

# **Report of the Homelessness Scrutiny Panel**

**February 2014**

**Panel members: Cllrs Andrew Wealls (Chair), Alan Robins and Ollie Sykes**

Homelessness is a crisis which can impact people from all backgrounds and walks of life. For some it is temporary; friends and family help out, and they return to life in safe secure accommodation. For those hardest hit, who may also be suffering mental health problems or alcohol or substance misuse, homelessness can be debilitating. And, of course, there is a broad spectrum of challenges in between.

This Scrutiny Report on Homelessness considers all of those who experience homelessness in our city, and reflects the enormous complexity of the issue it tackles. My councillor colleagues, Alan Robins and Ollie Sykes and I were incredibly moved by some of the personal experiences of some of those who contributed, impressed by the dedication and hard work of those who help them and often challenged by the complexity of the issues homelessness presents.

This complexity, particularly when presented most often with co-morbidities, presents the key challenge faced by all of those who support homeless people. It is a familiar problem; how do we improve co-working between the NHS, the Council's many services and departments, landlords (private and local authority), employment services and not-for profit entities and charities? It was clear to the panel that there is much excellent practice in the city, but it would be fair to say there are also opportunities for better working together, and improved, tailored service provision.

The Panel consulted widely across public sector, Council and charity and not-for profit organisations who support homeless people in our city. We would like to thank them not only for their contributions to our research but also for their hard work and dedication to helping people, often in very difficult circumstances.

We also thank all of those who have been directly affected by homelessness who contributed to this report. Without their input it would not have been possible to deliver this work. It is now up to all of us to deliver the recommendations of the report to improve the lives of those who may be some of the most vulnerable people in our city.

# Introduction

## 1 What is homelessness?

Homelessness can be defined in several ways. In its widest sense, being homeless means not having access to safe, secure accommodation. People might be staying temporarily with friends or family, or living in accommodation which is unsafe or from which they will shortly be evicted. The majority of homeless people are able to resolve their housing problems without involving outside agencies, except perhaps for some advice services.

However, many other homeless people require much more support, and it is also possible to speak of homelessness in the narrower sense of those who apply for help and who meet the criteria set out in Homelessness legislation. Local authorities have a statutory responsibility to help these eligible homeless people access secure accommodation.

In a narrower sense still, a relatively small group of homeless people cannot find, or for various reasons decline to accept, shelter, and end up sleeping rough. Even when temporarily housed in a hostel or similar accommodation, people in this group are very vulnerable and are likely to find themselves homeless again in the future. Many of the people in this group have physical or mental health problems or substance misuse issues.

## 2 Local Authority Duties (Homelessness)

Local authorities have clearly defined duties under homeless legislation. Someone is classified as homeless only when they have satisfied five criteria:

- They are a UK citizen
- They are actually (or will imminently be) homeless
- They are not 'intentionally' homeless (e.g. they have not become homeless due to a deliberate act or omission)
- They have a local connection (e.g. they have lived in the area for six of the past twelve months or three of the past five years, or are working in the area, or have close family living in the area)
- They are in a 'priority need' category (i.e. they have a vulnerability which means that they are in greater need of secure housing than the average person)<sup>1</sup>

People who meet all five of these criteria are eligible for help from their local authority. This may include housing advice, assistance with references or a deposit, the offer of temporary accommodation, or even of a secure tenancy – basically whatever support is required to enable an individual to access safe and secure accommodation. In past years, people accepted as homeless would probably have been offered a secure tenancy in a council-owned

---

<sup>1</sup> Evidence from Sylvia Peckham, BHCC Head of Temporary Accommodation and Allocations, 25 January 2013: point 3.2.

property; but this is generally no longer the case, and nowadays the offer will typically be of temporary accommodation. The previous model had the perverse effect of encouraging people to become homeless in order to get rapid access to social housing tenancies. It also had the effect of placing relatively large numbers of highly vulnerable people together in housing estates, with a potentially detrimental impact upon the cohesiveness of those communities. Placing vulnerable homeless people in temporary accommodation gives housing services the opportunity to provide the necessary training and support to help them manage future tenancies successfully, hopefully avoiding the situation where people who have become homeless after failing to maintain a tenancy are granted another tenancy which they will then fail to maintain.<sup>2</sup>

### **3 Other Local Authority Duties**

Even when people do not meet all of the statutory homelessness criteria, the local authority may still have a duty to house them under adult social care or children's legislation – e.g. for families with dependant children, or people who have particularly acute vulnerabilities in terms of old age, mental or physical health, substance misuse or learning disabilities.<sup>3</sup> People who have been in care as children, those experiencing domestic violence, former members of the armed services, and people leaving custody may also be deemed to have particular vulnerabilities which mean that there is a duty to house them.

This division is important in terms of two-tier local authorities, where responsibilities for homelessness are split between district councils (housing) and county councils (social care). However, for unitary authorities such as Brighton & Hove the same organisation is responsible for both housing and social care. There are obvious advantages in having one department discharge all these responsibilities – and this is what happens locally, with the city council's housing team commissioning accommodation on behalf of adult social care and children's services as well as for its own clients.<sup>4</sup>

Even where there is no local authority duty to house an individual, councils are not legally barred from offering housing support to those who do not meet the eligibility criteria, and may choose to house some very vulnerable people such as rough sleepers.<sup>5</sup>

### **4 Rough Sleepers**

Anyone who becomes homeless could potentially find themselves sleeping rough, and some rough sleeping services are designed to address this general need. However, a significant proportion of those sleeping rough at any time will be people who have refused to be properly housed, or whose

---

<sup>2</sup> Evidence from Sylvia Peckham, 25 January 2013: point 3.4.

<sup>3</sup> Nationally, more than 70% of households accepted as statutorily homeless are accepted because they include dependant children/pregnant women. See DCLG Statutory Homelessness Statistics Release 2013  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/205221/Statutory\\_Homelessness\\_Q1\\_2013\\_and\\_2012-13.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/205221/Statutory_Homelessness_Q1_2013_and_2012-13.pdf)

<sup>4</sup> Evidence from Sylvia Peckham, 25 January 2013: point 3.3.

<sup>5</sup> Evidence from Sylvia Peckham, 25 January 2013: point 3.6.

issues and behaviour make it very difficult to house them securely for any length of time. This group of rough sleepers often have severe mental health problems, learning disabilities, physical disabilities, substance and/or alcohol misuse and dependence issues, a history of anti-social or criminal behaviour, or traumatic personal histories (and often a combination of these issues). Although we are talking about small numbers of people here, their impact is quite disproportionate to their size, and many rough sleepers have very complex needs requiring specialist support.

## **5 What's the trend?**

Homelessness has been a serious local and national problem for many years, with rates of rough sleepers, people accepted as statutorily homeless, people living in temporary accommodation, and people 'sofa-surfing' fluctuating from year to year. However, recent years do seem to have shown consistent increases in several of the measures of homelessness. For example:

- There was a 6% increase in successful homeless applications across England between 2011-12 and 2012-13.<sup>6</sup>
- Between 2012 and 2013 the number of people in temporary accommodation across England also increased by 10%.<sup>7</sup>
- Between 2010 and 2012 rough sleeping rates across England increased by around 30%.<sup>8</sup>
- In Sussex between 2011 and 2012 there was a 40% increase in rough sleepers.

There are several reasons to think that homelessness may well increase in the next few years. In the first place, it is widely accepted that homelessness rises in times of economic hardship – people who lose their jobs struggle to pay rent; young people without jobs can't get tenancies; people leave secure accommodation in search of work in less depressed areas. There is obviously a good deal of uncertainty here, both in terms of the speed and the extent of economic recovery locally and nationally (with the potential for internal migration of job-seekers into more economically buoyant areas).

This general pressure can be exacerbated by particular local pressures – obviously by how well the local economy is doing; but also by local house prices (high prices tend to mean higher rents in the private market as a wider range of people are obliged to rent); by supply and demand in the private rented sector (where demand exceeds supply landlords can afford to be more selective in their choice of tenants); by the presence of large numbers of students etc. Clearly all of these pressures apply in Brighton & Hove.

