 days. Based on the Welsh experience, this would help reduce the numbers of people for whom local authorities are required to make an offer of permanent accommodation and house in expensive temporary accommodation.*

Recommendation: *The Government should set up a Prime Ministerial Taskforce to embed housing and homelessness strategies across government departments to better prevent and end homelessness. Preventing homelessness requires a cross-government approach. Homelessness policy sits within DCLG, but is heavily influenced by a number of other departments (including, for example, the Treasury, Department for Work and Pensions, the Department of Health, the Ministry of Justice and the Department for Education) which are often much more likely to be in contact with someone*

when they are at risk of, but have not yet become homeless. The Taskforce should have the very clear objective of developing and embedding housing and homelessness prevention strategies across these departments. A Prime Ministerial Taskforce would provide the level of authority and accountability required to be effective. This report outlines specific interventions that various departments should take to prevent homelessness for groups of people at risk of homelessness, including care leavers and prison leavers.

Recommendation: *DCLG should support and help facilitate the expansion of a CHAIN style database to other parts of England. This should focus particularly on cities with growing numbers of rough sleepers where street outreach teams operate.*

Problem: A lack of access to affordable housing undermines efforts to tackle homelessness.

While the private rented sector is now playing a much more significant role in housing for those on the lowest incomes, the loss of a private rented home is the leading cause of homelessness. Private landlords are becoming increasingly more reluctant to let to tenants in receipt of Housing Benefit and those who have experienced homelessness, therefore limiting access to affordable housing. Furthermore, social landlords are imposing stricter affordability criteria on tenants, which often serves as a barrier to those on the lowest incomes.

Recommendation: *The Government should boost investment in low cost rental accommodation. This would help provide affordable housing for households on very low incomes, reducing their risk of homelessness and ensuring that when episodes of homelessness do occur, they are brief and non-recurrent.*

Recommendation: *While the CSJ strongly supports the Government's welfare reform agenda, there are adjustments that could be made to help improve and increase the supply of housing for people who are homeless. This report sets out how a further set of exemptions from the Shared Accommodation Rate, a more personalised response to benefit conditionality for people who are homeless or are at risk of homelessness, and better access to Alternative Payment Arrangements for people moving onto Universal Credit could help prevent people from losing accommodation. These measures would encourage landlords to let to tenants in receipt of Housing Benefit or Universal Credit, further boosting affordable housing supply for people who have experienced homelessness.*

Recommendation: *The Government should support social lettings agencies to improve access into the private rented sector and ensure that people can be rapidly rehoused if they face homelessness.*

Social lettings agencies should support people who are homeless or threatened with homelessness to create and sustain tenancies in the private rented sector. These letting agencies have shown clear value for money,

helping people rapidly exit homelessness and achieving high tenancy sustainment levels.”

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

3.4 Relevant Legislation

Homelessness Reduction Act 2017

The Homelessness Reduction Act 2017 became an Act on 27 April 2017. It adds two new duties to the original statutory rehousing duty:

- Duty to prevent homelessness
- Duty to relieve homelessness
- Homelesslink has summarised the key measures in the Act that include:
 - *“An extension of the period during which an authority should treat someone as threatened with homelessness from 28 to 56 days, and clarification of the action an authority should take when someone applies for assistance having been served with a section 8 (1) or section 21 (2) notice. These provisions represent a shift in focus to early intervention, and aim to encourage local housing authorities to act quickly and proactively, addressing some concerns that some previously only intervened at crisis point.*
 - *A new duty to prevent homelessness for all eligible applicants threatened with homelessness, regardless of priority need. This extends the help available to people not in priority need, with local housing authorities supporting them to either stay in their accommodation or help them find somewhere to live and should mean fewer households reach a crisis situation.*
 - *A new duty to relieve homelessness for all eligible homeless applicants, regardless of priority need. This help could be, for example, the provision of a rent deposit or debt advice. Those who have a priority need will be provided with interim accommodation whilst the Local Housing Authority carries out the reasonable steps.*
 - *A new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless. It is hoped that this measure will ensure that a person’s housing situation is considered when they come into contact with wider public services, and encourage public services to build strong relationships based on local need and circumstances.”*

A copy of the Act can be [located](#).

The Health and Social Care Act 2012

The LGA has summarised the Act:

The Act is in 12 parts: Part 1 sets out a framework which confers NHS functions directly on the organisations responsible for exercising those functions, while retaining a general duty on the SoS for Health (SoS) to promote a comprehensive health service. It also gives local government a new set of duties to protect and improve public health. Part 1 also establishes a new non-departmental public body, the NHS Commissioning Board (NHSCB), makes provision for the establishment of Clinical Commissioning Groups (CCGs), contains measures relating to the abolition of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs), and amends the Mental Health Act 1983 and provisions relating to emergency preparedness and pharmaceutical services expenditure.

***Part 2** contains provisions relating to the public health service, including the abolition of the Health Protection Agency (HPA), functions in relation to biological substances and radiation protection, the repeal of the AIDS (Control) Act 1987, and co-operation with bodies exercising functions in relation to public health.*

***Part 3** sets out provisions for regulation of health and adult care services in England and defines the role of Monitor, the sector regulator.*

***Part 4** amends Chapter 5 of Part 2 of the NHS Act 2006, which makes provision for NHS foundation trusts, removing various restrictions on foundation trusts and their authorisation, removing NHS trusts as a provider model (ie preventing foundation trusts from being returned to NHS trust status) and setting out Monitor's role in relation to arrangements in respect of failing trusts. It also sets out new arrangements for the governance, financing and accounting of foundation trusts.*

***Part 5** provides for the creation of a new national body, Healthwatch England (HWE), to be established as a statutory committee within the Care Quality Commission (CQC). It also makes provision about Local Healthwatch (LH) organisations in each local authority area. Part 5 also deals with the health scrutiny functions of local authorities and makes provision for the establishment of health and wellbeing boards (HWBs) in each upper tier local authority area, setting out their role. It also provides for foundation trusts and CCGs to be designated as Care Trusts and removes certain restrictions on those to whom the Health Service Ombudsman can report.*

Part 6 amends the NHS Act in relation to medical, dental, ophthalmic and pharmaceutical services following the creation of the NHSCB, CCGs and the public health service.

Part 7 makes changes to the regulation of health and social care workers, abolishing the General Social Care Council (GSCC) and transferring some of its functions to the Health Professions Council (HPC). It also abolishes the Office of the Health Professions Adjudicator (OHPA).

Part 8 re-establishes the National Institute for Health and Care Excellence (NICE) as a non-departmental public body and sets out aspects of its role.

Part 9 relates to the publication of information standards and the collection of information from providers of health and social care services.

Part 10 abolishes the Alcohol Education and Research Council, the Appointments Commission, the National Information Governance Board for Health and Social Care, the National Patient Safety Agency and the NHS Institute for Innovation and Improvement.

Part 11 contains miscellaneous provisions, including duties for bodies to co-operate, arrangements with devolved authorities, supervised community treatment and transfer schemes.

Part 12 covers technical matters, including regulatory powers and commencement matters.

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

Homelessness Code of Guidance for Local Authorities

Central Government has provided a summary of the homelessness legislation and the duties, powers and obligations on housing authorities and others towards people who are homeless or at risk of homelessness. It does not form part of the statutory code of guidance.

“The homelessness legislation

The primary homelessness legislation – that is, [Part 7 of the Housing Act 1996](#) – provides the statutory under-pinning for action to prevent homelessness and provide assistance to people threatened with or actually homeless.

In 2002, the government amended the homelessness legislation through the [Homelessness Act 2002](#) and the [Homelessness \(Priority Need for Accommodation\) \(England\) Order 2002](#) to:

1. (a) ensure a more strategic approach to tackling and preventing homelessness, in particular by requiring a homelessness strategy for every housing authority district; and
2. (b) strengthen the assistance available to people who are homeless or threatened with homelessness by extending the priority need categories to homeless 16 and 17 year olds; care leavers aged 18, 19 and 20; people who are vulnerable as a result of time spent in care, the armed forces, prison or custody, and people who are vulnerable because they have fled their home because of violence.

The [Homelessness Reduction Act 2017](#) significantly reformed England's homelessness legislation by placing duties on local authorities to intervene at earlier stages to prevent homelessness in their areas. It also requires housing authorities to provide homelessness services to all those affected, not just those who have 'priority need'. These include:

- (a) an enhanced prevention duty extending the period a household is threatened with homelessness from 28 days to 56 days, meaning that housing authorities are required to work with people to prevent homelessness at an earlier stage; and
- (b) a new duty for those who are already homeless so that housing authorities will support households for 56 days to relieve their homelessness by helping them to secure accommodation.

Homelessness review and strategy

Under the [Homelessness Act 2002](#), all housing authorities must have in place a homelessness strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.

The strategy must set out the authority's plans for the prevention of homelessness and for securing that sufficient accommodation and support are or will be available for people who become homeless or who are at risk of becoming so.

Duty to refer

The [Homelessness Reduction Act 2017](#) introduced a duty on certain public authorities to refer service users who they think may be homeless or threatened with homelessness to a housing authority. The service user must give consent, and can choose which authority to be referred to. The housing authority should incorporate the duty to refer into their homelessness strategy and establish effective partnerships and working arrangements with agencies to facilitate appropriate referrals.

Duty to provide advisory services

The housing authority has a duty to provide advice and information about homelessness and the prevention of homelessness and the rights of homeless people or those at risk of homelessness, as well as the help that is available from the housing authority or others and how to access that help. The service should be designed with certain listed vulnerable groups in mind and authorities can provide it themselves or arrange for other agencies to do it on their behalf.

Applications and inquiries

Housing authorities must give proper consideration to all applications for housing assistance, and if they have reason to believe that an applicant may be homeless or threatened with homelessness, they must make inquiries to see whether they owe them any duty under [Part 7 of the 1996 Act](#). This assessment process is important in enabling housing authorities to identify the assistance which an applicant may need, either to prevent them from becoming homeless, or to help them to find another home. In each case, the authority will need to first decide whether the applicant is eligible for assistance and threatened with or actually homeless. Certain applicants who are 'persons from abroad' are not eligible for any assistance under Part 7 except free advice and information about homelessness and the prevention of homelessness.

Broadly speaking, a person is threatened with homelessness if they are likely to become homeless within 56 days. An applicant who has been served with valid notice under [section 21 of the Housing Act 1988](#) to end their assured shorthold tenancy is also threatened with homelessness, if the notice has expired or will expire within 56 days and is served in respect of the only accommodation that is available for them to occupy.

An applicant is to be considered homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them (and their household) and which it would be reasonable for them to continue to live in.

Assessments and personalised housing plans

Housing authorities have a duty to carry out an assessment in all cases where an eligible applicant is homeless or threatened with homelessness. This will identify what has caused the homelessness or threat of homelessness, the housing needs of the applicant and any support they need in order to be able to secure and retain accommodation. Following this assessment, the housing authority must work with the person to develop a personalised housing plan which will include actions (or 'reasonable steps') to be taken by the authority and the applicant to try and prevent or relieve homelessness.

Prevention duty

Housing authorities have a duty to take reasonable steps to help prevent any eligible person (regardless of priority need status, intentionality and whether they have a local connection) who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they become actually homeless. The prevention duty continues for 56 days unless it is brought to an end by an event such as accommodation being secured for the person, or by their becoming homeless.

Relief duty

If the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the reasonable steps will be focused on helping the applicant to secure accommodation. This relief duty lasts for 56 days unless ended in another way. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and have a priority need they must be provided with interim accommodation.

Main housing duty

If homelessness is not successfully prevented or relieved, a housing authority will owe the main housing duty to applicants who are eligible, have a priority need for accommodation and are not homeless intentionally. Certain categories of household, such as pregnant women, families with children, and households that are homeless due to an emergency such as a fire or flood, have priority need if homeless. Other groups may be assessed as having priority need because they are vulnerable as a result of old age, mental ill health, physical disability, having been in prison or care or as a result of becoming homeless due to domestic abuse.

Under the main housing duty, housing authorities must ensure that suitable accommodation is available for the applicant and their household until the duty is brought to an end, usually through the offer of a settled home. The duty can also be brought to an end for other reasons, such as the applicant turning down a suitable offer of temporary accommodation or because they are no longer eligible for assistance. A suitable offer of a settled home (whether accepted or refused by the applicant) which would bring the main housing duty to an end includes an offer of a suitable secure or introductory tenancy with a local authority, an offer of accommodation through a private registered provider (also known as a housing association) or the offer of a suitable tenancy for at least 12 months from a private landlord made by arrangement with the local authority.

Suitable accommodation

Housing authorities have various powers and duties to secure accommodation for homeless applicants, either on an interim basis, to prevent or relieve homelessness, to meet the main housing duty or as a settled home. Accommodation must always be 'suitable' and there are particular standards set when private rented accommodation is secured for households which have priority need.

Under the [Homelessness \(Suitability of Accommodation\) \(England\) Order 2003](#), bed and breakfast accommodation is not considered suitable for families with children and households that include a pregnant woman, except where there is no other accommodation available, and then only for a maximum of 6 weeks.

The Secretary of State considers that bed and breakfast accommodation is unsuitable for 16 and 17 year olds.

Intentional homelessness

A person would be homeless intentionally where homelessness was the consequence of a deliberate action or omission by that person. A deliberate act might be a decision to leave the previous accommodation even though it would have been reasonable for the person (and everyone in the person's household) to continue to live there. A deliberate omission might be non-payment of rent that led to rent arrears and eviction despite the rent being affordable.

Where people have a priority need but are intentionally homeless the housing authority must provide advice and assistance to help them find accommodation for themselves and secure suitable accommodation for them for a period that will give them a reasonable chance of doing so.

If, despite this assistance, homelessness persists, any children in the household could be in need under the [Children Act 1989](#), and the family should be referred (with consent) to the children's social services authority.

Local connection and referrals to another authority

Broadly speaking, for the purpose of the homelessness legislation, people may have a local connection with a district because of residence, employment or family associations in the district, or because of special circumstances. (There are exceptions, for example, residence in a district while serving a prison sentence there does not establish a local connection.) Where applicants meet the criteria for the relief duty or for the main housing duty, and the authority considers that the applicant does not have a local connection with the district but does have one somewhere else, the housing authority dealing with the application can ask the housing authority in that other district to take responsibility for the case. However, applicants cannot be referred to another housing authority if they, or any member of their household, would be at risk of violence in the district of the other authority.

