

# **Homelessness Scrutiny Panel Report**

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# Appendix 1

## List of Panel Recommendations

**RECOMMENDATION 1** Given the significance of homeless people in terms of city health inequalities, we welcome the fact that the Health & Wellbeing Board is taking an active interest in the health and social care needs of this group. We are very interested in the progression of this work, and request that the HWB's plans for homeless healthcare be presented to the HWOSC for comment within the next 12 months.

**RECOMMENDATION 2** A senior BHCC officer should be appointed as 'homelessness services integration champion' across statutory services and other sectors.

**RECOMMENDATION 3** the council needs to take action to diversify its 'stock' of hostel accommodation, seeking to spread hostels more evenly across the city, and to offer a range of accommodation options in terms of hostel size and the level of support on offer.

**RECOMMENDATION 4** we need a more diverse range of supported accommodation available to house single homeless people, particularly those with very complex needs. Whilst this is clearly not going to happen overnight, we would welcome a commitment to move to a model of greater diversity coupled with at least some practical action in the short term.

**RECOMMENDATION 5** the council needs to produce a clear map of statutory and non-statutory homelessness services across the city and make it available via the its website.

**RECOMMENDATION 6** – homeless pathways should be revised to allow clients to move directly into band 3 support when it is clear that there is no realistic possibility of them progressing successfully through band 2 support.

**RECOMMENDATION 8** New and refreshed BHCC housing strategies must explicitly address the housing needs of victims of domestic violence.

**RECOMMENDATION 9** Training for housing staff dealing with homeless applications must explicitly include information on domestic violence.

**RECOMMENDATION 10** New and refreshed BHCC housing strategies must explicitly address the housing needs of LGBT people.

**RECOMMENDATION 11** Training for housing staff dealing with homeless applications must explicitly include information on LGBT needs.

**RECOMMENDATION 12** Relevant new and refreshed homelessness strategies (e.g. the Joint Commissioning Strategy for Young people) should explicitly address need with regard to:

- services for young people with high support needs;
- ensuring that there is sufficient specialised housing to support young people;
- the need to deliver ‘holistic’ support to young people (i.e. helping make young people work-ready at the same time as housing them)

**RECOMMENDATION 13** the Council should consider lobbying central Government (on the issue of people who are receiving employability training being required to attend the Job Centre to sign-on), reflecting the concerns of local voluntary sector providers that the rules dictating the ability of Jobcentre + to relax its signing-on requirements are still too inflexible – although it should be recognised that only people undertaking genuine employability-focused training should be exempted from signing-on.

**RECOMMENDATION 14** New or refreshed homelessness strategies should explicitly address the issue of working with private landlords to maximise the supply of private rented accommodation accessible to homeless people.

**RECOMMENDATION 15** – the council should explore what can be done to maintain people’s tenancies should they be imprisoned for a short period of time. The aim should be to minimise the number of people with a local housing connection being made homeless as a result of imprisonment.

**RECOMMENDATION 16** New and refreshed homelessness strategies must explicitly recognise that social care and housing increasingly need to work in an integrated manner, and should establish structures to enable this.

**RECOMMENDATION 17** New and refreshed homelessness strategies should specifically address the support/advice needs of those who have been deemed ineligible for statutory housing support, recognising that

**this is a significant group of people, many of whom have genuine support needs.**

**RECOMMENDATION 18 – The OSC should monitor the implementation of agreed panel recommendations on an annual basis until the committee is satisfied that all recommendations have been implemented.**

# Appendix 2

## BRIGHTON & HOVE CITY COUNCIL SCRUTINY PANEL ON HOMELESSNESS

2.00pm 25 JANUARY 2013

HOVE TOWN HALL

### MINUTES

**Present:** Councillor Wealls (Chair)

**Also in attendance:** Councillor Robins and Sykes

**Other Members present:** Councillors

### PART ONE

#### 1. PROCEDURAL BUSINESS

##### 1A Declarations of Interest

1.1 There were none.

##### 1B Exclusion of Press and Public

1.2 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

1.3 **RESOLVED –that the press and public be not excluded from the meeting.**

#### 2. CHAIR'S COMMUNICATIONS

- 2.1 The Chair welcomed members, witnesses and the public to the first meeting of the panel, and stressed that the panel was keen to hear from anyone with an interest in the issue of homelessness, particularly people who have had direct experiences of homeless services.

### 3. EVIDENCE FROM WITNESSES

**3.1 Witnesses.** The panel heard evidence from **Sylvia Peckham** (SP), Brighton & Hove City Council (BHCC) Head of Temporary Accommodation and Allocations; **Narinder Sundar** (NS), BHCC Supporting People Manager; **Emily Ashmore** (EA), BHCC Allocations Manager; and **Jenny Knight** (JK), BHCC Commissioning Officer for Rough Sleepers.

**3.2 Homelessness Duties.** SP explained that the local authority have statutory duties to provide accommodation for homeless people, provided that five criteria are met:

- that the person is eligible for services (e.g. they are a British citizen);
- that they are actually homeless (or will imminently be made homeless);
- that they are not 'intentionally homeless' (e.g. they are not being evicted due to their anti-social behaviour or failure to pay rent etc);
- that they have a 'local connection' (e.g. that they have lived in the area for 3 of the past 5 years, are working in the city, or have close family living in the city etc);
- That they are in a 'priority need category' (e.g. they have a vulnerability that means that they are in greater need of secure housing than most people).

**3.3 Other Duties to House.** Even where people fail to qualify for help under homeless legislation, they may be still eligible under adult social care (ASC) or children's (CYP) legislation, where the eligibility rules are somewhat different. In past years, accommodation for these clients was generally arranged by the services concerned, but this was not always good value; nor were clients always properly supported in claiming Housing Benefit (HB) etc. (In two-tier local authorities, this split in responsibilities is clear as homelessness duties rest with District Councils whilst ASC/CYP duties lie with County Councils; but BHCC is a unitary authority, responsible for all these duties, and so we are one of relatively few authorities to provide temporary accommodation on a corporate basis.

**3.4 Temporary Accommodation.** It was formerly the case that the Council just reacted to homelessness and typically sought to discharge its responsibilities under homeless legislation by offering eligible clients secure tenancies. However, recent years have seen a move (here and elsewhere) away from this model, towards one which emphasises prevention, and which typically offers temporary accommodation to homeless clients. The previous model had been flawed in that it had the potential to encourage people to become homeless in order to access social housing tenancies. It also had the effect of placing relatively large numbers of vulnerable people in social housing (since you need, by definition, to be vulnerable to be accepted as

homeless by the Council), with a potentially detrimental impact on the cohesiveness of these communities. Placing vulnerable people in temporary accommodation gives the housing service an opportunity to work with them to provide training and support to help them eventually manage their own tenancies, hopefully avoiding a situation where people who have failed to manage a tenancy and have become homeless are granted another tenancy which they will then fail to manage.

- 3.5 HB rules.** Temporary accommodation can be used to provide short term or quite long term support, with a lease running for as much as 10 years in certain circumstances. In general, higher levels of HB are payable for temporary accommodation, reflecting the additional support and management costs involved. Efforts are made to ensure that the right size temporary accommodation is offered to homeless households. However in the case of emergency accommodation this is not always possible.
- 3.6 Powers to House.** Whilst local authorities have specific duties under homeless, ASC or CYP legislation to house only certain groups of people, they are not restricted from offering support to other vulnerable people: councils may have the power to house even when there is no legal responsibility to do so, and may choose to support some particularly vulnerable people (typically rough sleepers) who do not meet the eligibility criteria. This is generally done under the auspices of the Wellbeing Act.
- 3.7 Severe weather service.** JK told the panel that a severe weather service was available for rough sleepers. This was activated when the weather forecast was for two consecutive days of sub zero weather and was contracted to Brighton Housing Trust (BHT). The service was intended to be only temporary – there are severe difficulties entailed in providing open-access emergency accommodation of this type for more than a few days, as some of the client group are very challenging. NS noted that services provided by other parties (e.g. local churches) were additional to this.
- 3.8 Demand for severe weather service.** The severe weather service provides 45 places across two shelters, plus, because of demand this winter, an additional five places in B&B accommodation. The local authority has no powers to compel rough sleepers to use this service, although mental health services may seek to use legislative powers to detain those rough sleepers who lack ‘capacity’ to make sound decisions about their own welfare; and the police may also intervene under vagrancy legislation, although such interventions are rare.
- 3.9 No Second Night Out.** EA told members that “No Second Night Out” is a national initiative aimed at providing rapid support for new rough sleepers, ensuring that they do not become habituated to rough sleeping. The service is funded by the Homeless Transitions Fund, and run locally by BHT and CRI. New rough sleepers are generally housed

in private B&B accommodation or hostels, although BHCC commissioned accommodation may sometimes be used. However, they are not housed in the hostels that cater for the most chaotic clients. The local authority has no specific duty to house rough sleepers, although it does need to ensure that it addresses Government targets. Most new rough sleepers have previously not been in contact with council support services before being picked-up; but it is not clear that greater intervention with at-risk client groups would necessarily be helpful: most people at risk of homelessness manage to resolve their housing situation without recourse to statutory services, and there is a risk that early intervention would complicate rather than simplify matters.