---

<sup>6</sup> See DCLG Statutory Homelessness: Statistical Release 2013, p3.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/205221/Statutory\\_Homelessness\\_Q1\\_2013\\_and\\_2012-13.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/205221/Statutory_Homelessness_Q1_2013_and_2012-13.pdf)

<sup>7</sup> See DCLG Statutory Homelessness: Statistical Release 2013, p8.

<sup>8</sup> See DCLG Rough Sleeping Autumn 2012: Statistical Release, p2.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/73200/Rough\\_Sleeping\\_Statistics\\_England\\_-\\_Autumn\\_2012.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/73200/Rough_Sleeping_Statistics_England_-_Autumn_2012.pdf)

## **6 Welfare reform**

An additional pressure is the ongoing reform of the benefits system which includes significant changes to Housing Benefit (HB), involving reducing the amount that can be claimed and restricting the types of accommodation that some groups of people can claim – e.g. changing the rules so that under 35s can now only claim for the cost of a room in a shared house or making changes to under-occupancy rules in social housing (the so-called 'bedroom tax'). They also include changes to Council Tax benefits; the reassessment of various disability-related benefits, and some other measures.

A major issue is likely to be the move from paying HB to landlords to making direct payments to tenants. This poses particular problems for those clients who struggle to manage their own finances, a group which includes many people in temporary accommodation. It is not currently clear whether people in temporary accommodation will be exempted from direct payments (as those in supported housing have been), but if they are not there may be a large drop in rent collection rates for this type of property – pilot areas have seen collection rates fall from 98% to 60%, which would equate to around £4 million per year across Brighton & Hove.<sup>9</sup>

It is not yet apparent what impact these benefit reforms will have, although it is clearly the Government's intention that they will reduce welfare costs and encourage a more rational use of housing stock rather than increasing the numbers of homeless people. In some instances, welfare reforms have not yet produced the predicted detrimental impact.<sup>10</sup> However, even if there is a limited national impact upon homelessness, there may be a much higher impact in some areas – where, for example, private landlords housing HB claimants may prefer to look to other markets (students/professionals) rather than reducing rents to reflect lower HB payments. Again, given its large student population and high number of professional private renters, Brighton & Hove is as likely as anywhere to experience these pressures.

It is also the case that some areas may act as magnets to homeless people, attracting people from other areas. Again, this is likely to be a particular problem for Brighton & Hove, with its reputation as a diverse, tolerant and fun city.

## **7 Who is becoming homeless?**

Clearly, anyone can become homeless, but services have reported significant increases in two groups of people: people with very low support needs (e.g. people who are work-ready or actually in work but who cannot access secure housing because they don't have money for deposits or can't provide references etc), and also people with very complex needs. The first group is relatively easy to support via help with deposits etc. as long as they are swiftly identified.<sup>11</sup> Supporting the second group is much more challenging.

---

<sup>9</sup> Evidence from Sylvia Peckham, 25 January 2013: point 3.15.

<sup>10</sup> Evidence from Sylvia Peckham, 25 January 2013: point 3.16.

<sup>11</sup> Evidence from Bec Davison, CRI, 07.02.13: 8.2.

There are particular problems with young people – given the very high levels of youth unemployment it can be very difficult for young people to get private tenancies without deposits, references or a steady wage.

## **8 Social Capital**

There are various definitions of social capital, but in essence it represents the informal support networks that individuals have which allow them to cope with crises. In terms of homelessness, your social capital is what keeps you off the streets if you find yourself without a home, whether it's family members lending you the money for a deposit or friends letting you sleep on their sofa.

Social capital is crucial in keeping the numbers of homeless people who seek statutory support at a manageable level. However, there are a number of factors that can impact upon social capital. These include recessionary pressures – people who are themselves struggling to make ends meet are less likely to be able to help others out, so the more general an economic downturn the more it is likely to reduce social capital. Similarly, the length of a downturn is important as a willingness to help people temporarily will not necessarily translate into long term support.

Other factors may include how settled and 'local' a population is – areas where lots of people are non-local are likely to have lower social capital than areas in which most of the residents are locals.

Another factor may be the availability of spare living space – in areas where housing is relatively cheap, lots of people may have spare rooms, meaning that they may be able to offer friends a temporary place to stay. In areas where it is expensive, spare rooms are an unaffordable luxury for most people.

It does seem as if there may have been a recent reduction in the availability of social capital in Brighton & Hove, and this may make itself felt in increasing numbers of homeless people seeking support. Bec Davison of CRI told the panel that it had been calculated that in recent years it had typically taken someone who found themselves homeless seven years to exhaust their social capital and become a rough sleeper, but that this was currently taking more like a year – it is unclear why the situation has changed so much recently. This is a national trend, but as noted above it may be a particularly serious issue locally. Ms Davison recommended that more work be done locally to investigate this phenomenon and to plot what might be done to increase social capital.<sup>12</sup>

## **9 Services**

The range of services offered to homeless people is very wide. It includes Housing advice and assessment; council-commissioned temporary (B&B) and emergency (hostel) accommodation; a range of council-commissioned support and outreach services delivered by community sector organisations;

---

<sup>12</sup> Evidence from Bec Davison, CRI, 07.02.13: 8.3.

mental health, substance misuse and learning disability services; general healthcare; police and probation services; community safety, and benefits advice. As well as services commissioned or provided by the statutory agencies, there are a wide range of voluntary and community sector-funded and provided services available across the city. Some of these services may be dovetailed with statutory support, but others are not, and some voluntary sector services might seem to work against the thrust of statutory sector strategies (supporting homeless people with no local connection to stay in Brighton & Hove, when statutory services will be trying to relocate them, for example). In consequence, the map of homeless services is complex, and is something that, to some extent, has grown organically rather than as the result of strategic planning.

## **10 BHCC Services**

The city council runs a range of homelessness services. The Housing Options team offers advice on finding a home and also processes homelessness claims. For people deemed officially homeless, or homeless and awaiting assessment, there are two basic types of accommodation: B&B or temporary housing and hostel or emergency housing. Some of this accommodation is directly owned and managed by the council, but most is contracted from a range of providers. In theory homeless people will be offered the most appropriate type of accommodation, with those with relatively low support needs going into B&H and those with higher support needs (e.g. many rough sleepers) into the hostels system. However, this does not always quite work this way in practice, as sometimes one type of accommodation may be full or for some reason unsuitable for a particular client.

In many instances the council will seek to support people in accessing private-rented accommodation rather than providing them with council accommodation – e.g. by helping them with deposit or references or putting them in touch with landlords willing to house a wide range of people.

The council also commissions a range of outreach and support services for rough sleepers, largely from CRI, a national voluntary sector organisation, and from Brighton Housing Trust (BHT).

The council also provides or commissions other services such as extreme weather shelters for rough sleepers<sup>13</sup>.

Councils have a variety of responsibilities for adults who have particular vulnerabilities, such as significant mental health, learning disability or physical health problems, and these responsibilities apply whether someone is securely housed or homeless.

---

<sup>13</sup> Evidence from Jenny Knight, BHCC Commissioning Officer for Rough Sleepers: 25.01.13, point 3.7.



## Recommendations

### Health

It is difficult to estimate the health impact of being insecurely housed or of 'sofa surfing' – in large part because we have no ready way of identifying the 'hidden homeless' who do not seek help from services. It seems likely however that this group of people is particularly vulnerable in terms of emotional wellbeing and mental health: being homeless is hardly conducive to happiness. There may well be other health impacts also – of living in damp or unsanitary housing, of having limited facilities for preparing fresh meals and so on.

We know much more about rough sleeping and health, which is reported as part of our local Joint Strategic Needs Assessment (JSNA). Rough sleepers typically have much higher than average health needs, particularly in terms of mental health, drug & alcohol dependency, physical trauma (especially foot trauma), skin problems, respiratory illnesses and infections.

Brighton Homeless Healthcare (Morley Street GP practice) provides a specialist primary (GP) care service to homeless people in the city. In terms of the practice population:

- Life expectancy is 70.3 years (the city average is 81.7)
- Mortality rates from coronary heart disease are *twelve* times greater than for the GP practice with the second highest rate
- A&E attendance rates are five times higher than the local average
- Emergency hospital admissions are four times higher than the local average
- Planned in-patient hospital admissions are a third lower than the local average
- Hospital re-admission rates are twice the local average<sup>14</sup>

Health, other than mental health, is not an area that the panel investigated in any depth. However, support officers to the panel were given the opportunity to attend a conference organised by SHORE (Sussex Homeless Outreach, Reconnection & Engagement), where together with Public Health colleagues they presented a workshop on homelessness and health needs to a range of homelessness professionals from across Sussex.

