



**Newark & Sherwood, Mansfield and Ashfield  
District Councils**

**Homelessness Review 2018**

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# **Newark & Sherwood, Mansfield and Ashfield District Councils Homelessness Review 2018**

## **1. Introduction – The Homelessness Review and Local Homelessness Strategies**

In 2018, Newark & Sherwood, Ashfield and Mansfield District Councils decided to carry out a joint Homelessness Review and develop local Homelessness Strategies, under the terms of the Homelessness Act 2002 and Homelessness Reduction Act 2017. This review and the related strategies follow on from the Councils' existing strategy documents, that covered the period 2013-2018.

Homeless Link was commissioned to carry out the review on behalf of the three councils, which cover the Mid Nottinghamshire area. Homeless Link was also commissioned to work with each council to produce their local Homelessness Strategies and action plans. These strategies and action plans will be set out in three separate documents reflecting the findings that take account of this wider homelessness review.

The Councils also require a further review later in 2019, in order to more fully assess the impact of the Homelessness Reduction Act (2017), which came into force on 1 April 2018 and was in the process of being implemented when this review was carried out. The findings of this further review will be made available in due course.

## **2. Homelessness Review Methodology**

The Councils asked Homeless Link to take a co-produced approach to the review, involving a wide range of stakeholders, service providers and service users. The agreed methodology therefore included:

- A literature review and horizon scan, which contextualised the review in relation to the current national, regional and local policy and good practice landscape
- A call for evidence, aimed at harnessing the intelligence of local providers, local authority officers and commissioners, across the housing, welfare benefits, social care, criminal justice, health and community safety sectors, through semi-structured interviews
- Quantitative analysis, using an existing modelling tool which provides a coherent methodology for estimating levels of need - and for modelling of the housing and support solutions required by people who are homeless or at risk of homelessness
- Mapping of the current supply of services, to enable comparison against the estimations of need produced by the quantitative analysis
- A survey of support needs, completed by support providers, covering an extensive sample of accommodation-based services, in order to gain a deeper understanding of service users' characteristics, pathways, support needs, engagement with services and move-on requirements

- Service user engagement through interview, focus groups and surveys
- A particular focus on the Private Rented Sector, by embedding the topic in all of the above and engaging with an industry body for lettings and management agents with members in the area

A Project Steering Board comprising representatives from the three councils oversaw the review. Regular presentations were made to (and discussions held with) the Joint Homelessness Interagency Forum during the course of the project.

### **3. Acknowledgements**

The Project Steering Board and Homeless Link would like to thank all the service users, providers and practitioners across all sectors who contributed to this review.

### **4. The National Policy Context**

Since the last round of homelessness reviews and strategies were written, the national policy context has changed once again. The environment in which councils need to deliver homelessness prevention continues to be very challenging and, ten years on, the impact of the economic down turn of 2008 continues to be felt. The long term economic situation continues to place increased pressure on household budgets, leading to a tightening of the housing market and a slow rate of new house starts. Across this period increases in rent levels continue to put pressure on low income families, placing much private sector housing beyond the reach of those on welfare benefits, levels of which have not kept pace.

In terms of specific policy initiatives, the following are the most noteworthy.

#### ***The Homelessness Reduction Act 2017***

This Act, debates around which have been setting the agenda for homelessness prevention for some time, came into force in April 2018. The Act modifies and enhances the duties of local authorities and their partners in a number of ways. It includes:

- A duty to provide improved advice and information about homelessness and the prevention of homelessness – under the Act everyone in a local housing authority's district should be able to access free information and advice on preventing homelessness, securing accommodation when homeless, on the rights of people who are homeless or threatened with homelessness, on the duties of the local authority, the help that is available from the authority or anyone else and how to access that help.
- Extension of the period 'threatened with homelessness' - under previous legislation, an applicant is only assessed as threatened with homelessness if they are likely to become homeless within 28 days. Under the new Act, this is extended to 56 days.
- New duties to prevent and relieve homelessness for all eligible people - under the new Act, all eligible people who are found to be homeless or threatened with homelessness are entitled to more tailored support from the housing authority, regardless of priority need and intentionality. Support to prevent homelessness should be available to everyone regardless of local connection.

- Assessments and personalised housing plans (PHPs) – these set out the actions housing authorities and individuals will take to secure accommodation. The assessment should include the circumstances that caused the applicant to become homeless or threatened with homelessness, what housing the applicant needs, what accommodation would be suitable and whether the applicant needs support to obtain and keep accommodation. The assessment of an applicant's support needs should be 'holistic and comprehensive'. Additionally, if there is a reason to believe an applicant (and their household) is homeless, eligible and in priority need, they will be provided with interim accommodation.
- Encouraging public bodies to work together to prevent and relieve homelessness through a Duty to Refer - effective prevention and relief of homelessness requires public bodies to work together to help address the multiple factors that cause an individual's homelessness. Under the Act, public bodies in England will have a duty to refer an individual's case (with consent) to a housing authority they identify.

Taken together, these new duties represent a significant cultural change in the way local authorities and their partners are expected to work together to meet the needs of people who are homeless or at risk of homelessness, bringing a new emphasis that shifts towards prevention and 'upstream' identification of factors that might precipitate homelessness rather than crisis management. However, preventative approaches are never 100% successful and personalised plans will need to be put in place to meet the needs of those who nonetheless face homelessness or serious risks. The spirit of the Act is to prevent and relieve homelessness wherever possible and local authorities are expected to follow the spirit of the Act as much as to comply with its statutory requirements; this is a significant culture change.

### ***The Government's Rough Sleeping Strategy (August 2018)***

Rough sleeping has once again been recognised by central government as a major issue that requires national action. The above strategy sets out the government's commitment to halving rough sleeping by 2022 and end it by 2027. It is backed up by £100 million of funding in the next two years. It acknowledges that rough sleeping is the most extreme form of homelessness. It also recognises that all involved need to look beyond rough sleeping, to ensure the entire system is working to prevent all forms of homelessness.

Key themes from the strategy include:

- Prevention – building on the Homelessness Reduction Act and wider measures to reform the private rented sector
- Intervention – recognising that, if no one is to have to sleep rough in future, agencies must act and intervene now to support the people who are experiencing it today
- Recovery - ensuring that people have the support in place to move into sustainable accommodation. A stable home is an essential element in a person's recovery from rough sleeping and needs to go hand in hand with flexible support that is tailored to individual needs.

The strategy focusses on putting in place new programmes and structures to support people off the streets. Recognising that embedding preventative approaches takes time, it will be updated annually in the future. In the meantime, the government has issued a "*Rough*

*Sleeping Strategy: delivery plan” (December 2018)* which provides more detail on this approach.

### **Welfare Reform - Universal Credit**

Universal Credit is an on-going reform of the benefits system, which rolls together six “legacy” benefits (including Housing Benefit) into one benefit paid monthly to claimants. The aim is to simplify the benefits system, make it more efficient and increase the incentives for people to work rather than stay on benefits.

It is now generally recognised that implementation of UC has not been straightforward. Challenges have included:

- Many claimants being worse off under UC than they would have been under legacy benefits, including many ‘in-work’ claimants
- Built-in waiting times for claimant’s first payment of UC, which can cause financial difficulties at the point of handover to the new system and leaving claimants with no income source for several weeks
- Delays in payment, due to design flaws and administrative glitches
- Difficulties associated with vulnerable people who have problems engaging with and understanding the new UC system
- Problems with sanctions, which disproportionately affect vulnerable people and young people
- Problems for claimants with no access to, or ability to use, IT
- Lack of confidence in the system on the part of landlords when comparing it to the Housing Benefit regime

The above factors arguably put poorer claimants at heightened risk of homelessness, in particular due to rent arrears, other debt and restricted access to the Private Rented Sector.

In light of the above, some changes have been made during the implementation phase:

- the built-in 42-day wait for a first payment has been reduced to 35 days
- advance loans have been made more readily available to claimants
- the universal credit telephone helpline has been made free.

Several further changes were announced by the Chancellor in his October 2018 Budget. These include:

- the work allowance for households with children and people with disabilities will be increased by £1,000 per annum from April 2019
- from October 2019, the maximum rate at which deductions can be made from an award are to be reduced from 40% to 30% of the standard allowance

- from October 2021, the period over which advances will be recovered will be increased from 12 to 16 months
- From July 2020, Income Support, Jobseeker's Allowance (Income-Based), and Employment Support Allowance (Income-Related) claimants will continue to receive support for a fortnight during their transition to UC
- The minimum income floor will apply to all gainfully self-employed UC claimants after a 12 month grace period. This measure will be effective from July 2019 for those who are 'managed migrated' to UC by DWP and from September 2020 for claimants joining UC as a result of a change of circumstance.

Furthermore, the schedule for managed migration (the process by which the DWP will move people to UC from legacy benefits) has been updated. The Government announced that the managed migration exercise will start in July 2019, with completion by December 2023. The Office for Budget Responsibility (OBR) has built in a 6-month contingency to this schedule for the purpose of costing and so a quote start date of January 2020, with completion by June 2024.

### ***Funding Supported Housing***

Following several years of study and debate following the demise of the Supporting People programme, 2017 and early 2018 saw the government consulting on a “flexible funding model” which would pay for housing costs in Supported Housing. In summary, the Government intended that all long term supported housing would remain within the welfare system, but a separate system would operate in respect of short-term supported housing.

Following this consultation exercise, the government withdrew the proposal and announced, in August 2018, that a decision had been made to keep Housing Benefit in place to fund all Supported Housing.

In addition to this confirmation of the status quo, the government announced its intention to carry out work with providers, local authorities, membership bodies and resident representatives “to develop a robust oversight regime” aimed at ensuring quality and value for money. This will cover short-term, long-term and sheltered and extra care accommodation. There will also be a review of how housing related support is funded.

At the time of writing, no progress had yet been made on developing the oversight regime or reviewing how housing related support should be funded. However, funding, from first tier authorities for housing related support, remains in place in some areas (including Nottinghamshire County Council) as part of the legacy of the old Supporting People programme.

### ***The Social Housing Green Paper***

This was published in August 2018, with consultation closing in November. The proposals aim to rebalance the relationship between residents and landlords, tackle stigma and ensure that social housing can be both a stable base that supports people when they need it and support social mobility.

The green paper sets out 5 core themes:

- Tackling stigma and celebrating thriving communities
- Expanding supply and supporting home ownership
- Effective resolution of complaints
- Empowering residents and strengthening the regulator

- Ensuring homes are safe and decent.

It is to be hoped that, as government policy develops, both availability and access to social housing will increase for homeless people and those at risk.

### ***Reforming the Private Rented Sector***

In recent years, it has become increasingly widely accepted that the Private Rented Sector has a major role to play in helping local authorities identify housing for people who are homeless or at risk of homelessness. For example, a recent report from the District Council Network said that (emphasis added)

*“The new Homelessness Reduction Act 2017 has prompted an increase in joint working with the private sector, for example **increased negotiations and mediation** are being explored with private landlords to support customers’ needs. Authorities have also explored the options of **providing financial assistance in order to secure tenancies**; for example, utilising **Homeless Prevention Funds**, previously primarily used for paying deposits on privately rented properties, to cover Rent in Advance if this is a necessity. These changes allow access to the PRS which is crucial as access to affordable and social housing has become ever more limited. More efforts, therefore, need to be focused on the relationships with private sector landlords”*

This follows on from the Housing White Paper *“Fixing our broken housing market”* (February 2017) which confirmed the government’s interest in partnership working models such as Social Lettings Agencies (SLAs) The paper says that the government will examine whether SLAs can be *‘an effective tool for securing more housing for households who would otherwise struggle’*. In this context, research was commissioned, by the Joseph Rowntree Foundation, to look at the current scale and scope of SLAs and the comparative effectiveness of the different models that are currently in operation. This research has yet to report (current target date early 2019), In the meantime, a £20m fund was set up in the 2017 budget, aimed at promoting PRS access and tenancy support schemes.

The importance attached by government to the role of the PRS in tackling homelessness can be seen in the Rough Sleeping Strategy referred to above. This document states that the strategy should be read in the context of other government measures such as *“recently announced measures to ensure the private rented sector delivers secure, safe and affordable homes, which includes proposals for longer, more secure tenancies”*

Since publication of the White Paper, there have indeed been several policy initiatives in England, affecting the PRS that have bearing on the role of the sector in working with homeless, vulnerable or low income groups. These include:

- Consultation on overcoming the barriers to longer tenancies
- A Housing and Local Government Select Committee looking at reform of the PRS (response published July 2018)
- Extension of mandatory licensing of Houses in Multiple Occupation (HMOs)
- Development of a register of rogue landlords
- Proposals to ensure that (like lettings agents) all landlords are members of a redress scheme so that tenants have quick and easy resolution to disputes
- Consultation on the introduction of specialist housing courts
- Measures enabling local authorities to levy civil penalties against rogue landlords
- A proposal to ban agents from charging tenants for their services (The Tenants Fees Bill 2017-2019)



- Steps towards implementation of existing legislative powers aimed at making Client Money Protection mandatory, in order to ensure that any monies held by lettings agents belonging tenants and landlords (e.g. deposits and rents) are not at risk
- A call for evidence on wider regulatory arrangements for lettings agents (response published April 2018)

Taken together, these initiatives imply an emerging consensus that better standards and practice in the PRS need to be promoted by central and local government, in partnership with the sector itself. If these measures are implemented in a successful fashion, they should help to ensure that the PRS gradually becomes a more desirable option for tenants, including those who have been homeless or at risk. These are best developed in a collaborative way that develops a strong and positive partnership between landlords and the local authority

### **Care Act 2014**

From 1 April 2015, Part 1 of the Care Act 2014 consolidates the existing law relating to adults with care and support needs and sets out the legal framework for the provision of social care to adults. It is relevant to homelessness prevention in that an assessment under the Care Act can form part of:

- establishing whether a person is in priority need
- determining whether accommodation is reasonable to continue to occupy
- developing measures to prevent homelessness through the provision of service that enable an adult to remain in accommodation
- determining priority on an allocations scheme
- establishing any need for supported housing or a place in a care home.

The Care Act 2014 came into force three years before the Homelessness Reduction Act 2017. However, it remains relevant to strategies aimed at preventing homelessness among vulnerable people, including those who might have benefitted from the Supporting People programme. The need for public bodies to work together has been explicitly recognised in the Homelessness Reduction Act and it is clear that County Councils with responsibility for social care will need to work closely with their local Districts and Boroughs, who have duties regarding housing and homelessness.

A number of people who present as homeless and most especially those rough sleeping may well fall within the criteria to receive a social care assessment and a subsequent package of care/support. The presumptions that the root cause of their situation is lack of accommodation is often flawed and this is increasingly recognised with rough sleepers and those experiencing multiple incidences of homelessness/threatened homelessness being recognised as having multiple and complex needs, including mental health, substance misuse issues and/or experienced previous trauma such as PTSD or abuse.

### **Children and Social Work Act 2017**

This Act came into force in April 2018. It requires English local authorities to publish a 'Local Offer' for care leavers up to age 25, informing them about the services they provide under the Children Act 1989, plus anything else they or others offer that 'may assist care leavers in, or in preparing for, adulthood and independent living' including services related to:

- health and well-being
- relationships

- education and training
- employment
- accommodation
- participation in society

It will be important for both tiers of Local Government to listen to care leavers and produce standardised information and services based on what they want. Given the established correlations between having been in care and homelessness, this will have to include a range of social and private housing options, with floating support if necessary, as well as supported housing.

## **5. The Sub-Regional Policy Context**

### ***The NHS Nottinghamshire Integrated Care System (formerly Sustainability and Transformation Plan – STP) 2016-21***

Newark & Sherwood, Mansfield and Ashfield fall within the Nottinghamshire “footprint” area for transformation of NHS and NHS funded health services. The Nottinghamshire Integrated Care System (ICS) that will be delivered through an Integrated Care Provider (ICP) is of strategic importance to local housing and homelessness initiatives because it stresses the importance of providing care at home where possible, whilst recognising that supported housing can be the best option for some.

Specifically, implementation plans refer to:

- supporting and providing care for people at home and in the community as much as possible – which implies shifting resources into those settings
- ensuring that hospital, care home beds, and supported housing are available for people who need them.

Recognising the wider importance of housing to the health and well-being of the population, the Plan describes how it is critical for citizens, including those with complex needs, to have suitable accommodation that keeps them safe and secure. It refers to working with partners to establish clear housing standards whilst engaging with the housing workforce on health issues.

Some of the key housing related objectives are to:

- Improve standards and quality in private sector housing to meet the needs of citizens both now and in the future
- Support people to live independently in adapted and appropriate housing to reduce demand for health and care services
- Develop and implement a common hospital discharge scheme across the footprint that supports citizens with housing needs to access safe and supported housing in a timely manner
- Provide timely, safe and supported home environments for people who are medically fit to leave hospital through a common discharge scheme
- Deliver a common approach to home adaptations that creates suitable and safe environments for people to live

- Develop a Nottinghamshire 'Health and Housing Profile' that will allow better targeting of interventions towards those with long-term health conditions and who live in the poorest housing conditions
- Support health professionals by establishing a single point of access for housing-related referrals, which will facilitate the delivery of timely and appropriate housing advice and assistance.

As the local authorities with responsibility for housing, the District Councils will have an important role to play in working with health partners to meet these objectives.

### **Nottinghamshire County Council**

#### **Joint Strategic Needs Assessment (JSNA)**

These housing related health and wellbeing themes are echoed in the Nottinghamshire JSNA. It describes how housing is a wider determinant of health and wellbeing, and how ensuring that the population has appropriate housing will prevent many problems well in advance of the need for clinical intervention. According to the JSNA, affordable and suitable, warm, safe and secure homes are essential to a good quality of life, yet many homes in Nottinghamshire do not meet these criteria. This has a negative impact on health and wellbeing, drives health inequalities and places an unnecessary burden on public resources. Two issues that relate specifically to homelessness are highlighted:

- The insufficient availability of suitable housing in general
- The incidence of crises that may result in the loss of a home and an individual's ability to live independently

The JSNA conclude that some households are disproportionately affected by one or more of these factors, particularly low income households and those living in poverty.

Sections of the JSNA also cover the needs of particular groups that are recognised as being at high risk of homelessness. These include:

- Substance misusers – see <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/substance-misuse-young-people-and-adults-2018/>
- Women (and men) who experience domestic violence and abuse – see <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-violence-and-abuse-2014/>
- People who experience mental ill health – see <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/mental-health-adults-and-older-people/>
- Households containing children who live in poverty – see <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/children-and-young-people/child-poverty-2016/>

At the time of writing, Nottinghamshire County Council was tendering its Public Health Integrated Wellbeing Service. Service priorities include:

- Improving mental wellbeing
- Tackling Alcohol misuse
- Substance Misuse Treatment

- Care, Support and Enablement for Younger Adults with Disabilities and/or Complex Needs.