- 3.10 Anti Social Behaviour.** SP told the panel that there were particular problems with some hostel users consistently engaging in street drinking/anti-social behaviour and finding themselves stuck in a 'revolving door' of being barred from hostels/de-toxing/being given hostel places/being barred again etc. This issue might be best addressed by looking at whether city hostel provision was appropriately banded and supported. The issue is not necessarily about needing more places for high-needs clients, it may be about being able to spread risk more widely – there are particular problems associated with housing very high-needs clients together, as this can exacerbate anti-social behaviour.
- 3.11 Location of hostels.** One particular issue here is the location of hostels. For historical reasons, much of the city's hostel capacity is along the sea-front or near to London Rd/St James' St. However, these areas are also hot spots for anti-social behaviour, street drinking, drug dealing etc, and there is an obvious risk in housing vulnerable homeless people with alcohol/substance misuse issues in such locations. A recent pilot scheme, placing clients in a slightly less central location, has been successful in reducing ASB, even though the hostel is still relatively central. This work is still at a relatively early stage, but the use of more peripheral locations for hostel services is being actively considered.
- 3.12 Support for challenging ASC clients.** In general, the move for housing to offer a corporate housing service (i.e. to ASC and CYP clients as well as to people eligible for support under homelessness legislation) has been positive, with a seamless service saving the council significant sums of money. However, there have been some problems with these arrangements. In some instances, ASC clients have not received appropriate support (e.g. from Learning Disability services) to enable them to maintain their tenancies, which has resulted in severe damage to properties and the placing of people at risk. EA told members that matters had improved recently, but that there was still scope for a better relationship with Learning Disability services at an operational level.



- 3.13 Enforcement.** When an ASC client is housed with appropriate levels of housing-related ASC support, it is also important that this support is not unilaterally withdrawn, as it can be almost impossible for housing services to deal with tenant misbehaviour in these circumstances: courts will very rarely permit tenancy enforcement action to be taken against a client with learning disabilities, for example.
- 3.14 Inappropriate hostel placements.** JK told members that there is also a longstanding problem of some clients with really complex support needs being inappropriately placed in hostel accommodation because there is nowhere else for them. This group might include older people with alcohol problems whose drinking means that they cannot be placed in Sheltered housing; people with a 'dual diagnosis' of learning disabilities and substance misuse issues etc. There is no easy housing solution for these clients (whose vulnerabilities typically mean that they cannot be placed with other very vulnerable people), other than to try and ensure that supported accommodation in the city is as high quality and varied as possible.
- 3.15 Welfare Reforms.** SP told the panel that major service concerns/pressures included the current welfare reforms, both in terms of reduced support for HB etc. and in potential changes to the way that HB is paid – with direct payments to tenants rather than landlords. This may potentially be a major problem for temporary accommodation, as the client group includes many people who will struggle to manage their own finances. It is not currently clear whether temporary accommodation will be excluded from this change (as supported housing has been). Pilots where temporary accommodation has not been excluded have seen a precipitous drop in rent collection rates for this type of property – to around 60%, as against the 98% collection rate currently achieved in the city (a drop to 60% rent collected locally in temporary accommodation would cost approximately £4 million pa). The Department of Work & Pensions (DWP) is currently lobbying for temporary accommodation to be exempt from direct payments, but the decision lies with the Department for Communities and Local Government (CLG), who have to date been reluctant to compromise on their grand vision for benefits reform.
- 3.16 HB changes.** It had been anticipated that changes to HB already introduced (e.g. reductions in the amount that can be claimed by under 35s) would have had an impact on services, but this has not really been felt to date. It is unclear whether this is because the change has not proved detrimental, or because there has been a lag (e.g. as people use up their savings etc), but there will still be an impact at a later point.
- 3.17 Partnership with NHS services.** In response to a question about partnership with city NHS services, EA told the panel that this was generally very good: an officer from Sussex Partnership NHS Foundation Trust (SPFT) sits permanently with the housing allocations

team to ensure that mental health support needs are addressed, and there has been effective co-working on issues such as Dual Diagnosis, and on the recently completed mental health accommodation review. NS confirmed that Housing works closely with health commissioners and/or providers on a number of programme and partnership boards. In fact, co-working with NHS partners is rather more developed than co-working with some internal partners.

- 3.18 Benchmarking.** SP told the panel that BHCC was much larger than, and not readily comparable to, its immediate geographical neighbours, and consequently focused on comparing local services to obvious comparators such as Southampton and to the London boroughs, many of which have similar homelessness profiles.
- 3.19 The local market for housing.** The Housing team works hard to encourage of plurality of accommodation providers across the city. We currently work with around 450 landlords, although much of our accommodation is sourced via several large entities. Brighton & Hove can be a challenging environment in which to source some types of housing, particularly B&B accommodation, where landlords can always opt to cater for the tourist market. Landlords active in this market are generally not eager to extend their services to include homeless people. The temporary/emergency accommodation market is also affected by trends in the general rental market. Currently, high house prices and the difficulties the mortgage market poses for first-time buyers, mean that landlords can achieve good prices in the wider market for their rental properties, making housing homeless people less attractive.
- 3.20 B&B Framework Contract.** The council has recently developed a framework contract for B&B, for emergency accommodation, and for blocks of leased accommodation. This framework, in partnership with Lewes District Council, is intended to attract a wider range of providers to the market. SP offered to involve the scrutiny panel in the development of the detailed specifications of this contract.
- 3.21 Outcomes-Based Commissioning.** In response to questioning about commissioning strategies, JK told the panel that Housing was moving to an outcomes-based commissioning model. This was an ongoing piece of work which would not be completed until 2014/15. NS added that there were clear benefits in working to outcomes rather than process targets, but that agreeing appropriate outcomes with providers was a complex process, as was designing a data collection/monitoring system that was robust but not over-onerous. Housing will seek to involve its CYP and ASC clients in this process as it progresses.
- 3.22 Service Users.** JK told members that hostels are expected to engage service users around their expectations and experiences of the service, and generally do so. Getting feedback from users of unsupported emergency accommodation has proved much more challenging,

although it is not clear why this should be so – there may however be issues with some clients' literacy or understanding of English.