Several themes emerged from this workshop and from more general conversations with public health experts. These include:

---

<sup>14</sup> See Brighton & Hove Joint Strategic Needs Assessment Summary 2012: Rough Sleeping.

**Identifying rough sleeper health needs.** Rough sleeper numbers are relatively small, even in somewhere like Brighton & Hove. This can mean that the health needs of this group can easily get overlooked, with the focus of attention being big, population-wide issues such as smoking or obesity or on high prevalence/high impact conditions like cancer and dementia. However, the health needs of rough sleepers are so extreme that they can have a really disproportionate impact on services – e.g. in terms of requiring emergency admissions – and on health inequalities across the population. There is therefore a case, both in financial and in equalities terms, for services to think much more carefully about the needs of rough sleepers than their numbers alone might seem to justify.

**Outreach services for rough sleepers.** Rough sleepers typically live very chaotic lives and may struggle to make or keep appointments etc. This presents an obvious problem in terms of accessing health services, where patients are generally required to make an appointment days or weeks in advance or at the very least to spend several hours waiting in A&E or at a GP walk-in service. For many rough sleepers this simply isn't going to happen, meaning that they will only come into contact with health services when they have a crisis requiring emergency admission. Such admissions are very expensive, with outcomes much worse than for people whose conditions are properly supported via primary, community and secondary healthcare. What is required, therefore, is a range of 'outreach' services that meet the needs of rough sleepers, rather than expecting rough sleepers to negotiate the normal NHS access pathways.

In fact, there is a good deal being done already in Brighton & Hove in terms of homeless health. Homelessness is already needs assessed, and there is a dedicated homeless needs section in the city Joint Strategic Needs Assessment (JSNA). There is also a dedicated primary care service for homeless people run from the Morley Street surgery. Recent initiatives by Housing have included outreach work, with clinicians going into hostels and assessing and treating problems in situ. The city public health team is also fully involved in strategic housing partnerships.

Brighton Housing Trust also told the panel about a project they have been involved with, providing a 'Hostels Alcohol Nurse' who works intensively with the most alcohol dependant hostel residents in the city (particularly those who are currently not accessing medical treatment). This project has been very successful to date, with significant reductions in emergency call-outs, presentation at A&E, and hospital admissions saving an estimated £240,000 over 12 months.<sup>15</sup>

Another recent initiative is the Hostels Hospital Discharge Project. This is a partnership project between BHT, CRI, Riverside ECHG and Sussex Community NHS Trust. The project will target hostel residents who have

---

<sup>15</sup> More information on this initiative is included in **Section 2** of this report.

recently been discharged from hospital, seeking to provide high quality support which will reduce re-admission rates.<sup>16</sup>

In addition the Brighton & Hove Health & Wellbeing Board (HWB) recently agreed that the coming year's JSNA programme of specialist needs assessments should include additional work on homelessness – using the Homeless Link Health Needs Audit toolkit to better identify health needs across the local homeless community.

The HWB also recently agreed to establish a city multi-agency Programme Board to drive better integration of health and social care services for vulnerable 'homeless' people – a group including rough sleepers, but also people sofa-surfing or living in temporary accommodation, hostels, squats etc.

It is clear from the work mentioned above that the health and care needs of 'homeless' people are increasingly being recognised as an issue across services, and that active steps are being taken to accurately assess the scale of the problem and to develop effective joint working approaches. This is to be warmly welcomed.

The panel also welcomes the fact that the HWB has taken ownership of the issue of homeless health by establishing a Programme Board. We trust that the Programme Board will report regularly to the HWB.

**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.

### **Targeted Support**

Many homeless people have relatively few additional support needs. However, some people have very complex needs, including severe mental illness, learning disability, physical disability, problems with drugs & alcohol, a history of offending, traumatic personal histories, and so on. Often, the most complex clients may have a combination of these and other problems.

This relatively small group of people with very complex needs makes up a significant part of our local population of rough sleepers. This is unsurprising, as all of the above problems are potential risk factors in being unable to keep up a tenancy. Not only are people with complex needs much more at risk of becoming homeless than the general population, but they are typically much harder to help. Even if people engage with services it can be very difficult to support them properly – as they can be very challenging and may not be able to cope with the rules of support services, hostels etc.

---

<sup>16</sup> Information provided by BHT, Nikki Homewood and Andy Winter, informal meeting Jan 14.

In addition, people with complex needs are likely to need support from a number of services – housing obviously, but potentially also social care, NHS mental and physical health services, the police, probation and so on. There are obvious risks involved in having a number of agencies provide support to an individual, particularly in terms of duplication or of clients falling ‘through the gaps’. This is particularly so since people with the most complex needs are unlikely to cope well with complexity – having to deal with a number of agencies can be confusing and may worsen rather than help some conditions.

Traditional means of supporting people with very complex needs have also been found to be too focused on the short-term – providing support for the here and now which may provide some topical assistance, but which does little to change people’s behaviour significantly, and therefore little that is likely to reduce support needs going forward.

Where people with complex needs have to negotiate set support and care pathways there can be problems too. Rigid pathways for specific issues are unlikely to be suitable for people with cross-cutting needs; but if the only way to access appropriate levels of support is to follow a particular pathway, then people may end up going around in circles.

For example, Ellie Reed, a Complex Needs Social Worker with CRI, told the panel about a client of hers who has been evicted from city hostels more than 30 times. It was clear, and had been for a considerable time, that this client could not cope with a hostel environment – the rules, the business and noise and the presence of active drugs users were all factors making effective support via a hostel placement a practical impossibility. What was needed for this client was private, self-contained accommodation, where, with lots of appropriate support, there was at least a chance that he could settle.<sup>17</sup>

However, the pathway for homeless people requires users to cope successfully with living in Band 2 (hostel) accommodation before ‘stepping-down’ to Band 3 independent supported living. In general this pathway makes perfect sense – someone who has shown that they can cope with the rules-based approach of hostel living may well be more likely to succeed in an independent environment than someone who has gone straight from rough sleeping to independent living. But for certain people, the pathway through hostels is never going to be appropriate.

Following a long process of negotiation CRI have been able to circumvent the pathway in this instance and have placed their client directly into a ‘training flat’ normally used to support Band 2 to Band 3 transfers. This is a welcome outcome, but with a less rigid pathway this might have been achieved much more easily and at a point prior to many of the person’s 30 plus evictions, avoiding a lot of stress to the user and saving services a very significant amount of money – because although the current arrangements require a high degree of support, this is likely to be insignificant compared to the costs

---

<sup>17</sup> Evidence from Ellie Reed, CRI, 07.02.13: point 8.6.

of repeatedly evicting someone, supporting them as a rough sleeper, finding them new hostel accommodation and so on.

There is a general point here as well as a specific one about over-rigid pathways: a great deal of money is spent 'supporting' people with complex needs through crises. This can include eviction and re-housing, but also in-patient admissions to hospital, anti-social behaviour of many kinds, and even prison. Given the extraordinary level of costs associated with some of these issues, it would seem to make obvious sense to target preventative support at those people most likely to cost the system large amounts in the long term. It is clearly also the case that, once people become habitual offenders, or rough sleepers etc. it is much more difficult and much more expensive to change their behaviour than if the intervention came at an earlier point.

Of course, services do work together to try to provide holistic support for their clients, and there are really good examples of innovative co-working. However, within traditional organisational restrictions there is only so much that can be done.

There is an interesting model for a more integrated way of working to support the most vulnerable currently being trialled. In recent years, some very vulnerable families across the city have been receiving targeted support – initially as part of the 'Troubled Families' initiative, latterly as part of an expanded nationally-driven programme, locally known as 'Stronger Families, Stronger Communities'. This initiative sees several hundred of the most vulnerable local households receiving targeted support and intervention from a multi-disciplinary team. Each family works with a single 'coach' who helps them manage their interactions with different support services, and ensures that support is appropriate to the client's needs, that it works towards achieving clear outcomes, and that the demands placed upon clients are realistic.