The definition of a 'local connection' for young people leaving care was amended by the [Homelessness Reduction Act 2017](#) so that a young homeless care leaver has a local connection to the area of the local authority that looked

after them. Additional provision is made for care leavers who have been placed in accommodation, under [section 22A of the Children Act 1989](#), in a different district to that of the children's services authority that owes them leaving care duties. If they have lived in the other district for at least 2 years, including some time before they turned 16, they will also have a local connection with that district until they are 21.

Reviews and appeals

Housing authorities must provide written notifications to applicants when they reach certain decisions about their case, and the reasons behind any decisions that are against the applicant's interests. Applicants can ask the housing authority to review most aspects of their decisions, and, if still dissatisfied, can appeal to the county court on a point of law.

Housing authorities have the power to accommodate applicants pending a review or appeal to the county court. When an applicant who is being provided with interim accommodation requests a review of the suitability of accommodation offered to end the relief duty, the authority has a duty to continue to accommodate them pending a review."

3.5 Best Practice

A number of organisations have identified best practice and Good Practice Guides have been published.

SHELTER - Homelessness: Early Identification and Prevention - A Good Practice Guide

It is reported that this Good Practice Guide aims to assist local authorities and local agencies in their ability to identify people who are at risk of becoming homeless. The guide highlights current good practice examples of how to identify these vulnerable groups and individuals, and offer support to prevent homelessness occurring.

The Guide details a number of groups that are at a greater risk of homelessness and include:

- young people
- care leavers
- ex-offenders
- people with mental health problems
- refugees
- Gypsies and Travellers (housed and on sites)
- people with drug or alcohol addictions n people leaving hospital

- ex-members of the armed forces

The Guide includes examples of Good Practice:

Good practice example: Your Homes Newcastle

Newcastle City Council (NCC) has developed a Protocol for Preventing Repeat Homelessness and Evictions, which is an agreement between the Strategic Housing Service, social services and Your Homes Newcastle (YHN), who manage council homes on behalf of NCC.

The protocol enables staff at YHN to identify vulnerable tenants prior to the start of a tenancy. It sets out a procedure for assessing individual housing and support needs, and for working with vulnerable tenants and the relevant external support agencies to promote tenancy sustainment. The protocol illustrates the role each agency has in supporting vulnerable tenants and ways in which joint working can be implemented if problems occur.

The procedure is divided into three sections:

- part one – action to be taken prior to the start of the tenancy
- part two – action to be taken during the tenancy
- part three – action to prevent eviction and the loss of accommodation.

The first step in part one of the procedure, the main element concerning prevention, involves identifying those applicants who may be vulnerable or at risk of homelessness. The protocol identifies the following groups of potentially vulnerable people:

- households that the NCC has accepted a full duty to house as homeless in the previous two years
- people with a social worker, community psychiatric nurse, mental health worker or drug/ alcohol support worker
- people with a housing support worker or who are leaving housing funded by Supporting People
- individuals with a probation officer or Youth Offending Team worker
- refugees
- people leaving hospital, prison, care or the armed forces n people with known drug or alcohol problems
- people whose learning difficulties or physical or sensory impairment make them vulnerable
- older people

- anyone subject to multi-agency public protection arrangements.

During step one, support workers who are already involved with the individual are contacted for information that will assist in developing a support plan. Any existing housing or support plans should be shared.

Where an individual is not involved with an external agency, and it is believed that additional support might be required, their case will be referred to the in-house advice and support team.

Where there are concerns about a person's ability to maintain a tenancy, step two of the procedure is enacted. This means arranging a case meeting with the applicant, agencies involved with the applicant and other agencies who may be able to provide information and support. A support plan is created and an agreement put in place to determine the responsibilities of each agency, the timescale for support and a mechanism for maintaining contact.

The good practice principles set out in this protocol enable YHN staff to conduct a thorough assessment of individual needs and identify vulnerability prior to the tenancy commencing, minimising the chances of the tenancy breaking down. The next stage is to ensure that it is embedded in all practice areas and monitoring procedures. The protocol will be included in the Council's new allocations policy and management information system.

'The protocol has been designed to provide longer term, more meaningful homelessness prevention. It aims to foster better joint working within the local authority and create much needed organisational culture change.' Neil Munslow, Housing Services Manager, NCC'

Good practice example: West Berkshire Vulnerable People Protocol

West Berkshire Council's Vulnerable People Protocol (VPP) is a proactive approach to the identification, assessment and support of people who are, or who may become, vulnerable to losing their tenancies because of unmet support needs. It is a multi-agency protocol led by Sovereign Housing Association, West Berkshire Council (housing operations, social services and Housing Benefit teams) and Two Saints Housing Association.

The protocol and its associated training package for staff and service users presents tools and available services and resources in West Berkshire to ensure that vulnerable people receive timely information, advice and support. It uses a broad definition of vulnerability, recognising that it can occur at different stages in life, whether episodic and recurring, or ongoing and increasing over time. Indicators, or points at which vulnerability can occur, are listed as being:

- hospitalisation and periods following discharge from hospital or other institutional care
- periods of sustained illness at home

- *change from supported accommodation to independent living*
- *evidence of neighbour harassment or abuse towards the individual or household n evidence of antisocial behaviour by the individual or household n rent arrears or other debt problems n repeat homelessness*
- *during and following substance abuse.*

The VPP staff training pack takes these indicators further by including, for example, episodes of stress or mental ill health, chaotic lifestyles, loss of income and bereavement as points of vulnerability. The protocol therefore requires that consideration should be given to potential vulnerability at all points of contact with residents, and potential residents, within the district. These points of contact include:

- *applications for housing*
- *home visits*
- *ad hoc visits, eg because of rent arrears n programmes of tenancy visits/audits n supported move to new housing n social/medical panels*
- *key life-cycle events such as bereavement or relationship breakdown*
- *issue of notice of eviction.*

The training pack has been designed to enable frontline staff to understand potential vulnerability and learn how to respond to it, make an assessment, and review, evaluate and track the VPP. Once vulnerability and support needs have been identified, support may be provided by any agency involved, and will be determined by the pre-tenancy meeting, other contact between the partner agencies, or through a case conference. ‘

The key to preventing homelessness is timely information and support. The training for professionals should provide frontline staff with a range of skills, tools and information to this end.’

Jon Cox, Two Saints Housing Association

Good practice example: housing worker, Plymouth Children’s Service

The development of a specific homelessness prevention role, through the introduction of a housing worker within the Children’s Service in Plymouth, is based upon a similar model of early identification and homelessness prevention in Colchester.

The primary role of the housing worker will be to pick up housing casework from social workers and social work assistants who are concerned about the families with whom they are working, and intervene as early as possible.

The introduction of a housing worker within social services aims to generate greater knowledge and understanding of the roles of both social services and the housing department, and improve their communication with each other. An increased

awareness among social workers of housing-related issues will ensure that timely referrals can be made to the housing worker, who will:

- *refer families to the housing officer*
- *provide money and budgeting advice to families*
- *maximise income through benefits advice*
- *work with the housing officer to resolve issues relating to rent arrears and assess family support needs*
- *assist with applications for private housing.*

By introducing this specific role it is hoped that social workers, housing officers and the housing worker can work together to identify problems at the earliest opportunity. Early intervention (ie before housing or financial problems become too serious) will enable the housing worker to work effectively and efficiently with the Council's housing advisers, outreach workers, Welfare Benefits advisers, housing officers, Housing Benefit team and floating support staff to resolve problems, prevent family breakdown and homelessness, and promote tenancy sustainment through continuity of support."

Good practice example: tenancy tracker, Coast and Country Housing

Coast and Country Housing (C&CH) are able to provide an in-house Housing Benefit claim verification service. While advisers provide prospective tenants with assistance and support, tenants' benefit claims are able to be verified and dealt with within the organisation, making the process quicker and easier for the tenants. Redcar and Cleveland Borough Council covers a wide geographical area, which can be a barrier to people on low incomes attempting to make benefit claims. Thus the provision of local in-house Housing Benefit services removes some of the barriers that people face in making their claims.

All new tenancies are monitored through the tenancy tracker procedure. The purpose of this procedure is to provide effective management of the rent accounts of new tenants up to the first 13 weeks. This ensures that:

- *new tenants have a means of paying rent that is suitable to their needs and circumstances*
- *tenants who are experiencing difficulties are referred to advice and support agencies and floating support services where this is appropriate*
- *Housing Benefit claims have been processed correctly and benefit is paid, and*
- *rent payments are being made.*

Where difficulties with a Housing Benefit claim occur, the tenancy tracker procedure highlights this and provides a system for joint working between the account's

advisers and housing advisers. C&CH has a small team that deals with benefit revisions and appeals, and provides representation and support for clients at independent appeal tribunals.”

Good practice example: ‘fix it’ fund

Bournemouth Borough Council set up this fund in 2003. It has been used at the discretion of housing officers as a tool to prevent homelessness by giving a ‘one-off’ payment to the tenant. Examples include:

paying off arrears where it is not deemed to be the tenant’s fault that they are in financial trouble, and where it would prove substantially more expensive to ‘pick up’ a family as homeless after eviction

paying off damage costs demanded by a landlord where it is deemed not to be the tenant’s fault

paying landlords a proportion of ‘rent in advance’ payments, where it is deemed that the tenant cannot access sufficient funds elsewhere.

Good practice example: Southern Focus Trust Housing Advice Centre

Southern Focus Trust Housing Advice Centre (SFTHAC) provides independent advice on housing, benefits and debt in the Portsmouth Area. The centre has a Community Legal Service quality mark.

Portsmouth City Council has been concerned about the number of repeat homelessness cases they have dealt with from the private sector. In response they have funded 24 hours of casework per week from SFTHAC for private sector tenants and owner-occupiers who are at risk of eviction and homelessness, usually as a result of rent or mortgage arrears. SFTHAC provides a holistic service that includes benefits and debt counselling, as well as help with housing.

The Council has exclusive referral rights to four appointments per week, and by referring directly to SFTHAC it can be sure the service user is getting the appropriate assistance. SFTHAC keeps the Council informed of the progress in each case. It refers the client back to the Council if it is not possible to keep the client’s home, which helps both the client and the Council ensure that a homelessness application is carried out quickly and efficiently. “

‘[SFTHAC] knew my rights and managed to help me quickly.’

Service user - Shelter questionnaire. ’

‘[Without SFTHAC] I would have been more stressed, and would not have known what to do.’

Service user - Shelter questionnaire.

Good practice example: Bournemouth Housing Advice Service

Bournemouth Housing Advice Service (BHAS) was established in 2001. The service is delivered by Shelter in partnership with Bournemouth Borough Council and Bournemouth Housing Forum. The Council funds two workers who concentrate on preventative advice and helping people to keep their home. Referrals come from a variety of different sources – advice agencies, the local authority, friends and family, and self-referrals. The most common problems that people present with are rent arrears, Housing Benefit problems, dis-repair and possession proceedings.

In 2003, the service launched the BHAS Network to ensure that service users can access appropriate advice from other agencies. Sixty-eight member agencies are listed in the BHAS Network Directory, which contains information and contact details about each member. Members include organisations such as Connexions and various support agencies. This directory is distributed to all network members to ensure that each member agency has a detailed knowledge of the services offered by other agencies and can initiate effective referrals.

All members are invited to attend wider network meetings. These meetings provide an opportunity to share successes and address the challenges that agencies dealing with housing advice face. The network aims to ensure that, regardless of which agency a service user approaches, they are given the right information or referred on to the right agency. All agencies in the network display a BHAS logo to highlight that housing advice is available.

BHAS also provides training sessions to network members. These sessions are well attended and cover a variety of topics, including homelessness and the rights of vulnerable people and helping with claims for Housing Benefit. The training helps member organisations to provide better direct advice and advocacy, and also to know when it is appropriate to make a referral.”

'Last year 67 per cent of our clients were homeless or likely to become homeless within 28 days. This year the figure has reduced to 45 per cent, which means that we are more effective at reducing homelessness. This seems to be because more people know about our service, and people with housing issues are able to access our service at an earlier stage.'

Bournemouth Housing Advice Service Review, 2005.

'We have attended various training days and all have been very relevant to our work and given us more confidence when dealing with housing enquiries.'

Network member.

Good practice example: advice centre for black and minority ethnic groups, Shelter Housing Advice and Support Centre, Stratford, London

This project aims to improve access to housing advice for black and ethnic minority groups by working with local communities. It is targeted at people living in the London Boroughs of Newham, Tower Hamlets and Hackney.

The Shelter project ensures that advice is available in locations such as community centres, as well as at the project base in Stratford. The service is heavily advertised through the local press and community organisations, as well as by services such as Connexions. Delivering advice in the community not only makes it easier to access, but also increases people's trust and confidence in the services being offered. The project employs multi-lingual housing advisers and can access a translation service for languages not offered directly.

The project offers drop-in appointments at the centre in Stratford, as well as providing outreach advice at locations such as community centres where there are crèches and other support services.

The aim of the project is that it will reach individuals from black and other minority ethnic groups long before they are threatened with homelessness. By providing advice that is timely, independent and culturally sensitive, the project hopes to make it easier for individuals to find and keep a decent home."

Good practice example: St Basils

"St Basils is a Birmingham-based organisation that offers a range of housing and support to local young people. One of its initiatives is the Schools Training and Mentoring Project (STaMP). As part of the project, sessions giving information about housing and homelessness from a local perspective are run in local secondary schools and other youth work settings. They are interactive and encourage young people to discuss issues and ask questions. Each session is co-facilitated by a peer educator. The peer educators are young people aged 16 to 25, mainly ex-service users of St Basils. They have experience of homelessness and are able to give a real-life account of their knowledge of housing need.

As the project has developed, it has been possible to put into place a peer-mentoring service. The mentors are peer educators who have become interested in extending their role. They are trained to an approved standard by St Basils, and offer one-to-one support to those young people who are judged to be most at risk from leaving home in an unplanned way. As well as offering holistic support around issues such as mental health, sexual health and family relationships, they can offer informed advice about housing and homelessness issues. If necessary, they can refer families or individuals to St Basils' counselling, family mediation or housing advice services. Each mentor supports one or two service users, and a mentoring worker supports the mentors.

If a peer mentor feels that more specific housing advice or advocacy is needed, they can refer the individual to St Basils Links Housing Advice Service. This provides age-specific advice to young people in the Birmingham area and employs knowledgeable workers who are aware of the specific needs of their client group. The peer-mentoring scheme provides a bridge to the advice service, ensuring that some of the most hard-to-reach young people are given effective support."