- 3.23 Housing Support Service (HSS).** HSS provides floating support to people in emergency/temporary accommodation – e.g. to clients with alcohol problems. The support is partly signposting and partly helping with day to day tasks, particularly at the start of a tenancy. Additional funding for HSS has recently been found, with a significant increase in the number of clients being supported. The effectiveness of this support is currently being assessed.
- 3.24 Value for Money.** Maintaining people with very complex needs in accommodation can be costly, and Housing will typically charge its ASC and CYP clients a management fee for their more challenging placements. However, the fees charged do not accurately reflect costs: Housing in effect offers subsidised places to ASC and charges CYP fees for only the first year of placements. This represents a considerable corporate saving.
- 3.25 Local Connection.** Up to two thirds of rough sleepers in the city have no local connection; relatively few are even from Sussex. Brighton & Hove does not typically offer statutory services such as hostel places to people without a local connection (although the cold weather service is open to all), but is nonetheless seen as more welcoming to those without a local connection than many of its neighbours. The city may also have higher levels of non-statutory help which attracts rough sleepers from outside the area – e.g. the charitable provision of meals, sleeping bags etc. If, in the long term, this means that the city will see increasing numbers of rough sleepers, then the relative attractiveness of the city as a rough sleeper 'destination' is clearly a problem that will need addressing. However, this traffic is not just one way: there is a predictable drop in the number of locally-based rough sleepers in the winter months as people move to London, where there are more cold weather facilities.
- 3.26 Repatriating those with no local connection.** People who are genuinely homeless, but with no local connection, will typically be encouraged to move back to somewhere where they do have a connection. BHCC will liaise with the relevant local authority to ensure that the homeless person will be able to access appropriate support in their home town. In some instances, people may have no local connection (e.g. for people who have been in the forces or in custody), or it may not be safe for them to be housed in their home towns (people fleeing domestic violence etc), and in these circumstances BHCC will have a duty to house them.
- 3.27 Waiting Lists.** There are always more people without accommodation than there are places. Sometimes this may be because people have been barred from all hostels in the city, so there would be literally no one who would take them even if places were available. In such cases

emergency accommodation may 'bed-swap' with the rough sleepers' team. In other instances, people may have very complex physical or mental health needs which makes it very difficult to house them; or people may simply choose to rough sleep. However, even excluding these groups there is generally a waiting list of 20-40 days to accommodate a locally connected rough sleeper.

#### **4. ANY OTHER BUSINESS**

4.1 There was none

# Appendix 3

## BRIGHTON & HOVE CITY COUNCIL

### SCRUTINY PANEL ON HOMELESSNESS

2.00pm 7 FEBRUARY 2013

### COMMITTEE ROOM 1, HOVE TOWN HALL

#### MINUTES

**Present:** Councillor Wealls (Chair)

**Also in attendance:** Councillor Sykes

#### PART ONE

##### 5. PROCEDURAL BUSINESS

##### 5A Declarations of Interest

5.1 There were none.

##### 5B Exclusion of Press and Public

5.2 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

5.3 **RESOLVED –that the press and public be not excluded from the meeting.**

##### 6. MINUTES

6.1 **RESOLVED** – that the minutes of the scrutiny panel meeting on 25 January 2013 be approved.

## 7. CHAIR'S COMMUNICATIONS

7.1 The Chair welcomed witnesses to the panel meeting.

## 8. EVIDENCE FROM WITNESSES

8.1 The witnesses at this meeting were:

- **Bec Davison (BD)**, Deputy Director South, CRI
- **Ellie Reed (ER)**, Complex Needs Social Worker, CRI  
CRI is a national organisation providing services around drugs, alcohol, antisocial behaviour, domestic violence and rough sleeping. CRI has been contracted to work with rough sleepers in Brighton & Hove for the past 12 years, and also provides non-clinical substance misuse services across the city.
- **John Child (JC)**, Deputy Service Director, Sussex Partnership NHS Foundation Trust (SPFT)  
SPFT provides statutory mental health and substance misuse services to people across Sussex.
- **Sara Emerson (SE)**, Off The Fence  
Off The Fence is a small, local community organisation providing help and support to homeless people. Off The Fence also helps to house some people, including people with no local connection (in partnership with Emmaus).
- **David Richards (DR)**, service user  
Mr Richards is a local homeless person.
- **John Routledge (JR)**, Project Co-ordinator, SURE  
SURE seeks to bring together local authorities across Sussex to co-ordinate their approaches to dealing with single homeless people.
- **Sarah Gorton (SG), Homeless Link**  
Homeless Link is a national representative body for organisations involved in homelessness
- **Narinder Sundar (NS)**, Commissioning Manager, BHCC Housing
- **Richard Scott (RS)**, a local resident

**8.2 Increasing numbers of rough sleepers.** BD told members that CRI operates 'very assertive outreach' engaging with and supporting rough sleepers, but discouraging rough sleeping as an option. Historically CRI has been successful in maintaining a relatively low number of rough sleepers in the city, despite there being a very high throughput – i.e. there are lots of people rough sleeping, but most are quickly diverted into other services. However, the past two years have seen a significant increase in

numbers; in large part this is clearly due to the economic situation, with many new rough sleepers part of an emerging demographic of low needs/work-ready homeless people who don't have the money for a deposit, and lack the social capital to avoid rough sleeping. In general, services targeted at this cohort are very effective – this group of people needs help with deposits etc. rather than traditional homeless support.

**8.3 Social capital.** BD noted that there seemed to be a general problem around social capital: where it had previously typically taken the average homeless person seven years to exhaust their social capital and become a rough sleeper, this was currently taking more like a year. This is a national trend, but has impacted disproportionately in Brighton & Hove, due to high housing costs and other problems associated with gaining tenancies. Attention needs to be given to why social capital has diminished to such a degree, and what can be done to reverse the decline – e.g. identify good practice in local communities and promulgate it.

**8.4 Local connection.** BD noted that there have always been a proportion of homeless people with no local connection to Brighton & Hove, but that in recent times it has proven much harder than before to re-connect these clients with their localities, often because other local authorities are reluctant to accept their duties to house. This can create a back-log, as Brighton & Hove will not relocate homeless people until there is appropriate support in place for them.

**8.5 High needs clients.** BD told members that there was a small group of homeless people with very complex needs who had a disproportionate impact on the local area. This group requires very intensive professionally-led case coordination from expert social workers and other professionals. Case coordination is key because this client group typically needs support from many different services. As these users may be distrustful of statutory services, there may be a key role for the community sector in providing some of this co-ordination. The group also needs to be able to access secure, stable accommodation if the support services are to have a chance of working effectively, which is not always the case.

**8.6 Hostels and clients with complex needs.** NS added that many people in this client group struggled in a hostel environment: e.g. living closely with others and having to adhere to rules of behaviour - but there is often little alternative accommodation. ED gave an example of a client with 30+ hostel evictions; it was clear that this client could not live successfully in a hostel environment, but might, with appropriate levels of support, be able to manage to live in a flat, where he would be away from other drugs users and wouldn't have to comply with hostel rules etc. This client was currently being housed in a 'training flat' (used to facilitate people's transition from band 2 supported accommodation to more independent living), and this was working well, but arranging this had proved needlessly challenging. The pathway for progressing through the hostel system and accessing band 3 (unsupported) accommodation requires clients to have lived successfully in band 2 (hostel) accommodation – but whilst this might

make sense for most clients, it clearly does not for those who are unable to cope with hostels but might be able to live successfully (with appropriate support) in other accommodation.

**8.7 Alternatives to hostels.** SG told members that some local authorities had actively explored this issue (e.g. Westminster and Oxford), placing complex clients directly into flats. These initiatives have had good results, although they are costly. BD noted that, although the costs here might be high, they were almost certainly much lower than the full costs associated with unsuccessfully housing clients with complex needs in hostels (i.e. including the costs of A&E attendances, contact with police and the criminal justice system etc). One problem here is that costs are not currently calculated in this way; if the true costs of failing to house this client group were calculated, then specialist interventions might appear to be a relative bargain. This is an area where city partnerships do not go nearly as far as they need to deliver effective results.

**8.8 Stock availability.** NS told the panel that, for such an initiative to be undertaken there needs to be appropriate housing stock available, and this may not always be the case, or it may be that there are competing demands for a limited supply of stock. SG noted that the housing stock for this need not necessarily be specialist stock: general needs housing could be used provided that the appropriate support services are in place.

**8.9 Needs of other hostel clients.** SE pointed out that housing people with very complex needs (who can be aggressive etc.) in hostels can deter other potential users; finding alternative accommodation may help both the group of people with complex needs and the much broader group of potential hostel users.

**8.10 Targeted approach.** BD suggested that it might be possible to target and prioritise the most complex homeless clients, designing services around them – in a similar way to the ‘troubled families’ work around families. Such work would need to be outcomes-focused (which current support generally isn’t). There wouldn’t necessarily be a need for additional funding to support this approach, but it would require partners to acknowledge their likely expenditure and contribute accordingly. However, this would be a very complex piece of work given the co-morbidities that many such people experience. BD suggested that it might be worthwhile to map the financial case for this type of targeted intervention in order to compare it to current models.