In combination with a better integration and focusing of existing support channels, the initiative also provides additional support, particularly in the form of general help with living: paying bills, making benefits claims, keeping the home clean, keeping appointments etc. The additional expense of this type of targeted help is recouped down the line, as effectively supported clients are less likely to make much more expensive demands on services at a later date – e.g. a family that pays the rent or claims the appropriate level of Housing Benefit will avoid rent arrears and therefore avoid the cost of debt collection or eviction. Since some of these long term costs are very expensive indeed, and since the households being supported are very likely to end up in serious trouble without early support, the cost of this additional support is likely to be considerably less than the cost of no additional support. And clearly, what is true in terms of funding is likely to be true in terms of the welfare of the people involved also.<sup>18</sup>

---

<sup>18</sup> However, the notion that front-loaded investment in services will deliver a down-line savings has relatively little really high-quality evidence-base. Bec Davison of CRI suggested that it would be worthwhile to do some detailed mapping of the costs and benefits of this type of

The cost-benefit analysis of this type of intervention is clearest when the people being supported have problems which a) are very likely to escalate if not effectively treated, and b) are likely to cost a great deal to treat in the longer term. Whilst there are arguments for providing additional support to very broad populations, the cost benefit is less obvious here, as many of the people receiving additional support may not have developed bigger problems down the line. If there is a financial argument for targeted support therefore, it is likely to be strongest for clients with the most complex needs.

The panel believes that there are real opportunities in using the Stronger Families, Stronger Communities model of front-loaded, integrated support to target those rough sleepers with the most complex needs who are currently not well served by the existing homelessness and allied pathways. (To be clear the panel is not proposing that the Stronger Families programme be expanded to include vulnerable homeless people; merely that homeless people are supported via an integrated programme of practical support with a significant focus on making financial savings as well as improving the lives of services users – and Stronger Families is an obvious model of this type of scheme.)

In the first place, we propose that a cost-benefit analysis is undertaken, identifying the costs of providing additional targeted support to those rough sleepers with the most complex needs versus the likely future costs of continuing with current support methods. Such an analysis needs to reach beyond the local authority to include other services directly impacted by rough sleeping. This will potentially include the NHS, both in terms of mental health services, where there is a laudable recent history of successful integration and cost-sharing, but also in terms of physical health – rough sleepers are many times more likely to present for A&E treatment and to require unplanned hospital admissions than the general population, so there is a potential benefit to NHS acute providers and the commissioners of unplanned/emergency care here.<sup>19</sup> It may also include the police and fire services, probation and potentially the prison system – the costs of imprisoning people are very high and there is a strong correlation between rough sleeping and incarceration. Community and voluntary sector organisations in the city must also be involved in this calculation.

In some instances it may be the case that, even if it is possible to show that targeted support would result in a longer term saving, it is not feasible to persuade national agencies etc. to contribute to local initiatives. It would be very useful to have an idea of the absolute savings that could potentially be achieved across the board even if some of these savings cannot readily be realised, not least so as to be able to plan for lobbying of national agencies.

---

model against the costs/benefits of the models currently in place. Evidence from Bec Davison, 07.02.13: point 8.10.

<sup>19</sup> As noted elsewhere in the report, there are current initiatives providing support for hostel residents with alcohol problems and for those recently discharged from hospital which might provide a useful source of data.

However, in the short term, the focus should be on those organisations where there is a realistic chance of partnership working and cost sharing.

One of the biggest difficulties encountered in supporting homeless people with very complex needs can be that this group is very likely to be wary of authority – for obvious reasons with individuals who feel they have been failed by services in the past or for people who have been in and out of prison. This issue is becoming better recognised, with one obvious solution being to increasingly rely on trusted, expert community sector organisations to do much of the direct interfacing with clients. In the type of targeted support approach outlined above, an absolutely key element is that of the ‘care coordinator’ who forms a relationship with and acts on behalf of the client. It may well be that this is a role that is best carried out by non-statutory sector organisations, although equally there may be instances (e.g. where someone has a very complicated mental health problem) when it is better to have that role filled by a suitably qualified professional from a statutory agency.<sup>20</sup>

The panel were very interested to hear about the Big Lottery Bid application: this multi-partner application seeks funding to deliver more holistic services to homeless people with complex needs. Panel members were delighted to hear that the application was approved just before Christmas 2013.

This project is to be commended, but we need to go further: not just seeking external funding to deliver better targeted services to clients with complex needs, but actively reconsidering how the council and its key city partners use existing homelessness funding. There seems to be real potential to use resources more wisely: front-loading support for some clients may save money in the longer term as well as giving homeless people the best possible chance of getting some stability into their lives. In consequence, we hope that the Big Lottery work is viewed as a springboard to more intelligent co-working rather than as an end in itself.

It has also recently been announced that the council will establish a multi-agency board to oversee services focused on homeless people and community safety. This initiative is very much to be welcomed and it is heartening to see that city agencies are beginning to make real practical moves towards proper integration of services.

If this report had been written a few years ago, the panel might well have been calling for more integration of services across a landscape where different agencies worked largely within their own silos, even though many homeless professionals recognised and were lobbying for greater integration. At the present time, however, it is clear that much has changed, and that agencies have taken significant practical steps towards better integration.

This is good news for vulnerable homeless people and for the city as a whole. However, we are still a long way from truly integrated services, and there is a

---

<sup>20</sup> Evidence from Bec Davison, CRI, 07.02.13: point 8.5.

real danger that some of the current initiatives will fizzle out without having really advanced things, particularly in instances where a project is dependent upon lottery or other uncertain external funding. (In this context it is good to hear that partners are committed to continuing the project to provide integrated health and social care to vulnerable homeless people despite failing to win Department of Health Pioneer funding for the scheme.)

There is also a risk that we end up with a number of schemes to better integrate services for homeless and insecurely housed people, but that there is little or no effective integration of the schemes at a strategic planning level. While the various initiatives would still be valuable in themselves this would seem to risk missing some obvious opportunities. However, it also needs to be recognised that services are complex and that there may therefore be very good reasons for approaching better integration of, say, healthcare separately from community safety services.

In order to ameliorate these risks the panel proposes that the city council nominates a senior officer to act as a champion for homelessness service integration.

- The homelessness integration champion should have a brief to encourage the better integration of services across the city, in terms of both statutory agencies and other sectors.
- The homelessness integration champion should submit a report to both Housing Committee and the Overview & Scrutiny Committee (within 12 months of these panel recommendations being agreed by the relevant council decision-making committee). The report should detail the practical steps taken towards better integration over the past 12 months by the various schemes in operation, as well as plans for further development across the next year.
- The homeless integration champion will also be responsible for ensuring that the various projects for better integration of homelessness services are kept aware of each other's work programmes and work jointly when it is advantageous to do so.
- The homelessness integration champion will be responsible for collating information on the cost savings (or otherwise) achieved by better integration of services, both to include in the report to Housing Committee/OSC, and in terms potentially of establishing a more general business case for the value of service integration.

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



## Hostels

Traditionally, in Brighton & Hove and elsewhere, most single homeless people eligible for local housing support would be offered a place in a hostel. Hostels typically house a number of people in individual bedrooms, but with other areas communal. Hostels provide various levels of support, depending on the types of clients housed there. They are intended to be a relatively short term resource, with residents moving on to independent living or to lower support housing. However, progress on this pathway will depend on a client's ability to live independently: whilst some hostel residents are perfectly capable of managing a tenancy, others, particularly those from rough sleeping backgrounds are not, and require intensive support to develop these skills.

There is little doubt that hostels can be a very useful housing resource: for instance, it is generally more straightforward and more cost-effective to provide support to a number of people living together than to smaller groups or individuals. Nikki Homewood of BHT told the panel that city hostels could be extremely effective, delivering really good outcomes in terms of supporting people to move on to independent living. Hostels are not just shelters, but places from which a wide range of support services can potentially be delivered efficiently.<sup>21</sup>

However, there are also some quite significant problems associated with hostels. Firstly, the hostel environment may simply be unsuitable for some clients. This may include people on the autistic spectrum for whom group living can be very challenging. For others, particularly for those trying to recover from drug or alcohol misuse, hostels are a difficult environment because some residents may be using such substances. Other people may simply be unable to obey the rule-based system that hostels need to employ to deal safely with high-needs residents.<sup>22</sup> It seems perverse to attempt to house people genuinely unable to cope with group accommodation in an environment that may serve to exacerbate rather than reduce their support needs.