All these services are of relevance to groups that are recognised as being at high risk of homelessness. Other relevant county wide strategies include:

### ***Youth Homelessness Action Plan 2017***

This plan aims to ensure that:

- Young people and families are empowered to plan transitions to independent living without support from specialist services.
- Care leavers will have access to emergency accommodation, therefore reducing the need for homelessness applications wherever possible
- A central access hub will effectively gate keep referrals and manages a waiting list
- A range of accommodation and support options will be available
- Flexible packages of support will be offered. All young people will engage with volunteering, training, education or work like activities to enable them to reach their optimal potential.
- There will be clear accommodation pathways, that will be reviewed from the age of 16 ½, to ensure that all young people are aware of their options and the support on offer
- A range of safe, decent, and affordable housing options will be available within both the private and social sector
- Floating/tenancy support will be provided to all young people moving on from Supported Accommodation

These aims are consistent with the findings of a sister project carried out by Homeless Link, looking at the needs of under 35s in a number of Nottinghamshire districts, including Ashfield.

### ***A Framework for Tackling Domestic and Sexual Abuse in Nottinghamshire***

The focus of this framework is on prevention of *Domestic and Sexual Abuse and alleviation of its negative effects on victims and their families. Domestic abuse is a recognised cause of homelessness and as such it is important that this framework:*

- Strengthens pre-crisis support available to victims and their families
- Prevents the escalation of abuse and ensure all services make early intervention and prevention a priority
- Improves provision of and access to services

Whilst the focus here is on upstream prevention, the framework also recognises that crisis support will always be necessary. In this context, it aims to protect services like refuges from reductions in funding.

### ***Nottinghamshire Memorandum of Understanding - supporting joint action on improving health through the home***

This Memorandum of Understanding sets out to ensure that effective joint working is in place to deliver better health and wellbeing outcomes and to reduce health inequalities across Nottinghamshire. It sets out a shared commitment to joint action across health, care and housing organisations across Nottinghamshire.

The aim is to:

- Develop effective dialogue, information exchange and decision making between health, care and housing partners in Nottinghamshire
- Co-ordinate health, social care and housing policy and decision making at a local level in order to ensure that services offer value for money and meet the needs of individuals, their carers and their families;
- Enable improved collaboration and integration of healthcare and housing in the planning, commissioning and delivery of new homes and services
- Work collaboratively to inform and drive forward key priorities such as the Sustainable Transformation Plans and the Nottinghamshire Health and Wellbeing Strategy
- Promote and maximise the housing sector contribution to addressing the wider determinants of health; health equity; improvements to patient experience and outcomes; 'making every contact count' and safeguarding
- Develop the workforce across sectors so that our local workforce is confident and skilled in understanding the relationship between where people live and their health and wellbeing and are able to identify and link with appropriate solutions to improve outcomes and to ensure that we make every contact count.

Specifically, on housing and homelessness, the aim is to ensure that Nottinghamshire residents benefit from:

- A healthy home: warm, safe, free from hazards;
- A suitable home: suitable to household size, specific needs of household members such as people with disabilities, and to changing needs, for example as they grow up, or age;
- A stable, secure, home without risk of, or actual, homelessness or other threat such as domestic abuse;

The Memorandum embraces the policy initiatives described earlier in this report, as well as those of the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Housing Delivery Plan. It re-enforces several priority actions for housing and housing related support interventions. These include tackling poor housing conditions, ensuring sufficient suitable housing, addressing homelessness and housing support needs and meeting the needs of young people.

## 6. The Extent of Homelessness in Mid-Nottinghamshire - Baseline Information

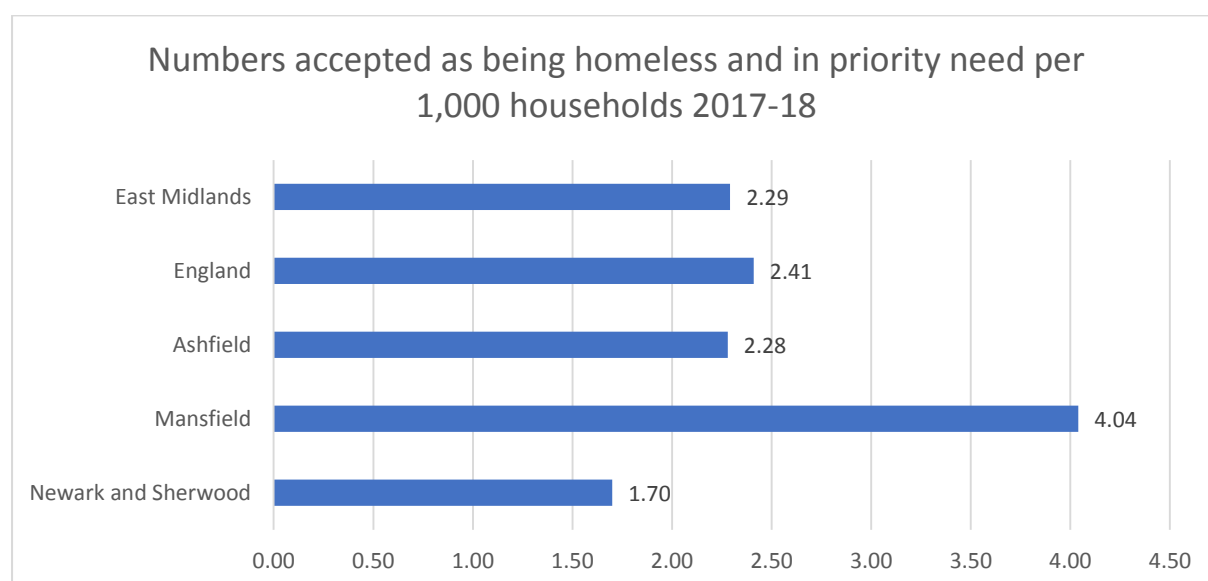
### P1E Data analysis

In order to fully evaluate the information available from P1E returns, it is worth looking at the three Mid Nottinghamshire councils in a County wide context.

*Numbers accepted as being homeless in priority need and not intentionally so (Statutory Homeless)*

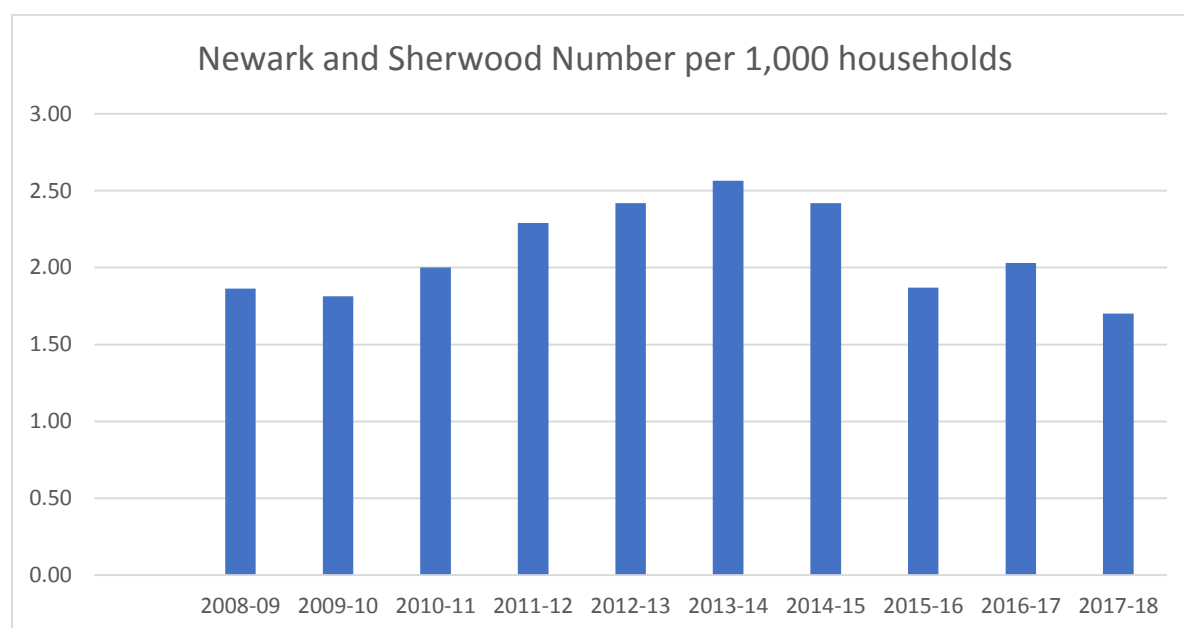
	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18
<b>Newark &amp; Sherwood</b>	89	87	96	110	119	127	121	94	104	88
<b>Mansfield</b>	199	164	161	128	180	150	137	114	169	189
<b>Ashfield</b>	30	42	25	16	26	85	87	93	100	123
<b>Gedling</b>	103	46	42	63	56	51	74	75	98	99
<b>Rushcliffe</b>	32	30	19	40	34	11	15	19	20	27
<b>Broxtowe</b>	19	9	9	3	10	10	10	9	12	15
<b>Bassetlaw</b>	32	18	27	48	75	41	91	65	84	77

There was a total of 618 people found to be homeless and in priority need across all of the seven Nottinghamshire District Councils in 2017-18. Of these 400 (65%) are in the three Mid Notts districts subject to this homelessness review. In 2017/18 Mansfield had the highest number of people considered statutorily homeless out of all the district councils (189). Broxtowe has the lowest at 15. Of the 3 districts within this study, Newark & Sherwood (at 88) has less than half the number of statutorily homeless as Mansfield.



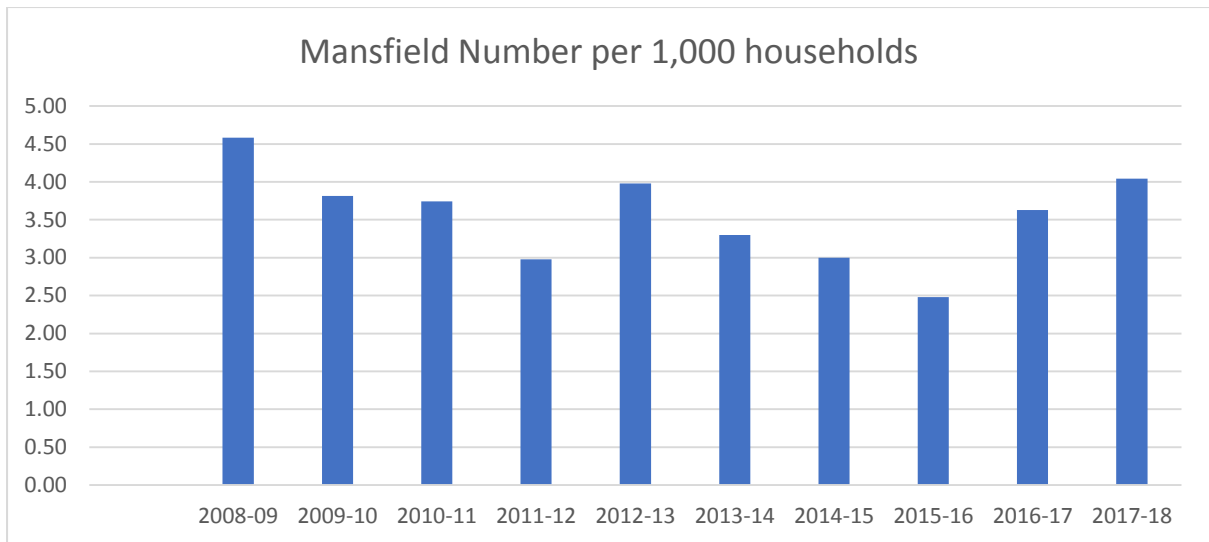
Mansfield has a significantly higher number of statutorily homelessness per 1,000 population of the three Mid Notts Councils, East Midlands average and the average for England (4.04 per 1,000 population). Ashfield is below the average for England and Newark and Sherwood have the lowest number per 1,000 of the three districts and is much lower than the average both for the East Midlands and for England.

**Newark and Sherwood** had a rising number of statutorily homeless people up to 2013/14 when numbers over all started to decline, with 89 in 2008, a steady increase in numbers up to 2013-14 and then a falling back to below 2008 levels last year.



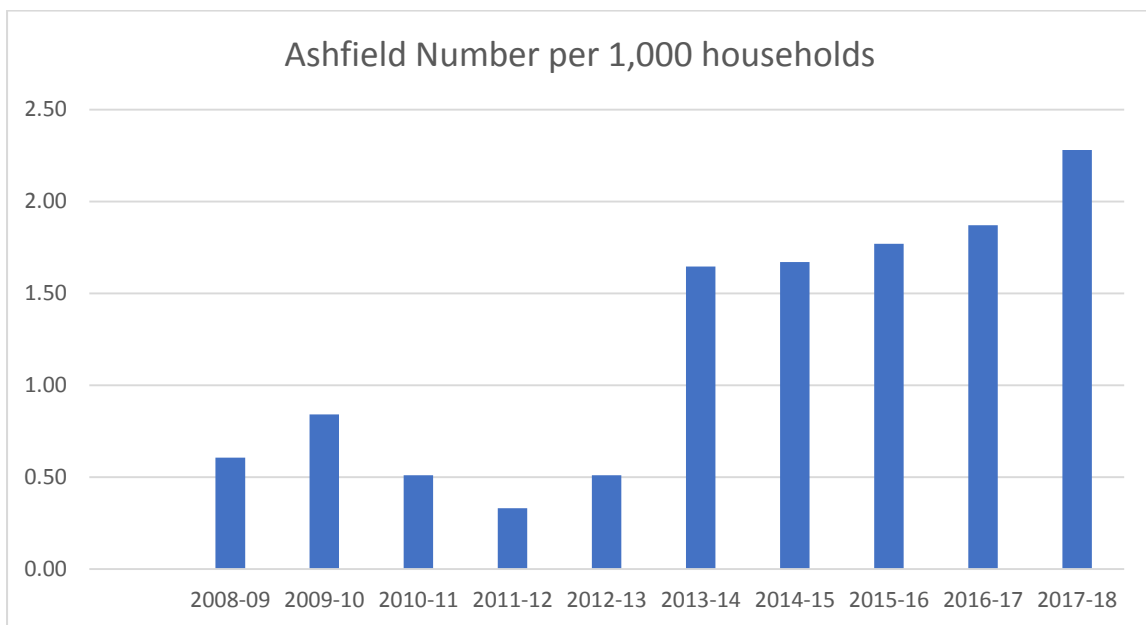
**Mansfield** has had the consistently highest level of numbers of people accepted as being homeless of all the Notts District Councils. Last year, Mansfield had its highest level of homelessness acceptances since 2008. Numbers had been falling since 2008 but peaked in 2012-13 to 180 acceptances and again last year to 189.

Mansfield has the highest county-wide and Mid Notts level of homelessness per 1000 households. The level has decreased very slightly overall in the last 10 years from 4.58 per 1000 households to 4.04. This is significantly higher than the number for England (2.41 per 1,000 households) and East Midlands (2.29 per 1,000). All other Nottinghamshire district councils are below the national average for England. Ashfield's level was 2.28 last year and Newark and Sherwood were 1.7 per 1,000 households



**Ashfield** has seen a significant increase in the number of homeless acceptances over the last 10 years from 30 in 08-09 to 123 in 17-18; Last year Ashfield had the highest number of acceptances (123) since 2008.

Ashfield has the most significant increase in the level of homeless acceptances per 1,000 households over the last 10 years from 0.61 to 2.28 in 2017-18.



The Homelessness Case Level Information Classification (H-CLIC) replaced the P1E data collection tool for homelessness in April 2018. An assessment of the data provided by the 3 districts gives us more detailed information.

The following figures are for the first 6 months of H-CLIC data of the year 2018/19.



## Ashfield

	TOTAL	u26	26-35	36+
Already Homeless - NFA	32	9	11	12
Already Homeless - Other	74	24	24	26
Threatened with Homelessness	157	47	44	66
Not Threatened with Homelessness	72	32	27	13
<b>TOTAL</b>	<b>335</b>	<b>112</b>	<b>106</b>	<b>117</b>

## Mansfield

	TOTAL	u26	26-35	36+
Already Homeless - NFA	51	11	18	22
Already Homeless - Other	134	38	47	49
Threatened with Homelessness	132	26	50	56
Not Threatened with Homelessness	113	28	41	44
<b>TOTAL</b>	<b>430</b>	<b>103</b>	<b>156</b>	<b>171</b>

## Newark and Sherwood

	TOTAL	u26	26-35	36+
Already Homeless - NFA	48	11	15	22
Already Homeless - Other	119	26	42	51
Threatened with Homelessness	106	22	35	49
Not Threatened with Homelessness	73	15	26	32
<b>TOTAL</b>	<b>346</b>	<b>74</b>	<b>118</b>	<b>154</b>

As highlighted in P1E data, Mansfield would appear to have the greater problem and as the smallest adult population of the three districts, it is proportionally a larger problem. A far higher proportion of cases in Ashfield are threatened with homelessness as opposed to already homeless.

113 cases in Mansfield, 72 cases in Ashfield and 73 cases in Newark are opened but no duty is recorded. No further information is provided about these people in most cases, so they are excluded from subsequent tables.

## ***Reasons for Statutory Homelessness***

The P1E data tells us the reasons for statutory homelessness

2017/18	N & S	Man	Ash
Other relatives/friends no longer willing/able to accommodate	6	19	16
Non-violent breakdown of relationship with partner	8	18	17
Violent breakdown of relationship, involving partner	10	48	15
Violent breakdown of relationship involving associated persons	0	5	0
Other forms of harassment	0	5	0
Termination of assured shorthold tenancy	34	41	37
Reasons other than termination of assured shorthold tenancy	0	7	0
Other reason	0	8	5

Across the county the ending of an assured shorthold tenancy is the main reason for statutory homelessness in 2017/18. The next largest reason across the county is the violent breakdown of a relationship. Mansfield is the only Mid Notts district where the violent ending of a relationship is the main reason for statutory homelessness. This may require more detailed interrogation.