**8.11 Silo working.** SG pointed out that there were currently often issues with agencies working in ‘silos’. Organisations were sometimes reluctant to take on clients, particularly if they felt that there was a considerable financial risk involved (e.g. they might end up providing expensive long term support). JR noted that the police were sometimes obliged to arrest individuals in order to persuade statutory services to undertake mental health or learning disability assessments. JC noted that there could be an issue with clients who were eligible for some statutory services, but who



failed to meet the criteria for others – such clients could miss out on receiving properly holistic care.

**8.12 ‘Personal budgets’.** JR argued that the solution to silo working was to encourage partners to recognise the high costs entailed in failing to support homeless people with complex needs, and the potential value for money gains to be made from co-ordinated investment in individuals. One model would be via a ‘personal budget’ for complex homeless clients, with an independent ‘broker’ coordinating their care.

**8.13 Pan-Sussex working.** JR noted that there was a risk in providing high quality homeless services in any one locality, as this might attract people from other, less generous areas. This risk can be mitigated by co-ordinating approaches across neighbouring areas – a project to do this across Sussex is currently being developed. BD noted that, in any case, Brighton & Hove would likely remain as an attractive destination for rough sleepers: it has a mild climate, is a relatively safe place, there are good non-statutory services and easily available drugs etc.

**8.14 Pathways.** BD argued that the current pathways to access homelessness services could be too restrictive – negotiating a way around them for clients who don’t readily fit into the pathway can be very time-consuming, and a more flexible approach would make more sense. JC agreed that pathway redesign was a priority. NS agreed that this was important, but pointed out that pathway re-design was much easier to achieve between organisations that had shared budgets or which had formally agreed to work together to deliver services. Lacking this degree of integration and joint input, pathway design can be tricky, as providers may be understandably wary of re-designs that might potentially lead to the de-commissioning of their services.

**8.15 Hostels.** ES told members that large hostels were no longer an appropriate of housing at risk homeless people: they were too big and rule-bound for the most complex clients; and the presence of people with substance problems or evincing anti-social behaviour discouraged low needs homeless people from using them. SG agreed that the demographics of homelessness had shifted radically in recent years, with big increases in both relatively low and in very high needs clients presenting for help. BD added that using much smaller units of housing might make more sense. Thought should also be given to whether these services actually needed to be based in the city.

**8.16 Policing.** BD told members that the police had made great strides in recent years to understand and develop links with homeless people (e.g. the Street Community Policing Team). However, whilst this work was really valuable, there was a risk that there was too little enforcement directed at the homeless, with some very anti-social behaviour being ignored due to concerns about the vulnerabilities of homeless people. This lack of enforcement could have the perverse effect of encouraging anti-social behaviour. JC noted that there were parallel issues for SPFT in

terms of the police's reluctance to use enforcement measures in dealing with some mental health service users.

**8.17 Community Re-Integration.** BD stressed the importance of trying to re-integrate rough sleepers into the community rather than simply providing them with shelter, and pointed to the successful use of ex-rough sleeper mentors in this role. In general, services which aim to provide professional support to small networks of service users, rather than the traditional model of providing services from on-high, may be the best way forward.

**8.18 People leaving custody.** SE told the panel that people just released from Lewes Prison could regularly be found rough sleeping in Brighton & Hove. This group, particularly if they have no local connection, can pose particular problems for services, and require specialist engagement – which may not be readily available. NS added that the Housing Options team does do in-reach work with Lewes Prison (funded by the probation service), offering advice to prisoners due to be released. However, this service is targeted at those with a local connection. There is also a hostel for ex-offenders, but this has limited places.

**8.19 Complexity of services.** JC commented that the complexity of the map of services for people requiring housing and housing support was a problem; often even professionals don't fully understand all the services available.

**8.20 Scope of services (a).** SG told members that there was no obligation for local authorities to refuse to house people who are 'intentionally homeless', and that some councils (e.g. Hastings) have decided not to apply the intentionality criteria – arguing that few people actually deliberately choose to make themselves homeless, and that in any case people remain homeless and in need of support whether they are 'intentionally' homeless or not. However, there is uncertain value in relaxing eligibility criteria if, as is the case in Brighton & Hove, there is no accommodation available.

**8.21 Scope of services (b).** BD remarked that lots of resources went into assessing and then rejecting applicants for homeless status, and that some of this money might be better spent actually housing people.

**8.22 Scope of services (c).** DR told members that he had applied as homeless and been deemed not eligible due to insufficient local connection, despite having lived in the city for 5 years in the relatively recent past. DR argued that local connection should not be applied via blanket rules, but needed to be interpreted on a case by case basis to ensure fairness.

**8.23 Making a homeless application.** DR told the panel that his experience of making a homeless application had been very poor – it had taken more than four months to receive a judgement, with the Housing

service claiming that the application had been lost in the system ( a claim that other applicants reported being made on numerous occasions – meaning either that the system for processing applications was inadequate, or that claims of losing applications were just a delaying tactic). DR read out a statement on others' experience of homelessness services (this statement will be included as a written submission in the final scrutiny panel report).

**8.24 Recording homelessness data.** DR argued that the real levels of homelessness in the city are hidden because the city council does not classify people whom it considers ineligible for homelessness services (e.g. under the grounds of intentionality or local connection) as nonetheless homeless. For example, this group is categorised on the housing register as “unsatisfactorily housed” rather than homeless. The scrutiny panel requested that BHCC Housing provide a response to this point.

**8.25 Helpfulness.** DR made the point that help and advice for homeless people should actually be helpful, whether or not the local authority believes it has a duty to house. However, his experience, and that of other applicants, was that this was not necessarily the case at all – applicants were not even always told whether their homeless applications had actually been submitted. SG agreed that local homelessness services ought be supportive, recognising that no one made a frivolous homelessness application, even if they might not meet the statutory eligibility criteria for assistance.

**8.26 Dual diagnosis.** JC told the panel that Dual Diagnosis services (i.e. support for people with mental health and substance misuse co-morbidities) were still a major issue, particularly in terms of finding suitable supported housing for this very vulnerable and challenging client group. Things had improved in the past few years, but there was still a good deal to be done. The panel Chair suggested that the panel should refer back to the BHCC scrutiny panel on Dual Diagnosis recommendations to inform its thinking on this matter.

**8.27 Culture of dependency.** BD noted that it was important not to encourage a ‘culture of dependency’, where people had unrealistic expectations of being supported by statutory services. People needed to have a realistic understanding of the services available to them, particularly in somewhere like Brighton & Hove where there is so much demand for a limited supply of housing.

**8.28 Working with landlords (a).** Witnesses discussed how best to work with private landlords to support them in managing problematic tenancies and thereby reduce the number of people made homeless in the first place. NS told members that a great deal was already being done via the city Strategic Housing Partnership (SHP) which brought together the council, the city universities, landlords, developers and letting agents etc. However, demand for rental accommodation is growing in the city,

particularly from professionals, and it is not an easy task to persuade landlords to engage with rather than simply evict problem tenants. NS added that the Housing Options team did offer support to private landlords and could try and negotiate/mediate in disputes about anti-social behaviour, rent arrears etc.

**8.29 Working with landlords (b).** RS suggested that the council might consider intervening in private landlord/tenant disputes – e.g. offering to guarantee the payment of a tenant’s debts if they were allowed to retain their tenancy and then working with the tenant to recover those debts gradually.

**8.30 Homeless voices.** DR pointed out that the views of homeless people are important, but seldom heard. He suggested that hostels be encouraged to use the ‘talking circle’ approach to engage with clients. BD agreed that homeless voice was very important and stressed the positive role that ex-homeless mentors could play here.

## **9. ANY OTHER BUSINESS**

4.1 There was none

# Appendix 4

## BRIGHTON & HOVE CITY COUNCIL SCRUTINY PANEL ON HOMELESSNESS

2.00pm 19 FEBRUARY 2013

HTH BANQUETING SUITE ANNEXE

### MINUTES

**Present:** Councillor Wealls (Chair)

**Also in attendance:** Councillor Robins and Sykes

**Other Members present**

### PART ONE

#### 10. PROCEDURAL BUSINESS

##### 10A Declarations of Interest

10.1 There were none.

##### 10B Exclusion of Press and Public

10.2 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

10.3 **RESOLVED –that the press and public be not excluded from the meeting.**

#### 11. MINUTES

11.1 Draft minutes from the 07 February meeting were not approved at this meeting as they have yet to be checked by witnesses.