Secondly, the fact that hostels bring together a number of people who may tend to have problems with offending, anti-social behaviour, mental health problems and drug or alcohol misuse can create significant problems for local communities. It is evident that the size of hostels is a factor here: the more people with high support needs who are housed together, the more likely it is that they will interact badly.<sup>23</sup> Although a good deal can be done to reduce the impact of anti-social behaviour associated with hostels, particularly in terms of the support provided to hostel residents, the presence of hostels in residential areas remains problematic.

Thirdly is the issue of location. For historical reasons our hostels tend either to be located in central Brighton near the seafront, or close to London Road or St James Street. This concentration of accommodation means that there is a

---

<sup>21</sup> Evidence from Nikki Homewood, BHT, informal meeting Jan 14.

<sup>22</sup> Evidence from Narinder Sundar, Commissioning Manager, BHCC Housing, 07.02.13: point 8.6.

<sup>23</sup> Evidence from Sylvia Peckham, 25.01.13: point 3.10.

disproportionate impact on some communities. It is also unfortunate that so many of our hostels are close to areas associated with anti-social behaviour, drug-dealing and street drinking.<sup>24</sup> For people who are trying to be abstinent such environments pose obvious challenges. (It's evidently not just coincidence that the areas with most hostels are the places where there are problems with street-drinking etc – part of the problem is the behaviour of some hostel residents. However it's also clear that somewhere like Brighton sea-front is going to be a hot spot for substance misuse and anti-social behaviour whether or not hostels are clustered there.)<sup>25</sup>

The panel heard from housing officers that a pilot initiative had seen a small hostel opened at a location a little out of the city centre, and that results had so far been positive, with a reduced level of drink and drugs-related anti-social behaviour from residents, and relatively few problems caused for the local community.<sup>26</sup> However, it should be noted that this hostel houses people with relatively low support needs.<sup>27</sup>

It does seem as if there is some potential to make hostel provision more diffuse, with less reliance upon large central Brighton hostels in favour of smaller units in slightly less central areas. If effective, this would help to reduce anti-social behaviour from hostel residents and reduce the impact upon local communities, particularly those in city centre wards.

**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.

This still leaves the problem of people for whom hostel accommodation is never going to be a feasible option. At the moment there is no realistic alternative for these clients. This seems unacceptable, since people with the type of complex needs that make it impossible to effectively place them in hostels are not going to magically find a housing solution without intensive support. Instead they are likely to end up in a 'revolving door' – rough sleeping until they are placed in a hostel, evicted from the hostel and then rough sleeping again until they are placed in another hostel. This is clearly a poor way to support highly vulnerable people and a potential waste of money.

---

<sup>24</sup> Evidence from Sylvia Peckham, BHCC Head of Temporary Accommodation and Allocations, 25 January 2013: point 3.11.

<sup>25</sup> BHT told the panel that a recent local count of street drinkers run by Equinox had shown that, perhaps contrary to received opinion, the majority of persistent street drinkers are not hostel residents, and that a relatively small percentage of city hostel residents are in fact street drinkers. Of 93 people identified as street drinkers, 35 were hostel residents. Of the 35 people identified as high profile regular street drinkers, 16 were hostel residents. This is under 6% of the city's hostel population (288). This suggests that hostels work effectively to minimise the problematic street presence of their residents (evidence provided by BHT: included in **Section 2** to this report).

<sup>26</sup> Evidence from Sylvia Peckham, BHCC Head of Temporary Accommodation and Allocations, 25 January 2013: point 3.11.

<sup>27</sup> Evidence from BHT: informal meeting Jan 14.

Some witnesses to the panel suggested that we should move away from the hostel model entirely, seeking instead to focus on much smaller units, or on housing people individually with support.<sup>28</sup> In the short term it seems highly unlikely that we would or could abandon the hostel model, but it is important there should be alternatives for those clients for whom hostels are an ineffective housing option. This should include smaller scale supported housing as well as supported independent housing. Although this type of supported housing may seem considerably more expensive than accommodating someone in a hostel, it is unlikely to be more expensive than *failing* to accommodate someone in a hostel.<sup>29</sup> This is an option that has been successfully explored by local authorities in Westminster and Oxford,<sup>30</sup> although housing officers did point out that, whilst offering alternatives to hostel accommodation may initially appear an attractive option, it does depend on there being appropriate housing stock available, which may pose a problem locally given the high demand for social housing.<sup>31</sup>

**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.

### **Service Mapping and Member Engagement**

Everyone knows that homelessness is a major issue in Brighton & Hove. However, beyond this general perception of there being a problem, there is relatively little detailed public understanding of homelessness as an issue. Indeed, the panel members were struck by how little *they* actually knew about homelessness services, and just how wide-ranging services actually are. As part of the scrutiny review process, members talked widely to officers in the council's housing service and other homelessness support providers. They also visited several services for homeless people, including hostels, drop-in centres and B&B accommodation, talking with staff and service-users.<sup>32</sup>

It quickly became apparent that services for homelessness are a complex mosaic, involving at least two council housing teams, NHS commissioners and providers, Community Safety, Public Health, the police and probation services, and a wide range of community and voluntary sector providers – some commissioned by the city council or the NHS, others independently funded and operating to their own agenda.

---

<sup>28</sup> Evidence from Bec Davison, CRI, 07.02.13: point 8.7, and from Ellie Reed and Sarah Gorton: point 8.15.

<sup>29</sup> Evidence from Bec Davison, CRI, 07.02.13: point 8.7.

<sup>30</sup> Evidence from Sarah Gorton, Homeless Link, 07.02.13: point 8.7.

<sup>31</sup> Evidence from Narinder Sundar, 07.02.13: point 8.8.

<sup>32</sup> Panel members visited First Base Day Centre, Phase 1 Hostel, New Steine Mews Hostel, Glenwood Lodge Hostel and the West Pier Project. Members also took part in the annual rough sleeper street count and attended a service-user event where they interacted with Business Action on Homelessness. As part of the panel process, support officers met with BHT and co-ran a workshop session at the SHORE conference.

Complexity is not necessarily a bad thing. In some instances very complex service arrangements may work superbly well. It may also be that there is an irreducible complexity inherent in homelessness services – because the problems cut across so many services and concern so large a number of partners, and because there is so much long-standing public and charitable concern around homelessness. It may well be that there is very limited potential in terms of further integrating or streamlining this map, and indeed there may be major benefits from having multiple approaches and solutions to the problem of homelessness.

However, whilst the local map of homelessness services is doubtless fully understood by the relevant housing professionals, and makes perfect sense to those whose core job is homelessness, from the point of view of potential service users, or even of people working in the police or the NHS, the complexity threatens to be bewildering.<sup>33</sup> If the people who need to use a service are unclear as to what services are actually available and how to access them, they are unlikely to have a positive experience.

Whatever the actual organisational and partnership complexity of homelessness services therefore, there is a clear need for a readily comprehensible map of services – something that offers a simple picture of the services on offer across the city.

**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.**

In a similar vein, the Council's elected members have ultimate decision-making powers in relation to homelessness services (at least in terms of services commissioned or provided by the city council), but members' understanding of homelessness as an issue and of the types of services on offer is often very limited (excepting of course Housing Committee members). The panel members were very impressed by the services they visited or were told about, and by the obvious competence and dedication of the people working in them. We think that there would be value in the housing team doing more with elected members, both in terms of homelessness as a strategic concern and in terms of the practical services on offer and how they can be a resource to ward Councillors. Improving the information available to elected members is likely to lead to a better understanding of the importance of homelessness services. This is particularly important as homelessness cuts across services, meaning that decision-makers in areas other than housing would benefit from greater knowledge of the issue.