Good practice example: Blackburn with Darwen Borough Council Homelessness Prevention Floating Support Service

This service is funded through Supporting People and is run by the Regeneration, Housing and Neighbourhoods Department. The scheme is cross tenure, providing services for homeowners and private tenants, as well as people with RSLs. A team of three people provides advice and support for up to 30 individuals and families who are seen as being vulnerable to homelessness. The team has a rolling programme, so as a particular case ends it is able to give more in-depth support to new cases. Most tenants use the service for six months, but some use it for up to 18 months. Help offered includes:

- *liaising with landlords*
- *signposting and assisting with debt-counselling and budgeting skills*
- *liaising with mortgage companies, banks, Housing Benefit and the benefits agency in order to optimise income*
- *facilitating dispute resolution and mediation*
- *completing benefit forms*
- *liaising with social services n resettlement activities.*

Referrals come mainly from the housing needs department, but they also come from a variety of other sources: mental health teams, local housing associations, and the local criminal justice and learning disabilities teams are just a few examples. The service is available to households who are at risk of homelessness or who simply need some extra support, as well as those who have recently been homeless. The team ensures that their work is well publicised among local agencies so that appropriate referrals can be made. They also refer onto other agencies when they feel that they do not have the expertise needed, or that help from another source would be beneficial.

Once a referral has been made, a support worker will visit the household to discuss the level of support needed. If the individual or family is accepted onto the scheme, a tailor-made support plan will be drawn up. The plan is reviewed on a regular basis to take account of changing needs.

'If the client is unfamiliar with the area we would ... get them maps, ... onto a doctors list, ... a dentist, help them to apply to schools ... and absolutely anything else that could be needed.'

Support worker.

Good practice example: Julian Housing Support

“Julian Housing Support (JHS) is a supported housing charity based in Norfolk that works to prevent homelessness by providing services for people with mental health problems. It is jointly funded by Supporting People and health and social services. JHS works in partnership with Norfolk Social Services, Norfolk Primary Care Trust and the major housing providers in the county. It is through this partnership approach that JHS has been able to develop a wide range of housing choices and options for support.

JHS are alerted to individuals who are at risk of homelessness by a range of statutory and voluntary services. Referrals are accepted from mental health social workers, community mental health teams, primary care link workers and, in some circumstances, housing providers. The early identification and thorough assessment of housing-related problems and support needs, combined with multi-agency working, ensures that homelessness can be prevented long before people need to make a homelessness application.

JHS services include the following.

A floating support service in every district and for people in any tenure. Support can be short- or long-term, and more or less intensive, depending upon a person’s needs.

A Hospital Housing Link scheme (attached to every psychiatric acute ward across the county), which provides housing and benefits advice, supporting over 400 people per year. Housing Link workers visit inpatients with housing problems and patients are supported either to keep their existing homes or to find alternative suitable accommodation before they are discharged from hospital.

An outreach service supporting people in their own homes. Outreach workers attend regular meetings with mental health workers and are involved in the care-planning process to decide on the housing and health assistance that their clients need.

An outreach service that is a flexible model of care offered to people who find it hard to access services because of their mental health problems.

A supported housing scheme and resettlement programme for clients who require additional support before moving onto independent living.

JHS has been described by organisations and service users as a dependable and responsive service that offers creative ways of helping people with mental health problems who are at risk of homelessness or inadequately housed. Their interventions have led to an increase in people’s housing stability and an investment in their future. By helping to reduce some of the stresses related to maintaining a tenancy, deterioration in someone’s mental health can be alleviated and loss of housing can be prevented. “

‘I got ill and had to give up work... I couldn’t afford the mortgage... I wouldn’t have known what to do [without JHS] and my home would have been repossessed.’

JHS service user.

Good practice example: Shelter Inclusion Project

The Shelter Inclusion Project was set up in 2002. The project was designed to provide an alternative model to enforcement policies and residential schemes. It was developed by Shelter and Rochdale Metropolitan Borough Council. The project has three key objectives:

- *to reduce antisocial behaviour*
- *to promote social inclusion and community stability*
- *to prevent eviction and provide a route back into settled housing.*

The project works with families, couples and individuals, and its referral criteria require a 'history of antisocial behaviour'. Once people have been referred to the project they have access to a range of help and support, including:

- *housing advice and advocacy*
- *help with benefits and money management*
- *support with addressing antisocial behaviour issues n practical assistance, eg with decorating n referral to other agencies*
- *parenting advice and support*
- *assistance with employment and training*
- *direct specialist work with children and young people.*

Originally, many of the households referred to the project were subject to one or more enforcement actions linked to alleged antisocial behaviour. As work developed, cases started to be referred at an earlier stage. Initially, the majority of referrals came from the enforcement team at Rochdale Borough-wide Housing. Now more come from housing officers who refer before any enforcement action is taken.

Staff at the project feel it is much easier to work with early intervention cases because behaviour patterns are less entrenched and the situation has not reached a crisis point. In addition, because the antisocial behaviour is being picked up at an earlier stage, the community does not have to suffer the problem for as long as it might have done otherwise.

The Inclusion Project is now working with the Respect Task Force to deliver a Family Intervention Project. This project will work closely with eight to 10 families who are involved in high-level antisocial behaviour and are close to losing their homes. This means that the present project will be able to focus more closely on early intervention. “

[If it weren't for the Project] I think I'd still be where I was... as in debt wise... I don't think I'd have done as much as I have - I wouldn't have sorted my bills out... and would have ended up getting a load of fines and all that...'

Project user.

Good practice example: Newcastle City Council Hospital Discharge and Homelessness Prevention Protocol

The protocol was created by key agencies in Newcastle who work with people who might be homeless or at risk of homelessness and have been admitted to hospital. The Strategic Housing Service, which is part of the Regeneration Directorate, is leading on the development of the protocol. Its key aim is to ensure that all agencies coming into contact with people who are vulnerable to homelessness, or without accommodation on admission to hospital, help those people find appropriate housing and support before they leave hospital.

Certain key groups were identified as being at most risk of homelessness on discharge from hospital:

- people who were homeless prior to admission to hospital n people who were in an institution, such as prison*
- people staying in temporary accommodation*
- people who have arrived in Newcastle with nowhere to stay*
- people who had accommodation before admission to hospital but who either cannot or will not return to that accommodation*
- people who have accommodation that will need to be adapted following their hospital treatment.*

The protocol outlines key steps for all agencies to take to prevent homelessness. These are:

- action to be taken to prevent a patient from becoming homeless on discharge from hospital, and the process to be followed on admission*
- seeking help from other agencies in finding accommodation and arranging support*
- making information for patients and staff on display in hospital wards.*

Within each step are the key questions that staff must ask all patients, the people and agencies that should be contacted, and what to do outside of office hours. Specific guidance is provided for dealing with particularly vulnerable people, including street homeless people, people with mental health problems, patients under 18 years of age, asylum seekers and refugees, and people with drugs and/or alcohol problems.

A housing resource pack and guidance on sharing information accompany the protocol. This pack outlines the role and contact details of each of the key agencies involved. It provides further information on where to get benefits advice and lists the homelessness contacts in the region. The pack also provides guidance on helping people to obtain settled accommodation.

The introduction of a clear set of guidelines for the assessment of all patients' accommodation needs on admission to hospital has obvious benefits for patients and hospital and housing staff. "

'The development of the protocol through a working group has already helped... give people in the health service a better idea about who does what in the homelessness world.'

Sheila Spencer, Policy Officer,

Newcastle Homelessness Prevention Project'

Good practice example: West Yorkshire Offender Housing Protocol

The West Yorkshire Offender Housing Protocol is based on a framework developed in Tyne and Wear – the Housing and Returning Prisoners Protocol (HARP). In West Yorkshire, all five local authorities (Bradford, Calderdale, Kirklees, Leeds and Wakefield) have signed up to the protocol, which aims to provide a co-ordinated approach to the accommodation of offenders, those released from custody, and those under the supervision of the National Offender Management Service (NOMS).

It seeks to provide 'end-to-end' management of accommodation by addressing the housing needs of offenders at the following stages:

- before custody*
- at sentencing*
- on reception in prison*
- during custody, and*
- on release.*

The protocol provides a pathway to resettlement. It identifies the key responsibilities of the different agencies within that pathway and their organisational responsibilities. The protocol clearly outlines the steps that need to be taken at each stage and by whom. It promotes effective communication at all levels and commitment from all partner agencies to joint working. It involves clear information-sharing policies and decision-making processes. The protocol also seeks to address:

- local authorities' duties towards the prevention of homelessness*
- prison and probation commitment to effective resettlement (encompassed within the NOMS National Reducing Re-offending Delivery Plan)*

- *how partner agencies contribute towards community safety objectives*
- *the contribution of RSLs and the voluntary sector in housing and supporting offenders.*

Shelter has a cross-regional contract with the Prison Service to provide housing advice, increasing the links between offenders in custody and local housing and support providers. Effective partnerships across statutory, private and voluntary sector organisations are central to the protocol because the housing needs of prisoners can only be successfully met if services outside prison are fully engaged in the process.

This protocol acknowledges the links between accommodation and other support needs by integrating housing with other aspects of resettlement, including health, social networks, education and training. Housing is seen, therefore, as the foundation for other interventions and their effectiveness”

Good practice example: Bristol City Council Joint Protocol

This joint protocol outlines the statutory responsibilities of Bristol Social Services and Health (SS&H) and Neighbourhood and Housing Services (N&HS) in assessing and responding to the housing and support needs of young people who are:

- ‘in need’ or require protection
- due to leave or have already left care, and
- homeless or threatened with homelessness, vulnerable and have a priority need.

The protocol provides tools for assessment and action for both departments to take, promoting joint assessments and information sharing at all stages and defining timescales for actions. The protocol was widely promoted to staff from all sectors. It was launched in 2003 at a number of multi-agency roadshow events that involved SS&H, N&HS and representatives from the voluntary sector, youth housing and support providers.

The protocol and related workshops provided workers with the valuable opportunity to talk to each other, share their concerns and develop creative solutions to the housing problems faced by vulnerable young people.

This protocol worked well for a period of time; however, since its initial launch and promotion a number of changes have occurred. There has been a high turnover of staff in both the voluntary and statutory sectors, as well as structural changes within services in the area, which have led to difficulties in implementing the agreement. Bristol City Council has recognised these problems and will soon be leading on the revision, updating and promotion of a new version of the protocol.

“ [The launch] brought various strands of social services, housing and the voluntary sector together in lively workshops... We hoped the joint assessment framework and

child protection focus would drive us all (and our departments/organisations) to own the shared purpose that we could, after all, work together.'

Robin Spencer, NCH Bristol Housing Project.

Good practice example: a multi-agency protocol for young people, South Gloucestershire

“South Gloucestershire Council, Priority Youth Housing and Connexions have developed a protocol with other agencies to improve services for young vulnerable people who are homeless or in temporary accommodation. The framework has not been implemented yet; however the protocol is an ambitious one that outlines the roles, responsibilities and practices that should be undertaken by participating agencies in a variety of situations, so it should be useful for other agencies to look at.

The underlying principles behind the protocol are based on the prevention of homelessness, where possible, and effective communication between agencies and the young people concerned. The protocol covers homelessness prevention, accommodation and support services for:

- homeless 16- and 17-year-olds and care leavers aged 16 to 21*
- young people aged 18 to 25 who are vulnerable or have complex needs*
- young people in supported housing or bed and breakfast accommodation*
- young people who are at risk of eviction from temporary accommodation, when there is a risk that the local authority will decide that it has discharged its duty.*

Key to the success of the protocol is a joint assessment process involving a new Youth Housing Social Worker (YHSW), the housing department and Priority Youth Housing. The YHSW takes on the initial liaison role with the housing department and support agencies, and assesses the potential for the young person to return home. Where this is possible, the YHSW will work towards a return home at an early stage.

There is also flexibility in allocating personal advisers for care leavers – this can either be someone from social services or an independent personal adviser from one of the other participating agencies, depending on the circumstances and the young person’s preference.

The protocol includes guidance on how to make supported housing work and supporting young people in bed and breakfast accommodation. The guidance recommends visits in the first 24 hours, involving specialist workers as necessary, early warnings from accommodation providers if things are going wrong, and follow-up visits to talk to both the individual and the workers about the situation.

There is also a procedure for intervening when young people are at risk of losing their temporary accommodation and their right to more secure housing from the Council. This involves early communications from the housing department to staff in other

agencies when there are problems, and a multi-agency review of the case before the Council decides that they need to evict the individual. The spirit of the protocol, however, is to avoid this situation arising in the first place, by ensuring early communication between agencies and effective intervention when necessary.”

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

LGA – Council Innovation and Learning in – Housing Our Homeless Households (2017)

The Executive Summary of the report details:

Current challenges for Councils in accommodating homeless households

This report responds to rising concern amongst local authorities about the increasing homelessness pressures being faced across the country. Many councils are finding it difficult to provide suitable accommodation for families facing homelessness at a cost that is sustainable.

Councils want to end homelessness by preventing it happening in the first place. The number of households in temporary accommodation has been rising consistently since the economic crisis.

There are around 77, 240 households in temporary accommodation, including 120, 540 children.

This is a 25 per cent increase in London (now 54,280 families), and 52 per cent increase outside of London (now 22,950) since 2014.

The picture for local government is difficult and changing fast. Some councils are losing millions of pounds per year on temporary accommodation, many others are facing challenges in needing to find more accommodation to meet rising homelessness demand.

Concurrently, homelessness prevention by local authorities into the private rented sector has dropped by 40%, whilst the number of homelessness acceptances caused by the loss of an assured shorthold tenancy in the private rented sector has quadrupled from 4,580 in 2009 to 18,750 in 2016. This position is likely to become more challenging if the current freeze on Local Housing Allowance levels is maintained, and will be exacerbated by the lowering of the Overall Benefit Cap, and the introduction of the shared accommodation rate to social and affordable housing.

Positive Trends

Homelessness funding has been sustained and increased over the last several years, and this has received a further boost from the introduction of the new flexible homelessness support grant, which replaces the former management fee included in housing benefit for temporary accommodation.

Flexible homelessness support grant is both more flexible and more generous than the previous arrangement, and presents a real opportunity for councils to innovate

and to reduce reliance on temporary accommodation within the serious constraints provided by the fundamental lack of affordability of accommodation in many areas.