## **12. CHAIR'S COMMUNICATIONS**

12.1 The Chair welcomed members, witnesses and the public to this panel meeting.

## **13. EVIDENCE FROM WITNESSES**

13.1 Witnesses at this meeting were:

- **Brian Doughty – Head of Adults Assessment, BHCC Adult Social Care (BD)**

The council's ASC department provides support to adults who meet the eligibility criteria for care needs – e.g. frail older people, or people with physical disabilities, learning disabilities, mental health issues or substance misuse problems which mean that they need assistance in living independently. ASC provides some services in partnership with local NHS providers.

- **Peter Castleton, Community Safety Manager, BHCC (PC)**

The council's community safety team works closely with their police counterparts to make Brighton & Hove a safer place. There is a particular focus on rough sleepers, both as the perpetrators of crime and anti-social behaviour and as the victims of crime.

- **Stuart Kichenside, Area Service Manager, Sanctuary Housing (SK)**

Sanctuary provides supported housing and other support services for homeless people, particularly the young homeless.

- **Jess Taylor, RISE (JT)**

RISE supports women, children, young people and families affected by domestic abuse.

- **Rob Liddiard, Friends First (RL)**

- **Adrian Willard, Friends First (AW)**

Friends First provides a range of services for homeless people, including running drop-in provision, supported accommodation, a move-on house and a working farm. The emphasis is on supporting people into work and learning.

- **Nicky Eldridge, B&H Service Manager, Sussex Central YMCA (NE)**

- **XXXXXXXX, Sussex Central YMCA (JH)**

Sussex Central YMCA runs a range of services for young homeless people, including supported housing and housing advice and support.

13.2 **LGBT people, domestic violence (DV) and homelessness.** JT told the panel that there was a real issue with LGBT people being made homeless (and potentially also experiencing DV) because of their

sexual orientation or gender identification. The consequences of this are that LGBT people are likely to be over-represented amongst rough sleepers (up to 30% of rough sleepers in urban areas are LGBT, whereas the general LGBT population is rarely more than 10-15% even in Brighton & Hove); and are also more likely than average to be living in Brighton & Hove having fled their previous homes following DV incidents. (The latter presents particular problems as such people are unlikely to have a 'local connection' and may therefore not be eligible for statutory housing support.) This is likely to be a particular issue for Brighton & Hove because of the city's reputation as a safe haven for LGBT people – people who have experienced DV in other parts of the country may well choose to re-locate to Brighton & Hove, even if they have nowhere to stay in the city. JT recommended adopting a flexible approach to the application of eligibility criteria with regard to young LGBT people possibly fleeing DV.

- 13.3 Data collection for LGBT/DV.** JT told members that there were problems with data collection for the LGBT homeless and/or homeless people who had been affected by DV. Although the council's housing services were committed to recording the sexual and gender identity of clients, this was inconsistent in practice – it is not necessarily simple to record this information, as people, and especially those who have experienced DV, may be reluctant to divulge their true sexual or gender identities. This issue was one picked up by the Intelligent Commissioning pilot on DV undertaken a couple of years ago, but it still remains a problem. Clearly, it is difficult to allocate resources without fully understanding the scope of this problem.
- 13.4 Trans people.** JT told the panel that there were particular issues for trans people, who typically experienced very high DV rates.
- 13.5 DV reporting.** JT told members that people affected by DV may not report it for some time (perhaps particularly LGBT people reluctant to disclose their sexual or gender identity to the authorities). This can mean that people may present as homeless claiming DV, but without a history of recorded DV incidents to support their claims. It may also mean that people affected by DV do not get the support they need at a relatively early stage. JT noted that the level of LGBT DV that was formally reported was very low, but that this was totally at odds with all anecdotal and survey findings (such as Count Me In Too), and indicated that there was an endemic problem of under-reporting. PC echoed this point, telling members that the LGBT community and people suffering DV were both under-reported in crime figures; it was likely that LGBT DV was reported at an even lower rate.
- 13.6 Family fall-out.** JT noted that LGBT people could be particularly vulnerable to homelessness because LGBT people could become dislocated from family members after revealing their sexual or gender identities. Since it is often the support provided by family members that

stops or delays homelessness becoming rough sleeping, there is an increased risk here.

- 13.7 Abuse of LGBT people whilst homeless.** JT told members that homeless LGBT people who were sofa-surfing etc. could be particularly vulnerable to DV or to being coerced into providing sex in return for accommodation. PC agreed that this was a problem.
- 13.8 Refuge provision.** JT told the panel that there is no local refuge provision or other safe space for men or trans men affected by DV, although there is some provision for trans women
- 13.9 Changes to Housing Benefit (HB).** JT told members that recent changes to HB (i.e. capping payments to under-35s to the cost of a room in a shared house) impacted disproportionately on LGBT people, who might feel particularly vulnerable sharing a home with strangers (particularly if they had already experienced DV elsewhere).
- 13.10 Accessing Housing services.** JT told the panel that some LGBT people reported problems when attempting to access housing services – the problems are widespread enough to be systemic rather than an isolated issue with a few staff members. This was also picked up by the Count Me In Too survey of LGBT people across the city. JT would strongly recommend training housing staff in responding to and signposting for LGBT people (potentially the training offered by Allsorts).
- 13.11 Older people.** JT told the panel that older LGBT people could feel very isolated. There is no dedicated LGBT sheltered housing in the city and little acknowledgement of LGBT concerns across existing sites.
- 13.12 Flexible Tenancies.** JT recommended that support should be given to people affected by DV in order to help them maintain flexible tenancies: i.e. tenancies that can be ended or varied at short notice should it prove unsafe to stay in a property (and a similar flexibility is needed in terms of deposits). One problem people affected by DV may encounter is that they are forced to move at short notice for their own safety, but doing so can put them in breach of their tenancy agreements. In such circumstances, it seems perverse that the victims of DV should be considered to have made themselves intentionally homeless or should suffer financially.
- 13.13 Young homeless.** SK told members that the profile of young people being housed by Sanctuary had changed considerably in the past five years, with both a significant rise in younger homeless people (16-17 rather than 20-25), and a significant rise in the complexity of issues people were presenting with – so that, rather than preparing young people for further or even higher education, the focus was now on teaching very basic skills.



- 13.14 Service design for young homeless people.** SK noted that young homeless people would typically have experienced problems with parents, school etc.. before becoming homeless, and were consequently unlikely to react well to homeless support based on a very rule or procedure-bound basis. It is therefore very important that support providers are given the latitude to work flexibly and appropriately with young people – delivering outcome rather than process targets, and focusing on developing individuals' resilience in the most appropriate ways, not delivering against a set menu of targets. Council housing commissioners have been very progressive in this respect, but there was always more to be done. On a similar point, the 2-year plans required by Supporting People funding are inappropriate for young homeless people; the council has permitted these plans to be extended to four years which is much more realistic and is to be welcomed.
- 13.15 Communication between services.** SK noted that there were often a number of services, both statutory and non-statutory, supporting young people, and co-ordination and information-sharing between these services was vital to providing the best possible support.
- 13.16 Pathways.** SK told members that the pathway for young homeless people to access services was essentially that of the adult homeless pathway. However, this is not really appropriate for young people – there are real risks in exposing young people to entrenched homeless people and indeed to professionals whose main point of reference is that of entrenched service users. The danger here is that young people will effectively be encouraged to view homelessness as a norm. There is therefore a need to have a separate pathway for young homeless people. JH added that standard B&B and emergency accommodation were not appropriate resources for young people.
- 13.17 Young People who struggle with hostels.** Even where young people are housed in age-appropriate hostels, some service users struggle to cope. SK noted that this group is generally eventually accommodated in adult schemes (such as William Collier House). There are pros and cons to this – it can improve the behaviour of some young people, but for others it can be damaging.
- 13.18 Personal resources/resilience.** SK noted that there was a growing problem of there being very few opportunities for low-achieving young people, especially somewhere like Brighton with large numbers of university students competing for low-skills jobs. This fed into a common attitude of de-motivation and a reluctance to engage with work or training opportunities. NE agreed, but further pointed out that there was a very broad societal move towards 'extended adolescence' (i.e. young people assuming 'adult' attitudes and responsibilities much later in life) – this was something that could be seen across the social spectrum, but it was much more of a problem for young people without financial or educational support, and particularly a problem for those

young people with particular vulnerabilities, due to their LGBT status, BME status, mental health issue, learning disabilities, unstable childhoods etc.