## ***Reasons for Homelessness and Risk of Homelessness***

The H-CLIC data for the first 6 months of 2018/19 allows us to look across the reasons for homelessness for those who are already homes as well as for those at risk of homelessness

### ***Mansfield***

	homeless	threatened with homelessness
Loss of Tenancy or Mortgage Repossession	33	76
Family or friends no longer able to accommodate	37	13
Relationship break-up (non-violent)	32	11
Domestic abuse	31	9
Other	30	9
Not Known	22	14
Total	185	132

### *Ashfield*

	homeless	threatened with homelessness	Total
Loss of Tenancy or Mortgage Repossession	22	85	107
Family or friends no longer able to accommodate	22	24	46
Relationship break-up (non-violent)	16	8	24
Domestic abuse	21	8	29
Other	18	23	41
Not Known	7	9	16
Total	106	157	263

### *Newark and Sherwood*

	homeless	threatened with homelessness
Loss of Tenancy or Mortgage Repossession	44	59
Family or friends no longer able to accommodate	33	16
Relationship break-up (non-violent)	38	13
Domestic abuse	18	9
Other	34	7
Not Known	0	2
Total	167	106

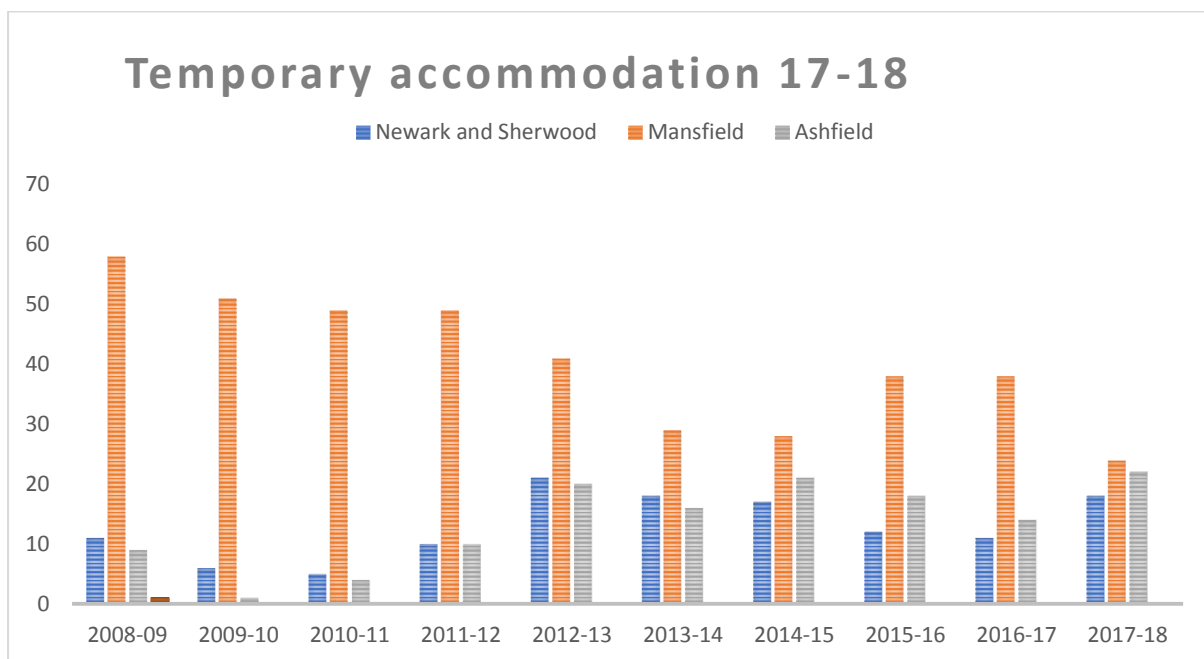
Most people are threatened with homelessness because their tenancy is under threat. In Mansfield 'family or friends no longer able to accommodate' has been the most common reason for those who were homeless.

### ***Use of Temporary Accommodation***

Use of temporary accommodation has been increasing over the last 5 years across the county. Temporary accommodation is utilised when people are already homeless, and the council has a duty to provide interim accommodation.

Mansfield and Ashfield had similar numbers in temporary accommodation in 2017-18, but prior to this date Mansfield had a significantly higher number (NB – these are "snapshot" figures not the total number of placements made over the whole year)

<b>Total in temporary accommodation</b>	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
<b>Newark and Sherwood</b>	11	6	5	10	21	18	17	12	11	18
<b>Mansfield</b>	58	51	49	49	41	29	28	38	38	24
<b>Ashfield</b>	9	1	4	10	20	16	21	18	14	22



### ***Youth Homelessness***

P1E data tells us that Mansfield had a higher proportion of young people under 25 who were considered statutorily homeless at 37% of all decisions in 2017/18.

% of statutorily homeless aged 16 -24

Ashfield 24%

Mansfield 37%

Newark and Sherwood 26%

There were no 16/17 year olds found to be statutorily homeless.

Recent H-CLIC data for 2018/19 suggests the proportion of people under 35 in difficulty is highest in Ashfield (65%) and lowest in Newark (55%) of all recorded enquiries to the Housing Options Service.

In Ashfield there were 112 under 26s who approached the Housing Options team (6 months 2018/2019) - 33% of all reported cases. Of those who were already homeless when they approached Housing Options, 31% were under 26. For the first six-months of 2018/19

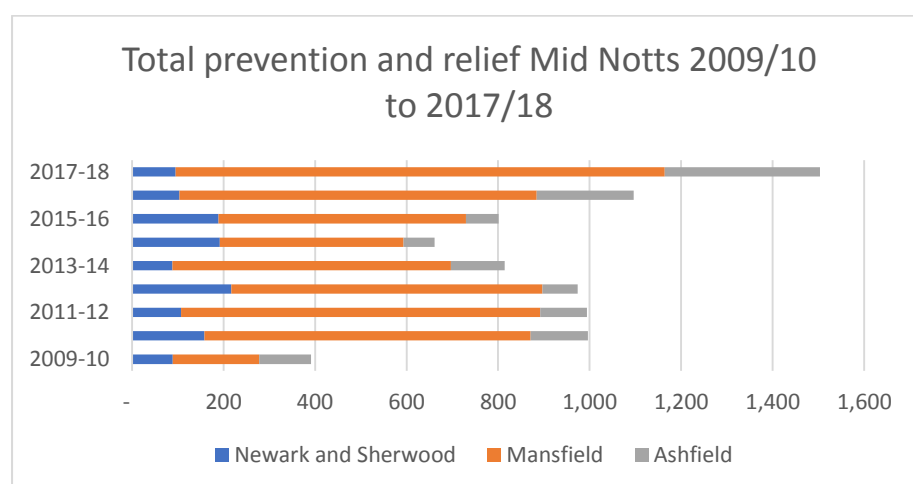
Mansfield had 103 people under 26. Under 26s make up 23% of people who contacted Mansfield Housing Options. Of those who were already homeless when they approached Housing Options, 26% were under 26. And in Newark and Sherwood, 74 were under 26 (21%) and 118 were aged between 26 and 35. Of those who were already homeless when they approached Housing Options, 22% were under 26.

The H-CLIC data also suggest that in Ashfield there are a large number of young people who are approaching Housing Options for advice, but who are not threatened with homelessness. Of the 72 who were not threatened with homelessness 32 were under 26.

### ***Homelessness Prevention & Relief***

P1E data analysis tells us the total number of people for whom all the Nottinghamshire district councils either prevented or relieved homelessness reached its highest level across the county for 10 years and is more than double (2,417) the number in 2008 – 09 (1,092).

The table below shows the data for the three Mid Notts districts. In 2009/10 there were 391 'Prevention and Relief' cases. This increased to 996 the following year and remained consistent and even started to fall 2014/15 to 661. However, the last three years have seen this figure rise each year from 801 2015/16 to 1,096 the following year and reached its highest level in 2017/18 to 1,503 across all three districts.



### ***Prevention Only***

Mansfield had the highest number of homeless preventions in 2017-18. Newark and Sherwood had the lowest number of preventions at 27.

*Numbers of cases where positive action was taken to prevent homelessness*

	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
<b>Newark and Sherwood</b>	38	57	20	134	26	145	116	64	27
<b>Mansfield</b>	133	573	660	543	602	401	541	779	1,069
<b>Ashfield</b>	59	35	42	37	79	29	70	212	339

## 7. Current and Future Needs – Findings from the Quantitative Analysis

### *Methodology of Quantitative Assessment*

#### *Principles*

The general methodology for the quantitative needs assessment is based on the modelling of the flows within the homelessness system. This consists of the following elements:

- An estimation of the numbers of people presenting in need because they are homeless or at risk of homelessness. These are described as the **Populations at Risk** of homelessness. These estimations are based on actual data ascertained from several sources
- An estimation of the proportions of people needing a range of different service responses to meet the needs of the different populations at risk. These are described as the **Populations in Need** of different service interventions. These estimations are based on informed estimates rather than specific evidence.

#### *Populations at Risk*

The Populations at Risk identified in this exercise were divided into 2 broad categories. These were described as those with **General Needs** and those with **Additional Needs**. Additional Needs indicates that there is some additional factor that links those people's path into homelessness to a personal history of vulnerability. The following Additional Needs were recognised:

- An offending history
- A history of substance abuse
- Mental ill-health
- Vulnerable young person
- Being a looked-after child
- Experiencing domestic abuse
- Rough Sleeping
- Physical disability
- Learning disability

Those with general needs are therefore people who experience homelessness or are at risk of homelessness without these additional needs.

The Populations at Risk in detail were therefore:

- People known to National Probation Service and Community Rehabilitation Company without settled housing
- Those homeless with support needs due to Learning Disability
- People known to Sub Misuse services without settled housing
- Those homeless with support needs due to Mental Health
- Those homeless with support needs due to being a vulnerable young person
- Those homeless with support needs due to physical disability
- Leaving LA care with a need for housing with support
- In contact with Leaving Care Team with unsuitable accommodation
- People experiencing domestic abuse whose housing is not safe as a result
- At risk of homelessness without additional needs
- Homeless without additional needs
- Rough Sleepers appearing on streets

The details of the estimation of the size of these groups can be found in the summary of the quantitative analysis in the Appendix 1.

There obviously is the potential for overlap between these groups, as in any one year the same person could fall into more than one group. This is allowed for in the calculations and the way this is done is explained in the Appendix 2.

### ***Service Interventions and Duration of Service***

The Service Interventions that we calculated the ***Population in Need*** for were as follows:

- a) Prevention Action, including
  - Action to prevent loss of housing through advice and information (including welfare benefits) or mediation
  - Tenancy sustainment services to prevent loss of accommodation
  - Crisis accommodation to prevent the need for sleeping on the streets while long-term solutions are found
- b) Access to alternative affordable and decent housing, including
  - With no additional support required except basic advice / financial assistance
  - With some short-term support attached (Floating Support or Dispersed Supported Housing)
  - With longer-term support attached (Housing First)
  - With resettlement support attached (as part of move-on arrangements from supported housing)
- c) Access to some form of single-site supported housing including
  - 24 Hour Cover Supported Housing
  - Non-24 Hour Cover Supported Housing
- d) Refuge Accommodation for people who have experienced domestic abuse

There is some allowance built into the calculation to reflect people receiving more than one service intervention as follows:

- It is assumed that crisis accommodation is an immediate response to someone who is emergency homeless, and would always be followed by some other service intervention
- Supported housing is assumed to be short-term and there will need to be some form of follow-on provision. In most cases this will involve access to move-on housing. For some people, it is assumed that this will require an associated resettlement package of support
- It is assumed that a certain proportion of each service placement will break down and this will result in a new intervention being provided in a number of cases

The assumptions used here are explained in Appendix 2 to this report.

It is not always that easy to distinguish between these service interventions. We have broadly assumed however that supported housing means single-site provision (whether in shared or self-contained accommodation). Dispersed supported housing is taken to be a form of access to “alternative, affordable and decent housing” with time-limited support attached. This distinction between “single-site” and “dispersed” supported housing should be considered when comparing the results of the needs assessment with the current supply configuration.

The other key factor that affects the bottom-line result in terms of the units of service needed, is the assumed average length of time that a service intervention goes on for. These assumptions are explained in the Appendix 2.

In interpreting these results, it is important to regard these as indicative rather than precise - an indication of a direction of travel rather than something to determine exact numbers and precise commissioning targets. This is largely because the Population in Need calculations are based on informed assumptions rather than a sound evidence base of actual need.

Historically, needs assessments for support interventions have been hindered by the fact that such need is not regularly or consistently measured anywhere. The methodological framework provided can be used to model the impact of a number of scenarios - so the impact on demand for interventions can be re-calculated as needed e.g. if specific types of need increase or the performance of different interventions becomes less or more effective.

### ***Service Requirements***

Overall our modelling of needs would estimate that there are in the region of 2193 households likely to be at risk of homelessness in 2019/20 across the three districts.

	<b>Ashfield</b>	<b>Mansfield</b>	<b>N &amp; S</b>
Population at Risk of Homelessness	696	876	621

Service requirement are broken down into the following broad categories

- Access to Advice, Assistance and Mediation
- Tenancy Sustainment, Resettlement and Floating Support
- Access to alternative Affordable Housing
- Housing First for Complex Needs
- Temporary Crisis Accommodation
- Single Site Supported Housing
- Refuge Accommodation



Using the information collected we have produced an estimate for the services required in 2019/20. The results are as follows:

<b>Type of Service Required 2019-20</b>	<b>Ashfield</b>	<b>Mansfield</b>	<b>N &amp; S</b>
Prevention of homelessness through advice, assistance and mediation etc.	59	59	45
Tenancy sustainment / resettlement support	76	100	62
Access to alternative affordable accommodation	306	391	274
Housing First level support	14	22	10
Crisis Accommodation	30	50	33
Supported Housing	54	70	43
Refuge Accommodation	3	4	3

### ***Prevention of Homelessness through Advice, Assistance and Mediation***

Most significantly the model assumes that it is possible to do much more to prevent people losing their accommodation in the first place when this is at risk, as part of the Homelessness Reduction Act strategies.

The H-CLIC data indicates that Housing Options secured existing accommodation for 8 cases in Ashfield in the first 6 months of 2018/19, Mansfield 12 and in Newark & Sherwood, Housing Options Service secured 15 in existing accommodation. Projecting to an annual figure, a total of 70 may be prevented, however more than double this number (154) would be required across the three districts.

As well as Housing Options advice and prevention across the three districts, Citizens Advice provide general advice and services such as a debt advice service. Newark and Sherwood CAB reported 124 homeless preventions in 2017/18.

It is often difficult to see the direct benefits of prevention work, for example the Hospital Discharge Scheme (Assist) has supported many homeless people that have been helped but have not always been recorded, as often Assist signposts people to engage with relevant services to help them, rather than going into or staying in hospital. As such, prevention successes are likely to be under-reported. A review of the Assist programme suggests that the service has a caseload of around 50 – 55 people.

### ***Tenancy Sustainment***

The Tenancy Sustainment figures include 3 separate elements:

- Support targeted at helping people sustain their existing accommodation (5 months average duration)
- Support attached to the offer of a new property when someone is homeless or at risk of homelessness (5 months average duration) and
- Support linked to a resettlement package when people move out of supported housing (6 months average duration)

The estimate of services required is:

<b>Type of Tenancy Sustainment</b>	<b>Ashfield</b>	<b>Mansfield</b>	<b>N &amp; S</b>
Homelessness prevention: helping people to sustain their existing accommodation	14	18	12
Support to help move into an offer of a new property to remedy homelessness	27	36	21
Resettlement Package when leaving supported housing	35	46	29

Framework's Brighter Futures project provides a Homelessness Prevention service (floating support) across Nottinghamshire for people who 'have a need that is likely to require longer term but low-level housing-related support'. They aim to specifically support people with Autism, learning disabilities, Asperger's or following a brain injury, or where they don't meet the criteria for statutory adult social care, among others.

Framework also provides the Moving Forward floating support service (tenancy sustainment to prevent homelessness) in all three districts. Referrals are restricted to secondary mental health services only.

Resettlement support is delivered by the Supported Housing providers and is provided as part of the move-on from supported housing across the three districts.

Some social housing providers, such as NCH, have developed Tenancy Sustainment Teams such as NCH and there are Financial Inclusion Officers at Mansfield District Council. This provides support to all new tenants and existing tenants with benefit claims, rent issues, debt and budgeting advice, information on welfare reform, support referrals, digital exclusion, employment advice and training opportunities.

### ***Emergency / Crisis Accommodation***

Using the needs modelling we have estimated that the need at any one time is in the order of 30 units in Ashfield, 50 in Mansfield and 33 units in Newark & Sherwood of emergency/crisis accommodation. The model assumes a 3-month average stay in emergency housing.

There is a consensus that preventing homelessness in the first place is the most important policy priority for future provision, but historically the district councils have a stronger record of finding alternative accommodation rather than identifying early imminent homelessness and deploying strategies to prevent this, so this approach needs development. This includes the need to develop effective identification, and early intervention when someone does become homeless, including the provision of adequate crisis accommodation with appropriate support when required.

Existing temporary accommodation includes:

- Seven Hills, Newark - 16 bedsits
- Pelham Mews Units – 2 units
- Wellow Green, Ollerton - 10 x 2 bed semidetached bungalows
- Tideswell Court & Stonecross Mansfield - 45 units
- Ashfield Temporary Accommodation – 29 Dispersed properties

Stakeholders highlighted that the use of B&B provision was not considered suitable for vulnerable people, as support is not in place. In 2017/18, Ashfield used B&B accommodation for 7 families and 10 single people and was the only district to use B&B for emergency homelessness. However, despite not using B&B for the last 28 years in Mansfield, the district council has begun to use this to meet need for emergency accommodation.

### ***Access to Alternative Affordable Accommodation***

Type of Service	Ashfield	Mansfield	N & S
Access to alternative affordable accommodation	306	391	274

The “access to alternative affordable accommodation” figures includes cases where people need this because of becoming homeless or where homelessness is unavoidable, as well as people needing move-on accommodation from supported housing.

Some of the people needing “access to alternative affordable accommodation” will also need “tenancy sustainment” support to ensure that the move is successful, but some will not, and some of the people moving on from supported housing will need “Access to alternative affordable accommodation” alongside “resettlement support” and some will not.

For the purposes of comparison, the services that are currently described as dispersed supported housing are treated for the purposes of our model as “access to alternative affordable accommodation” but additionally with tenancy sustainment support. At the same time what is currently described as floating support is the same as what we have described as “tenancy sustainment / resettlement support”.

Existing services which aim to improve access to private sector housing include Bond Schemes in Ashfield, and in Newark and Sherwood, the Home Finder and Choice Based Lettings service.

Social landlords in the districts include Newark and Sherwood Homes, Nottingham Community Housing Association, Places for People, Riverside, Derwent Living, PA Housing Group, Anchor Housing, Stonewater Housing, L & H Homes, Home Group, Waterloo Housing, Longhurst Group, ASRA, Acis group, Sanctuary Housing, Tuntum Housing Association, Spirita, EMH Homes and Metropolitan.

### ***Housing First to meet Complex Need***

Type of Service	Ashfield	Mansfield	N & S
Housing First level support	14 people	22 people	10 people

It is estimated that across the three districts there is need for Housing First for 46 people with complex needs. The Housing First needs figure should be treated as an initial estimate. Unlike all the other service interventions outlined here, Housing First is a long-term service and so cannot be annualised in the same way.