The Homelessness Reduction Act, which is expected to be implemented from 2018, will also drive councils to intervene earlier to prevent homelessness and should mean that single people in particular will get more help than previously. However, this will not address affordability either, and there is therefore a risk in some areas that it will add to councils' administrative burden without actually leading to many more homes for the people who need them.

The Government's Homelessness Prevention Trailblazer fund, and associated funds supporting interventions around rough sleeping, to the value of £50 million in total over two years, are also positive developments and should drive innovation in future homelessness practice.

Local Authority Practice

We talked to 11 local authorities in some detail about their work in the area as well as to some of the London sub-regions and a number of other organisations including the Department for Communities and Local Government (DCLG), London Councils, Greater London Authority (GLA), National Housing Federation (NHF), Shelter and others.

The result is a rich and wide ranging journey through local authority practice, which is supported wherever possible by documentary information in order to help other councils who may wish to replicate or adapt some of the work in their own areas.

After detailing the overall approach taken by a number of councils doing interesting work, the report then moves on to a series of topic guides, covering areas as diverse as drawing up a private sector lease to setting up a multi-million pound local authority property company.

We worked with a range of different councils including London boroughs with very high homelessness demand but also with some more rural authorities with much smaller operational scale, but who are nevertheless doing great things that similar authorities, and some cases much larger authorities, could learn from.

Recommendations

There is much that local authorities can do and are doing which can make a real difference. There are several examples in this report of councils reducing temporary accommodation against the rising trend, massively reducing the use of B&B accommodation and saving themselves millions of pounds in the process.

Some of the areas of work where councils may find they have scope to do more, and which are explored in some detail, include:

- *working better and smarter with private sector landlords and agents, with a developing and responsive service offer*

- *working with households at risk of homelessness at an earlier stage to prevent homelessness and to address the other issues like debt and barriers to employment which reduce resilience against a housing crisis*
- *providing effective resettlement and tenancy sustainment services to homeless households placed in the private rented sector (PRS)*
- *making effective use of the Localism Act powers to end a homelessness duty in the private rented sector*
- *working with other authorities to maximise the market power of councils to procure accommodation at a reasonable price*
- *working with a micro focus to avoid B&B placements and end them quickly when they occur*
- *converting buildings to temporary accommodation and developing new build hostels and LHA rent PRS accommodation*
- *investing in the purchase of accommodation by the council or their partners to benefit from housing capital growth and long term controlled rents*
- *planning ahead to understand medium term supply and demand trends and making provision to meet those demands*
- *making creative use of allocations policies to maximise homelessness prevention*
- *investigating innovative construction techniques such as re-deployable modular housing*
- *working creatively with partners inside and outside the local authority.*

It is important to note, however, that whilst these activities may make a real difference, they can only help up to a point if the fundamental position continues to worsen. The long term affordability of accommodation for households on low incomes is a fundamental problem which must be addressed at a national level if we are not to see more homelessness and an increasing polarisation between areas where households on low incomes can no longer afford to live, and the areas where they are concentrated.

The challenges faced in accommodating homelessness households have reached a point where a concerted effort by both national and local government is needed if a serious impact is to be made.

In order to create a climate where local authorities have a better chance to succeed, there are important measures that government could take without fundamentally compromising its reform agenda, and without a massive increase in spending.

We recommend the following measures, which government could take relatively quickly and relatively inexpensively compared to the scale of the challenge: Central government could consider:

- Using its balance sheet to make cheaper finance available to local authorities and their partners seeking to acquire homes for the use of homeless households at scale.*
- Exempting temporary accommodation from the overall benefit cap so that there is at least somewhere that families who are unable to work can live while councils work with them to get into employment without costing councils large amounts of money. The alternative is to send these families to areas where their employment prospects are going to be much lower, against the stated aims of the overall benefit cap policy.*
- Adapt Universal Credit to ensure that housing related benefits are paid promptly for households in temporary accommodation and for households placed in the PRS by local authorities, and to reduce the likelihood that homeless households be placed in overcrowded accommodation.*
- Providing financial incentives to private sector landlords willing to let to households nominated by a local authority.*
- Ensuring that LHA does not fall further behind rental inflation by ending the current LHA freeze, and as a minimum pegging LHA to consumer price inflation (CPI) in the future.*
- Overturning the decision to apply the shared accommodation rate of LHA to single people under 35 in social housing and temporary accommodation, so that those in greatest need can be accommodated.*
- Ensuring that supported accommodation to accommodate homeless households is protected as a priority in the current DCLG and DWP Supported Accommodation Review. Twenty thousand homelessness preventions and reliefs per year are made into supported housing, and it is crucial that this is able to continue.*
- Making it clear that minimum revenue provision requirements should not apply when councils are purchasing residential property which will appreciate in value over time.*
- Working with mortgage lenders to end the prohibition in many Buy-to-let mortgages of letting properties to households in receipt of housing benefit or Universal Credit, as this currently actually prohibits those landlords from working with local authorities to prevent homelessness.”*

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

3.7 Performance Management Scrutiny

The Scrutiny Panel undertook performance management Scrutiny:

HML01 - Total number of households living in temporary accommodation

HML07 - Number of households that are prevented on becoming homeless

Key points:

- Over the past two and a half years, the number of homeless households living in temporary accommodation had increased from 66 to 303.
- More than half of the households that approach the Council for assistance had lost their private rented accommodation and been unable to secure a suitable property to move into.
- Preventing homelessness is essential, but is proving very difficult, given the severe shortage of affordable housing. A restructure of the Housing Options & Advice Service is underway and will increase the capacity and the level of expertise in the team.

3.8 Site Visits

Site visits to the following:

- Hope Centre and Oasis House
- Women's Refuse
- Manchester
- Accompanying the Outreach Workers on a Rough Sleepers' count
- The Bridge Project

Hope Centre and Oasis House

Representatives of the Scrutiny Panel together with the Scrutiny Officer, visited the Hope Centre and Oasis House on Tuesday, 7 August 2018.

There are a number of partners that contribute to Oasis House:

- Midland Heart
- Hope Day Centre
- NBC outreach
- NAASH
- Hope Enterprise

Maple Access Partnership is no longer available from Oasis House; clients have to attend its surgery.

The majority of clients to the Hope Centre have mental health issues; which increases dramatically once individuals become homeless. It was noted that there is a significant link between the use of cannabis and mental health. The life expectancy of a Rough Sleeper is 47. The site visit observed the day centre. A number of clients were eating breakfast. Tea, coffee and squash is provided free of charge as are a number of pastries and other food. Should individuals require a cooked breakfast a small charge is required. There is also a small charge for cereals. Lunch is also provided at the centre. There is a small cost for the lunch. Individuals can also use the showers. Clothes are donated and individuals can buy items for a small cost (30 pence per item). There is a real need for underwear. This is provided free of charge. Various groups and sessions are put on during the day such as foot care, cookery, art, life skills, gardening, sport, Internet café (free of charge for 90 minutes use).

The Hope Centre has good working relations with a number of organisations including:

- NAASH
- CAN
- Bridge
- S2S
- Re-Store
- Growing Well (Blackthorn Good Neighbours)
- Community Law
- Doddridge Centre
- Bellinge Community House
- Deaf Connect
- Free 2 Talk

The Site Visit observed the art room and some of the art work produced and being produced. Some excellent work was observed. Around 100-120 individuals use the day centre daily, which is open six days a week, 8:30am to 1pm. The focus on Saturdays is around Rough Sleepers and Sofa Surfers.

The Night Shelter is open at 9pm daily and therefore there is a gap of provision from 1pm to 9pm for the small number who stay there. However for the 100-110 people who don't use the night shelter, that gap is from when we close to when we open again. Clients have to be 18 years old or over and can be either male or female to use the Hope Centre or Oasis House. Individuals can live at Oasis House in the short term, but individuals have stayed for up to three years. Oasis House is managed by Midland Heart and NAASH. Councillors also visited Hope Enterprises. Hope Enterprises is a social enterprise and community interest company set up by Northampton's Hope Centre, a charity, with more than 40 years' experience working with the town's homeless. Through giving training and work, at a fair rate of pay, in a supportive environment, Hope Enterprise helps people to re-join society.

Hope Enterprises has five elements: -

Hope Catering - contract catering and buffets for business meetings, parties and events, alongside training in catering.

Hope Tools - a recycling and training social enterprise, refurbishing second-hand garden tools

Hope PAT Testing - routine safety checking for all electrical appliances

Hope Gardening – growing food and offering horticultural experience and therapeutic gardening

Hope foodclub – a social supermarket club where food and toiletries are available at discount prices to those on low incomes

The site visit observed refurbished tools that had been refurbished by Hope Tools. The site visit also observed a number of individuals taking part in the Aspire Course which has the purpose of providing skills to attendees for gaining employment, such as social skills and various qualifications.

The site visit spoke with a client to the Hope Centre – Miss A.

“Miss A had taken part in the Homeless Campaign Project that teaches attendees life skills. The Hope Centre had nominated Miss A to take part. As part of the Project Miss A had been to London and was scheduled to attend again in September, 2 days a week. As part of the project attendees go on field trips and visit museums. She is very proud to be able to help people that are homeless. Miss A was not on the streets for long and now lives in a

hostel; she advised that she became homeless due to an error with benefits and felt that she had not at that time received any support. She had been evicted from her home that she had lived in since 1994. Miss A's son is currently sofa surfing and her daughter lives in a separate hostel. The whole family has been dispersed. Community Law had been unable to assist Miss A when she was being evicted. Miss A felt that there is a lack of provision for people to have a shower and a good night's sleep; she felt a number of smaller units, similar to Oasis House, across the town would be of real benefit."

Women's Refuge

Representatives of the Scrutiny Panel together with the Scrutiny Officer, visited a Women's Refuge on Tuesday, 7 August 2018.

The refuge visited has space for five:

- 1 plus two beds
- 1 plus three beds
- 1 plus two beds
- A single room
- 1 plus two beds

The rooms are of a good size. The refuge is normally full. The Support Worker at the refuge assists the women to apply for housing for example via the homeless/housing application route. Some women stay at the refuge for up to 12 months. A six month stay at the refuge is the norm. 24/7 support is provided at the refuge. Often women who come to the refuge have often been "drawn to a bad boy." There is the need for early prevention and women have quite often been living in poor conditions, have no hobbies, no social life and live their lives via social media. Their priorities are often the mobile phone, males and smoking. The cost to live in the Refuge is £15 per week to cover heating, water and washing. The Support Worker aims to help the women with their priorities. Life skills are taught so that they are ready to move on from the refuge. There is a men's refuge in Kettering. The majority of men have been subject to honour abuse. There is a need for more refuges across the country.

The site visit spoke with two women currently staying at the Refuge – Miss B and Miss C.

"Miss C came to the refuge from another area of the county in late July 2018. She had come from a low support refuge but needed more support. She had had an abusive partner. She had had her own flat

and had lived there, with her young child, both working and attending college. She had to leave due to her abusive partner. He had also been manipulative. Due to the fact that she was an EU Citizen she was not entitled to benefits. The tenancy had been in her name and also her partner's. Therefore, he was entitled to be in the flat also. Miss C expected her partner to change, but he hadn't. Miss C began to drink heavily and had left her child with another resident in the low level support refuge for 1 and ½ days. The Police and Social Services had been called and her child is now in foster care. Miss C is working to regain custody of her child. Miss C gave background to her childhood that she had been treated differently to her siblings as her mum felt she was very like her father and had been controlling towards Miss C. Miss C had had a controlling parent and then a controlling partner. Miss C advised that she wants her own home with her child, a job and a normal life."

"Miss B comes from a different county. She had been with her ex partner for two years and had starting taking drugs, socially to begin with and then it became an addiction. She was currently on a methadone programme. She had started to take drugs when a close friend had been found dead. Her ex partner was very controlling and violent. Miss B's mother had taken her child from her when she began taking drugs. The ex partner would provide the drugs. Miss B confirmed that the Police had been called 13 times regarding her ex partner's violence towards her and eventually they came out again when he was abusing her in the street and witnesses had called the Police. The ex- partner was given a 28 day ban from making contact with her, but he still made contact. Due to the fact that Miss B has a property in another county she cannot go on the housing list in Northampton unless she gives up this property; Miss B advised that by doing this she would be making herself intentionally homeless. The Support Worker at the Refuge is assisting regarding housing needs. Miss B wants to live with her son and be completely free from drugs."

Emmaus, Carlton Village

Representatives of the Scrutiny Officer together with the Scrutiny Officer, visited a Emmaus Village Carlton, on Monday 13 August 2018.

The site visit met with the Chief Community Officer and the Support Manager and had a tour of the site also. Emmaus is an international charity with 300 communities worldwide; of which 29 are in the UK. The first Emmaus community in the UK is the one based in Cambridge. Emmaus Carlton Village, has 42 beds with 4 solidarity beds. All rooms have beds, wardrobe,

bedside cabinet, TV and Wifi. Wifi is available throughout the site. Emmaus Village Carlton, is a charity with a Board of Trustees who are very active. Since 2001 they have raised over £3.5 million for capital projects. Currently their turnover is almost £1.2 million. Residents to Emmaus communities are known as companions; upon arrive they sign a licence agreement that they will be housed and will work in the Social Enterprise. Emmaus Village Carlton, is the one of the largest Emmaus communities in the UK. There are three accommodation blocks, the majority have an en-suite. Companions have use of a shared laundry room, IT suite and communal lounge, dining room, gym and games room comprising pool table, darts and table tennis. Companions to Emmaus Village Carlton, are either self-referred or referred by an Agency. Their needs are looked at to ascertain whether they can be supported. Carlton is a remote location and may not be suitable to all prospective companions. Individuals with complex mental health needs, and ongoing drink or alcohol addictions cannot be supported at Emmaus Village Carlton. The community has one Support Manager and two Support Workers. The licence agreement requires companions to be clear of alcohol for the first 28 days to ascertain whether there is a dependency issue. Companions should be clear of illegal drugs or psychoactive substances at all times and will be randomly drugs tested to ensure this. There does not have to be geographical connections for individuals to be considered for staying at the community. The community can accommodate both men and women. Their stay is not time limited; it is a safe place for people to move on from. Ex-Offenders with low need can be referred to Emmaus. Emmaus Village Carlton, has a medical centre that it refers to. It is located around 15/20 minutes' walk away but support workers will often drive companions to the centre or pay for public transport. Upon arrival companions sign off benefits, other than housing benefit. They receive an allowance of £42 a week. Money is also put aside for them in a holiday fund and a leaving fund. Children can visit companions on the site. Relevant safeguarding checks take place. The village has a stock of toiletries and companions can purchase these for 50p an item. Companions undertake training whilst residing at the village including:

- Level 2 warehouse training
- Forklift training
- Bike repair
- Food hygiene

The aim is to provide a majority of training that is accredited. Emmaus Village Carlton also offers volunteering opportunities. Companions receive three meals a day. Breakfast is provided for them, which they make

themselves, consisting of toast and cereals. A mixed hot and cold lunch is provided along with a hot evening meal. A healthy diet is provided. The community has recently begun to grow its own vegetables. The community is also in dialogue with a bee keeper regarding a bee hive for the site. Contact is maintained with companions that move on from the community. There have been 10 positive moves in the last 12 months. The aim of the charity is to give companions a purpose, confidence, self-respect, somewhere to live, and it was highlighted that this ethos really works. People can donate to the community, such as furniture, clothes, toys, bikes, clocks etc. The community can collect furniture donations free of charge but there is a small charge for delivery. The social enterprise is open to the public six days a week, being closed on Mondays.