- 13.19 Young people and work.** NE noted that, although there was an obvious focus on helping young people into work, this was complicated by the claw-back of benefits/SP money should people find work. This was not only a disincentive to working, but there was a risk that young people who did find work would also be required to find private sector housing due to the withdrawal of SP funding. This was a potentially perverse situation, in that young people who had been doing really well could risk having their progress ruined by having to move into unsuitable accommodation.
- 13.20 Young people and the private rental sector.** SK noted that it was often virtually impossible for young people to get private sector tenancies, as landlords were not keen to take them on, preferring 'easier' and more remunerative professional or student tenants. Encouraging private landlords to take a more positive view of young tenants could be very valuable.
- 13.21 ASC priorities: neglect.** BD told members that a particular priority for Adult Social Care was in supporting people who have the capacity to make rational decisions but who choose to neglect themselves and their living environment. Such people are often targeted for eviction, but this should be avoided if at all possible. To this end ASC is developing a protocol with the council's Housing and Environmental Health services.
- 13.22 ASC priorities: discharge.** ASC are also focusing on what happens to homeless people who have been in hospital but are ready to be discharged – clearly, going straight from a hospital bed to rough sleeping is unsafe, but alternative pathways are not always clear.
- 13.23 'Cuckooing'.** BD explained that there was a danger of vulnerable tenants being targeted by homeless people, who would then move in with them and exploit them – colloquially known as 'cuckooing'. Again, a protocol is being drawn up to help agencies work together to tackle this problem.
- 13.24 'Troubled Families'.** Witnesses discussed the 'troubled families' (Stronger Families, Stronger Communities) initiative, where several hundred of the most vulnerable households in the city receive targeted and integrated support. It was noted that, although the local criteria for this initiative have been set to include families without children, single person households are excluded, despite some of the most vulnerable people in the city falling into this category. NE pointed out that there was currently a funding application to the Big Lottery, led by Brighton Housing Trust, which was seeking money to facilitate cross-agency working to support homeless people with very complex needs.

- 13.25 Rough sleeping: Community Safety perspective.** PC told members that the council, the police and CRI worked closely together to provide outreach to rough sleepers in the city. In addition there is also lots of support from a variety of community and voluntary sector organisations. In general, services are very good – as is shown by the fact that the number of rough sleepers has increased markedly in recent times without a similar increase in complaints about rough sleepers. However, there are still some major problems here. These include: a very high homicide rate within the rough sleeping community; very high levels of harassment and abuse of rough sleepers – particularly by drunken people in the centre of town; poor reporting rates of harassment by the rough sleeping community; lots of street drinkers who are actually securely housed (which causes problems when people bring other street drinkers back to their flats); some incidents of rough sleepers being used for forced employment etc.
- 13.26 Audit of services.** PC told members that the patchwork of services for rough sleepers was very complex, and there needed to be an audit/overview of services with a particular focus on which interventions are actually effective/which can be justifiably funded etc. These kinds of decisions needed to be taken at a strategic level – currently this does not always take place.
- 13.27 Local connection.** PC told members that it was vital that a local connection criteria for support was used: there would just be too many people presenting for services otherwise.
- 13.28 Targeting the most vulnerable.** PC told the panel that services for rough sleepers needed to be targeted at the most vulnerable; some rough sleepers are actually very resilient and are in much less urgent need of support than others.
- 13.29 Access to records.** PC told members that information-sharing is key to providing holistic support to service users, but there are some major difficulties here, particularly in relation to health records (and especially mental health). This is a very tricky area as there are real issues around patient confidentiality to be balanced against the advantages of information sharing. However, good work has been done in this area, and more could be done via a targeted approach. BD agreed that accessing health records was a particular issue, as this information was both vital and quite properly confidential.
- 13.30 Encouragement to work.** RL explained that Friends First supports homeless people into work and learning, teaching building skills and encouraging clients to help run a market garden in order to build up their work-preparedness. This is an area that is generally not very well developed in terms of the homelessness pathway, but there is obvious value in developing ‘working hostels’, in order to make the move into

work less of a major barrier for homeless people who really want to help themselves.

- 13.31 Rural Vs urban locations.** Witnesses discussed the benefits of providing some services in more rural locations. NE pointed out that there were real problems associated with providing some services from central Brighton locations – it can be much easier to provide a therapeutic environment in more rural settings. AW agreed, but pointed out that this was an argument around the therapeutic benefits of rural locations for service delivery, not for housing, as few local homeless people would choose, or be well prepared to live, in a rural environment.
- 13.32 Problems with benefits.** RL told members that there was a significant practical problem facing Friends First clients learning life and work skills at the market garden: Jobcentre+ refuses to accept that these people are undertaking ‘genuine’ job-training and requires them to sign-on in Worthing. This can easily take half a day’s travel to do, is unsettling for the service users, and serves no conceivable purpose as the clients involved will typically not be ‘employable’ – they are developing the skills to be so, or would be if they weren’t spending valuable time proving that they are actively searching for jobs that they are currently unable to undertake. This Catch 22 situation appears nonsensical and the panel agreed to write to Jobcentre+ about it.
- 13.33 Young People.** JH told members that Sussex Central YMCA had seen significant increases in client numbers, from under 100 six years ago, to more than 600 at the current time. It isn’t just young people with complex support or other needs who struggle to access housing, people with very low support needs can have major problems accessing the local private-rented sector – e.g. young people (18-21) with no job, employment history, references etc, and with limited independent living skills, are directly competing for housing against students or professionals. There is an obvious need for more resources here, to help support young people to remain living at home, to teach living skills, and to provide sufficient supported accommodation for those who need it.
- 13.34 Young People Supported Accommodation.** NE noted that there is not enough supported accommodation for young people, with long waiting lists particularly for band 2 housing. The particular frustration here is that the cost of supporting young people in unsuitable B&H accommodation due to the lack of appropriate hostel places almost certainly outweighs (at least in the longer term) the cost of opening up more hostel places (and would also be better in terms of people’s support needs) – but this requires service commissioners to think in whole system terms. NE also noted that there are particular issues in terms of the supply of supported accommodation for young people with mental health, substance misuse or learning disability issues.

13.35 **Practical recommendations.** Witnesses were asked to each suggest one practical recommendation for improving homelessness services.

- Mr Richard Scott (a local resident) suggested that the panel should focus on housing provision for care leavers, arguing that the council's policies in this respect are not currently clear, but that young people leaving care and the local community deserve some clarity. The panel Chair agreed to seek clarification.
- NE noted that it was good to see elected members taking an active interest in homelessness, and recommended that means should be found to inform elected members and to keep them informed about the scale and urgency of the homelessness problem.
- JH recommended that there should be better specialist support for young homeless people in the city.
- RL recommended that a robust work and learning pathway for homeless people should be developed.
- PC recommended that a strategic review of homeless services across the city should be undertaken, with a view to developing a more streamlined and holistic service.
- BD recommended that more attention should be paid to the issue of self-neglect, particularly in terms of preventing the eviction of this group of people.
- AW requested support from the scrutiny panel/Council in addressing the specific issue of homeless people undergoing high quality work-readiness training still being required to sign-on by Jobcentre+.
- SK recommended a more targeted approach to funding, with greater contributions from agencies which are being saved money by preventative/support services. SK also recommended the development of a separate young people homelessness pathway..