This was reinforced by evidence from Sarah Gorton, the South East Regional Manager for Homeless Link, a national membership organisation for organisations working in the field of homelessness. Ms Gorton highlighted the

---

<sup>33</sup> Evidence from John Child, Deputy Service Director, Sussex Partnership NHS Foundation Trust, 07.02.03, point 8.19.

importance of involving elected members in homelessness services, and commented:

*“It was really good to see members from all parties interested enough to come on the rough sleeper count and impressive to attend the scrutiny panel meeting and witness the genuine desire from Councillors to engage in the issues and to think about what needs to change.”<sup>34</sup>*

Other witnesses, including Central Sussex YMCA, reiterated the importance of elected member involvement in homelessness issues.<sup>35</sup>

As Brighton & Hove City Council operates a committee system, we already have a relatively high degree of cross-party member involvement in homelessness issues via the BHCC Housing Committee. There is also direct elected member involvement in the local Strategic Housing Partnership. In addition the city Health & Wellbeing Board will be involved in monitoring the soon to be established Programme Board for integrated homeless health and social care.

There is therefore already a good base of relatively expert members to build on. This should be reinforced via the member training programme. The panel is pleased to note that the member seminar programme already includes training on homelessness issues, and trusts that there will be further training scheduled.

### **Pathways**

Service pathways set out how service-users access and progress through a system and are an important tool for professionals. Homelessness pathways need to be simple enough for service users and non-housing professionals to understand and they need to be flexible enough to avoid bottlenecks and perverse outcomes. It is not necessarily an easy task to devise a pathway through services that is easily understood and appropriately flexible, and even the most robustly designed pathways need periodic tweaks.

The panel heard evidence that aspects of homelessness pathways were not working as well as they should. For instance, CRI told us that homeless pathways demand that homeless people accessing band 3 unsupported accommodation must first have progressed through band 2 supported accommodation (i.e. hostels). For most clients this may make perfect sense, as people who have successfully lived in group accommodation are well placed to take on the additional responsibilities associated with independent living – many rough sleepers would not cope well if immediately moved into unsupported accommodation. However, for a small group of people with complex needs, progress through band 2 is much more problematic, and a better alternative might be to house them directly in band 3 housing with appropriate levels of support.<sup>36</sup> In this particular instance it seems likely that a

---

<sup>34</sup> Email from Sarah Gorton, SE Regional Manager, Homeless Link

<sup>35</sup> Evidence from Central Sussex YMCA, 19.02.13: point 13.35.

<sup>36</sup> Evidence from Ellie Reed, CRI, 07.02.13: point 8.6.

generally sensible policy has had perverse consequences, and some relaxation of the pathway rules would be desirable.

Other witnesses suggested that the homeless pathways be amended to provide more robust learning and work support<sup>37</sup>, or that a dedicated young people homeless pathway be established.<sup>38</sup> The panel is pleased to note that the city council is actively seeking to develop a young person housing pathway.<sup>39</sup>

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

### **Setting local levels of support**

Homeless is not a localised issue. Whilst the majority of homeless people in an area are likely to be from that area, by no means every homeless person will be. Some destinations are inherently more appealing than others for rough sleepers. Factors which make a particular area attractive include: climate, levels of street violence, the presence of an established rough sleeping 'community', access to drugs, the availability of non-statutory support (food, sleeping bags etc), and the relative generosity of statutory sector support.

A number of these factors apply to Brighton & Hove and it is therefore no surprise that the city has to deal with a disproportionate number of rough sleepers. Of course, there's not much we can do about the weather, and some of the things that make Brighton & Hove attractive to rough sleepers are also the things that make the city attractive to tourists or businesses, so we'd be unlikely to want to change them even if we could.

However, there is more opportunity to influence some of these factors, most obviously in terms of statutory services. Every upper-tier local authority is required to provide a legal minimum level of homelessness services, but providing additional levels of service is optional. In practice this can mean that neighbouring authorities may offer significantly different levels of service, and if this is the case there is an obvious danger that homeless people will migrate from areas of low to areas of higher support, increasing pressure on those areas that have already done the most to address homelessness problems.

One solution to this issue would be to recommend that local support was provided at the legal minimum level. However, there are a couple of potential problems here. Firstly, there is an ethical dimension to be considered with regard to any decision about providing services to vulnerable people: we may not feel that the legal minimum is sufficient. Secondly, not all rough sleepers will necessarily go elsewhere if support services are cut. It is likely that we

---

<sup>37</sup> Evidence from Rob Liddiard, Friends First, 19.02.13: point 13.35.

<sup>38</sup> Evidence from Stuart Kitchenside, Sanctuary, 19.02.13: point 13.35.

<sup>39</sup> BHCC Draft Joint Commissioning Strategy: Housing & Support for Young People aged 16-25 (presented at BHCC Children & Young People Committee 14.10.13).

would continue to have significant numbers of people sleeping rough in the city irrespective of the level of support offered. But without support it is also likely that these remaining rough sleepers would be at greater risk and present greater risks to the local community. There is therefore a pragmatic balance to be struck in terms of setting a level of support that does not needlessly attract out-of-area rough sleepers, but which ensures that the impact of those rough sleepers who are bound to remain is minimised.

Whilst it may never be possible to guarantee that a local area's approach to homelessness will exactly tally with those of its neighbours, it is obvious that all practical steps should be taken to synchronise approaches in order to minimise the migration of homeless people from one area to another. The panel heard evidence from John Routledge of SHORE (Sussex Homeless Outreach, Reconnection and Engagement). SHORE seeks to bring statutory and non-statutory providers of homelessness services across Sussex together to share best practice and plan more effectively.<sup>40</sup> We are pleased to note that the council's housing service is actively engaged with the SHORE initiative: it clearly makes sense to share as much information and expertise as possible with our neighbours, even if we may have differing views on how to deal with homelessness.

In very practical terms, it is difficult to not provide some sort of support to homeless people living locally even if they have no local connection. In theory such people should return to wherever they do have a local connection and receive support there. However, recent years have seen many local authorities becoming more reluctant to accept their duty to house such people, and Brighton & Hove will not relocate homeless people unless there is appropriate support in place for them, so in practice we do provide services to a number of people who have no local connection.<sup>41</sup>

It seems to us that there is really good work already going on across local authority boundaries here, and we therefore have no specific recommendation to make.

## **Domestic Violence**

There are many reasons for people becoming homeless, and although all homeless people are potentially vulnerable, some are especially so. People fleeing their homes because of domestic violence are obviously homeless. However, in order to be eligible for local authority help under housing legislation, applicants have to meet five criteria, including whether they are 'intentionally homeless' and whether they have a 'local connection'. Both of these can cause problems for people who have experienced domestic violence.

In terms of 'intentionality', people who simply abandon a tenancy for no good reason are likely to be deemed 'intentionally homeless' and therefore

---

<sup>40</sup> See evidence from John Routledge, SHORE, 07.02.13: point 8.13.

<sup>41</sup> Evidence from Bec Davison, CRI, 07.02.13: point 8.4.

ineligible for housing support. Whilst experiencing domestic violence would probably be considered a valid reason for abandoning one's home, it may be no simple matter to prove this, particularly in instances where people are too scared to involve the police, or where long term abuse has never been reported to the authorities, meaning that there is no documented history to refer to. It is frequently the case that people suffering from domestic violence do not report their abuse

In terms of local connection, it is evident that people forced to flee their homes may not feel safe in their local areas. Whilst some people may have family or friends in other parts of the country, others will not, and may well have little choice but to move to an area where they have no connections – indeed such an area may be the safest place for them. However, having a local connection is one of the criteria by which homeless applications are judged. Again, there should already be enough flexibility in the system to ensure that someone genuinely fleeing domestic violence is able to access housing support wherever they have settled. Housing legislation effectively waives the requirement to have a local connection if you can show that you have no connection to any locality (for example if you've been serving with the armed forces for a length of time), or if you can prove that the places where you have an established connection are unsafe. However, the problem is again that it may not necessarily be easy for someone to prove that they are at risk, particularly if they do not have a well-documented history of domestic violence.

The city council is committed to supporting the victims of domestic violence, and this should clearly include helping people access housing services to which they are statutorily entitled. However, the council cannot simply take people who claim to be the survivors of domestic violence at their word. Even if the overwhelming majority of such applicants are genuine, this would leave a loophole for fraudulent applications, and a loophole that would probably get larger over time. This does not mean that the local authority should not continue to adopt as sensitive an attitude to domestic violence as possible, recognising that the great majority of people who claim to be fleeing abuse are indeed doing so, and that a necessarily robust system of checking must be designed not to deter genuine cases.