Mansfield has a chronic rough sleeper problem. The rough sleeper count held in autumn 2018 counted 17 people sleeping rough in Mansfield, 5 people sleeping rough in Newark and Sherwood, and in Ashfield there were estimated to be 5 people rough sleeping.

Referrals to the street outreach service delivered by Framework also highlight the extremely high level of need in Mansfield.

<b>Framework Street Outreach 2017/18</b>	Ashfield	Mansfield	Newark and Sherwood
People helped off the streets	27	62	11
Individual rough sleepers supported	50	122 + unknowns	24

There are no existing Housing First services across the three districts. However, there are services that aim to meet the needs of people with complex needs. Ashfield District Council has a Complex Cases Team that provides short term Floating Support. Framework delivers a street outreach service, however the funding for this is short term and due to come to an end in 2019.

### ***The Need for Supported Housing across the Three Districts***

Type of Service	Ashfield	Mansfield	N & S
With 24-hour cover	25	32	19
Without 24-hour cover	29	38	24
Total	54	70	43

In relation to single site supported housing we have made an initial assumption that this might break down as 76 units of supported housing with 24-hour cover and 91 units without 24-hour cover across the three districts. Mansfield will have the highest need at 70 units of supported housing. The assumed duration of services is 8 months.

The following is a summary of supported housing provision across the three districts

Existing Supported Housing December 2018					
Framework	Sherwood St, Mansfield	51	Rough sleepers and complex need	Commissioned by NCC	Mansfield
YMCA	YMCA Mansfield	40	Hostel and Dispersed 16 - 25 units also move on cluster properties up to age 35	Non-commissioned service	Mansfield
Framework	Russell House	16	hostel single adults	Commissioned by NCC	Newark & Sherwood
Framework	Russell House Move on	16	Self-contained flats	Commissioned by NCC	Newark & Sherwood
Newark Emmaus Trust	Core	11	24-hours cover for young people	Non-commissioned service	Newark & Sherwood
	Dispersed	15	Move on	Non-commissioned service	Newark & Sherwood
	Northgate	5	Mum and baby accommodation	Non-commissioned service	Newark & Sherwood
Nottingham Community Housing Association	Branching Out	8	Core and Cluster housing with support for young people aged 16-21 who are homeless or threatened with homelessness.	Commissioned by NCC	Newark & Sherwood
		5	Move on accommodation Ollerton	Commissioned by NCC	Newark & Sherwood
		2	Mum and baby accommodation	Commissioned by NCC	Newark & Sherwood

### ***Refuge Accommodation***

The only domestic abuse specific resource identified here is “Refuge Accommodation” but the numbers of people at risk of homelessness for this reason does impact on all the other categories of service intervention quite significantly. The duration of a refuge stay is assumed as 3 months.

‘Domestic and Sexual Abuse in Nottinghamshire – March 2016: Understanding Prevalence, Need and Risk’ tells us that the total at risk of domestic violence offences are 27,350 each year across the whole of Nottinghamshire. This figure could be apportioned across the three districts based on the proportion of the adult population in each district to give an idea of the numbers of people at risk of domestic violence each year. However, incidence is not only based on percentage of the population number but on other factors such as deprivation. Additionally, not all these people will be at risk of homelessness. A recent report ‘Safe at Home’<sup>1</sup> says that 52% of those experiencing domestic abuse need support to help them stay in their new home or move to new accommodation

<sup>1</sup> [http://www.safelives.org.uk/sites/default/files/resources/Safe\\_at\\_home\\_Spotlight\\_web.pdf](http://www.safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf)

	<b>% of Notts adult Population</b>	<b>Number at risk of Domestic violence</b>	<b>Estimated level of need</b>	<b>Numbers approaching Housing Options (projected)</b>
Ashfield	15.3%	4184	2176	46
Mansfield	13.2%	3610	1877	60
N & S	14.8%	4048	2104	40

The figures suggest that there is a significant difference between the number at risk of domestic abuse and in housing and support need and the numbers who engagement with Housing Options Services as reported on H-CLIC returns.

- Newark Women's Aid have a 7-bedroom refuge which is no longer funded by the District or County Council.
- Nottinghamshire Women's Aid are commissioned by Nottinghamshire CC to deliver domestic abuse support services across the county. There are 6 refuge places.
- There are 5 two beds and 1 three bed in Ashfield supported by WAIS Women's Aid Integrated Services.

It is often the case that local residents will flee to another local authority area, so there needs to be sufficient supply nationally, which there isn't. It is also preferable for some survivors to stay at home, so other options are available such as Sanctuary schemes, injunctions, floating support and upstream interventions such as promoting healthy relationships in schools for example

Our modelling suggests that there is broadly enough refuge accommodation however the calculation of the number of refuge places required is likely to be a significant under-estimate and so needs to be treated with caution for the reasons outlined above. Stakeholders report that safer secure emergency housing and support is needed for people who have experienced abusive relationships. There is a shortage of safe accommodation that can effectively protect people from the abuser.

### ***Gaps in Services***

When comparing findings from the quantitative analysis to existing levels of provision, it is important to bear in mind that:

- The model generates estimates based on a number of research based assumptions. Whilst these estimates can inform commissioning decisions, they are not firm figures and should not be the only source of information taken into account
- The model uses a service typology that has not always been applied to existing services in the past. Care should, therefore, be taken when comparing estimates under the various service headings used in the model to current service levels under existing categories
- There may be unquantified, "non-commissioned" or independent provision in existence locally, for example exempt or specified accommodation funded by HB, that the Councils are not wholly aware of. The issue of bringing non and quasi commissioned services into future planning is discussed elsewhere in this report

- Some existing “ad hoc” provision (e.g. case by case help with resettlement offered by supported housing providers to service users moving on) can be difficult to express in terms of “units” of annual service capacity.

However, the model can be used to identify *prima facie* gaps in both service types and levels, especially when it is triangulated with evidence from other sources, including qualitative information.

#### *Access to Advice, Assistance and Mediation*

The model suggests that there is a need to prevent homelessness for 163 people across the three districts. Based on H-CLIC data, the current projection is to prevent 70. This is, therefore, a potential gap of 93 preventions across the three districts.

However, this is not necessarily a gap in the amount of service capacity. There is capacity in the District Council teams, to deal with these projected numbers and offer advice. However, achieving a *successful* prevention outcome is dependent on many factors outside of the control of the teams. So, whilst the councils do have the resources to advise additional households, the gap is in offering a solution that prevents rather than relieves their homelessness. For example, in some cases, successful prevention might depend on the welfare system. In others, the household may want to move rather than be helped to stay where they are, which will require access to affordable housing.

#### *Tenancy Sustainment, Resettlement and Floating Support*

##### • *Tenancy Sustainment*

Stakeholders were keen to stress that there was unmet need for floating support services targeted at helping people sustain their existing accommodation. The model suggests 44 people will need floating support to sustain their tenancy. Some social housing providers have Tenancy Sustainment Teams to provide support to new and existing tenants. This support is available for short periods of time. Currently, there is no other floating support provision in the three districts to meet this need.

##### • *Support to New Tenancies*

As regards support attached to the offer of a new property when someone is homeless, the model suggests that 94 people need this type of service. There is some support to assist people to move into their social rented tenancy, but this was characterised as limited by stakeholders. There is no provision for private sector support (other than some re-settlement services – see below)

##### • *Resettlement Package when leaving Supported Housing*

There is the need for 110 units of move on support from supported housing. Currently, resettlement support is delivered by some of the Supported Housing and Temporary Accommodation providers, as part of efforts to assist with move-on from supported housing across the three districts. However, much of this is delivered on an ad hoc basis and the numbers supported to move on were not available at the time of this review.

More work would, therefore, need to be carried out to ensure that, in future, floating support services provide sufficient levels of support to people moving on from supported housing.

#### *Access to alternative Affordable Housing*

The projected housing need for people who have been homeless in Ashfield is 306, Mansfield is 391 and in Newark and Sherwood 274. This includes private and social housing sector affordable housing. This requirement needs to be reviewed against the availability of affordable housing. Stakeholders were strongly of the view that current supply was insufficient.

#### *Housing First for Complex Needs*

There is a gap of 46 units of Housing First required to meet complex need across the three districts.

#### *Temporary Crisis Accommodation*

Estimates of need for Temporary Accommodation (30 units in Ashfield, 50 in Mansfield and 33 in Newark & Sherwood) are not hugely out of line with current levels of provision. However, some stakeholders saw a need for increased provision, given that lengths of stay might be on the increase. Furthermore, there was a view that people with increasingly complex needs were being referred to Temporary Accommodation, a cohort for whom securing appropriate move on might be more time consuming.

#### *Single Site Supported Housing*

76 units of supported housing with 24-hour cover and 91 units without 24-hour cover are required across the three districts (total 167). There are 169 units of supported housing across the three districts. There does not appear to be a significant gap in the need or supply of supported housing across the three districts. However, supply is heavily centered in Newark and Sherwood and nothing is available in Ashfield. There were also reports of shortages for particular client groups, notably substance mis-users, offenders and people with mental ill health.

#### *Refuge Accommodation*

Our modelling suggests that there is broadly enough refuge accommodation across the three districts. However, stakeholders report that there is a gap for safer secure emergency housing and support.

## **8 Findings from the Survey of Support Needs**

The Survey of Support Needs captured data for 371 service users who were living in 18 supported housing services as at 19 September 2018. These services can be described as forming the “supported housing homelessness pathway” within the three council areas. Of the 371 service users surveyed, at least 59 were owed a statutory duty under homeless legislation. Another 72 were classed as “decision pending” with the rest being owed no duty – or none reported.

Referrals came from a range of sources, with District Council homelessness teams being by far the largest. Other sources included the County Council, the Domestic Violence network and self-referrals.

#### ***Demographic Characteristics of Service Users***

153 (41%) of the service users in situ as at the snapshot date were female. The remaining 218 (59%) were reported as male. There were no trans people reported.



The vast majority of services users (353 or 95%) were white. Just 6 of the white cohort were non-British. Only 18 service users (5%) came from other ethnic groups.

The average age of service users was 31.

9 service users were reported as being non-heterosexual. This could be an underestimate as no information was provided for 111 service users.

Most (241 - 65%) service users were single, which is unsurprising given the nature of supported housing, which is almost entirely designed for single people. 84 (23%) were reported as being married or in relationships. No information was provided for the others.

### ***Length of Stay in Services***

The survey found that the average length of stay in all the types of supported housing (including Temporary Accommodation) included was 41 weeks. Underneath this overall average lay significant differences commensurate with the different kind of service provided, as the table below illustrates.

<b>Service Type</b>	<b>Average Length of Stay (weeks)</b>	<b>Average Length of Stay (years)</b>	<b>Number of Units in Survey</b>	<b>Annualised Capacity (Units/ALS)</b>
Temporary Accommodation	8.65	0.17	73	429
Other Supported Housing	47.03	0.90	285	317

The table above illustrates how shorter average lengths of stay increase the number of service users that can be accommodated over the course of a year (the annualised capacity), thus emphasising the critical importance of effective move-on strategies to maximise the benefits of existing supported housing provision. It should be noted however, that:

- No account has been taken of voids. This can be an issue in very short stay services in particular. For example, assuming a 10% void rate in Temporary Accommodation would reduce annualised capacity to 386
- Women's Refuges have been excluded from the table above as the "number of units" is a less fixed figure, given the need to accommodate differing family configurations. In the survey, average length of stay in refuges was 24 weeks.

These lengths of stay have informed the quantitative analysis set out above.

### ***The Support Needs of Service Users***

#### ***Substance Misuse***

It was striking that 123 (33%) service users were reported as having drug related support needs. Of these, 33 were reported to have alcohol support needs as well.

A total of 51 service users (14%) were reported to have alcohol related support needs. This could be something of an underestimate, given the extent to which alcohol misuse was reported as being associated with homelessness by project contacts.

### *Mental Health*

Mental health support needs were a very significant characteristic of service users within the supported housing homelessness pathway. 183 (almost 50%) of service users were reported as having this need.

Of these about 10% had no formal diagnosis of mental ill health. However, 90% have a diagnosis and were being supported by either their GP or the Community Mental Health Team.

Of the 183 service users with mental health support needs, 90 (nearly 50%) had drug related support needs. This supports the views expressed by project contact about complexity of need.

### *Physical Disability*

130 (35%) of service users were reported as being disabled.

46 had mobility needs. Of these, 7 service users' needs had not been met.

### *Offending and Anti-Social Behaviour (ASB)*

106 service users had some history of offending. This represents about 29% of the service users in the sample.

26 service users were reported as being subject to ASB orders of one kind or another. 35 were reported as "street active" and engaged in "ASB" in its less legalistic sense. It should be noted that no information was provided for about 70 service users, so this might be something of an underestimate.

### *Job Readiness and Meaningful Use of Time*

The table below suggests that at least 19% of service users were ready to work as at the snapshot date - or were nearing readiness. For a larger cohort (at least 39%) it would be a longer haul. For at least 28%, working is unlikely ever to be an option. This chimes in with respondents who thought a significant minority of homeless people would never be able to live fully independently.

<b>Job Readiness</b>	<b>Number</b>	<b>Percentage</b>
Ready now	43	12
Ready within 3 months	6	2
Ready within 6 months	17	5
Ready within 12 months	129	34
Able to work but no timescale	18	5
Unlikely ever to work	106	28
Not Reported	52	14

It is worth noting that current supported housing arrangements often preclude the taking up of paid employment due to high rents. In these case, changes would need to be made to enable supported housing tenants to work. As things stand, taking up paid work would often have to be associated with a move to affordable accommodation.

At least 38% of service users were reported as having nothing meaningful to do with their time. However, many others not in paid work were engaged in a wide range of activities. In principle, these activities could be offered to a wider cohort, with support if necessary.

### *Move-On Accommodation*

Details of planned move-on accommodation were provided for 247 service users.

Move-On Accommodation Required	Number	Percentage
Private Rented Sector	38	16
Local Authority/Registered Provider General Needs	135	55
Local Authority/Registered Provider with Floating Support ( <i>see below</i> )	30	13
Long Term Care	3	1
Mental Health Provision	9	3
Another Hostel	10	4
Rehab/Treatment Based Provision	3	1
Sheltered Accommodation	3	1
Shared Move On/ Family/Friends	3	1
Accommodation Required but no Plan	13	5

It should be noted that the stated need for Local Authority/Registered Provider with Floating Support accommodation is probably an underestimate. At least one major provider reports their move-on requirements as “general needs” based on the type of *accommodation* needed, without reporting the Floating Support needs of tenants. Their view was that Floating Support was a serious gap in services, often leading to “general needs” tenancies becoming unsustainable.

### *Dependence on Welfare Benefits*

Only 23 service users were reported as being in work or on a pension. The vast majority, were, therefore, dependent on benefits. About 40 were reported as being on Universal Credit.

Following the government’s announcement on future funding, it is likely that most service users in supported housing will remain on Housing Benefit. However, it appears that in practice some may start to claim (or already be on) Universal Credit whilst living in supported housing (or Temporary Accommodation). The vast majority who move on are likely to claim (or continue to claim) Universal Credit. Thus, the issues around Universal Credit highlighted elsewhere in this report are highly likely to remain relevant for some time to come.

### *Independent Living*

In a separate part of the survey, 200 service users were reported as being “ready for independent living within the next six months”. This figure is roughly commensurate with the employment and housing related data above. Whilst this suggests that there is a sizeable minority for whom independent living will always be a serious challenge, it shows the

significant issue of availability of move-on. This is of significance not only in terms of making better use of specialist supported housing provision but also in terms of personal development; of enabling independence where people are ready to move on.

## 9 The Experience of Service Users

### *Methodology*

Between September and November 2018, Homeless Link carried out a survey, either face to face or on the phone, with 25 people who are currently or who have recently been homeless.

Of the completed surveys

- 12 were male and 12 females (1 did not disclose gender)
- 16 respondents said they were single and 7 said they were single with a child/children. (2 did not disclose)
- 8 people said they were aged 16-24. 4 were 25-34 years old, 2 were 35-44 years and 3 were 45-54 years old. 2 people said they were 55-64 years; 1 person was aged 65-74 and one person was over 75.
- Two people were working/self-employed over 16 hours a week, 4 were unemployed looking for work, 2 said they were retired, 7 said they were unable to work. 3 people described themselves as a student
- 21 people described themselves as White British. The rest did not disclose their ethnic identity.

Of those who completed the survey, 19 described themselves as currently homeless and 6 said they were previously homeless and now settled. 2 are currently renting from a private landlord and 2 rented from the Council. 9 were living in temporary, emergency accommodation and 11 lived in supported housing. 1 person was staying with friends.

In addition to the above, Focus Groups and one to one meetings were held with the following locations

- Branching Out (NCHA), Newark
- Beacon Centre, Mansfield
- Russell House, Newark
- Tideswell Court, Mansfield
- Emmaus, Newark
- Seven Hills, N&S emergency housing

Finally, a number of case studies were developed following one to one discussions (see below) **NB - All names have been changed in the case studies.**

### *Reasons for homelessness*

The survey asked 'what is/was the reason for homelessness or risk of homelessness?'

- 9 people said their homelessness was due to relationship breakdown,
- 2 reported that it was due to domestic abuse,
- 5 because of rent arrears,
- 3 said they were asked to leave by parents or other relatives,
- 4 were homeless due to the ending of a shorthold tenancy and
- 1 was asked to leave temporary accommodation/hostel.

Other reasons given for homelessness included being a 'Looked After Child' and one person said they ended the tenancy because the property was not affordable. *"I'm struggling*

*financially - not enough to live.*" Another person said they had spent 3 years rough sleeping but had recently had their leg amputated and then moved into emergency accommodation.

Focus Group participants felt that problems with benefits was a reason for homelessness. One participant had a dispute on ESA which led to non-payment of Housing Benefit and subsequent rent arrears. One participant said zero hours contracts made things very complicated and could be a cause of homelessness. Some participants felt that if you had a job no one wanted to help, as the high rent levels meant that working people can't afford supported housing. Additionally, if on minimum wage it's impossible to live alone.

We also enquired when respondents felt that things started to go wrong?