#### **14. ANY OTHER BUSINESS**

4.1 There was none

## Appendix 5

### List of Witnesses

- Sylvia Peckham, Head of Temporary Accommodation and Allocations, BHCC
- Narinder Sundar, Commissioning Manager, Housing, BHCC
- Jenny Knight, Commissioning Officer for Rough Sleepers, BHCC
- John Child, Deputy Service Director, Sussex Partnership NHS Foundation Trust
- Sara Emerson, Off The Fence
- David Richards, service user
- Brian Doughty, Head of Adults Assessment, BHCC
- Peter Castleton, Community Safety Manager, BHCC
- Sarah Gorton, Homeless Link
- John Routledge, Project Co-ordinator, SHORE
- Bec Davison, Deputy Director, South, CRI
- Ellie Reed, Complex Needs Social Worker, CRI
- Nicky Eldridge, B&H Service Manager, Sussex Central YMCA
- Stuart Kitchenside, Area Service Manager, Sanctuary Housing
- Rob Liddiard, Friends First
- Adrian Willard, Friends First
- Jess Taylor, RISE
- Steve Barton, Assistant Director Children & Young People (Stronger Families Stronger Communities)
- Andy Winter, Chief Executive, Brighton Housing Trust
- Nikki Homewood, Director of Homelessness, Brighton Housing Trust

## Appendix 6

### Additional Information Provided by Brighton Housing Trust

#### 1. The Co-ordinated Agency Intervention to End Rough Sleeping (CAIERS):

Rough sleepers services in the city, led by CRI and BHT, have initiated the Co-ordinated Agency Intervention to End Rough Sleeping approach (CAIERS). This new way of working (from June 2013) sets an agreed realistic target date for ending *each individuals'* rough sleeping, and identifies the most appropriate agency to lead on the action plan for each client.

In the 6 months June 2013 to Nov 2013 CAIERS worked with 724 rough sleepers. 447 (62%) people are no longer rough sleeping and have secured accommodation (incl. supported accommodation, local B&B provision, PRS and relocation). An additional 187 (26%) have left the city. The remaining 90 cases are still being worked with towards their target date.

CAIERS operates a “scoring” methodology – a system of categorising clients by their needs and the time that it has historically taken for someone with those type of needs to move away from sleeping rough:

1. NSNO “No Second Night Out”. New to rough sleeping, not engaged with street community, have other support options, realistic opportunity for work/training.
2. Squatting. Choosing squatting as choice, reluctant to engage, not aspiring to independent accommodation.
3. New to services. History of rough sleeping, wants to explore private rented sector solutions / work, willing to engage in related activity.
4. Has options Local Connection. Fully engaged with Rough Sleepers team and meaningful occupation, aspires to accommodation.
5. Has option. No Local Connection. Fully engaged with Relocation team and meaningful occupation, aspires to accommodation.
6. Disengaging. Considering returning to rough sleeping / substance misuse, no benefits, unrealistic aspirations for accommodation.
7. Chaotic. Currently has mental health and/or substance misuse issues and only occasionally aspiring for accommodation of any kind.
8. Disengaged. Largely refusing all help.

#### 2. Emergency Assessment Centre (EAC):

The Emergency Assessment Centre provides a safe space where multiple agencies (specialist workers from mental health, primary healthcare, substance misuse, accommodation and support teams) can work together, within an overnight provision, to achieve positive move-on outcomes for clients.

The project changed its name to the Emergency Assessment Centre (EAC), instead of Pop-Up Hub to reflect its real purpose. Elsewhere in the country, and in Sussex in particular, the name Pop-Up Hub refers to *day provision* to

address *anti-social behaviour*. EAC, however, is *night time provision* to address *rough sleeping*.

The clear shared aim of all agencies involved is: ***to reduce the risk of harm occurring to people, by ending their period of rough sleeping and supporting them to access safe accommodation.***

The first EAC operated for two nights on 1 & 2 October 2013 between 20:00 and 08:00, the second on Mon 25<sup>th</sup> and Tues 26<sup>th</sup> Nov 2013 and the third is scheduled for late Jan 2014. Dates have been set until Dec 2014 – a total of 11 sessions (22 nights). Over the summer months EAC will operate more frequently to address the influx of rough sleepers to the city (approx. 40% increase).

The EAC operates a similar process to the Severe Weather Emergency Protocol (SWEP) provision in the City, but will run at other times of the year (ie. not just winter months) and is not weather dependent. SWEP demonstrates that people who do not usually engage with accommodation services *do* access SWEP and consequently move on to access more stable accommodation.

EAC is a service that can be activated at different times of the year to respond to a rise in the number of people sleeping rough, or there is evidence to show that there is an increase in people who are disengaged from services.

The target beneficiaries for the EAC are people sleeping rough who: are not accessing any support services; have mental health and/or substance misuse issues and are not engaging with accommodation services; do not have a realistic plan for ending their rough sleeping

CAIERS, outlined above in (1), uses its categories 7 and 8 to identify the target clients for each EAC. Clients who are categorised as 8 are prioritised as they are entrenched rough sleepers with complex, multiple needs, not engaging with any services, including street outreach. Every intervention to engage must be exhausted before a client is targeted for EAC.

These client names and sleep sites are shared with the Brighton and Hove Street Community Neighbourhood Policing Team in order for the police to locate the client and bring the client to EAC.

Due to the very high risk to these clients, and their non-engagement, the use of the Vagrancy Act (1824) can be considered – if a client refuses to go to the EAC, and there is no clear alternative reason for moving someone to a place of safety e.g. under the Mental Capacity or Mental Health Acts then, using powers under the Vagrancy Act, they may be informed that they risk arrest. This enforcement, adapted from the existing SWEP process, is not intended to be punitive. It is used as a tool to ensure clients move to a place of safety and engage with support services. The efficacy of using the Vagrancy Act as a tool for engagement is demonstrated by the fact that, to date, all clients have come to the EAC willingly.

### **(3) Severe Weather Emergency Protocol (SWEP):**

This service ensures that rough sleepers in Brighton & Hove can access accommodation and support during periods of exceptionally cold weather.

The service operates at 3 sites in the city.

The aims of SWEP are:



1. To prevent loss of life
2. To reduce rough sleeping to as near zero as possible by:
  - i. Using SWEP to engage with entrenched rough sleepers with a local connection who would normally be resistant to coming inside
  - ii. Using SWEP to engage rough sleepers who do not have a local connection with relocation services

SWEP prioritises the prevention of loss of life over the intent to verify rough sleeping, local connection status or engage individuals with reconnection and relocation policies.

During the last cold weather period, SWEP was operational for 44 nights and provided over 1,714 bed spaces to 192 different people (163 males, 29 females).

From Dec 2013 SWEP will also be activated when there are Amber weather alerts issued – ie. not just during exceptionally cold weather.

**(4) No Second Night Out (NSNO):**

The No Second Night Out initiative was launched in November 2011 and addresses people who are new to rough sleeping in Brighton and Hove and those who are most entrenched. Provision includes assertive outreach, public involvement in referrals, emergency accommodation and a reconnections service - for people who have been sleeping rough for up to approx. 2 weeks. This is delivered by Brighton and Hove City Council, Brighton Housing Trust, CRI and the Sussex Partnership Trust.

The project has one worker employed as part of the Rough Sleepers Team who operates on an assertive outreach basis with those new to rough sleeping, with referrals taken from partner agencies and the public, and a second worker based within the city's hostels working with the most entrenched long-term rough sleepers.

The project moves new rough sleepers quickly off the streets and into accommodation, (this ensures that those new to rough sleeping will not develop links with the street community and become longer term or entrenched rough sleepers); and by preventing long term repeat rough sleeping through the provision of specialist interventions, delivered by clinical professionals.

To date, out of 203 new rough sleepers worked with, only 8 people have returned to rough sleeping, meaning a 96% success rate. The advantage has been to target very new rough sleepers and prevent them becoming entrenched, with these individuals being successfully diverted away from

homelessness services and back into accommodation and employment. The project has targeted people new to rough sleeping per se, not just new to rough sleeping in Brighton and Hove.

**(5) Hostels Alcohol Nurse:**

The Hostels Alcohol Nurse works with the most alcohol dependent hostel residents in the city. The project provides flexible and creative interventions for hostel residents who are heavily alcohol dependent, with a history of homelessness, and who are currently not accessing treatment or accessing treatment sporadically:

Assessment of health needs, including all needs associated with their alcohol consumption.