The panel recommends that future housing strategy reviews should specifically address the needs of people fleeing domestic violence. We also recommend that staff induction and training should ensure that those assessing eligibility for housing are aware of the common issues relating to intentionality and local connection outlined above, and that guidance to assessment teams should make it clear that the city council is committed to supporting survivors of domestic violence in accessing all services to which they are entitled.

Where the council knows that people have been affected by domestic violence, it could also explore using more flexible forms of tenancy. People suffering domestic violence may, regrettably, have to move at short notice for their own safety. It seems perverse to hold people in these circumstances



responsible for breaching a tenancy agreement or to make them forfeit their deposits.<sup>42</sup>

**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.**

## **LGBT people**

Jess Taylor of RISE told the panel that there was a real issue with LGBT people being made homeless because of their sexual orientation or gender identification - especially in terms of young people 'coming out' and being rejected by their families. The consequence of this is that LGBT people are typically over-represented amongst rough sleepers (up to 30% of rough sleepers in urban areas identify as LGBT, whereas the general LGBT population is rarely more than 10-15%).<sup>43</sup>

Facing being ostracised or harassed at home, many LGBT people gravitate to urban areas with a reputation for being inclusive, as do lots of people who simply want to live in an LGBT-friendly environment. Brighton & Hove is obviously a popular choice as an LGBT-friendly destination, and there are significant economic and cultural benefits for the city here.

Jess Taylor told the panel that domestic violence is typically under-reported, and this is likely to be even more so across the LGBT community, with many people reluctant to divulge details of the sexual or gender identity to the police or other authorities. Locally, the level of formally reported LGBT domestic violence is very low, but this is totally at odds with all qualitative data, such as the Count Me In Too survey, and is likely to indicate that there is an endemic problem of under-reporting in the city.<sup>44</sup> Peter Castleton of the council's Community Safety team echoed this point, telling members that official crime figures tended to under report both domestic violence and crimes against the LGBT community.<sup>45</sup> Homeless LGBT people, particularly younger people, may also be particularly vulnerable to domestic violence and to being coerced into providing sex in return for shelter, although this is not a problem unique to LGBT communities.<sup>46</sup> There is currently no local refuge provision or other safe space for men or trans men affected by domestic violence, although there is some provision for trans women.<sup>47</sup>

---

<sup>42</sup> Evidence from Jess Taylor, 19.02.13: point 13.12.

<sup>43</sup> Evidence from Jess Taylor, RISE, 19.02.13: point 13.2.

<sup>44</sup> Evidence from Jess Taylor, 19.02.13: point 13.5.

<sup>45</sup> Evidence from Peter Castleton, BHCC Community Safety, 19.02.13: point 13.5.

<sup>46</sup> Evidence from Jess Taylor and from Peter Castleton, 19.02.13: point 13.7.

<sup>47</sup> Evidence from Jess Taylor, 19.02.13: point 13.8.

Recent changes to Housing Benefit have capped payments to under 35s, meaning that people can only claim for the cost of a room in a shared house rather than for independent accommodation. For some LGBT people, particularly those who have already suffered domestic violence, this can be problematic, as people may not feel safe living with relative strangers who may target them for their gender orientation or sexual identity.<sup>48</sup>

Jess Taylor noted that LGBT people who do become estranged from their friends and family after coming out are much more likely than the general population to lack ‘social capital’ – the types of informal support that typically prevent homeless people from becoming rough sleepers.<sup>49</sup>

Ms Taylor told members that some LGBT people report encountering problems when attempting to access housing services – e.g. difficulties with staff who are unsympathetic or who do not understand LGBT issues. This is something that was also noted in the Count Me In Too survey of local LGBT communities and has been widely reported anecdotally. Ms Taylor suggested that this problem should be dealt with by ensuring that housing staff receive proper training in dealing with and signposting for LGBT customers (e.g. the type of training provided by Allsorts).<sup>50</sup>

Older LGBT people can feel very isolated, perhaps particularly those who are living in sheltered housing schemes where LGBT identities are not always well understood or accepted. Jess Taylor pointed out that there is no dedicated LGBT sheltered housing in the city and little acknowledgement of LGBT concerns across existing sites.<sup>51</sup>

The panel recommends that future homelessness strategies should explicitly address the needs of LGBT people, recognising that Brighton & Hove is particularly likely to attract those who have been unable to live free of harassment in other areas. We also recommend that staff induction and training should ensure that those assessing eligibility for housing are aware of the common issues relating to intentionality and local connection outlined above, and that guidance to assessment teams should make it clear that the city council is committed to supporting LGBT people in accessing all services to which they are entitled.

**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.**

---

<sup>48</sup> Evidence from Jess Taylor, 19.02.13: point 13.9.

<sup>49</sup> Evidence from Jess Taylor, RISE, 19.02.13: point 13.6.

<sup>50</sup> Evidence from Jess Taylor, 19.02.13: point 13.10.

<sup>51</sup> Evidence from Jess Taylor, 19.02.13: point 13.11.

## Young people

There are specific problems associated with young homeless people. In the first place, homelessness is a growing problem for young people as it is for other demographic groups. But there are also changes within the group of young people presenting as homeless. Stuart Kitchenside from Sanctuary told members that the profile of young people being supported by Sanctuary had changed significantly in the past five years, with a rise in younger applicants (16-17 rather than 20-25) coupled with increasingly complex support needs. This has resulted in a changed emphasis for support services, moving from a focus on preparing young people for further/higher education to teaching basic coping skills.<sup>52</sup>

Sussex Central YMCA agreed, but noted that the need to concentrate on young people with complex support needs shouldn't distract people from the fact that demand for services was increasing across the whole of the demographic – the YMCA has seen client numbers increase six-fold in the last six years (from 100 to 600). By no means all of these young people have high support needs, but young people (i.e. 18-21) with no job, no employment history, credit history, guarantors or references, and with limited independent living skills, are competing for properties against students and young professionals and are unsurprisingly losing out. There is an obvious need for a focus on this issue: supporting young people to stay in the family home for longer, teaching living skills, and providing sufficient supported accommodation for those who cannot realistically find or maintain private sector tenancies.<sup>53</sup>

Supporting younger homeless people with high needs is a specialist job: when young people have had bad experiences with families and school they may not thrive in a rules-based environment. It is therefore important that service providers are able, and are enabled by commissioners, to work flexibly and appropriately with young people, delivering against outcomes rather than process targets. This work is necessarily long term, and typically does not fit the 2 year support plans that Supporting People funding requires. Mr Kitchenside noted that housing commissioners had been very progressive in these respects, recognising how complex and delicate work with young people has become and relaxing their rules to accommodate this – although there was always more that could be done.<sup>54</sup>

It is not totally clear why the profile of young homeless people has changed so much recently. Stuart Kitchenside suggested that it may reflect the increasing lack of jobs for low-achieving young people – a problem exacerbated in Brighton & Hove by the large student and graduate populations competing with local people for low-skills jobs. This lack of available jobs may discourage young people from trying to gain the skills that might make them employable.<sup>55</sup> Sussex Central YMCA agreed, but added that there was also a

---

<sup>52</sup> Evidence from Stuart Kitchenside, 19.02.13: point 13.13.

<sup>53</sup> Evidence from Sussex Central YMCA, 19.02.13: point 13.33.

<sup>54</sup> Evidence from Stuart Kitchenside, 19.02.13: point 13.14.