Greater Manchester

Key points:

- The Chair, along with the Deputy Chair and NBC's Housing Options & Advice Manager undertook a site visit to Great Manchester which covers ten local authority areas. They met with the Strategic Lead for Homelessness.
- The Authority has a number of community facilities, including a Winter Shelter and Community Centre. Everyone receives the same service. There is good partnership working with voluntary agencies. The necessary resources are provided.
- Everyone was proud in what they did but still knew more could be done. Data is inputted onto one system and is shared by all agencies. There is good engagement with the voluntary sector. The Winter Shelter in Manchester has proper beds and the homeless people who stay there are awarded Housing Benefit which is paid direct to the Shelter.

Bridge Projects

Representatives of the Scrutiny Panel visited the Bridge Project on 3 September 2018. They met with the Manager of the Project and various "Members". This resource is aimed at people who are attempting to or have overcome addictions around drugs and alcohol and who consider they could possibly be ready to look for a change in their lifestyle and hopefully find a job and if need be a permanent home. The Site visit was shown around the facility by Vince Carroll who heads up the Bridge in Northampton. The Site Visit arrived at lunchtime and there were a number of "members" enjoying lunch and socialising with friends. The Manager explained that when they accept someone to come onto their programme, they are given a contract to which they commit to; which allows them to use the facilities at the Bridge; have 1:1 meetings with professional staff who are available, use the gym, and various other services such as aromatherapy and hair dressing. The Bridge provides hot meals every day to Members who are attending as well as an IT

suite as well as opportunities for Members to relax in their Games Room, gym and well equipped Music Room. Members are required to sign in using a swipe card and in this way their attendance is monitored which can sometimes indicate that a Member is having difficulty in maintaining regular trips to the Bridge and participating in sessions and group work. Staff sometimes visit Members at home to assess whether or not there are difficulties and whether they need additional support. In Northamptonshire at any one time there can be up to 800 Members in the different resources which follow the Bridge Programme. Members are in control and in charge of their programme at the Bridge and as long as they are prepared to co operate and work within basic principles of cleanliness, respect, honesty and leave their substance issues at home.

Mr C, Ex-Rough Sleeper

Mr C, an ex-Rough Sleeper attended a meeting of the Scrutiny Panel and provided details of his experience as a Rough Sleeper.

Salient points:

- 'Mr C' (not his real name) has 'lived experience' of sleeping rough in Northampton
- Mr C spoke candidly about his experiences, saying that he used to have a good life but, as a result of his drug use, he had lost his job and his home. He had slept in the woods for about six months and, although he initially enjoyed the freedom of the woods, this soon changed and it started to have a major impact on his mental health.
- Mr C was very supportive of the Nightshelter, describing it as a warm, safe, welcoming place where the staff are non-judgemental and the food is good. He has spent a lot of time sleeping rough and has used the Nightshelter twice since it opened.
- At the end of his first stay in the Nightshelter, Mr C was helped to move on to supported housing where he stayed for 11 months before becoming homeless again and returning to the Shelter. During his second stay at the Nightshelter, he engaged more effectively with local services and sorted out his medication before being offered a place in Oasis House.
- Mr C has been living in Oasis House for around four weeks and helps out at the Hope Centre, for which he is rewarded for his work.

- Mr C felt he had been failed by JCP (JobcentrePlus) at his health assessment and that, as a consequence, he lost his benefits and supported housing
- Mr C felt there are plenty of places for homeless people to go during the day when the Nightshelter is closed, but they are probably not being promoted well enough. He said that, although there is always somewhere to go, longer opening hours would be useful but would require extra funding. It would be good, for example, if the Bridge Project was open every Sunday because, for homeless people, Sundays are lonely days. Mr C felt that he was living on the streets for a reason and he explained that, while he was on the streets, he was sad and very lonely.
- Mr C commended the Street Outreach Workers, saying that they do their utmost to engage with all rough sleepers, including those who do not want to engage. Mr said that, after moving on from the Nightshelter the first time, he was worried he might not receive enough support from the accommodation provider. He said he felt that the lack of support was the main reason why he lost that accommodation.
- Mr C is continuing to work with his Key Worker at Oasis House and, as his medication is now stable, he is hopeful that he will be able to move on successfully from Oasis House when he is ready. In the long term, he wants to be a Key Worker.

3.6 **Core Questions**

- 3.6.1 The Scrutiny Panel devised a series of core questions that it put to its key witnesses over a cycle of meetings (Copy at Appendix B).
- 3.6.2 Key witnesses provided a response to these core questions at the meetings of the Scrutiny Panel held on 6 September 2018, 8 November, 24 January 2019 and 8 April 2019.

Cabinet Member for Housing and Wellbeing and the Cabinet Member for Community Safety and Engagement, Housing Options and Advice Manager

- Northampton Borough Council has a statutory duty to provide advice and assistance to everyone who is homeless or threatened with homelessness in the Borough, including people who are sleeping rough. The Housing Options and Advice Team works to prevent or relieve homelessness all year round, by working with households to help them to retain or secure suitable housing, and to access other forms of support. In Northampton, There is a dedicated Single Homelessness Service that offers single homeless people and childless couples (including those who are sleeping rough, 'sofa surfing' or at risk of becoming homeless) with advice, information, assistance and support:

Single Homelessness Adviser

- Based in the One Stop Shop, the Single Homelessness Adviser provides a 'triage' service for single people and childless couples who are homeless or at risk of becoming homeless. Working closely with the Street Outreach Team, the Tenancy Relations Officer and the Nightshelter, the Single Homelessness Adviser is particularly adept at delaying and preventing homelessness, especially in relation to private rented accommodation and family breakdown.

Street Outreach Workers

- The Council's two Street Outreach Workers deliver an assertive outreach service to people who are sleeping rough, providing them with the encouragement and support to access emergency housing and support. Using the intelligence they have gathered from a variety of sources (including members of the public) the Street Outreach Workers will visit all areas of the borough (including woods, parks and cemeteries) where it is known or suspected that someone may be sleeping rough.

Northampton's Emergency Nightshelter

- Northampton's Nightshelter first opened its doors on 6 February 2017. Every night, between 9.00pm and 9.00am, it provides somewhere safe, warm and dry to stay for up to 20 homeless men. There is also alternative emergency provision for women who are sleeping rough.
- As the Nightshelter is not a direct access shelter, people will only be admitted if they have already been risk assessed and meet the access criteria. Decisions on whether or not a person is accommodated in the Nightshelter are normally made on the day they are interviewed. Everything at the Nightshelter (including the accommodation, toiletries, evening meal and breakfast) is provided free of charge.

Severe Weather Emergency Protocol (SWEP)

- Although winter often poses the greatest risk to people's health, it also provides increased opportunities to engage with entrenched rough sleepers and other hard-to-reach groups because they may be more likely to accept support at this time of year. Although there is no strict definition of what counts as 'severe weather', SWEP normally operates when the temperature falls below freezing and is forecast to remain below freezing for at least three consecutive nights. Throughout the winter, Officers monitor the Met Office's weather forecasts, taking into account any weather (including extreme cold, wind and rain) that is likely to increase the risk of serious harm to people sleeping rough. SWEP will operate from Oasis House between 9.00pm and 7.00am. Anyone wishing to use SWEP must arrive before 11.00pm. If someone is sleeping rough – or is at risk of having to sleep rough – and does not meet the Nightshelter's access criteria (because, for example, they are unwilling to engage with services) they can register for SWEP.

Multi agency strategy

- Working with more than 30 services and organisations, the Council developed a 3 year multi agency strategy, 'TOGETHER we change lives', to tackle, prevent and reduce rough sleeping.
- The vast majority of the services and organisations that signed up to the multi-agency strategy – including supported housing providers, faith groups and mental health/substance misuse support providers – have worked collaboratively with the Council to reduce rough sleeping. Regrettably, a small number of the organisations that initially pledged their support for 'TOGETHER we change lives' have not done what they promised. Rough sleeping is a complex problem and the longer that someone sleeps rough, the harder it can be to help them leave the streets. The causes of homelessness are numerous and varied, and are exacerbated by the severe shortage of suitable, affordable housing. The main causes are relationship breakdown, leaving hospital or prison in an unplanned way, tenancy breakdown, the loss of private rented housing, mental ill-health, substance misuse and unmet support needs. Officers are also seeing an increase in the number of people who have arrived in Northampton from other areas, and other countries, without making any accommodation arrangements and end up sleeping rough. As they have no 'local connection', the team will seek to reconnect them to their 'home area' in order that they can access the maximum help available. Accurately measuring the exact numbers of people sleeping rough is challenging. In 2010, the Coalition Government introduced a snapshot method which requires every local authority either to count or estimate the number of people sleeping rough in their area on one night every year. Each year, the Council carries out an Annual Rough Sleepers Count strictly in accordance with government criteria and guidance. This is the agreed method for tracking progress in tackling rough sleeping. During Northampton's last Rough Sleepers Count on 10 November 2017, a total of 36 volunteers took part in the Count, which covered all 33 Wards and was carried out, as usual, between Midnight and 3.00am. The volunteers observed a total of 13 people (10 men and 3 women) 'bedded down' in the borough. On the night of the Count, 11 men were staying in Northampton's Emergency Night Shelter. The

Council is planning to meet with local services and organisations to develop improved ways of recording and assessing rough sleeping. However, based on all of the intelligence available, it is estimated that on an average night there are around 25 non-UK nationals sleeping in tents on the outskirts of Northampton and around 15 people sleeping rough. The Council's priority – reflected in '*TOGETHER we change lives*' – is to intervene early, to get people off the streets before they become entrenched.

- It is an established fact that people's life expectancy is reduced if they sleep rough regularly and/or over a long period. Sleeping rough also has a devastating effect on a person's health, self-esteem and wellbeing. As reported in the Government's Rough Sleeping Strategy (August 2018):
- The average age of death for a person who dies whilst living on the streets or in homeless accommodation in England is 47 years, compared to 77 for the general population
- It is estimated that around 35% of people who die whilst sleeping rough or living in homeless accommodation died due to alcohol or drugs, compared to 2% in the general population
- Evidence suggests that homeless people have far higher rates of schizophrenia, anxiety disorders, depression and personality disorders than the general population
- Around 31% of homeless people have complex needs (two or more support needs)
- Evidence suggests that a person's support needs increase the longer they stay on the streets, and also with age
- People who sleep rough are frequently victims of violence and theft. In a survey of 458 homeless people who had slept rough in the past 12 months, one in three reported that they had been deliberately hit or kicked or experienced another form of violence, and more than half reported having their possessions stolen

Community safety

- Although the Council's priority is to ensure that people who are sleeping rough receive the help, support and encouragement they need to come off the streets, it must protect the health and safety of the wider community. The Anti-Social Behaviour Unit and the Community Safety & Engagement Team are responsible for tackling ASB in the town. ASB that is linked to rough sleeping may include urinating and defecating in the street or shop doorways, aggressive begging, injecting drugs, leaving drug paraphernalia in public places, and street drinking. Members of the public can find this behaviour very intimidating. Each year, the Council invests a significant amount of time and money in clearing tents, soiled bedding, bloodied needles, human waste and discarded rubbish from sites that have been used, but are then abandoned, by people sleeping rough. In 2018, the workers who cleared one of those abandoned sites – in the grounds of a church, close to a children's nursery – removed a total of 300 needles, including some that had been concealed in the canvas around the tent poles in order to hurt anyone who attempted to remove them. Tents, bedding, food and personal possessions will only be

removed if they have been abandoned, are obstructing the highway or pose a risk to community safety. If the Police or the Council are concerned about a particular site and decide that it needs to be cleared, they will normally speak to the occupants during the days before the site is cleared in the hope they can be persuaded to move to another location. This approach usually works. When a site is cleared, the Police and/or the Council will arrange for any tents, soiled bedding/clothing, food, drugs paraphernalia, human waste and rubbish to be disposed of. Any personal possessions will be put into bags, 'tagged' and placed in storage for 28 days. Relevant agencies will be informed of the action that the people who are affected will need to take to recover their possessions from storage.

- Every week, the Street Outreach Workers undertake at least two outreach sessions (one very early in the morning and the other very late at night) to find, and engage with, people who are sleeping rough in Northampton. Using the intelligence they have gathered from a variety of sources (including members of the public) the Street Outreach Workers will visit all areas of the borough (including woods, parks and cemeteries) where it is known or suspected that someone may be sleeping rough. The Street Outreach Workers are assertive, persistent in persuading people to leave the streets, and deliver a consistent message. Often this can take time, especially if the person who is sleeping rough has multiple complex needs and/or has been sleeping rough for a long time. In addition to the twice-weekly outreach sessions, the Outreach Workers hold regular housing advice surgeries in Oasis House and the Guildhall. 7 The Street Outreach Workers' priority is to intervene as early as possible in order to prevent homelessness and reduce, to an absolute minimum, the time people spend sleeping rough. To do this, they negotiate with landlords and families and help people access the Nightshelter, local housing projects and the private rented sector. Many of the people sleeping rough in Northampton have previously been let down by services. Establishing a rapport with them, and gaining their trust, can take time but this is something that the Outreach Workers are very good at. More recently, it has been found that a small but vociferous group currently operating in Northampton has deliberately undermined the work of the Outreach Workers and actively discouraged homeless people from leaving the streets. One of the challenges the Street Outreach Workers are facing at the moment was succinctly articulated by one of the people they found sleeping in a shop doorway in Abington Street who said: *"I am getting three square meals a day, free clothing, bedding and toiletries, and money from benefits and begging to spend on drugs and alcohol. Why would I want to go into the Nightshelter?"* During a recent outreach session, the Street Outreach Workers found four people who were sleeping rough but were not homeless; they had accommodation but, for a variety of reasons, did not return home that night. The Outreach Team is working to understand and address this.
- The Council is successful – the Single Homelessness Adviser, the Street Outreach Workers and the Nightshelter Team don't give up on people. A minority of groups and organisations undermine what the Council is doing by refusing, or failing, to share information. There can be no justification for withholding information that will help the Council and its partners to identify,

and engage with, people who are sleeping rough with a view to helping them to come off the streets.