Development and delivery of individualised packages of support to address clients' alcohol consumption and associated issues.

Close working with Hostel Staff, the Rough Sleepers Team and the Community Alcohol Team, to ensure joined up delivery.

The aims of the post are to: to reduce alcohol related emergency call-outs, A&E attendance and hospital admissions, improve health and increase numbers accessing treatment for hostel residents who are heavily alcohol dependent.

The service is run in partnership with Sussex Partnership NHS Foundation Trust, BHT and CRI. The post holder is seconded from SPFT to BHT, receiving clinical supervision and governance from SPFT.

The post holder is based in Phase One Hostel (BHT) and works across all hostel provision in the city.

12 month stats:

- 40 cases: not all stats available (yet) for all clients.

<b>Services used in the 6 months prior to intervention.</b>	<b>Prior to intervention</b>	<b>Post intervention</b>	<b>Difference</b>	<b>Unit cost</b>	<b>12 month cost saving</b>
Emergency call-outs (data for 26 clients)	<b>143</b>	<b>53 (23 due to one client) 23 drugs</b>	<b>90</b>	£445  (Source: PCT)	<b>£40,050</b>
Presentation at A&E (data for 29 clients)	<b>152</b>	<b>44 (17 due to one client)</b>	<b>108</b>	£111  (Source: Curtis 2009 – SIPS Project)	<b>£11,988</b>
Hospital Admissions	<b>62</b>	<b>11</b>	<b>51</b>	£1,600  (Source: Curtis 2009 – SIPS)	<b>£81,600</b>

				Project	
Long term hospital admissions	200	10	190	£569 (Source: NHS)	£108,110
<b>TOTAL actual savings: 12 Months.</b>					<b>£241,748</b>
<b>Additional significant cost savings</b>					
Sexual Health / Pregnancy	0 of 8 female clients not using contraception and having unprotected sex. 4 have children in care.	All 8 using contraception and engaged with sexual health.		TBA	TBA
DNA Specialist Apts.	15 clients consistently DNA'ing.	Min. one appt less missed each month.	180	£100 (Source: NHS)	£18,000
DNA's GP	21 DNA'ing	Min. 1 appt less missed each month.	252	£32 (Source: PCT)	£8,064
Ambulatory detox (ie not inpatient)	N/A	5	5	£1,415 (Source: DoH)	£7,075
Engaged in Treatment	0	23(detox/rehab/ waiting list)	20	TBA	TBA
Deaths	All 24 drinking at fatal level.	17 abstinent or drinking below drinking RDA	17	£1,410 (Source: BHCC)	£23,970

The project also works to reduce evictions. Example data for 13 clients.

Client	Evictions pre intervention	Evictions post intervention
1	2 in 14 months	0 in 10 months
2	2 in 11 months	0 in 10 months
3	2 in 4 months	0 in 10 months
4	10 in 8 months	0 in 3 months

5	1 in 4 months	0 in 10 months
6	3 in 6 months	0 in 10 months
7	2 in 16 months	0 in 8 months
8	3 in 16 months	0 in 7 months
9	1 in 3 months	0 in 7 months
10	3 in 8 months	0 in 8 months
11	1 in 5 months	0 in 9 months
12	6 in 17 months	1 in 1 month
13	1 in 3 months	0 in 5 months

### **(6) Hostels Hospital Discharge Project:**

A new partnership project between BHT, CRI, Riverside ECHG and Sussex Community NHS Trust. This project will work specifically in hostels and will employ a general nurse (RGN: Band 6/7) and a specialist support worker to work across all high support hostels in the city (8 hostels).

The project will work with residents who are discharged from hospital back to the hostel and residents who self-discharge from hospital and return to the hostel.

Whilst hostel accommodation may never be the perfect environment for patients being discharged from hospital, significant improvements can be made to ensure quality and consistency of care, safety, and co-ordination; improving health outcomes and reducing hospital returns.

Each hostel in the city reported 15-20 residents being discharged back to the hostel in the past 12 months. Over 8 hostels, this equates to 120 clients.

Figures for self-discharge and refusal are considerably higher, although this data and trends need further clarification to be reliable.

### **(7) Hostels:**

The city has 7 high support hostels.

Hostels work closely together, across providers. Collaborative and creative working develops new flexible approaches to maximise engagement, significantly reduce evictions and abandonments, and maximise positive planned move-on.

To give figures from one hostel (Phase One, BHT) in the past quarter, 60% of departures have been planned moves into Band 3 accommodation (6), residential rehabilitation services (7), independent accommodation via PRS (2) and moves (4) onto specialist services (mental health/health services) that fully meet their needs.

Clients who have accessed Band 3 accommodation and the PRS have done so via the hostel's Pre-Tenancy Flats (2 flats containing 9 rooms in total with shared kitchen and bathroom facilities) where they are able to prepare to live independently through a structured resettlement programme and attending the projects in house life skills course, The Programme for Change. Clients who have accessed residential rehabilitation services have done so with the support of the Band 2 Hostels Alcohol Nurse who has prepared clients for residential treatment and co-ordinating admissions.

There has been a decrease in evictions this year (8) from the last reporting year (23 for the period April 2012 to March 2013) through the use of the agreed Evictions Protocol and the use of appropriate contracts for change (which have supported clients whose behaviour may otherwise have led to an

immediate eviction remaining at the project). This has enabled better client retention and has also enabled the project to work better with clients who have complex needs and challenging behaviour to address issues that have historically led to eviction. To support clients in making positive changes, the project offers in house 1 to 1 anger management sessions and CBT group work.

Phase One offers a number of work and learning based activities alongside social activities that promote empowerment and greater independence and help to foster a sense of community within the service. These activities include the Programme for Change which is a rolling 12 module life skills course that is open to all residents but is a requirement for clients living in the Pre-Tenancy Flats. In addition, all clients accessing the service undertake a basic skills check (numeracy and literacy) and where there are identified needs in either area are referred to Step by Step for on-going literacy and numeracy support on a 1 to 1 basis. Clients of the service are also able to access the Learn my Way Course (IT skills) at the project. The project also offers open access client workshops on volunteering and preparing CV's to support clients to put in place appropriate daily structure which in turn supports them in meeting criteria's for more independent accommodation. The project also works closely with work and learning partner agencies and refers clients to citywide projects that include BAOH, The Wood Recycling Project and the Market Garden Farm to support clients in achieving greater independence.

- In the last rough sleepers count, 8 of those found sleeping out were hostel residents. This generated some negative feedback but, whilst hostels continue to work to ensure hostel residents do not sleep out, the fact is that this figure means that 280 (97%) of hostel residents were indoors. The individuals found sleeping out on the night of the street count represent just 3% of the hostel population.

6 of these 8 were sleeping out to be with a partner. Hostel providers will often accommodate couples in the same hostel to prevent them sleeping out. However it is clear from examining the names of those found on the count that it is not possible to accommodate these individuals together due to risk and safeguarding issues.

There are a number of other reasons why ex- rough sleepers may choose to sleep out. This client group can be very challenging and it can take time for an entrenched rough sleeper to settle in to hostel accommodation.

Providers also use temporary exclusions to manage behaviour and to prevent permanent exclusions onto the streets. This means that an individual may be excluded from the hostel for one night following a serious incident.

- The Equinox Alcohol Outreach Service carried out a count of street drinkers over 6 days between the 23<sup>rd</sup> and 27<sup>th</sup> of July 2013. The police Street Community NPT, Off the Fence and the RSSSRT fed into the count. 93 people were found street drinking of whom 26 were female and 67 male.

Of these, 33 are high profile regular street drinkers (seen more than once on the count and more than 3 times on street shifts in July and August), 24 have a lower street presence and 35 were only seen on the count. The highest number seen on a single day was 40.

Out of the 93 people, 35 were hostel residents. Of the 33 people who are classed as high profile regular street drinkers, 16 were hostel residents. This is just under 6% of the city's hostel population (288). Hostels work with other providers to minimise the problematic street presence of hostel residents (obviously hostel residents will not, and should not, remain in the hostel all day) and these figures demonstrate that problematic street presence of hostel residents is reducing.