- *Husband left, went into hospital so got in rent arrears*
- *I wanted to move away from home and get my own place*
- *Mistakes by pension*
- *Things was going wrong when my relationship started going downhill*
- *When relationship broke down*
- *"Sold my van and fast food restaurant – came back with money. Client never paid bill. Closed company*
- *Rent arrears in council accommodation –tenancy in her name – split up – mental health problem – left*
- *Council property – break in work – applied to have rent taken care of on JSA – wasn't getting paid – letter through door – then got evicted. Said it would be sorted then it ceased. £1500 court expenses bill – went to court – nonsense – need time to get sorted and on feet – order gave an extra 25 days. Tried to pay off but went ahead with eviction.*
- *Gave keys back went into private accommodation*
- *I was living with my son and his family. They wanted a different property. Didn't know they sold the house until they told me.*
- *Domestic abuse*
- *When lost business*
- *"I'm not really sure. Me and my mum don't really get on and haven't for a while, and since I've had my son it got worse. And my brother, he's at Uni, and he came home and got involved while we were arguing and made things a lot worse, and she said 'you need to leave'.*
- *When I had a break up with my son's dad*
- *It's been going on for 20 years on and off. At one time was rough sleeping for about 6 months. I have mental health problems.*
- *First time split with partner - moved into house share - destroyed my mental health - Landlord coming and going as he pleased. Went to the council about him as didn't feel safe - 18 years old at the time. Told to stick with it as I had a roof over my head. Got council flat in February - got made redundant and not aware I could get Housing Benefit. Housing Officer told me that if I can't afford the flat will need to leave. I wasn't given any advice - left there and learnt that I could have applied for benefits. Moved in with my dad who is disabled and was having to support.*

### **Homeless Prevention**

The survey asked if anything could have helped. Could homelessness have been prevented sooner? Responses included:

- *When drinking people don't want to help - mental health don't want to touch*
- *Well because I stayed in the (supported housing) for so long I had to pick the first property so if they would have let me stay for a bit longer maybe they could have picked a more suitable place to live.*
- *More help from family*
- *My own behaviour may have improved this but probably not*

- *I think it was inevitable. Both me and my parents did everything we could*
- *If letters weren't in jargon*
- *I was looking for a house, so maybe more support with that. Seeing it as a risk and getting help with it then, rather than when it happened. So, help before it happened.*
- *Not really*
- *No, because everything was quite good, but my partner became a drug addict. I'm an ex-drug addict, 2 years clean.*
- *No, because he turned it round by saying he'd had enough, he wanted to sell up. I got the letter August time.*
- *A lot of it is my own fault. I didn't take my medication*
- *Definitely losing the council flat could have been prevented. Was supported by CAMHS as a child and had no support for a long time. Eventually got support from adult mental health*

Focus Group participants said they valued the tenancy training (e.g. Skills Plus provided by Framework) – all those who lived in supported housing were expected to have attended such a course to be considered ready for move on. The training may for example explain what tenant and landlord rights and responsibilities are, what to expect from your landlord, rights if something goes wrong, what to do if there is a problem and who can help.

There was also a discussion in one of the focus groups (Russell House) about agencies working together and that Landlords and DWP and Housing Options need to work better together. Participants felt the system was really complicated. Many said they didn't understand how it worked.

### **Advice & Support**

The majority (19) sought advice or help with their housing situation. Advice was sought from a variety of places including Kings Mill Hospital - Crisis Support, Newark and Sherwood Council, Castle House, Framework, Social Services, Leaving Care Worker, friends and siblings, Ashfield Council, CAB, Temporary accommodation, Housing Options at Mansfield Council and Shelter. One person told us

*"I rang the homelessness number on the Council website and they advised me. I did have a social worker who was involved with my son, so the council contacted the social worker and she picked us up and brought us to Newark, straight to TA"*

Another person said that she was fleeing a violent partner and was staying at a hotel. She went to the police station because of the risk of violence when her partner discovered where she was staying, and a police officer supported her to get into Temporary Accommodation.

Most people were positive about the advice they received. Some positive comments included

- *'Very good service from everyone'*
- *"The Police were fantastic. It's good to see people 'go out of their way' to help.*
- *Tideswell Court (TA) pulled me through.*
- *Good*
- *Brilliant*
- *The service and advice I received was really good, there is no improvements that they would need to do. I'm happy with everything I received.*
- *The service I have received has been brilliant*
- *Very good*
- *Brilliant! They got me a roof over me and my two kids. They were really good. You couldn't wish for better staff. No improvements.*
- *Helpful*
- *Very effective and reassuring*

- *Oh, really good to be fair. She's really good. Really happy with her. She knows her stuff.*
- *Very good. Can't fault them. They put me in the Midland Hotel Mansfield. Then emergency flat. I'm getting the keys to a flat today.*
- *Ashfield Council put in a bid. Homefinder – friend helped. Council went through form with her. Service was very good.*

Other comments regarding advice received included

- *Housing helpful - they're bidding for me. .... Don't know banding. Trying to get a bungalow because struggling to get through the door. Hard to find the right property.*
- *Made a self-referral to mental health services but never heard back from them*
- *Helpful since eviction. Before that not helpful*
- *Never saw anyone from housing – all young and not helpful*
- *The only thing I found difficult was finding the information. On the website it wasn't really clear which number to ring – but once I'd found it, they were really good and helpful.*
- *(Housing Options staff) Following guidelines but for me it wasn't helpful. Lucky that I had a family member that could take me in, but they have moved now. Have to go to hostel – but I can't go there because I need my dog for my mental health - can't cope.*
- *Helpful but not having much to do with me since.*

Focus group participants felt if you are a single man with no dependents the council didn't do anything for you. One participant says, 'They let me down'. He felt this had led to him sleeping rough for 8 days. (Until he was contacted by Framework Outreach). One said he felt 'fobbed off'. There was a discussion about Housing Options service perhaps needing closer working with supported housing providers. *'No one know what it's like at the Council. They should have these people [Framework] working with the Council'*

All participants in supported housing and temporary accommodation focus groups said they appreciated and valued the support they received.

Our survey also asked, 'How did you know where to go to for advice or help?' The largest number (8) said Friends/Family told them, 1 said information from website and 6 said Housing or Advice office. Others were directed to relevant advice by Social Services, Leaving Care Worker and hospital.

### ***Supported Housing and Move on***

Focus group participants emphasised how much they appreciated the resettlement support received when moving on from supported housing.

Many were frustrated by the lack of housing options available to move on to – especially for young people and young parents. When asked about Homefinder, one person commented *'There is so little on the list. Often one-bedroom flats have age limits like over 50 or over 55 only'*. One group suggested that there should be more shared housing options available to move on to.

One participant expressed frustration at the level of information required about his background information he had to give when applying for move on. He was a young person who had been a 'Looked After Child' and felt the level of information about his past was too much. He said he felt that everyone assumed he would fail.

### ***Personal Housing Plans***

Of the 25 respondents 6 said they had a Personal Housing Plan. 4 said they didn't know and 7 did not respond. It is possible more of these service users did in fact have a PHP – but if this is the case, they did not report it.

Comments on PHP's included:

- *Was advised to look at private rented and keep bidding. I am looking at private rented but there is a shortage of affordable housing. I keep bidding. Better than being on the street. Ashfield Council ok but I can't understand the banding. Why am I band 3? Should someone homeless get a higher banding? Trying to deal with mental health is not easy when there is the stress of finding somewhere to live. Not aware of any personal housing plan - I keep looking - keep bidding.*
- *Got a list for letting agents*
- *Support Plan in Tideswell – Mirror each other – Sustainment Pre HRA*
- *Not in need of support but help at Tideswell with Homefinder was very useful. Will move into new tenancy in week or two*
- *Well, yeah, but they gave me a house that was full of druggies and I turned it down and they've understood that. They have helped me. My house is lovely. They've got me a decent place now. I just have to pay my rent, keep everything under wraps and be good.*
- *It's been a big wake up call, moneywise and stuff, and facing up to my debts; that is part of the agreement, that they'll get me a house and I have to get help with my debts. CAB's just contacted me today, so I've got to go through with it. It's a good thing.*
- *They said I had to look for accommodation - said I had to bid. Which I did.*
- *I got some paperwork. I had to look for something private. Bid on properties. Done what I've been asked to do. Band 1 for about 3 weeks.*

The focus groups indicated that many people were not aware if they had a PHP or not. This may partly be explained because some participants approached Housing Options services before the introduction of PHPs. Some said they had support plans in temporary accommodation/supported housing and were not sure if this was the same as a PHP.



## Case Studies

**Maggie** is 30 and has 2 children aged 2 and 1 years old. She and her boys have been in temporary accommodation in Newark since early September,

Before Maggie had the children, she always worked. She was a style adviser and previously she worked in catering, including events and in care homes. She was employed by a large retail company when she became pregnant and was on maternity leave when she became pregnant with the second child. She was unable to return to her job. At that time, Maggie was privately renting. Her partner worked, and they relied on his income, but they just about made ends meet, and then things got tough. Their relationship broke down due to money worries. She took her ex-partner's name off the tenancy and intended to stay in the tenancy but soon after the landlord said he wanted to sell.

Maggie prioritised the rent every month and claimed Universal Credit. Then she received an eviction notice (6 weeks' notice) and contacted the Council. They advised her to contact Shelter and she got a better understanding of her rights. She went online and read about it and rang the helpline. She stayed there longer because the council couldn't house her, and she'd been told she was within her rights to stay in that property. The landlord started charging her daily rent from the eviction. Her rent was £465 a month and she spent £217 after the eviction notice and as she only got £758 a month, she had very little to live on.

Maggie felt it could have been prevented if her landlord had wanted to keep her at the property. She'd never been in rent arrears and had done a lot of work to the house as well, got it *'looking really nice in fact'*.

*'The council did everything they could for me. They really helped me to give me my rights ... Because I'd never been down this route...'*

Maggie also approached lettings agents who emailed her some property details that they thought might take benefit payments *'but everyone I rang, as soon as I said I didn't have an occupation, they weren't really interested'*.

*It does get me down. I'm in that one room with 2 children. I try and get myself out every day with the 2 children and come back for teatime. The people are quite helpful. They did find me somewhere in the first 3 weeks but it's now not going to be ready until January. I want the boys to be able to have their own home.*

**Alan** is 38 years old and has been sleeping rough and sofa surfing around Mansfield since 2014. He sometimes stays at his mums' house and sometimes at his brother's. Over the last few months, he has been sleeping in a tent and he is often moved on.

In 2014 he had a flat with a local Registered Provider but soon got into debt. His electricity supply was disconnected and so he moved out and went to live in shared housing. However, he didn't inform his landlord and he accrued rent arrears as a result. He went back to his flat but was evicted due to the rent arrears. Around the same time Alan had his benefits sanctioned for around 3 months.

Since that time Alan says he has been 'existing not living'. He became depressed and 'lacked motivation' to make things better. He says he neglected his health and hygiene and isn't registered with a doctor. He has tried to engage with Framework's outreach but admits he was stressed about the paperwork involved.

Alan has been using the Beacon Centre and wants to get his own place for a meal. He says he hasn't been looking for a new place because he thought that his rent arrears would prevent him getting a place of his own. He has not approached Mansfield Housing Options.

He thinks there needs to be more affordable housing and more shared housing available. He says more needs to be done to stop people from losing their tenancy. He is concerned that more people will get into rent arrears if they get, they get the rent paid to them rather than to the landlord and getting paid Universal Credit monthly 'will be a nightmare'.

**Frank** is a single man who had owned his own company employing 7 people. But the failure of a debtor to pay what was owed resulted in him losing the business as well as his home and car. He became very depressed and earlier in the year he tried to take own life. He says he received no help from mental health services and although he was referred to a Mental Health practitioner nothing materialised. He is currently living in temporary accommodation and back at his trade as a painter and decorator. Franks says the advice he received from Ashfield Council was 'fantastic'.

**Justin** is 48 years old and has been living in temporary accommodation, with his two daughters since summer 2018. His daughters are 10 and 7 years old and go to school close to the temporary flat.

Justin had been living in the same tenancy for 8 years which was owned by a large private sector landlord. There had been no issues with the tenancy. However, when his father became ill suddenly, he needed to look after him and his mother who had dementia. This was a very difficult time for Justin who says he was having a crisis and caring was taking over. Justin is a joiner, but he lost work during this time and claimed Local Housing Allowance to cover his housing costs. But the Local Housing Allowance did not cover the full cost of his rent. He fell into rent arrears. Justin says initially he was not aware of the shortfall. By the time he was aware he couldn't pay off the arrears. He didn't contact the landlord and says he didn't really deal with it.

He approached Housing Options in Mansfield. They were 'very good'. Justin says he just didn't understand the 'jargon' in the letters he had from the landlord, and he was helped to understand what they meant. Justin took a letter to Housing Options, which had a date and time of the eviction.

Justin hopes to move into a new flat in a week or two when the re-let works are completed by the district council.

**Maddie** is 19 years old with one son, who is 8 months old. She's been in Temporary Accommodation since October 2018. She's currently doing an Access to Health Care Practitioners course and is hoping to do Bio Medical Science. She was living away at college and found that she was pregnant and left college to live with her mum. They didn't have the best relationship and she lived there for about 10 months or so.

Her mum's place is on the border between Lincoln and Newark and she was applying for a home with a Lincoln Housing Association, but she found that local connection was a problem. She was at college in Lincoln and the baby was at nursery there, but the local authority didn't acknowledge it as a connection.

## **10. Tackling Homelessness – Themes and Priorities**

### ***Involving Stakeholders and Providers in the Review***

In addition to the service users/customers above, a wide range of other stakeholders were involved in the review. These stakeholders came from the housing, homelessness, health, social care, criminal justice, community safety and domestic violence sectors. Providers of support services across these sectors made significant contributions.

The evidence set out above and the material contributed by respondents was grouped together in a number of themes. These were presented to an Interagency Forum of providers and stakeholders and discussed with a view to formulating priorities for the next five years.

### ***Theme 1 - Reducing the Impact of Poverty on Homelessness***

The correlation between poverty and homelessness is recognised in the quantitative model used in the review. It was also identified by a many respondents. Much (but not all) of the geographical area covered by the review has problems with economic resilience. Much of the employment available is low paid and insecure.

The need to promote financial resilience amongst those at risk of homelessness was a recurring theme. If people who were far from well off, were able to save something, say with a Credit Union, they might be better able to cope with the sort of adverse events that tend to cause homelessness. Support with budgeting and debt were seen as important, with the availability of competent informed advice seen as key.

However, it was recognised that there is a large group of “long term poor” in the community for whom the prospect of saving any money at all was unrealistic. In these cases, two priorities were identified:

- Ensuring that benefits (including in-work benefits) were fully claimed and efficiently and effectively delivered to claimants
- Ensuring that one off help with the particular housing related financial difficulties faced by homeless people and those at risk be available when needed.

The challenges faced by claimants of Universal Credit featured heavily in respondents' comments. These are set out in the section on National Policy Context above. Locally, in most cases, there was sense that the DWP, the District Councils and other agencies were pulling together to address some of these problems. However, systemic issues were still causing difficulties for claimants, notably:

- Difficulty with on-line claims
- Long waiting times for first payments
- The erratic pattern of payments to working claimants
- Sanctions, including sanctioning of vulnerable or at risk people
- The relative rarity of housing element payments being made direct to landlords

It was seen as important, therefore, that all partners ensure that:

- Claimants have access to IT and support to use it
- Emergency funds are made available whilst claimants wait for their money
- Sanctions are not applied without regard to their potential to trigger the kind of financial crisis that causes homelessness
- DHP is used flexibly to effectively remedy some of these issues

- Direct payment to landlords is fully facilitated.

It was clear that, under the terms of the HRA 2017 Duty to Refer, the DWP are now making referrals to the Council where they identify a risk of homelessness, for whatever reason. It should be recognised that the financial difficulties that can be caused by UC present a particular risk.

In terms of support to people on UC, one suggestion was the creation of a Universal Credit Co-ordinator Role. A person in this role could:

- become a subject expert who co-ordinates the council approach
- organise a partnership approach to minimise the negative impact of Universal Credit
- support and inform a communications campaign to residents
- make recommendations about future provision which will promote resilience and independence
- help provide innovative solutions to enhance the support offer.

This role exists in at least one English local authority. It could also be expanded to help plan for the challenges of managed migration from legacy benefits.

With regard to Housing Benefit, it was seen as important that:

- the Councils and the DWP continue to work closely together in the interests of claimants, building on the advantages of co-location where possible
- continued responsibilities for HB payments to tenants of supported housing (specified accommodation) are met in close liaison with both strategic and operational housing and homelessness colleagues
- DWP staff understand supported housing residents' eligibility for HB.

It was noted that Discretionary Housing Payments (DHPs) could be used creatively to address a number of short term financial problems faced by claimants (in particular, see *Working with the Private Rented Sector* below). Practice varied across districts, but at least one HB team regard the Housing Options team as a trusted source and will make DHPs whenever asked in respect of an eligible claimant. DHP budgets have increased and can be topped up from General Funds if necessary. Whilst there is a cost to this, at least one respondent talked about it being money well spent if it avoided the higher costs of homelessness.

## ***Theme 2 - Responding to the Shortage of Social Housing***

One of the major themes identified was the shortage of social housing across the three districts. Leaving aside the issue of supported housing (see below) two main issues were identified:

- Challenges around development of new social housing, primarily in partnership with Registered Providers
- The importance of ensuring that the right amount of social housing is allocated to people who are homeless or at risk of homelessness.
- Our sister project looking at the needs of under 35s identified a shortage of 1 bedroomed stock in general needs social and supported housing.

With regard to new social housing development, respondents expressed a preference for working with established, partner Registered Providers. Relationships with these had been

built over time and values were seen as broadly shared. However, there was a view that established partners had become slow to respond to the current shortages and to develop new housing in sufficient quantities. These partners had been pro-actively invited to identify the contributions they could make to help address the current shortfall in provision. However, they were also seen as very risk averse, for example when considering their management role when properties have been developed under Section 106.

Alternative partners had presented themselves in some areas but were seen as an unknown quantity. Reference was made to profit-making Registered Providers who were keen to negotiate. In many ways, these Registered Providers were seen as having the potential to be more dynamic in terms of development. However, concerns were expressed around:

- The lack of established relationships
- The extent to which core values were shared
- The precise nature of any “deal” between the Registered Providers, the Council and any other interested parties such as managing agents
- Assurances that properties would remain affordable in the long term.

It was clear that these issues needed to be explored in more detail, building on the experience of council officers who had the most experience in this area. It was also clear that the very positive established relationships with “traditional” partners should continue to be nurtured and these partners pro-actively invited to identify the contributions they could make to help address the current shortfall in provision.

As regards lettings to homeless people, some concerns were expressed around:

- Lettings policies that did not always allocate homes to those most in need
- Difficulties facing vulnerable people who have to engage on-line with choice based lettings schemes
- Lack of “direct access” for support agencies to Registered Provider lettings
- The perception that eligibility tests appear to be being introduced in the social housing sector, as in the private sector, and homeless people were now required to have a good track record as tenants and be in a sound financial position
- Lack of support to homeless people who take up tenancies – noted as a particular gap in provision.