- If everyone works together, the need for people to sleep rough in Northampton can come to an end. Although this was something that everyone signed up to in '*TOGETHER we change lives*', a small number of groups, services and organisations are not sharing information, working in a collaborative, joined-up way and/or delivering a consistent message. What is needed is for everyone to become more outcome-focused and to focus on improving the life chances of people who are sleeping rough. Some people have been accessing some services for a number of years but are still sleeping rough or without settled accommodation. It is only right that we ask why that is and what (if anything) has been done to change that? Engagement is a vital tool in our toolkit, but it must be purposeful and focus on our desired outcome: helping people to leave the streets.
- The 'Housing First' model could play a key role in meeting the needs of people sleeping rough with complex needs (where our usual approach would not be successful) and Housing Services is keen to learn more about how this could work in Northampton. The Government is planning to undertake an extensive and robust evaluation of its three 'Housing First' pilots and it has given an undertaking to ensure that all learning from these pilots will be used to inform decisions on rollout. The evaluation will begin in autumn 2018. The 'Housing First' model is prescribed and requires appropriate resourcing to ensure successful outcomes. Officers will need to carefully consider how they make best use of this model, so that it is a real tool to help the most vulnerable, and does not incentivise disengagement from services, or a refusal to engage with services in hope of being 'fast tracked' into this type of housing.
- By its very nature, 'hidden homelessness' is extremely difficult to quantify. Officers are hoping that, as a result of the Homelessness Reduction Act 2017 and the changes that have recently made to our Single Homelessness Service, Housing Services will be better equipped in the future to comment on the nature and extent 'hidden homelessness' in the Borough. During the Autumn 2018, officers will establish a Homelessness Forum and start work on the development of a comprehensive Homelessness Review that will inform the new 'Homelessness & Rough Sleeping Strategy'.
- With such a large number of groups, services and organisations, Northampton is very well placed to engage with harder to reach groups. It is essential, however, that everyone is committed to sharing information, working together, delivering consistent messages and encouraging them to engage with services that can help them leave the streets. Misinformation and adversarial 'posts' on social media have put the Street Outreach Workers at risk of abuse from those who are sleeping rough and members of the public because of the way they have been portrayed. Rather than undermining the good work that is being done to tackle, prevent and reduce rough sleeping, everyone should affirm their commitment to ending the need for people to sleep rough and commit to using all of their influence to persuade people to come off the streets.

- The Council submits quarterly homelessness returns (P1E / HCLIC) to the MHCLG. It also has access to locally collected data, including the Street Outreach Log, the Night Shelter Referrals, the Night Shelter statistics and the Single Homelessness Adviser's assessments and records. The new 'Homelessness & Rough Sleeping Strategy' will be informed by a range of data and information.
- The main reasons are the lack of affordable accommodation in the private sector, shortage of accommodation in the social sector and welfare reforms. Sometimes people do not know what help is available and/or how to access that help. There needs to be a 'one door' approach, more effort needs to be made to increase awareness of the housing options available and all organisations need to make every contact matter.
- In response to the Homelessness Reduction Act 2017, the Council is seeking to improve the information on its website and in leaflet form, particularly for vulnerable groups. This information will be available in different languages.
- The Council would like to introduce 'Housing First' in Northampton.
- The Community Safety Team and the Housing and Wellbeing Service work well together to support homeless people and rough sleepers.
- The Street Outreach Workers undertake regular weekly assessments of everyone who is staying in the Nightshelter.
- There is a need to understand the rationale behind other organisations' approach to people who are homeless or sleeping rough.

Detective Chief Inspector, within Public Protection, Northants Police

- Neighbourhood Police Officers engage with rough sleepers and homeless people. The Detective Chief Inspector patrols every few months basis on a Friday and Saturday night as part of the 'nightsafe' plan. He has observed lots of homeless people, who are at increased risk from drunk and rowdy members of the public. The Detective Chief Inspector has seen how vulnerable homeless people can be in such situations. Homeless people are more likely to be both victims and perpetrators of crime. It is common that they have mental health issues, drug and alcohol abuse. A number of homeless people have been released from prison.
- Housing and Wellbeing, NBC, have senior staff sitting on Groups such the Multi Agency Public Protection Arrangements (MAPPA) and that the work of the Housing Manager is exceptional. The MAPPA strategic board Panel recently commended the work of the NBC Housing and Money Advice Manager.
- Homeless individuals need stability and that prevention measures, including support with drug, alcohol and mental health issues would minimise the chances of them being homeless and help prevent re-offending.
- It is better for someone released from prison to be appropriately housed with support and scrutiny in place rather than to be on the streets with no control measures and their whereabouts unknown in the UK.

- The Police do see a number of people living on the streets and are aware of a number of individuals that 'sofa surf'.
- Homelessness features on the agenda of a number of Groups such as the Suicide Prevention Group and Arms Forces Covenant.
- The Police operate the Coroner's Office but data regarding housing status of deceased persons is not routinely collected. However, for the past two months such data has begun to be collected.
- The work of the Street Pastors at the weekend is commended and said that Police Officers will signpost rough sleepers to both the Night Shelter and the Street Pastors for support and advice.
- Every time an individual is taken into custody in the county their physical and mental health needs are subject to an assessment and they have an opportunity to be seen by a health care professional. . They are also given warm food and drinks and basic clothing if required. They are signposted to relevant Agencies for assistance.
- On occasions a rough sleeper has been known to offend so that they can get a bed and food for the night. This probably happens handful of times in a month
- Hate crime against homeless people is currently not specifically recorded (as for example racist or homophobic behaviour is)
- Hidden homelessness is not a well-known term to the Police. A DASH form is completed for every domestic abuse incident the Police attend. This assesses the risk to victims and gauges them as standard, medium or high. High risk is prioritised.

Chief Executive, Hope Centre

- Hope runs extensive services for homeless people, including its day centre project running six days a week plus its training, social enterprise and food aid projects. It sees approximately 100 people a day who are homeless according to Crisis definitions, of within which, across a week, perhaps 60-80 rough sleepers attend its services. As a result, and drawing from 45 years delivery of service, the Chief Executive believes its understanding of the nature of the problem, its causes and solutions, is unrivalled.
- Many of the causes are national or even international in causation: the reduction in social rent properties brought about by sale of council houses and the failure to replace these with others of equivalent type. The private rented sector makes up part of the gap but increasingly, and perhaps more so in Northampton, insecurity in private rented tenancies is an increasing cause of homelessness and more and more landlords sell, or otherwise harass and evict people they no longer want as tenants; or refuse to let to people on low wages or benefits. Wages in Northampton are low, and work often insecure, and rents high, which compounds the problem.

- The problem is heightened, the Chief Executive believes, by the allocation policies and practice of housing department staff within Northampton Borough, which takes a highly restricted response to the needs of homeless people, usually putting them through barriers and hoops before considering them.
- The Chief Executive believes there may be as many as 100 street homeless using the Crisis definition which includes people in tents, cars, sheds etc. This figure is based on the number it has assessed since July 2018. There is simply no question that rough sleeping is dangerous and damaging to the health; through cold, violence by others, drugs and alcohol, and risk from traffic. The scale of deaths in Northampton, from the data collected by ONS and the Bureau of Investigative Journalism, is apparently far above that experienced in any other area of comparable size.
- Rough sleepers are more likely to be the victims of violence rather than its perpetrators, although there is a degree of risk between its own members. Women are at heightened risk including of sexual violence and exploitation.
- There are some associated problems with drunkenness and ASB but people begging and generally on the street often make people assume these problems are all to do with homelessness but often they are not.
- The Borough provides outreach services and the night shelter, with its move on, and manages general homelessness applications that do not go through the night shelter.
- The Chief Executive's view is that these services are run in such a way that is often perceived by service users and workers in other agencies as hostile and punitive towards homeless people, requiring them to navigate sometimes incomprehensible barriers of access, and delivered with a perceived lack of compassion and empathy for their needs. The limitations of the night shelter were demonstrated, the Chief Executive said, in the BOIJ report last year, but this followed on from a joint request for changed practice from 3 agencies to the Borough in January 2018 that was ignored by the Council.
- The Council achieves some effectiveness, the Chief Executive said, with the comparatively restricted cohort of men whom it chooses to accept and to work with, by being able to offer housing. But it fails to encourage people to attend Hope or any other services and at times has attempted to duplicate services that the Hope Centre already provides. In the Chief Executive's opinion, with a better attitude on the part of the council's staff, services could work together very effectively. The Chief Executive believes that Hope is a paradigm for quality in day services, and it is at the very forefront of achievement in offering services that advance people's lives, skills,

confidence and management of their problems, but none of this is recognised by certain members of the Council's staff and Councillor Hibbert.

- The Chief Executive believes really fundamental changes in attitude and practice are needed: With an open and listening approach by the NBC housing team, the Hope Centre would be able to work in collaboration not conflict. NBC should work properly in partnership and respect with external agencies, sharing decision making and working together in equality.. NBC should adopt more compassionate and fair attitudes and working practices when engaging with homeless people and voluntary agencies and community groups. It could contract with he said, with the Hope Centre or others to provide services instead of doing it all itself.
- The Chief Executive believes that outsourcing, and stepping back from direct provision is the way forward, as it was in the past, in an era when the problem was managed with compassion and fairness and good relationships existed between the council and the voluntary and community sector.
- The Chief Executive believes that Housing First is a good way forward for some street homeless people and the Hope Centre would be willing to provide, if funded, , the support that people need to sustain their tenancies; we would of course work to identify people for housing. It's obvious; housing is one of the best ways to solve homelessness, alongside the proper support which we are well placed to provide.
- There are possibly thousands of people, he said, who are in some way de facto 'homeless' in our town; young people forced to stay with their parents; people sharing flats etc, alongside the street homeless. The Hope Centre's main expertise, he said, is with the latter. Groups in specific communities – LGBT, ethnic minorities - are particularly hidden.
- Funding agencies like Hope and others to do real outreach work based on wanting to help them, not on wanting to exclude them.
- The Chief Executive is of the opinion that the official figures understate the level of the problem in every category. For example the rough sleeper figure given in street counts, by ignoring the latitude in the guidance to include people who by common sense could be judged to be homeless, was and is inaccurate and this has led to non-allocation of central government funding as a result.

Director of Public Health, Northamptonshire County Council

Key points:

- Public Health commissions services that contribute to either supporting those people who are currently rough sleeping or homeless, or people who are at risk of becoming homeless to remain in accommodation.
- For example the Public Health commissioned drug and alcohol treatment service providers deliver programmes that support vulnerable groups of people who without this support, are at high risk of homelessness. The Provider employs workers to identify people living on the street with drug and alcohol problems and provides links to housing officers, where appropriate, to support people to continue to access services.
- In addition public health contributes to a social wellbeing contract with Commsortia, which provides wrap around support for single vulnerable adults who are homeless or threatened with homelessness and who face specific challenges in securing and maintaining their own accommodation. Wrap around support is time limited and usually offered to individuals as part of a supported housing offer. We work with local housing teams with a view to moving people back into recovery and independence. Priority is given to individuals with a learning need or significant mental health condition, substance or alcohol dependency, history of domestic violence or history of offending.
- This year public health has also led a multi-disciplinary team to support the homeless, rough sleepers and those people living in supported accommodation to access health services, offering infectious disease screening, NHS health checks, liver screening, flu vaccination and help to register with a local GP. Four events took place in the NBC area in December 2018.
- For those people who have need for sexual health services, open access clinics are available, and Public Health has recently recommissioned a new service that will deliver outreach sexual health services to vulnerable people including the homeless.
- There are many reasons why people are homeless and/ or rough sleep, and there is usually more than one contributory factor. Commonly homelessness is divided into three interdependent categories; personal causes – lack of support, debt, poor health, relationship breakdown; structural causes – local housing availability, policies and affordability; and the reasons people state themselves; breakdown of social and family circumstances and refusal by their network to accommodate them, loss of tenancy. However, these reasons are only the catalysts that may trigger people into seeking assistance, and not the underlying issues that have caused the crisis to build up in the first place. In reality for many people, there's no single event that results in sudden homelessness. Instead, homelessness is due to a number of unresolved problems co-existing over a period of time.

- Regardless of the category, the stigma associated with homelessness is well acknowledged. Many people have experienced adverse life events as a child and/or adult that has led to homelessness either directly or indirectly, for example, bereavement, divorce, unemployment and leaving the armed forces. Indeed many people with this or without these experiences also suffer from complex mental and physical health risks and/ or conditions which may be the cause or be a contributory factor to their homelessness.
- Groups of people at higher risk of homelessness are: ex-armed forces personnel, ex-offenders, care leavers, those people who are substance misusers, immigrants and men and women fleeing domestic violence. Also included are single people, who do not meet the threshold for accommodation and cannot afford private rented accommodation.
- To fully understand the root cause of homelessness in each area local authorities have spoken directly to people rough sleeping to determine how their life situation has led them to this point, and while this will be individual, patterns of need where focused service provision could be deployed at prevention and early intervention levels have been highlighted.
- This can be considered from two perspectives – the implications for the rough sleeper and the impact on the local community.
- The average age of death of a single homeless person is 30 years lower than the general population at 47 years, and even lower for homeless women, at just 43 years.
- The homeless/rough sleepers can often have chaotic and unhealthy lifestyles and experience some of the worst health problems in society and face significant barriers to accessing treatment; registering with a GP, or dentist, using preventative services such as sexual health services, maintaining access to drug and treatment services, and mental health services when required; and often wait until their health is at a critical state, and attend, or are conveyed to emergency acute care. For women the profile of rough sleepers is often linked to abuse, fleeing from abusive relationships resulting in homelessness, and often leading to further abusive relationships living on the street. A small scale study by East London housing partnership in 2014 estimated that of the women sleeping rough, 73% had experienced domestic violence, 65% had substance misuse needs, and 77% suffered mental ill-health.
- From a safety position, it is also perceived by the homeless that there are geographical locations where they feel unsafe, for example, areas where street lighting is dim; people are less secure and are vulnerable, and consequently will congregate in more well-lit areas for safety.