It should be emphasised here that relationships with Registered and In House Providers were generally seen as positive. It was also recognised that “sustainable communities” approaches to lettings, which sought to balance numbers of more or less vulnerable residents in neighbourhoods, were at least arguably valid. Discretion could also be exercised, with homes being allocated urgently to people with complex needs in some cases. However, there was a general sense that lettings policies should at least be kept under review, to ensure maximum impact on the success on the councils’ homelessness strategies and ongoing partnership working in relation to the contribution RPs can make to helping meet the objectives in the strategies. It might also be possible to negotiate “risk sharing” arrangements whereby Registered Providers agree to accommodate former rough sleepers and other formerly homeless

**The Nottinghamshire Social Housing Forum:**

Registered Providers operating in Nottingham City play a key role in identifying and working with households who may be homeless or at risk of homelessness.

The NSHF is always seeking opportunities to work collaboratively with local organisations and bodies to improve the housing outcomes for citizens. In particular, the NSHF focus upon activities that will:

- Improve the health and wellbeing of citizens
- Ensure those with limited finances have access to social housing
- Work collaboratively to improve the neighbourhoods in which we serve
- Work to sustain tenancies
- Improve financial resilience of tenants

Social Housing providers are keen to intervene as early as possible and mitigate any costly and resource intensive action managing rent arrears. Therefore, early intervention and identifying those at risk as early as possible is a primacy to our early intervention work.

With social housing in short supply, coupled with the introduction of the V-RTB pilot, the introduction of Universal Credit and the spike in homelessness and use of B&B accommodation, social housing is becoming a commodity of very high demand.

**Pledge of the Nottinghamshire Social Housing Forum (2018-19):**

Members of the NSHF are keen to ensure those who are in need of social housing, can access social housing, without barriers, particularly onerous financial expectations that some vulnerable applicants cannot meet. Members are also keen to avoid the costly and time-consuming process of enforcement action to evict tenants, therefore, a strong emphasis on informing and educating tenants is a key objective, whilst being clear on our offer as social housing providers.

It was clear that some homeless people need considerable support, to navigate through the system and access social housing. Furthermore, they clearly need the tenancy sustainment arrangements that are, to some extent, in place, to help ensure that their tenancies do not fail. However, lack of more intensive “floating support” was identified as a gap in services. This issue is examined below in the context of Housing Related Support provision.

***Theme 3 - Supported Housing and Housing Related Support***

Despite the focus of homelessness strategies on prevention, there will always be a need for temporary and emergency housing. This housing should be of good quality and support should be available. The government’s announcement on future funding of supported housing (see above) sets the context for respondents’ contributions in this agenda. Views varied, but can be summed up thus:

- The announcement is welcome in the sense that it lends some clarity on funding in the short and medium terms
- However, the announcement preserves a status quo that is in many ways unsatisfactory. In particular, it does not resolve the “commissioning” issues left in limbo following the demise of the Supporting People framework
- It does provide district councils with an ongoing opportunity to “fund” supported housing through payment of Housing Benefit for higher than normal (LHA) rents

- It confirms that, for the time being, HB teams will have a role in both payment of HB in respect of supported housing residents and interpretation of the “exempt/specified” accommodation rules that facilitate this.

It was clear that a significant amount of supported housing was being “funded” by the district councils using the exempt/specified accommodation rules. Respondents often described the provision as “non-commissioned”, to contrast it with provision funded by NCC under the legacy of Supporting People. Following the government’s announcement, the districts will now be able to confirm the medium term status of any existing provision. Furthermore, new provision may emerge on a non-commissioned or quasi commissioned basis.

It was clear that not all exempt/specified accommodation in all the districts was a product of strategic efforts on the part of the councils. Some had come into being independently - and in some instances there was some discomfort as to the levels of rent being charged. The government’s announcement arguably gives councils the opportunity to take a more strategic approach. Some councils elsewhere in England have talked about bringing all exempt/specified accommodation “within the tent” to ensure a dialogue with the council and opportunities for scrutiny.

In essence, the opportunity was identified for the following approach:

- Confirmation of the funding position of existing schemes
- Liaison between Housing Needs and HB teams on pro-active promotion of exempt/specified accommodation that will meet identified need
- Some quality control of exempt/specified accommodation that is ‘within the tent’, in anticipation of any government led measures
- A robust application of the rules to exempt/specified accommodation that is completely outside of any strategic engagement with the council or one of its partners.

This is not to say that HB teams can deny valid claims. However, a culture of co-operation can be fostered whereby most providers of exempt/specified accommodation are included in, say, local forums and strategic discussions.

This approach was seen as addressing another major issue identified by respondents. There was a wide spread view that HB funded supported housing (and other housing related support services sponsored by the districts) was not taken into account in County level planning and commissioning discussions. This sometimes resulted in:

- Confusion in forward planning
- Gaps in provision
- Lack of co-operation amongst different providers and different referral agencies
- Inconsistent referral routes
- Operational problems that resulted in poor outcomes for service users.

The quasi-commissioned approach described above would help to address these issues, by ensuring a much more forward planning approach and on-going service mapping. This would entail enhanced partnership working between district and county levels and ensure a mixed economy of provision over which council had at least some oversight.

The partial unravelling of partnership working arrangements that followed on from the end of Supporting People was also seen as affecting Floating Support. In this case, there was no way HB could be used as a source of funding. District Councils stepped in with a number of preventative approaches that were in many ways seen as very positive and effective.



However, the particular focus of Floating Support was seen to have been lost. There was a wide consensus that there is now a gap in services which provide housing related support to:

- homeless people taking up new tenancies in the social and private sectors
- existing tenants with support needs that have been placed in general needs rather than supported housing
- existing tenants who become or are at risk of homelessness
- People who have moved on from supported housing.

Given partners' stated policy intentions to promote preventative approaches, it was seen as critical that planning, commissioning and funding arrangements be put in place for Floating Support.

#### ***Theme 4 - Working with the Private Rented Sector (PRS)***

There was a clear view amongst respondents that there needs to be more access to PRS housing for people who are homeless or at risk of homelessness. This means working with and incentivising landlords and lettings & management agents. Furthermore, PRS tenancies ending is a major recorded cause of homelessness. Work needs to be done to ensure that tenancies are sustainable – and to better understand the underlying causes behind both no-fault and contentious evictions. Furthermore, national research suggests the welfare system is not providing adequate support.

It was apparent that the districts had all made efforts in this regard under their existing homelessness strategies. Some, like Mansfield's MARS initiative had attracted considerable publicity. However, it was generally agreed that a more coherent approach is needed that took account of current government policy on the PRS. Furthermore, there was a consensus that greater trust, confidence and good relationships need to be built. Specifically:

- More ways need to be found of sourcing properties owned by landlords who are willing to let to formerly homeless people referred by the council
- Tenants need to be confident that landlords and agents are fit and proper persons. They also need to be confident that property and management standards are acceptable
- Help needs to be available when the tenant moves in, to ensure that problems with references, deposits, fees, rent in advance, utility connections etc. do not get the tenancy off to a bad start. Support to the claimant with UC claims was seen as critical, alongside support for the landlord where they had queries
- Affordability needs to be addressed, by assisting new tenants with their UC claim
- Confidence in UC needs to be promoted, by working with lettings & management agents who already understand it and helping agents and landlords who do not
- Direct payments of UC to landlords/agents need to become more prevalent. Alternatively, tenants should be urged to use "separate pot" accounts (for example, see <https://www.thechangeaccount.com/>)
- Tenancy sustainment services need to be available, so that any problems with or risks to the tenancy that arise can be managed
- Where tenancies are ending, ways need to be found whereby any risk of homelessness is reported to the council. PRS tenancies ending is a major recorded cause of homelessness. Work needs to be done to ensure that tenancies are sustained wherever possible – and to better understand the underlying causes behind both no fault and contentious evictions.

Both carrot and stick methods were already in place to reduce levels of homelessness as a result of private rented tenancies ending - or had at least been tried. For example, in

Ashfield, a property licensing scheme was in force in one area. DHPs were being used to ease some of the financial pressures experienced by new tenants. Bond and rent deposit schemes were familiar concepts.

One, more structured approach was suggested by a respondent from a not for profit umbrella body for lettings & management agents. This was the development of the Social Lettings Agency approach that taps in to the experience of reputable agents in the PRS. Under the working title Social Lettings Partnership, joint working arrangements could be set up with one or more partner lettings & management agents. This approach is summarised in the table below.

<b>TASK/OBJECTIVE</b>	<b>RESPONSIBILITY OF COUNCIL</b>	<b>RESPONSIBILITY OF LETTINGS &amp; MANAGEMENT AGENT</b>
Identify suitable agents	Set up and promote a Social Lettings Partnership  Accredit and contract with SLP members  Working Protocol with accredited agents	Engage with Social Lettings Partnership  Contract with local authority  Working Protocol with local authority
Identify suitable landlords	Landlord forums etc, promoting the SLP  Accreditation to take account of SLP membership and incentivisation  Act on "rogue landlord" database entries	Engagement in forums  Sign up landlords to provide properties/lettings to the SLP  Help administer fit & proper persons arrangements
Fee structure for agents	Make funds available for payment of initial fees to agents  Consider "success fees" in respect of sustained tenancies?	Sign up landlords to provide properties/lettings to the SLP  Claim fees as per scheme rules
Incentive schemes for landlords	Make funds available for: <ul style="list-style-type: none"> <li>• Deposits</li> <li>• Rent in advance</li> <li>• Guaranteed rent</li> </ul> Offer trouble shooting services with regard to: <ul style="list-style-type: none"> <li>• HB</li> <li>• UC</li> </ul>	Pass on incentives to landlords as agreed  Deal with scheme administration  Deal with HB/UC liaison
Incentive schemes for tenants	Make funds available for: <ul style="list-style-type: none"> <li>• Furniture where required</li> <li>• Utilities</li> <li>• Other moving in costs</li> </ul> Offer trouble shooting services with regard to: <ul style="list-style-type: none"> <li>• HB</li> <li>• UC</li> </ul> Provide on-going support	Liaise with the landlord and assist the tenant  Liaise with support providers
Ensure properties are in good condition	Licensing to take account of SLP membership and incentivisation  Strategic liaison with Local Authority enforcement	Ensure compliance (e.g. through regular property inspections)

<b>TASK/OBJECTIVE</b>	<b>RESPONSIBILITY OF COUNCIL</b>	<b>RESPONSIBILITY OF LETTINGS &amp; MANAGEMENT AGENT</b>
Identify prospective tenants (vulnerable or reliant on benefits)	<p>Liaise with Local Authority Housing Options</p> <p>Assess PRS housing need and refer to scheme</p> <p>Develop Personal Housing Plan with tenant (HRA 2017)</p>	<p>Source landlord and properties for tenants referred</p> <p>Ask tenant to share their Personal Housing Plan</p> <p>Carry out Right to Rent checks</p>
Match prospective tenants to properties	Provide information on requirements to agent	<p>Agent to match tenants to properties owned by landlords who can/will accommodate vulnerable tenants/claimants</p> <p>Conduct viewings etc.</p>
References	Flag tenant as supported by the council – this may replace traditional referencing	<p>Source references via a recognised referencing firm (if appropriate and required)</p> <p>Help tenant to identify references/guarantors</p> <p>Take account of any specific support arrangements for tenants who might not “pass” traditional referencing</p>
Affordability of rent	Help tenant with benefits maximisation	<p>Carry out detailed assessment of affordability</p> <p>Help with UC claims etc. if required (e.g. access to IT)</p> <p>Promote Credit Union or Ark/Change Account membership</p>
Deposits	<p>Help tenant to access local rent deposit/guarantee schemes</p> <p>Use DHPs and other sources of funding creatively</p>	<p>Ensure deposits are properly accounted for and placed with approved schemes</p> <p>Engage positively with local deposit schemes</p> <p>Ensure CMP</p>
Tenancy Agreement	Provide/source pre-tenancy support	Ensure that a proper agreement is in place and that the tenant understands it
Move In	Practical assistance with the move (agree detail with agent)	Practical assistance the move (e.g. utilities - agree detail with council)
On-going tenancy support	<p>Support/source support for the tenant if required/ appropriate</p> <p>Help to resolve benefits problems</p> <p>Help with furnishing /equipment for new home</p>	<p>Ensure tenant is flagged as supported</p> <p>Identify any tenancies at risk and liaise with the council</p> <p>Liaise with the landlord to prevent evictions</p> <p>Ensure property is well managed</p> <p>Ensure repairs are carried out and any emergencies are dealt with</p>
Changes to tenancies	Liaise with agent if tenant is flagged as supported	<p>Deal supportively with changes (e.g. in sharers)</p> <p>Liaise with council if tenant is flagged as supported</p>

TASK/OBJECTIVE	RESPONSIBILITY OF COUNCIL	RESPONSIBILITY OF LETTINGS & MANAGEMENT AGENT
End of tenancy	<p>Liaise with agent if tenant is supported</p> <p>Refer tenant again if necessary</p>	<p>Deal supportively with end of tenancy</p> <p>Liaise with council if tenant is supported. Accept any re-referrals</p> <p>Help ensure tenant does not become homeless</p>

It should be borne in mind that the division of responsibilities set out above is purely illustrative. In practice, detailed agreements on who will do what could vary according to local needs and circumstances, but the overarching principle is one of joint working and early intervention.

Funding is available under the government's Rough Sleeping Strategy, by way of a £20 million Private Rented Sector Access Fund, which opened to bids in October 2018 and will 'support thousands of people facing homelessness to access or maintain tenancies in the private rented sector'. Funding may also be available to support the establishment of Local Lettings Agencies, to source, identify or provide homes and advice for those who are homeless or at risk of homelessness.

Services such as on-going tenancy support are needed to underpin the model. These build on existing initiatives such as the flexible resettlement service provided by the Mansfield and Ashfield Temporary Accommodation scheme.

It was also clear that DHPs had a potential role to play in both accessing accommodation and in reducing the risk of homelessness in the PRS. These could sit alongside financial help through bond schemes, deposit schemes and rent in advance. Credit Union client accounts could be a useful mechanism for managing payments. Incentives for/fees to landlords and agents could possibly be handled using this model.

The partnership approach could even help with early intervention in and understanding the causes of evictions. There would be an understanding that eviction would be a last resort (Think Before you Serve'), subject to minimising the landlord's losses. Any no-fault evictions could trigger sourcing of alternative accommodation. And in appropriate cases, a referral could be made to the council's homelessness team.

### ***Theme 5 - Addressing the Causes and Consequences of Homelessness***

Many of the discussions held with service users, providers and other stakeholders homed in on the causes and consequences of homelessness. This included discussion of upstream factors such as the uncertain economic resilience of the areas and the impact of low pay and unemployment. The impact of deprivation is discussed above and taken into account in the quantitative analysis. This section of the review concentrates on:

- The vulnerabilities often associated with homeless people, which both heighten their risk of experiencing homelessness and may be exacerbated by that experience. Discussions here often focus on subsidiary "client groups" (within the overall homeless or at risk of homelessness category) for example people who experience mental ill health
- The adverse life events that often trigger, or can be caused by, the experience of becoming homeless. These include trauma, relationship/family breakdown, domestic and other violence, abuse, offending and bereavement.

Most respondents felt that the needs of people who are homeless or at risk of homelessness are becoming more complex. However, it is important to bear in mind that the term “complex” is used differently by different agencies.

Nevertheless, the survey strongly suggests that respondents’ views about complexity of need have validity. Certainly, the correlation between mental ill health and substance misuse amongst the survey cohort was striking. Service users with dual diagnosis commonly experience difficulties in accessing the appropriate services. This contributes to the prevalence of that group amongst homeless people.

### ***Homelessness and Mental Ill health***

An important piece of context here was that respondents saw a shortage of services aimed at supporting people with mental health problems in the general population, which disproportionately affects people who are homeless or at risk of homelessness. People experiencing mental ill health are very vulnerable and, as such, poor mental health is both a cause and a consequence of homelessness.

The correlations between mental ill health and crime and drugs was also seen as apparent.

Another factor linked to homelessness was that, in many cases, families were unable or unwilling to support young adults with mental health problems for the long term. Sometimes, there was stigma around admitting that mental ill health was a factor in family problems, including family breakdown, but often families themselves were struggling to cope. This means that homelessness and housing needs come into sharp focus, as families disperse and support is needed for vulnerable family members.

Provision of suitable housing was also seen as important in:

- Ensuring that clients do not become institutionalised,
- Unblocking beds in hospitals that are needed for the most severe and urgent cases
- Reducing long term dependency on CAMHS

Provision of decent housing was seen as part of the recovery model, with lack of it being a serious risk to positive outcomes for clients.

However, it was also recognised that primary care providers in the NHS do not always think about the importance of decent housing in relation to treatment and recovery, or the risks associated with insecure housing or homelessness. Under the HRA 2017, duty to refer is not mandatory for GPs. It would be worth considering some kind of voluntary arrangement, linking in with emerging practices around social prescribing. It is also important to build strong links county wide in pursuance of the clearly stated ambitions in the Nottinghamshire JSNA and the Nottinghamshire ‘Memorandum of Understanding - supporting joint action on improving health through the home’.

Furthermore, some hospitals are very risk averse when it comes to discharge. More awareness of housing options would be useful here, as would clear protocols for ensuring that discharged patients are not placed at risk of homelessness. Support post-discharge was seen as essential.

Lack of suitable supported housing was identified as a gap. Hostels and council Temporary Accommodation were not seen as suitable for clients with mental health problems. Instead, good quality supported housing specifically for this client group is required. When clients move on to independent living, support needs to be available. A move to independent living can be a time of crisis for people with mental ill health, leading to heightened risk of

homelessness. There is a small number of mental health specific supported housing places, but housing departments cannot nominate into these.

Pathways into supported housing needs to be clearer for this client group. For example, many people in the “homeless pathway” have mental health support needs (circa 50% of those living in supported housing). Furthermore, many people in the health service facing the “mental health pathway” may be at risk of homelessness. Joint funding, as well as joint commissioning of services may be part of the solution. The County Council, the NHS and the District Councils could come together in the context of emerging Integrated Care Service approaches and through the emerging Prevention, Person and Community Centred Approaches ICS work-stream.

### ***Homelessness, Disability and Physical Ill health***

The survey of support needs suggests that a significant number of homeless people are disabled. Respondents confirmed that homeless people – and particularly rough sleepers – are likely to experience significant physical health problem, with many ending up in hospital. Many will also be facing up to long term conditions.

Hospital discharge was, therefore, seen as a key issue. For example, at King's Mill Hospital in Sutton-in-Ashfield, referrals can be made to a dedicated team (ASSIST) by health and social care practitioners who identify patients with a housing or social care need. The team brings together staff from the District Council, Nottinghamshire County Council, Sherwood Forest Hospitals NHS Foundation Trust, Mansfield and Ashfield Clinical Commissioning Group and Nottingham Trent University (NTU). They then work with the District housing departments to find solutions that enable these patients to leave hospital safely. The alternative would be for patients to remain in hospital, thereby taking up much-needed bed spaces.

Specifically, the scheme works to:

- Speed up hospital discharge
- Prevent hospital re-admissions
- Source alternatives to residential care
- Provide access to a 24/7 service
- Use housing stock to meet local need
- Fast-track repairs to properties
- Provide key safe installation and minor adaptations
- Install lifeline and telecare
- Prioritise the letting of existing adapted accommodation
- Use temporary accommodation and respite units (funded by Nottinghamshire County Council ) to facilitate discharge
- Access food banks and furniture projects as needed
- Support the hospital's Emergency Department 'front door' by engaging with people who have a social need and freeing up hospital staff to deal with emergencies
- Support discharged patients in the community.

Since its inception in October 2014 up to January 2017, it has helped well over 2,000 patients. However, it has faced challenges with supply of suitable affordable housing. It is important going forward that suitable social and PRS housing is identified pro-actively, so that positive discharges are not put at risk. For example, ground floor or otherwise accessible accommodation is often required.

Issues such as utility connections and suitable furniture also need to be taken into account. Furthermore, many discharged patients at risk of homelessness will also need floating support to enable them to sustain their tenancies. Any referrals to supported housing will need to take account of physical health needs. The survey of support needs suggests that too many disabled people may be ending up in hostels and temporary accommodation.

Another development reported by project contacts entailed health care workers from Sherwood Forest Hospitals bringing their clinics to the streets, in order to help the homeless population. Under this initiative, doctors, nurses and dentists from across Sutton in Ashfield and Mansfield provide on-site help to homeless people (and people at risk of homelessness) visiting the Bridge Street soup kitchen in Mansfield. People accessing the service can have had wounds checked and re-dressed by a specialist nurse, speak to a GP and practice nurse or be vaccinated against flu. They can also receive an oral check from a dental volunteer, get advice from a sexual health specialist, see a dietician and find out more about free eye checks available through Ashfield Eyecare Services.

This initiative was taken by Sherwood Forest Hospitals, as the Trust know how difficult it can be for people living on the streets to access GP services or visit a hospital when they need care. Some have skin wounds and injuries on their legs that get worse as they either cannot get to a hospital or GP practice, or are too fearful to attend. The aim is to take health care out to homeless people in an environment that is comfortable for them, enabling them to access the right health services when they need it. The intention is that the provider will work in close liaison with other agencies such as outreach teams and that the service will be open to all who need it, without the need for formal referral arrangements.

It is important to bear in mind that provision of this service, in conjunction with volunteers at Bridge Street, has been an operational decision by management at Sherwood Forest Hospitals and it not separately funded or commissioned. Respondents were of the view that, if the long term viability of the service needed to be ensured, it would need to be formally commissioned. Under a commissioned model, there would be scope to replicate the service in other urban centres. It would also be possible to include mental health services in the initiative.

### ***Homelessness and Substance Misuse***

The associations between homelessness and substance misuse were widely recognised by respondents. In Nottinghamshire, a County wide contract is in place to provide a wide range of adult substance misuse services. This contract is funded by the County Council and the Police & Crime Commissioner (PCC) and its contribution to homelessness prevention is fully embedded and integrated, with staff being co-located in hubs covering all three districts. Service providers and stakeholders saw substance misuse as both a cause and consequence of homelessness. For example, they saw a close association with family and relationship breakdown. Intervening in risky situations was made difficult by the stigma associated with substance misuse. Substance misusers were often regarded as “undeserving” of help, even by their own families.

So, services need to reach out to substance misusers. They need to be pro-active and community based, as they are in the hubs, where community safety and prevention of eviction services also feature. They also need to reach rural areas – not all clients can make the journey to one of the main centres.

Lack of appropriate supported housing was seen as one of the main risks to successful outcomes in this area. The main provider was keen to stress that this was an assessed need by them, not a general impression. There appeared to be a serious shortage caused by the

demise of the Supporting People programme. The shortage was causing out of area moves and use of inappropriate accommodation, undermining treatment plans.

General needs housing with floating support was not seen as a valid alternative. Neither was “general purpose” supported housing. The concentrations of substance misusers building up in hostels and temporary accommodation was undesirable, for the clients themselves and others living in the schemes. Hostels and temporary accommodation schemes are not a positive environment for substance misusers or those who live with them.

Dedicated supported housing was seen as a firm platform from which clients could start to get involved in meaningful activity. The main provider reported that 30% to 32% achieved this, against target of 25%. The next steps could be employment and move-on into social housing or the PRS.

### ***Homelessness and Offenders***

The correlations between homelessness, substance misuse and offending were highlighted across the whole spectrum of stakeholders. Furthermore, specific systemic issues seemed to be putting offenders at heightened risk of homelessness, especially when leaving prison.

It appears that Offender Managers are not getting early enough information when an offender is going to be released to no fixed abode. At the very least, they should be notified no less than six weeks before the release date, but in practice are not finding out until much nearer to the release date, in practice, being notified just as the offender is about to leave prison. Offenders are also told to go to council and declare themselves homeless, with the suggestion that they will have some priority, which is usually not the case. There is little consistent liaison with Offender Managers.

The “Through the Gate” scheme which has been set up to deal with this issue is not present in all prisons. Furthermore, staff turnover in that service has been a problem. The HRA 2017 does not seem to have had any positive effect yet. However, National Probation Service relationships with the district councils are good and efforts are being made to prevent homelessness.

Sourcing of accommodation is always a problem, especially since the demise of Supporting People, which had a legacy from the old Probation Accommodation Grants (PAGs) regime. Certain types of offenders are very difficult to house and require creative solutions and commitment from all parties. Hostels are full and there is now no local dedicated accommodation since the closure of a Stonham service. This was seen as a big gap.

PRS accommodation was a difficult option. Even if a landlord could be persuaded to take an ex-offender, UC problems made it very difficult for clients with no bank account. Access to general needs social housing could be complicated by lack of local connection and lack of offers through choice-based lettings. All this heightens the risk of revolving door re-offending and heightened risk of rough sleeping.

### ***Homelessness and Vulnerable Young People***

The needs of vulnerable young people in Ashfield have been the part-focus of a “sister” project, carried out by Homeless Link that has run parallel to this review.

As highlighted above, Ashfield has a more significant problem with Youth Homelessness both in terms of the numbers of people under 35 approaching the Council for homelessness advice and assistance and in the proportion of the under 35s population.



The following findings are drawn mainly from Newark & Sherwood. However, the comments made are of wider relevance regarding joined up partnership working.

Respondents described how both non-commissioned and commissioned services were present in the district. This has caused a few difficulties at both the strategic and operation levels. It appears that County level discussions on how to meet the needs of vulnerable young people do not fully embrace non-commissioned services in Newark & Sherwood, even though all authorities place people at the service. Effective service delivery has been maintained due to good relationships amongst front line staff, despite these difficulties.

It was clear that this was indicative of a wider problem in planning of services and referral to services. Non-commissioned, quasi-commissioned, independent and voluntary services all contribute to efforts to tackle homelessness. It is essential that their contribution is taken into account in planning, commissioning and operational discussions and are seen in the future as part of a wider mixed economy of provision.

More concretely, it seems that young people living in commissioned supported housing may be missing out on what the non-commissioned sector has to offer, as this sector has fewer boundaries on permitted activities. This includes a wide range of services addressing training, education, fitness, health and cultural needs. Furthermore, agencies risk working with the same clients without effective communication on support planning. This is both wasteful and potentially unhelpful in terms of achieving positive outcomes.

It is important to note that the work of the non-commissioned services is supported by the districts. As the housing authority, the district might be characterised as a “quasi-commissioner” in this context. Services are fully utilised and working to a district “agenda”. They are responsive and making a key contribution to addressing homelessness and rough sleeping and this relationship would perhaps benefit from being formalised.

Specific needs for young people included:

- Services up to the age of 25
- Joining up with domestic violence services
- Mother and baby provision
- Help with the transition from children to adult services, especially in the area of Mental Health
- Prevention of relationship and family breakdown.

The need for move on accommodation was seen as pressing. Some young people moving on are placed in “Band 2” rather than “Band 1” for lettings purposes. This is proving to be a barrier to effective move-on.

Similarly, work needs to be done about “revolving door” clients who have a poor track record in general needs tenancies. For example, arrears from a previous failed tenancy should not bar them from being given another chance within a reasonable time-span.

Stakeholders told us that supported housing arrangements work well for young people leaving care and there is good practice in respect of the Care Leaver Protocol across Nottinghamshire. There is a risk when the young person reaches 25 and hits the ‘cliff edge’ of support being withdrawn. There is also an issue where a care leaver ‘falls out’ of the system before 25 and doesn’t realise they can return and ask for support.

There was however a knock-on concern that young people who are vulnerable and who have support needs but are not care leavers find it more difficult to access support and supported housing.

## ***Homelessness and Domestic Violence***

It was clearly recognised by all respondents that domestic violence is a major cause of homelessness, or heightened risk of homelessness. A wide range of co-ordinated housing, support, social care, health and justice services are needed to address it. As one respondent put it *“lives are destroyed/disrupted by domestic abuse. Confidence becomes low; other vulnerabilities are exacerbated”*

In the context of this review, respondents talked about two main areas:

- Efforts to prevent domestic violence from resulting in homelessness
- The provision of refuge accommodation in an emergency and/or where other accommodation options (including staying at home) were not available

Agencies such as NIDAS were involved in upstream preventative work. They are an Independent, lottery funded provider who play a key role alongside statutory and commissioned services. Part of their work is to identify cases where domestic violence is placing a woman at risk of homelessness. An average of eleven cases per week are identified where housing is an issue.

The approach is to respond to the particular need of women and their families. Working across all forms of tenure, options include:

- Enabling the victim and their family to stay at home, safe from the perpetrator
- Helping the victim to leave the area if that is the only safe solution
- Referring to refuge provision when necessary
- Ensuring that children are safeguarded
- Signposting to relevant services
- Help with legal process, courts etc.
- Help with parenting/coping in general.

NIDAS works closely with local Homelessness Teams. This supports initiatives to provide hands on support to victims and work with police, refuges and hostels. The aim is to intervene early, for example by securing benefits immediately, getting restraining orders against perpetrators, putting clients in touch with a solicitor and planning for permanent re-housing straight away. It was during this “golden nugget” time slot that the most effective interventions could be made.

A risk to the success of this arrangement was the need to obtain secure funding for non-commissioned providers such as NIDAS. Voluntary sector partners were embedded into partnership working and were seen as essential to the success of joint working and were also seen as an essential source of expertise and training.

However, despite the best preventative measures, there was agreement that refuges would always be needed. The important point was made that hostels and temporary accommodation are not suitable environments for women escaping domestic abuse. Furthermore, children can be traumatised by the hostel/temporary accommodation environment.

The refuge accommodation located in the district council areas provide the following services:

- Children’s worker in each refuge
- Personalised safety plans

- Liaison with MARAC re: high risk cases
- Liaison with hubs re– medium risk cases
- Self, agency and national network referrals
- Liaison with council housing and homelessness teams
- Liaison with Social Services, especially regarding children who might be taken into care
- Access to the WAIS helpline

Women will be supported to move back home with or without the perpetrator in situ, where it is safe to do so. Alternatively, they will be helped to move on to a new home, out of area, depending on individual need, circumstances and risk.

Men who are victims of domestic abuse are helped by an organisation called Equation. Trans people will be accommodated in refuges if they present as a woman. Male children up to 18 will be housed unless they are a problem to the resident group. One refuge has a move-on house that can be alternative provision or help with preparation for independent living. Only one refuge will take women with complex needs.

A service gap was identified in respect of women with no recourse to public funds. Social Services only have to provide funding in these cases if there are children involved. Women from this group can end up with No Fixed Abode or Rough Sleeping, as they cannot take on a tenancy funded by HB or UC.

Appropriate move-on provision was identified as an important factor for this group. A choice of location and type of accommodation was seen as important, if women and their families are to continue to be safe after a stay in a refuge. Some districts are more co-operative than others in terms of re-housing of women who have come from other areas, even though this is a nationally recognised cross-boundary issue.

### ***Theme 6 - Reducing the Impact of Homelessness on the Community***

It was clear from the evidence collated as part of this review that homeless people were often regarded as part of the local community, not problematic outsiders. However, there were issues around managing realities and public perceptions around:

- Rough Sleeping – which has become entrenched in several local areas, although the numbers involved are relatively small
- Street activity - such as begging and anti-social behaviour, which are seen as being associated (often erroneously) with homeless individuals
- Substance misuse (including misuse of previously legal highs –now called New Psychoactive Substances (NPS) - and drugs such as Mamba)
- Crime and fear of crime – where perceived risks correlate with the extent to which undesirable street activity is present in town centres and other neighbourhoods
- People coming from other areas because of the good support network (Mansfield).

Some people are sleeping rough in the area as a consequence of homelessness. Others are on the streets even though they have accommodation. This is despite much effort from the District Councils and their partners, including Community Safety Teams and the Police.

Furthermore, there was evidence that some members of the public do not share respondents' inclusive views about homeless people. Some people appear to view street

active individuals as wilfully anti-social and undeserving of support. A view is held by some that the problems experienced by rough sleepers, substance misusers and other visible groups are self-inflicted and that they are at fault.

This conflicts with the consensus amongst policy makers and providers that vulnerable people need to be supported, without undue focus on moral culpability an approach that challenges the perception that rough sleeping is 'a lifestyle choice'. In general, respondents took the view that it was more effective (and indeed less costly) to support the street active into a less chaotic lifestyle. Thus, support should be (and indeed is) provided, with measures such as arrest being a last resort. For example, in Mansfield, multi-agency approaches are in place across council departments as well as the Police, the NHS, NCC Social Services and NCC commissioned services. These measures aimed at management of rough sleeping and other street activity related issues are highly developed and well organised.

The challenge is that rough sleepers and others might actually be attracted to the area by such services. The view was expressed that a balance needs to be struck between addressing local homelessness needs, assisting homeless people who are on the move through the area and meeting reasonable expectations around community safety.

Respondents from faith groups and other voluntary agencies that help the homeless were familiar with this argument. They were aware that voluntary services such as soup runs, drop-ins, provision of meals, provision of tents and sleeping bags etc. could be seen as "sustaining people on the streets". However, they were of the view that their response was a humanitarian one and that the needs of rough sleepers needed to be met as a matter of urgency. Only once enough beds were available to ensure that no-one need sleep rough on any given night would a "tougher" approach be appropriate.

Efforts to co-ordinate the work of the voluntary and community sector with that of statutory and commissioned services are in place. Issues were openly discussed at local forums. Whilst agreement cannot always be reached, dialogue is positive and at least views and concerns were shared in an open and honest fashion.

Where housing needs were central to helping an individual, there was a view that Personal Housing Plans needed to mesh with wider support planning. In effect, PHPs need to be tailored to the needs of the different client sub groups. Vulnerable people need integration into community, not just a roof over the head. Issues such as mental ill health, social exclusion physical and financial problems should be addressed alongside accommodation requirements.

There was also a view that peer to peer support networks could be built up, utilising the experience of those who have been through the homelessness process. This could help rough sleepers to build trust in professionals and respond positively to interventions.

### ***Theme 7 - Improving Customer Services for People who are Homeless or at Risk of Homelessness***

Discussions around this theme centred on implementation of the HRA 2017 and whether it had made any noticeable difference since coming into force on 1 April 2018. The overarching point made was that the HRA has the potential to usher in a more personalised, customer focussed approach to meeting the needs of homeless people and those at risk –to effect a culture change in the approach taken to people seeking support from the Council.

Given how recently the HRA came into force, it was perhaps unsurprising that many respondents said:

- It had not yet made any visible difference
- There were no more “housing options” on offer than before
- The increase in resources given to councils to fund the burden of HRA administration were insufficient
- There were unresolved problems with data sharing
- There was a lack of clarity about at what stage of the process Local Connection should be raised

Many respondents discussed the Personalised Housing Plans that are agreed with all eligible people who present to the council as homeless or at risk. Issues raised included:

- The lack of visibility of PHPs to agencies involved in supporting the client
- Support agencies’ lack of involvement in development of PHPs
- The narrow scope of PHPs where clients had other support needs or vulnerabilities (for example has been victims of domestic abuse)
- Difficulties with “consent” by the client on sharing of PHPs- is it routinely sought?
- Poor understanding on the administrative processes around PHPs

Lack of sector wide understanding was causing confusion. For example, some respondents PHPs were “portable” and could be shared on line with support provider. The perception that few support providers had seen any PHPs was perhaps due to the newness of the process. It seemed possible that some clients (including those with poor computer literacy) did not even realise that had a PHP at all – let alone an on line PHP.

In any case, there was a prevalent view that a PHP needs to be a shared document, subject to the right consent being given by the client. PHPs need to be of value to both “priority need” and non-priority need clients. It was noted that non-priority clients are still asked to return to the council after their first appointment. It is perhaps worth considering if this is useful.

One risk identified was the sheer increase in workload that the HRA might result in. If a wider cohort is to benefit significantly from the HRA:

- Signposting to other agencies (for example those helping with access to the PRS or social housing) will need to be handled efficiently and effectively and should only be used purposefully- where the agency can offer real options
- Good working practices will need to be shared across the three districts
- Information sharing difficulties will need to be resolved
- Very vulnerable groups, like rough sleepers who have been persuaded to present will need special attention. Some people will need to have the support taken to them, rather than be expected to attend an appointment
- Training across the board to work in a more-person-centred way to effect the culture change embodied in the ‘spirit of the Act’ and to have consistency across the districts.

Another key issue was statutory agencies’ “duty to refer”. This was beginning to have an impact, with the DWP in particular making steady referrals. This was seen as important as:

- Problems with UC can increase risk of homelessness
- Many UC claimants are in any case from at risk groups. If they need support with UC, they are highly likely to need support with housing
- It capitalises on the co-location of many DWP and council offices, making a holistic approach to homelessness prevention possible.

As duty to refer becomes better embedded, some respondents thought that administrative processes would need to be clarified, perhaps through a Co-ordinator role. Potentially there should be one route only for duty to refer, which would ensure consistency of approach and robust data. It could also embrace agencies such as the Police who are not mandated under duty to refer.

This was echoed by those who thought that, at present, the focus is still on relief not prevention. For example, they thought the new “56 day” rule was being seen as an administrative change and not an opportunity for earlier and more creative intervention. In general terms, there was a view that “cultural change” was needed. The resources required to increase the level of engagement with clients should be seen as an opportunity for sustainable PHPs to be developed. All agencies, not just the councils, had a role to play in making this work.

#### **Bournemouth: Duty to Refer Coordinator**

Following the introduction of the Homelessness Reduction Act's Duty to Refer on 1 October 2018, Bournemouth Borough Council has received 94 referrals from those at risk of rough sleeping leaving prison over a seven week period. The council has a Duty to Refer Co-ordinator funded through the RSI who acts as a single point of contact for cases that are referred, linking in with prisons and hospitals across the area to make sure that the duty is operating effectively.