- From the perspective of the community, rough sleepers are clearly visible, and are often misunderstood and therefore avoided, perceived to have health problems such as mental ill-health and substance misuse problems, and often considered to be rough sleeping as a result of personal circumstances for which they are responsible. This national view is often exacerbated by incidents of poor behaviour, littered sleeping areas and aggressive begging, although there is little evidence of this behaviour locally.
- Northampton has a good night shelter, which moves people through quickly and provides effective support. People come to Northampton because they can get a hot meal every night and there is peer support within the shelter.
- This shelter is currently available for men. For women there is a lack of available shelter, and for vulnerable women such as sex workers the lack of a safe overnight location increases their susceptibility to crime, and they can be targeted.
- Street outreach workers: The role is to deliver two assertive outreach services per week to people who are sleeping rough; one in the morning and the other late-night. These outreach sessions offer housing advice and support any negotiation with landlords and families, help people access the night shelter, local housing projects and the private rented sector.
- Reconnection service: This is for people who are sleeping rough in Northampton and have no local connection, NBC help them return to an area (or country of origin) that is familiar to them and where they may have local connections and be better supported. To assist with the person's reconnection, it organises their travel and meet their travel costs.
- Single Homelessness Adviser: Works closely with the Street Outreach Team, the Tenancy Relations Officer and Northampton's Emergency Night shelter and is proficient at delaying and preventing homelessness especially in relation to private rented accommodation and family breakdown.
- SWEP (severe weather emergency protocol): normally operates when the temperature falls below freezing and is forecast to remain below freezing for a period of at least three consecutive nights. If someone is sleeping rough, or is at risk of having to sleep rough, and does not meet the access criteria of Northampton's Emergency Night shelter (because, for example, they are unwilling to engage with local services) they can register for SWEP.

- In addition there are local agencies such as the HOPE centre, Jesus Centre and Mayday Trust who offer:
 1. Provision of practical needs; also about giving the time, dignity and friendship to those facing tragedies, difficulties, addictions and hopelessness.
 2. Run day centres, inspire learning, improve employability and provide emergency shelter in severe weather.

The Director of Public Health would welcome:

- A plan to work in collaboration with public and voluntary sectors.
 - Availability of walk in emergency shelters to provide temporary stay throughout the year, not just in winter.
 - More timely provision of support and accommodation, as the lengthy process pushes a person to sleep rough and get trapped in to the circle of its negative influence.
 - Consistent multiagency engagement with active dissenters to influence behavioural change.
- Placing people in accommodation after being homeless for a period of time, with their individual health needs and vulnerabilities, without the necessary support can lead to an increase in poor social behaviours, a lack of ability to self-care, impact on unplanned care services and an increased risk of eviction.
 - People need to be supported to care for themselves as part of a programme of housing and care, to be helped to access services they need and take a step towards independence. The Housing First Model provides a framework, locally applied based on need, and supported by local health and social care organisations to give people the best chance of recovery for the long term.
 - Public health could contribute to this by ensuring our commissioned services are working more closely on an outcome based commissioned approach to provide outreach services that support individuals as part of a planned intervention, where services are more tailored to individual need and the impact on individuals is monitored.
 - Official statistics under-represent the scale and numbers of people affected by homelessness as many people do not show up on official figures – this includes people who become homeless but receive temporary accommodation, ‘being put up’ by friends and relatives, live in squats or in other insecure accommodation.
 - Services and organisations can connect with, and meaningfully engage with, harder to reach groups via:

- Through outreach – services need to go to these individuals and groups rather than expect them to go to services.
 - Eradicating, at a minimum reducing stigmatisation and judgement of the homeless by front line workers would encourage greater engagement with this group of people.
 - Better partnership working in which the work of individual organisations/services with the homeless is properly recognised and co-ordinated.
 - Northamptonshire Armed Forces Covenant Partnership notes that ex-armed forces personnel are at higher risk of homelessness compared to the general population. The NCC Public Health team hosts the Armed Forces Covenant Partnership Officer and through the Covenant partners work together to better meet the needs of our armed forces community, including addressing housing needs where relevant / appropriate.
- As a system Partner organisations should more effectively take action to implement the Homelessness Reduction Act – Duty to Refer. Working with and ensuring that the relevant organisations have established relevant processes and are meeting their duty to make those referrals is a way in which NBC could work in partnership to prevent homelessness.
 - Numbers of homeless and rough sleepers is difficult to obtain with accuracy. People bed down at different times, seek shelter in derelict buildings and can be unseen. Each year every LA in England does estimate or count the number of people living rough in their area which is submitted to DCLG as an estimate of the number of people sleeping rough on one static night.
 - Data published in 2018 showed 4,751 people sleeping rough in England on one night. There should be caution based on this figure for the reasons discussed above and also as new data will be available on 31st January 2019.
 - Locally we collect data on rough sleeping as this relates to service activity – again caution needs to be taken as these are people presenting to services; we know that many rough sleepers do not routinely access services and therefore any data we have is likely to be an underestimate.
 - It is fair to say that people who sofa surf are not usually choosing this as a lifestyle, and do so for a number of reasons. These reasons could be that they have no expectation that they will meet a priority threshold for local authority provided accommodation, or that there is a convenience to knowing you have a roof over your head, or that this provides company, in a location where you may want to remain. Indeed this could also be the most economical route to accommodation. In some cases these people may not identify themselves as ‘homeless’ or, even if they do, do not wish to be counted as a statistic and therefore do not register for help.

- In addition there are too few available accommodation units, and the move on plan for those people in this accommodation is not as timely as it could be, this creating a lack of throughput to secure, long term housing.
- The landscape can be difficult to negotiate and is not always helped by the fact that each Borough and District has its own individual housing strategy and priorities. It would be helpful to produce a clear guide to housing support services in each area.
- Local organisations are aware that there are areas of the town that require a focus by services, such as the bus station, Market Square, Mc Donald's area and the Drapery.
- Linked to this Armed Forces Covenant is the Ministry of Defence's 'Future Accommodation Model' is a revised approach to providing accommodation for service personnel and their families which may have implications for their housing needs.
- Housing authorities need to work more in partnership with other organisations in the area with a statutory responsibility or who have been commissioned to provide services or commission services to identify what resource is available, which each service offer is, what outcomes are being achieved at what cost to look for opportunities to collaborate. The development of a Homelessness Pathways Map, and to develop services with partners to make a demonstrable impact at scale would be a good starting point.
- There is a need to engage the homeless population more often and more effectively so that they recognise they are valued members of society and worth support, rather than stigmatised.

Manager, Northampton Jesus Fellowship

Key points:

- It is vital for the organisation to know where to refer people. There is a need for agencies to share information about what they do and how they can help. Each has a lot of expertise. The Northampton Jesus Fellowship had sent representatives to the recent ROC discussions and believed that there is a lot of potential and a lot happening in the town but it is not joined up.
- The Northampton Jesus Fellowship is open Monday to Friday. It has a drop-in ("Step Up") for two hours every morning. Between 70 - 80 people visit the organisation on Sundays. Attendance has increased significantly during the past year and is now around twice what it was a year ago.
- Universal Credit has had an impact and there is now a large representation from Eastern Europe.

- The Northampton Jesus Fellowship has an excellent relationship with the Council's Street Outreach Workers who visit the building regularly.
- Some of the people who visit the Northampton Jesus Fellowship have lost their ID, are sleeping in tents and trying to maintain a job from a tent. There is a need to work with them to make private rent affordable without a big deposit; there is a need for discussions with private landlords.

HealthWatch, Northants

HealthWatch, Northants published a report - [Access to health and social care services for Northamptonshire's homeless and vulnerably housed population The views of homeless people and professionals \(March 2017\)](#)

Summary of the report:

“On hearing that the Northampton Borough Council Overview and Scrutiny Committee were examining the provision of services for homeless people in Northampton, Healthwatch Northamptonshire undertook a piece of work to find out more about the views and experiences of using health and social care services of this seldom heard group. We were particularly interested in finding out about the barriers homeless people face when accessing and using local services, including: primary care, urgent care, mental health services, wellbeing services, and social care and support services. Healthwatch Northamptonshire spoke to five organisations working with homeless people across the county and 25 homeless people or people who had been recently homeless in Northampton, Rushden and Wellingborough. We heard about some good support for homeless people in Northampton and other towns across the county, particularly that provided by homeless charities, but the support available across the county appears to be variable. Access to GP practices was not as big a problem as we expected it to be – many in Rushden told us they had remained with the practice they were with before becoming homeless and homeless people in Northampton were able to use Maple Access Partnership surgery, which they felt understood their needs and provided good treatment. However, we also heard that due to a lack of GP places in Rushden, some homeless people had to register at practices out of town, which they were unable to get to. We also learnt that homeless people often distrust GPs and health professionals, feeling they do not understand their lives and the issues they face, or that they do not need to register with these services if they are not ill or in pain. Rather than wanting better access to services such as GPs and dentists, the homeless people we spoke to prioritised their more immediate needs, such as having somewhere to sleep (many struggled to sleep at night due to the cold and concerns about safety or being moved on), dry feet and podiatry services, and access to good, hot food. We also learnt about how alcohol is used to help people cope with their circumstances and how this can be a barrier to people accessing mental health services and other support, due to professionals not

understanding how the two are linked. Many homeless people experience mental health issues and access to psychiatrists and Community Psychiatric Nurses (CPNs) was difficult for some, particularly outside of Northampton. Again, homeless people desire to be treated holistically by mental and physical health professionals, rather than being made to address problems, such as alcoholism, before receiving treatment for other health issues.”

Midland Heart (Oasis House)

Salient points:

- Midland Heart manages Oasis House, a high-quality housing scheme that offers temporary accommodation and support to homeless people in Northampton. There are 48 units at the scheme: nine direct access beds and 39 move-on apartments. The scheme also has an IT suite, training rooms and onsite laundry. Access to the accommodation is through Northampton multi agency assessment panel which meets weekly..
- Oasis House services are delivered in partnership with Northampton Borough Council. These include advice and support with employment options and substance misuse. NAASH provides housing related support for the residents of Oasis House. The Hope Centre operates the Day Centre on the ground floor of the premises, offering food and supplies along with signposting and befriending initiatives. This facility is soon to move to another location nearby, enabling the expansion of housing provision through conversion of some of the ground floor communal space, of Oasis House, in order to help reduce rough sleeping.
- The most recent count of rough sleepers in Northampton indicated that numbers had increased from 13 in 2017 to 26 in 2018. These figures do not include those in emergency shelters on the night of the count. Homeless Link has identified trauma, compounded by poverty, as a significant underlying cause of entrenched or repeat homelessness. Adverse experiences can result in personal problems affecting ability to sustain a tenancy, such as mental illness and substance misuse, which may in turn be linked to crime and antisocial behaviour.
- The rough sleeper population is far more likely to suffer from chronic illness, and diagnosis of more than one long-term medical condition is not uncommon among this group. Whilst mental health problems and substance misuse may contribute to homelessness and make it harder to escape into permanent settled accommodation, homelessness can itself trigger or exacerbate these problems. According to Government data, rough sleepers are also 15 times more likely to fall victim to crime such as violent assault. Research by Crisis and Sheffield University into the implications of rough sleeping has drawn sobering conclusions. Currently the typical life expectancy for a rough sleeper in the UK stands at 47, indicating that sleeping rough can reduce your lifespan by approximately 30 years. Among women, rough sleeping reverses the

usual expectation of a longer-than-average life: female rough sleepers, on average, can expect to live to the age of 43.

- Northampton operates a Street Outreach Team from several locations in the town, including Oasis House and the Guildhall. The Street Outreach Workers encourage rough sleepers to use the Night Shelter and to seek treatment for any medical problems. The Night Shelter operates on a referral-only basis for single males. Service users receive wraparound support from a staffed facility, securing benefits and offering advice with the aim of building stable foundations from which to work toward independent living.
- The Street Outreach team engages proactively with those sleeping rough within the Borough to encourage them to access housing. This reduces the incidence of rough sleeping at a local and responsive level, and encourages uptake of support. In 2019, the Council successfully applied to Central Government for additional funds to operate a Winter Shelter and expand its Street Outreach Service for the period 14 February to 31 March 2019
- Tackling homelessness is about much more than providing access to accommodation, as homelessness is a usually symptom of other deeper problems. A quick solution may therefore not be an effective one; securing a tenancy is not necessarily a successful outcome in itself, and in many cases, a tailored programme of support is required. High quality support services are crucial but unfortunately, many of the specialist agencies relied upon to provide support for people with complex needs are under unprecedented strain. We would welcome further assurance about the long term funding arrangements for specialist support services, and in particular the role that health service providers will play in helping the housing sector to tackle this problem.
- Housing First has proven successful in other countries (notably Finland) and has the potential to succeed locally. However, it should not be considered a panacea. Where Housing First has been effective, it is because homelessness has been recognised as more than a housing problem and interventions have focused on addressing underlying issues. These may include problems relating to mental illness or substance misuse. Housing First requires the right combination of a permanent, secure home in a positive community setting, coupled with intensive support. A failure to get the formula right could result in a 'drag' effect on recovery, or in the proliferation of antisocial behaviour in the surrounding neighbourhood. Where a Housing First model relies on scattered general-needs homes, the need for a robust network of effective long-term support services will be even more critical. Reassurances would also be needed that support will not be withdrawn after a fixed timeframe. Our involvement with Housing First services is limited in contrast to our substantially larger support contracts. Midland Heart does, however, have a small commissioned service in the Staffordshire area delivering support for up to eight entrenched homeless people at any one time. This is facilitated through a regular multi-agency meeting comprising of key agencies including NHS, specialist mental health and substance

misuse, welfare rights, housing and employment. These meetings have seen a significant increase in levels of engagement from those on the programme. As a landlord, its experience with Housing First has been challenging. Delivering its housing management function when service users disengaged with support was difficult, and affected the balance of our communities. In some cases, once customers received accommodation with a security of tenure, this resulted in a significant decrease in engagement. In terms of successful outcomes, within the last year two of the eight people on our Staffordshire-based Housing First programme were so entrenched they were unable to sustain their accommodation and struggled with engagement. Five have been successfully housed, however, and continue to engage with services. A recent example is an entrenched rough sleeper who historically had low levels of engagement with services. On attendance at the meeting, he was diagnosed with a mental health condition as well as substance addiction. His engagement continued, enabling him to sustain accommodation and address longstanding support needs successfully for the first time in 17 years.