Specialist Homeless Health GPs in Bournemouth now register offenders 14 days prior to their release from prison. This will allow an earlier, more focused picture of both current and historical health, allowing GPs to have a more meaningful dialogue with health professionals based in the prisons and help offenders to continue on their path towards rehabilitation.

From release, a clear pathway connects ex-offenders to broader health services, ensuring that fewer vulnerable people are being released onto the streets with nowhere to stay.

### ***Theme 8 - Improving the Data Available to all Relevant Agencies***

It became clear during the project that, whilst homelessness data was readily available from each district council, the specific information needed to populate the quantitative needs analysis was more challenging to obtain. This was despite current efforts aimed at developing a countywide Homelessness Strategy.

Better data is needed to inform planning at all levels. A wide range of agencies hold data about homeless people (e.g. on care leavers, substance misusers, National Probation Service clients, CRC clients, patients on Hospital discharge, supported housing tenants, temporary accommodation residents etc) and did not report into any central point to monitor/track performance against the aim of reducing homelessness.

The picture was mixed thus:

- Pre-HRA P1E data was readily available, to facilitate (but not go beyond) comparisons with the previous years covered by existing Homelessness Strategies. P1E data will only provide information on those accepted as statutorily homeless
- Post-HRA H-CLIC data was available and had the potential to be valuable in the future but is currently not in an easy to use format, with bespoke reports being needed to inform this study. Consistent interpretations are needed if comparisons across districts are to be usefully drawn

- Wider contextual information on the client sub groups within the homeless category was available, but had not been collected or analysed with quantification of homelessness needs in mind
- The success of prevention initiatives not recorded with the P1E or H-CLIC systems was hard to gauge - not least because evidencing “avoidance of adverse events” is inherently challenging. But is critical to evidence effectiveness under the HRA
- A lack of consistency because of the newness of the H-CLIC scheme meant some comparisons were difficult

The need for a centralised repository for specified, collated and analysed data became clear, as the task of evidencing need would be eased considerably. It would enable, for example, councils to collect and act upon operational data, whilst ensuring its availability to the wider “system”. It would enable the multiple stakeholders involved in tackling homelessness to provide regular information in a consistent format. It would enable effective planning and commissioning of services. However, some overarching entity would need to take responsibility.

A solution may lie in the creation of Homelessness Reduction Boards, as mooted in the government’s Rough Sleeping Strategy Delivery Plan (Dec 2018). These Boards would require infrastructural support, of which data collation and analysis could be one function.

In the shorter term, it might be worth considering making the Survey of Support Needs an annual exercise. This would be particularly useful if helping to assess the impact of homelessness strategies on, say, length of stay in supported housing.

H-CLIC should improve data collection and be a big improvement on previous P1E – once the glitches have been resolved. This data could be used for future needs modelling. Partners should at least ensure that the kind of data required for the quantitative analysis carried out as part of this project is available.

## **11 Tackling Homelessness in Partnership**

There are already a number of positive approaches to tackling homelessness in place across the three mid-Nottinghamshire districts. However, there is a need for statutory and voluntary agencies, commissioners, facilitators and providers to work together more effectively, in partnership. More structure needs to be given to partnership working arrangements, as these have unravelled since the demise of Supporting People. For example, partner housing agencies (Registered Providers) should be involved at the strategic level in identifying and delivering solutions to the key issues identified in this review.

Of particular interest here is the consultation being carried out about the proposed introduction of Homelessness Reduction Boards, highlighted in the Government’s Rough Sleeping Delivery Plan. This could be a positive and contemporary model for addressing homelessness across the mid- Nottinghamshire area – and indeed County wide.

Whilst new frameworks of governance and accountability are put in place, existing inclusive forums need to continue and embrace both the county and district authorities. The footprint of the ICS and criminal justice services needs to be taken into account here.

Operationally, practitioners could be helped by initiatives such as a centralised live vacancy system, promotion of services and directories that clearly set out access criteria. Gate

keeping should not become a barrier to effective working. Planning and commissioning needs to take account of the full range of existing and potential services and the market seen in its entirety in future planning.

There is a wide range of commissioned, quasi commissioned, independent and voluntary services in the area. Services specifically aimed at homeless people need to be viewed alongside other services which can help homeless people, providing they can access them. Perhaps most importantly, service users need to be aware of the services available to them – and supported to engage with them in a positive fashion.

## 12 Next Steps

A “long list” of recommendations based on the findings of this review is set out below. These findings will be used to inform the Homelessness Strategies, of Newark & Sherwood, Mansfield and Ashfield District Councils (2019-2024). The review and related strategies will also be used to facilitate multi-agency action planning, led by the Joint Homelessness Interagency Forum.

### “LONG LIST” SUMMARY OF RECOMMENDATIONS

#### Responding to the Quantitative Analysis

- Review service levels against these estimates of need

Type of Service Required 2019-20	Ashfield	Mansfield	N & S
Prevention of homelessness through advice, assistance and mediation etc	59	59	45
Tenancy sustainment / resettlement support	76	100	62
Access to alternative affordable accommodation	306	391	274
Housing First level support	14	22	10
Crisis Accommodation	30	50	33
Supported Housing	54	70	43
Refuge Accommodation	3	4	3

#### *Theme 1 - Reducing the Impact of Poverty on Homelessness*

- Encourage people to save with Credit Unions
- Support people with budgeting and debt, ensuring the availability of competent informed advice
- Ensure that benefits (including in-work benefits) are fully claimed and efficiently and effectively delivered to claimants
- Ensure that one off help with the particular housing related financial difficulties faced by homeless people and those at risk is available when needed



- Ensure that UC claimants:
  - have access to IT and support to use it
  - get emergency funding while they wait for their money
  - do not get sanctioned, without due regard to the danger of triggering the kind of financial crisis that can cause homelessness
  - have direct payment to landlords is fully facilitated.
- Consider setting up a Universal Credit Co-ordinator Role
- As regards Housing Benefit, ensure the councils and the DWP continue to work closely together in the interests of claimants, building on the advantages of co-location where possible
- Ensure that continued responsibilities for HB payments to tenants of supported housing (specified accommodation) are met in close liaison with both strategic and operational housing and homelessness colleagues
- Use discretionary Housing Payments (DHPs) creatively to address a number of short term financial problems faced by claimants
- Support tenants in arrears to pro-actively address this with landlords

## ***Theme 2 - Responding to the Shortage of Social Housing***

- Forge new partnerships with profit making RPs, building on the knowledge of council officers who had the most experience in this area
- Continue to nurture relationships with “traditional” RP partners
- Negotiate “risk sharing” arrangements whereby Registered Providers agree to accommodate former rough sleepers and other formerly homeless people. This could perhaps be built on the work of the Nottinghamshire Social Housing Forum
- Support people to navigate through the system and access social housing
- Build on the tenancy sustainment arrangements that are to some extent already in place, to help ensure that social tenancies do not fail
- Provide more intensive “floating support”
- Recognise that support services do not all need to be high level but that clients must be able to return to ask for support if a problem occurs
- Work pro-actively with RPs to prevent evictions where possible
- Work pro-actively with RPs to prevent tenants from building up a poor track record. Broker deals with RPs whereby tenants with poor track record will be given further chances
- Review allocations policies and specifically the banding of people who are homeless and people who require move on from supported housing.

### ***Theme 3 - Supported Housing and Housing Related Support***

- Resolve the “commissioning” issues left in limbo following the demise of the Supporting People framework
- Take advantage of the ongoing opportunity to “fund” supported housing through payment of Housing Benefit for higher than normal rents
- Confirm that, for the time being, HB teams will have a role in both payment of HB in respect of supported housing residents and interpretation of the “exempt/specified” accommodation rules that facilitate this
- Ensure liaison between Housing Needs and HB teams on pro-active promotion of exempt/specified accommodation that will meet identified need. Ensure the DWP also engaged in this debate to avoid the pitfalls currently occurring for those on UC
- Enable new provision to emerge on a non-commissioned or quasi commissioned basis
- Ensure some quality control of exempt/specified accommodation that is ‘within the tent’, in anticipation of any government led measures. This could be based on self-assessment/certification
- Ensure a robust approach to exempt/specified accommodation that is completely outside of any strategic engagement with the council or one of its partners
- Include providers of exempt/specified accommodation in local forums and strategic discussions
- Address the gap in services which provide housing related support to:
  - homeless people taking up new tenancies in the social and private sectors
  - existing tenants with support needs that have been placed in general needs rather than supported housing
  - existing tenants who become at risk of homelessness
  - people who have moved on from supported housing.
- Ensure that planning, commissioning and funding arrangements are put in place for Floating Support
- Monitor length of stay in temporary accommodation to ensure it does not increase
- Bring more TA into management where appropriate
- Monitor length of stay in Supported Housing against the assumption of 8 months used in the quantitative analysis
- Ensure that the needs of substance misusers living in supported housing are met
- Improve and monitor reporting of alcohol support needs in supported housing
- Ensure the mental health support needs of those living in supported housing are met
- Increase the amount of supported housing for people with mental health problems
- Ensure the needs of those with dual diagnosis living in supported housing are met

- Clarify the pathways into supported housing for those coming out of prison including improved working relationships with 'Through the Gate' service
- Improve the monitoring of and support to those living in supported housing who are engaged in street activity
- Ensure that people living in supported housing who are not in paid work are engaged in a wide range of other activities
- Develop move on plans as in line with the SOSN and other feedback
- Provide more housing choice for those moving on from supported housing. Provide more support to those moving on
- Maximise the availability of Local Authority/Registered Provider move on accommodation with Floating Support
- Ensure that people being discharged from hospital with long term mobility problems are allocated appropriate accommodation
- Carry out the SOSN on an annual basis to inform the above.

#### ***Theme 4 - Working with the Private Rented Sector (PRS)***

- Ensure people who have been given NTQ/NRP in the PRS report this to the council
- Avoid encouraging tenants to cling on to properties once they have had an eviction notice served, as this means they will build up arrears and a poor track record
- Work pro-actively with PRS agents and landlords to prevent evictions where possible
- Discourage agents and landlords from applying "no DSS" rules
- Find more ways (including leasing) of sourcing properties owned by landlords who are willing to let to formerly homeless people referred by the Council
- Enable tenants to be confident that landlords and agents are fit and proper persons and that property and management standards are acceptable
- Ensure help is available when the tenant moves in, to ensure that problems with references, deposits, fees, rent in advance, utility connections etc. do not get the tenancy off to a bad start
- Affordability needs to be addressed, by assisting new tenants with their UC claim
- Confidence in UC needs to be promoted, by working with lettings & management agents who already understand it and helping agents and landlords who do not
- Direct payments of UC to landlords/agents need to become more prevalent. Alternatively, tenants should be urged to use "separate pot" accounts (for example, see <https://www.thechangeaccount.com/>)
- Tenancy sustainment services need to be available, so that any problems with or risks to setting up and sustaining the tenancy that arise can be managed

- Where tenancies are ending, ways need to be found whereby any risk of homelessness is reported to the council. PRS tenancies ending is a major recorded cause of homelessness yet the reasons behind those terminations is often not fully understood or recorded
- Gain a better understanding of the underlying causes behind both no fault and contentious evictions
- Consider setting up a Social Lettings Partnership or similar
- Ensure on-going tenancy support is available to underpin the model
- Use DHPs in both accessing and reducing the risk of homelessness in the PRS. These could sit alongside financial help through bond schemes, deposit schemes and rent in advance
- Ensure any no fault evictions trigger sourcing of alternative accommodation. In appropriate cases, a referral could be made to the council's homelessness team
- Work with PRS landlords and agents to ensure that property and management standards are adequate – and that PRS landlords and agents are fit and proper persons
- Provide training that explains what tenant and landlord rights and responsibilities are, what to expect from your landlord, your rights if something goes wrong, what to do if you have a problem like losing your job, a bereavement, etc, the classic things that trigger homelessness that people don't know how to deal with or who can help them

## ***Theme 5 - Addressing the Causes and Consequences of Homelessness***

### ***Mental Health***

- Under the HRA 2017, duty to refer is not mandatory for GPs. It would be worth considering some kind of structured arrangement
- Promote awareness of housing options and develop clear protocols for ensuring that discharged patients are not at risk of homelessness
- Ensure support for those being discharged
- Ensure suitable supported housing is available for people with Mental Health problems
- Ensure support is available when clients move on to independent living
- Clarify the pathways into and eligibility criteria for supported housing
- Work with MH services to ensure the centrality of housing and support to mental well-being and recovery. Promote person centred approaches including psychologically informed environments and trauma informed approaches.
- Ensure homeless and at risk people get the MH services they need
- Include mental health services in street health initiatives

### ***Physical Health***

- Ensure the supply of suitable affordable housing to the hospital discharge scheme
- Ensure Issues such as utility connections and suitable furniture are taken into account
- Provide floating support to enable people to sustain their tenancies.
- Ensure any referrals to supported housing take account of physical health needs
- Support the commissioning and funding of both current and (potentially) new street health services, sited in suitable urban locations that homeless people can access

### ***Substance Misuse***

- Continue with the county wide contract that provides a wide range of adult substance mis-use services
- Ensure services understand the need to reach out to substance mis-users. They need to be proactive and community based, as they are in the hubs, where community safety and prevention of eviction services also feature. They also need to reach rural areas – not all clients can make the journey to one of the main centres
- Address the lack of appropriate supported housing for this client group

### ***Homelessness and Offenders***

- Address the systemic issues putting offenders at heightened risk of homelessness, especially when leaving prison. Work closely with prisons to get referrals at an early stage (as per 'Through the Gate' guidelines)
- Ensure that offender managers get early enough information when an offender is going to be released to no fixed abode
- Ensure consistent liaison with offender managers
- Ensure the "Through the Gate" scheme is present in all prisons
- Maintain good relationships between the National Probation Service and the district councils, building on existing efforts to prevent homelessness
- Increase the amount of dedicated accommodation for offenders
- Work with RPs and PRS landlords to source accommodation

### ***Vulnerable Young People***

- Improve working relationships between non-commissioned and commissioned services
- Involve non-commissioned services in County level discussions on how to meet the needs of vulnerable young people
- Recognise that non-commissioned, quasi-commissioned, independent and voluntary services all contribute to efforts to tackle homelessness. It is essential that their contribution is taken into account in planning, commissioning and operational discussions
- Ensure young people do not miss out on what the non-commissioned sector has to offer

- Meet the specific needs identified including:
  - Services up to the age of 25
  - Joining up with domestic violence services
  - Mother and baby provision
  - Help with the transition from children to adult services, especially in the area of Mental Health
  - Prevention of relationship and family breakdown.
- Address the barriers to social housing experienced by young people moving on from SH, enabling them to apply direct
- Address the barriers experienced by young people who are vulnerable and who have support needs, but who are not care leavers and therefore find it more difficult to access supported housing
- Ensure that the risk of homelessness is addressed when young people transition from children's to adult services and that cliff edges are avoided (at 21 or 25)

### ***Domestic Violence***

- Stabilise the funding for non-commissioned providers
- Ensure services for women with no recourse to public funds
- Ensure appropriate move on provision from refuges
- Continue with efforts to prevent violent breakdowns in relationships from causing homelessness

### ***Theme 6 - Reducing the Impact of Homelessness on the Community***

- Implement the recommendations of the Rough Sleeping Strategy: delivery plan" (December 2018)
- Continue with efforts to co-ordinate the work of the voluntary sector with that of statutory and commissioned services
- Continue to ensure issues are were openly discussed at local forums
- Mesh Personal Housing Plans with wider support planning, tailoring PHPs to the needs of the different client sub groups.
- Facilitate peer to peer support networks, utilising the experience of those who have been through the homelessness process
- Commission a Housing First Service across the three districts to support people who are homeless and have complex needs

### ***Theme 7 - Improving Customer Services for People who are Homeless or at Risk of Homelessness***

- Ensure housing advice is given in plain English, in a timely fashion
- Ensure the availability of tenancy training
- Continue to provide high quality, personalised housing advice

- Manage expectations from an early stage, that PHPs will include PRS, mean work for the client etc.
- Manage the expectations of single men with no dependents. providing more effective pathways into the PRS
- Ensure that the housing options included in PHPs are available, suitable and sustainable
- Provide resettlement support to people who need it when taking up social and PRS tenancies under PHPs
- Provide debt advice and help with planning to people taking up social and PRS tenancies under PHPs
- Support people with PHPs through the choice based lettings process
- Support people with PHPs to access the PRS
- Make sure clients are aware that they have PHPs and that they must be acted upon
- Encourage those with PHPs to share them with the people and agencies that can support them
- Clarify the differences and interfaces between PHPs and Support Plans – and make sure they complement one another
- Ensure
  - Effective signposting to other agencies (for example those helping with access to the PRS or social housing) Signposting must be purposeful not just sending people round the system
  - Sharing of good working practice across the three districts
  - Resolution of information sharing difficulties
  - Support and sensitive arrangements for very vulnerable groups, like rough sleepers who have been persuaded to present
- Work with the DWP on “duty to refer”, capitalising on the co-location of many DWP and council offices
- As duty to refer takes off, review the administrative processes around it. Potentially, there should be one route only for duty to refer, which would ensure consistency of approach and robust data
- Utilise the new “56 day” rule as an opportunity for more creative intervention
- Promote “cultural change”, to increase the level of positive engagement with clients and ensure sustainable PHPs
- Continue to carry out preventative work with families where one or more members is at risk of homelessness. Where a YP leaves home and the ‘family difficulty’ disappears, remember the YP also needs support
- Consider the creation of a Homelessness Reduction Board, as mooted in the government’s Rough Sleeping Strategy delivery plan

### ***Theme 8 - Improving the Data Available to all Relevant Agencies***

- Make the Survey of Support Needs an annual exercise. This would be particularly useful if helping to assess the impact of homelessness strategies on, say, length of stay in supported housing and in evidencing need to County/other funders
- Use HCLIC to improve data collection – once any glitches have been resolved. This data could be used for future needs modelling
- Report performance regularly to a Homelessness Reduction Board or other appropriate governance structures

### **Tackling Homelessness in Partnership**

- Ensure more structure is given to partnership working
- Maintain inclusive forums that embrace both the county and district levels
- Involve a wider group of strategic and operational stakeholders in forums
- Consider a centralised live vacancy system that clearly sets out access criteria
- Ensure planning and commissioning takes account of the full range of existing and potential services
- Undertake an assessment of the customer service to ensure a Psychologically Informed Environment
- Consider tailoring services to be 'trauma informed'
- Work in partnership with adult social care commissioners and support providers to effectively commission and deliver a service to people with complex needs.