- Unless 'hidden' homeless people such as sofa-surfers present to the Council as needing accommodation, they will remain largely unknown.
- Charitable organisations with high levels of engagement may have different thresholds for acceptable behaviour for service users within their premises. Attempting to enforce a different standard of behaviour within a commissioned service, with robust policies and procedures relating to safety, can then prove challenging. Customers will ultimately go to the resource where they feel most comfortable, though this may not be the most effective for their individual needs. A consistent approach to acceptable behaviours and safeguarding across all support providers (whether commissioned, specialist or charitable) would further improve our ability to engage with people. Where failure to take up support services results in persistent antisocial behaviour, enforcement action should remain a last resort to discourage this adversely affecting the public. Of course, the hardest to reach may be unwilling to advertise their presence at all. Midland Heart is aware of encampments outside the main town centre area, which are not always easy to find. Records of Winter Shelter users indicate that around half are unemployed East European nationals with no recourse to public funds, and this group may try to escape notice to avoid contact with immigration services for fear of removal to their country of origin. Where unemployed EU nationals have no entitlement to assistance, NAASH will aim to reconnect individuals with friends either in the UK or elsewhere, or support them to access income and private-sector accommodation. There is therefore a helpline advertised that people can contact if they see rough sleepers anywhere, and the Outreach team will investigate.
- Each year, a 'snapshot' rough sleeper count takes place, using nationally prescribed criteria. Although it is acknowledged that this methodology may not reflect the true number of people sleeping rough,

it enables a comparison to be made to identify changes from year to year. Following the rough sleeper counts the Night Shelter was brought into being. Very accurate statistics are recorded in relation to people using the Night Shelter and also for people using the Winter Shelter at Oasis House.

- There are many diverse reasons that could lead to someone finding themselves without a permanent home. Midland Heart believes that hidden homelessness can in some cases be linked to overcrowding where sufficient affordable housing cannot be found. Research by Shelter and the WHO has shown overcrowding to impact upon mental health and educational attainment, but also to carry adverse effects for familial relationships. It can therefore also result in partners or adult children moving out to stay with friends or relatives on an informal basis. Midland Heart believes that shortages of suitable housing stock contribute to this problem. This is reflected in the Borough's adopted local development plan. The plan acknowledges that within Northampton a need has been identified for more larger family homes, and also for smaller properties with one or two bedrooms. The recent freeze on Local Housing Allowance, and limitations placed on entitlements for under-35s, may further limit existing housing options within the Borough. Midland Heart is keen to expand its development output across the Midlands, and are committed to playing our part in addressing the shortage of affordable homes.
- When Northampton Borough Council originally started the 'Together we change lives' strategy, many partner agencies, charities and local business were involved in forming the strategy and surrounding policies. At the time there were regular meetings to discuss its application, which we found very helpful. In recent years there has been less contact to discuss policies, though it received an update regarding central Government's recent new strategy. A return to regular contact meetings would be welcome.
- Meeting the needs of its service users continues to be a challenge in respect of engagement with statutory services. A substantial number of its safeguarding requests are assessed as not being a priority, even when residents pose a threat to themselves or others. Clinical intervention options remain limited and support providers continue to receive referrals for a higher level of need than the service is commissioned for, or able to deliver. Statutory multi-agency led accommodation-based services for higher needs and difficult-to-engage rough sleepers would provide a real opportunity to address key factors in homelessness, which cannot be met through non-statutory support provision. In cases of complex and multiple needs, such as undiagnosed mental health issues with substance misuse exacerbating the mental health condition, mental health teams are unwilling to engage without substance misuse crisis intervention. Conversely, specialist substance misuse services would prefer for mental health conditions to be addressed first. This approach in itself is a hindrance to addressing multi-faceted needs which cannot be addressed in isolation. Midland Heart would like to see the health service taking on a

stronger lead in providing services that will help address the root causes of homelessness, along with increased collaboration with other agencies. A fully joined-up approach – whereby Housing, Adult Services, Probation and Public Health collaborate in pooling resources and jointly commissioning responses – would enable a greater impact on homelessness and rough sleeping. This should include efforts to persuade statutory agencies to voluntarily sign up to a duty to prevent homelessness, over and above the duty to refer detailed in the Homelessness Reduction Act. Midland Heart would support wider awareness and promotion to the public of the impact of donating cash to beggars, and how significantly this can hinder an authority's ability to address the issues of rough sleeping and substance misuse. However, this should of course be approached sensitively to avoid adverse effects on rough sleepers themselves.

3.6 Members of the Public

Salient points:

- There are around 60-80 Rough sleepers in the town. November is not the best time to carry out a Rough Sleepers Count and concern was raised that only those that are bedded down can be counted.
- Ex-Servicemen have difficulty adapting to civilian life. Reference was made to the number of people sleeping in doorways and in the encampments in church yards, and said that government policy was to blame.
- The Council should do everything it can to tackle visible homelessness and invisible homelessness,
- Concern was expressed about the safety and wellbeing of female rough sleepers
- The town has a housing crisis, with homelessness rising to unprecedented levels and with a corresponding increase in rough sleeping. The housing crisis has been caused by the policies of Central Government – the lack of house building, cuts in welfare, the shared accommodation housing benefit rate for the under 35s, bedroom tax, a cap on benefits, no cap on rents. He added that landlords evict families for no reason other than putting up rents and converting properties into HMOs. There had been a huge loss of supported housing for mental health patients, ex-offenders and older people. This was exacerbated by local conditions, particularly hidden homelessness. He queried the data and monitoring.
- Concern about the contents of the report of the Housing Options & Advice Manager that had been submitted to the September 2018 meeting of this Panel. Parts of the report may have given a misleading impression of some local services, including the Hope Centre.

4 Equality Impact Assessment

- 4.1 Overview and Scrutiny ensures that it adheres to the Council's statutory duty to provide the public with access to Scrutiny reports, briefing notes, agendas, minutes and other such documentation. Meetings of the Overview and Scrutiny Committee and its Scrutiny Panels are widely publicised, i.e. on the Council's website, copies issued to the local media and paper copies are made available in the Council's One Stop Shop and local libraries.
- 4.2 The Scrutiny Panel was mindful of the eight protected characteristics when undertaking this scrutiny activity so that any recommendations that it made could identify potential positive and negative impacts on any particular sector of the community. This was borne in mind as the Scrutiny Panel progressed with the review and evidence gathered.
- 4.3 So that the Scrutiny Panel obtains a wide range of views, a number of key witnesses provided evidence as detailed in section 3 of this report.
- 4.4 Details of the Equality Impact Assessment undertaken can be located on the Overview and Scrutiny [webpage](#).

5 Conclusions and Key Findings

- 5.1 After all of the evidence was collated the following conclusions were drawn:
- 5.1.1 The Scrutiny Panel realised that homelessness is a complex problem. There is a need for a targeted approach to entrenched rough sleepers. The Council has made a successful bid for rough sleeper funding which will expand the outreach service and employ one mental health worker to the team
- 5.1.2 Hidden homelessness is difficult to identify and quantify, but Officers, do have an idea of the types of people who needed to use the winter shelter. There is a need for wider support for females who are homeless.
- 5.1.3 It was emphasised that people coming out of prison need homes. Prisons have a Duty to Refer (under the Homeless Reduction Act) to housing service, and Northampton's Housing Services is hoping to be able to make better links with prisons with the recruitment of the additional officer.
- 5.1.4 The Scrutiny Panel was pleased that the Night Shelter is making a real and lasting difference to the hundreds of people who have stayed there. However, it is not the only housing option available to people who are sleeping rough

and it is unreasonable to expect the Night Shelter to meet everyone's housing and support needs, irrespective of the risk they pose and their level of engagement.

- 5.1.5 There is a need for more bed spaces in accommodation in the town for homeless women. Women are able to stay at Oasis House but not at the Night Shelter. There are a lot of women who are "hidden homeless".
- 5.1.6 The Scrutiny Panel noted that there is a men's refuge in Kettering. The majority of men at this refuges have been subject to honour abuse. There is a need for more refuges for both men and women across the country.
- 5.1.7 The Scrutiny Panel was concerned about the psychological impact that rough sleeping has on individuals.
- 5.1.8 Evidence gathered demonstrated that getting agencies to work together in respect of homelessness and rough sleeping is essential.
- 5.1.9 There is a need for all Agencies to share data that they hold in respect of homeless people and rough sleepers. Post-Unitary, it would be useful for discussions to be held regarding the sharing of data to all agencies.
- 5.1.10 The Scrutiny Panel was concerned about homeless people who had no recourse to public funds and felt that investigations could be undertaken to ascertain if public donations could be used to fund rent for three months for those homeless people (mainly East European) who are not eligible for benefits but would be considered by NAASH if the rent was guaranteed.
- 5.1.11 Rough sleepers have clear needs and often have barriers to re-housing, for example rent arrears, anti-social behaviour.
- 5.1.12 The Scrutiny Panel emphasised that access to mental health service is at point of crisis; there needs to be proactive access with all those involved in support and treatment. There is a need to find the cause of the crisis. It is crucial that intervention takes place as early as possible. All services need to play an active part. Rough sleepers with mental health problems need to get treatment quickly.
- 5.1.13 There is a need to extend Oasis House. Currently there are 48 units at Oasis House. There is also a need for a nightshelter that is able to accommodate women and men. The Scrutiny Panel noted that, although women have longer life span than men, this is reversed in rough sleeping situations.

- 5.1.14 The Scrutiny Panel suggested that in respect of preparing for independent living – there are units that are “step down” units that have their own utility meters, and are unfurnished, the purpose of these is for ex-rough sleepers to gain skills to succeed. There is a need for more step down services.
- 5.1.15 The Scrutiny Panel acknowledged that tackling entrenched rough sleepers is extremely challenging, especially where rough sleeping communities have become established. A multi-faceted approach is needed. Often communities are forming around drug use. It was felt that there may be charitable agencies that people are willing to engage with. All need to work together.
- 5.1.16 Housing First will work with complex customers and provide in-depth support. Midland Heart operates a small Housing First service. There have been successes in other counties with Housing First. The Scrutiny Panel is very keen for Housing First to be part of the solution in Northampton. There would however be so much to consider to make sure it works.
- 5.1.17 The Scrutiny Panel was pleased to note there are multiple pathways, for example, specialist domestic violence services.
- 5.1.18 The Scrutiny Panel realised that the rough sleepers count has such strict boundaries, NBC’s is comprehensive 12am – 3 am. The winter shelter shows a wider picture – it also prevented them from rough sleeping for people who stayed a few nights and were then not seen again.
- 5.1.19 The Scrutiny Panel noted the need to recruit staff to manage temporary accommodation and ‘free up’ the social lettings agency staff to focus on private rented accommodation.
- 5.1.20 From the site visits undertaken, the Scrutiny Panel concluded that:
- The Hope Centre has good working relations with a number of organisations.
 - The majority of clients to the Hope Centre have mental health issues.
 - The Hope Centre is extremely well used but the Scrutiny Panel was concerned that there is a lack of provision for homeless people during the hours of 1pm and 9pm when the Night Shelter opens.
 - Often women who come to the refuge are “drawn to a bad boy”. There is a real need for early prevention and the Scrutiny Panel welcomed the support and advice given to the women by the Support Workers.
 - There is a lack of supported temporary accommodation locally, similar to that offered by Emmaus. The Emmaus village is extremely well run

and provided a welcoming environment. The aim of the village is to give companions self-respect, something to do, somewhere to live, and it was highlighted that this ethos really works.

- The work undertaken by the Bridge Project was welcomed and noted the value that it provided to its Members was realised.

5.1.21 The Scrutiny Panel felt that there needed to be a Social Media Strategy in place as it was realised that a lot of mis-information can be put on social media. Housing and Wellbeing, Northampton Borough Council, has an information page on the Council's Web Page.

5.1.22 The Scrutiny Panel agreed that there is a need to tell people not to give money to those begging – there is a need to get the message out to the public. From public's perspective, they see it as a housing issue.

6

Recommendations

6.1 The purpose of the Scrutiny Panel was to review the way in which the Council and its partners engage with rough sleepers, consider the best way in which 'Housing First' can be used to reduce rough sleeping in the borough, and understand the nature and extent of 'hidden homelessness' and how it can best be addressed.

Key Lines of Enquiry

- To gain an understanding of why people sleep rough
- To gain an understanding of the causes and extent of rough sleeping in the borough, the impact that rough sleeping has on the health, safety and life expectancy of people who are sleeping rough, and the implications for safeguarding and community safety.
- To gain an understanding of the work that is currently being undertaken by Northampton Borough Council (NBC) and local groups, services and organisations to engage with rough sleepers
- To consider the effectiveness of the action that is being taken (by NBC and local groups, services and organisations) to help people who are sleeping rough to come off the streets
- To gain an understanding of the 'Housing First' model and consider how best it could be used to reduce rough sleeping in the borough
- To gain an understanding of the nature and extent of 'hidden homelessness' in the borough, including the profile of the people

affected and what contact (if any) they have had with NBC, Northampton Partnership Homes or local advice agencies

- To explore various ways of connecting with, and engaging with, harder to reach groups
- To gain an understanding of the specific needs and assistance provided for young people, between the age of 16-25, including care leavers
- To gain an understanding of the specific needs and assistance provided for ex-Offenders
- To understand how data, statistics and demographics are gathered and used to meet the needs of rough sleepers, men and women, who are homeless

6.1 Scrutiny Panel 1 therefore recommends to Cabinet that:

6.1.1 The Housing First model is introduced by the Council.

6.1.2 Additional bed spaces are provided to meet the needs of homeless women in the borough.

6.1.3 Housing solutions are found for homeless people (mainly East European) who are not eligible for benefits and are therefore unable to access settled housing.

6.1.4 Northampton's Rough Sleepers' Strategy is refreshed (with the meaningful involvement of local Agencies) to reflect the current homelessness situation.

6.1.5 A social media strategy is developed to ensure that the Council is able to provide members of the public with accurate information about homelessness, rough sleeping and what is being done to tackle it.

6.1.6 A multi- Agency publicity campaign (supported by an `alternative giving` scheme) is developed to discourage members of the public from giving money to people who are begging.

Overview and Scrutiny Committee

6.1.7 The Overview and Scrutiny Committee, as part of its monitoring regime, reviews the impact of this report in six months' time.