<sup>55</sup> Evidence from Stuart Kitchenside, 19.02.13: point 13.18.

general issue of 'extended adolescence' with young people taking on 'adult' attitudes and responsibilities much later in life. This could be seen across the social spectrum and was not necessarily a problem for privileged/high achieving young people, but could be a significant issue for young people who cannot rely upon parental support, and especially for those with other vulnerabilities such as mental health problems, learning disabilities, or experience of unstable childhoods.<sup>56</sup>

Support services are sensibly focused on getting their young clients into work. However, in practice this can be complicated by the claw-back of benefits and Supporting People funding from people who do find work. This may leave them no better off than before and could act as a further disincentive. Moreover there is a risk that vulnerable young people who are successful in finding work could be deemed as no longer in need of Supporting People funding and be therefore required to find private sector housing. Whilst this move-on might sometimes be appropriate, if applied indiscriminately it could end up ruining the progress of young people who have responded really well to support by moving them into unsuitable accommodation before they are truly ready to be moved.<sup>57</sup>

Indeed it may not be wise to assume that young people can easily access private sector housing. Stuart Kitchenside noted that it can be almost impossible for young people to get private tenancies as landlords are reluctant to house them, preferring 'easier' and more remunerative student or young professional tenants. Encouraging private landlords to take a more positive view of young tenants would therefore be valuable.<sup>58</sup>

Mr Kitchenside also told members that there is currently no dedicated service pathway for young homeless people, meaning that younger clients are expected to use the adult homelessness pathways. There is a real danger here in exposing vulnerable and easily-influenced young people to entrenched homeless adults and indeed to professionals whose main point of reference is that of entrenched service users. The risk is that young people will effectively be encouraged to view homelessness as a norm, as well as being exposed to resources which are really not appropriate for young people.<sup>59</sup> Sometimes there may be an advantage in accommodating some young people in adult schemes, particularly for those people who cannot settle in age-appropriate hostels, but this should be determined by the support needs of the individual not because pathways are too rigid or because there is a lack of age-appropriate places.<sup>60</sup>

Sussex Central YMCA noted that there is not enough supported accommodation for young people, with long waiting lists for hostels meaning that too many young people are housed in inappropriate B&B accommodation. There is a particular frustration here as B&Bs are both

---

<sup>56</sup> Evidence from Central Sussex YMCA, 19.02.13: point 13.18

<sup>57</sup> Evidence from Central Sussex YMCA, 19.02.13: point 13.19.

<sup>58</sup> Evidence from Stuart Kitchenside, 19.02.13: point 13.20.

<sup>59</sup> Evidence from Stuart Kitchenside, 19.02.13: point 13.16.

<sup>60</sup> Evidence from Stuart Kitchenside, 19.02.13: point 13.17.

expensive and typically poor environments for vulnerable people – providing sufficient hostel capacity would potentially be cheaper in the short term and would deliver even bigger long term benefits as it would provide a living environment designed to reduce people’s vulnerabilities rather than one likely to exacerbate them. There are particular capacity issues in terms of supported accommodation for young people with mental health, substance misuse or learning disability issues.<sup>61</sup>

When addressing the housing needs of younger people it is also important to think holistically. If young people are not work ready, lack the types of skills or qualifications needed to enter the job market or the skills necessary to live independently, then finding them housing is likely to offer only a very partial solution to their difficulties. Rather, housing support needs to be delivered alongside other types of support, and any strategy aimed at younger homeless people needs to recognise that solutions will need to be much broader than the provision of shelter.

The recently published BHCC Draft Joint Commissioning Strategy: Housing & Support for Young People aged 16-25 addresses a number of the points raised above. In general the draft strategy should be warmly welcomed. However, it is unclear whether the strategy will seek specifically to address issues concerning the growing number of young people with high/complex support needs, the supply of specialist supported housing for young people, and ‘holistic’ support which focuses on work-skills as well as housing support. We feel that these are important areas and should form part of future service planning for young people at risk of homelessness, potentially as part of the Joint Commissioning Strategy.

**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)**

### **Community Safety/Policing**

Peter Castleton of the BHCC Community Safety Team told members that local services for rough sleepers involved the council working in partnership with the police, with BHT and CRI, and with a number of community and voluntary sector organisations, both to discourage rough sleeping and to provide outreach support to those who nonetheless rough sleep.<sup>62</sup> The

---

<sup>61</sup> Evidence from Sussex Central YMCA, 19.02.13: point 13.34.

<sup>62</sup> Also important in this context is the Co-ordinated Agency Intervention to End Rough Sleeping Approach (CAIERS). This new multi-agency project, led by BHT and CRI seeks to plan and co-ordinate support to end rough sleeping on a case-by-case basis, prioritising the most entrenched and vulnerable service-users. To date this project has been very successful. More information, supplied by BHT, as included in **Section 2** to this report.

intention is to protect rough sleepers – from other rough sleepers and from ‘external’ threats - and to minimise the impact that rough sleeping has on settled communities. In general services are very good, as demonstrated by the fact that the number of rough sleepers locally has increased significantly in recent years without a similar increase in complaints about them.

However, there are still some major problems. These include a very high homicide rate within the rough sleeping community; very high levels of harassment and abuse of rough sleepers - particularly by drunk people in the centre of town - poor reporting of harassment by rough sleepers; and rough sleepers being used for forced employment. There is also a considerable cross-over between the rough sleeping community and other groups – most notably street drinkers. This means that rough sleeper problems can spread to other areas – as when housed street drinkers invite rough-sleeping street drinkers back to their flats.<sup>63</sup> Brian Doughty, Head of BHCC Adult Assessment, added that a significant problem for adult social care was ‘cuckooing’, where vulnerable tenants were targeted by homeless people who would ‘befriend’ them before moving in with them and exploiting them. Again this is a cross-agency problem and a joint protocol is being established to help deal with it.<sup>64</sup>

Mr Castleton told members that support for rough sleepers needed to be carefully targeted. Some rough sleepers are actually incredibly resilient and do not need (or want) high levels of support.<sup>65</sup>

Bec Davison of CRI agreed that the police and community safety teams had made great strides in recent years to understand and develop links with homeless people (e.g. via the Street Community Policing Team), and this was to be commended. However, there was a risk that a focus on building relationships with the homeless community meant that anti-social behaviour committed by rough sleepers might be ignored for fear that enforcement would alienate those with whom the police were trying to build bridges.<sup>66</sup> John Child noted that Sussex Partnership NHS Foundation Trust (SPFT) had experienced parallel problems, with the police reluctant to use appropriate enforcement measures when dealing with mental health service users.<sup>67</sup>

## **Employment support**

Many homeless people lack qualifications, job experience or even the most basic work skills, either because they have never had them or because the trauma they have experienced has effectively de-skilled them. If people are to eventually live normal, settled lives it is clearly vital that they have the necessary skills to live and work independently. It is therefore important that, in addition to providing shelter, services for homeless people enable their clients to develop work and learning skills.

---

<sup>63</sup> Evidence from Peter Castleton, BHCC Community Safety, 19.02.13: point 13.25.

<sup>64</sup> Evidence from Brian Doughty, 19.02.13: point 13.23.

<sup>65</sup> Evidence from Peter Castleton, 19.02.13: point 13.28.

<sup>66</sup> Evidence from Bec Davison, CRI, 07.02.13: point 8.16.

<sup>67</sup> Evidence from John Child, Sussex Partnership NHS Foundation Trust, 07.02.13: point 8.7.

The panel heard from Rob Liddiard and Adrian Willard of Friends First. Friends First is a small voluntary organisation that provides a range of services for homeless people, including drop-in provision, supported accommodation, a move-on house and a working farm. Friends First aims to support homeless people to develop work skills by giving them experience of working – either in building or market-gardening. The intention is to teach general work-related skills, such as being punctual and reliable, rather than very specific skills. Mr Liddiard noted that this was a relatively undeveloped idea in terms of local homeless provision, but that there was considerable merit in the concept of a ‘working hostel’ environment as becoming work-ready was an important part of reintegrating homeless people into the community.<sup>68</sup> The use of a rural setting for some of these services has advantages in terms of avoiding some of the distractions of a city centre environment, although few Brighton & Hove homeless people would choose or be well-adapted to living permanently in a rural environment.<sup>69</sup>

The panel heard that there was a significant practical problem with running the Friends First market garden: Jobcentre+ refuses to accept that clients being trained via the market garden are undertaking genuine job-training and requires them to sign-on as usual. It can easily take claimants half a day’s travel to do so, and this is unsettling for the service users as well as being a waste of time that could have been spent on work training. What seems particularly nonsensical is that the people training at the market garden are by definition lacking in the kind of skills that would make them employable, so they are being made to ‘sign-on’ to show that they are actively seeking jobs they cannot hope to obtain rather than spending the time learning skills that might make them employable.<sup>70</sup>

We are aware that this type of problem is not limited to Friends First, but has been encountered by a range of groups supporting homeless or formerly homeless people. It seems to be the case that Jobcentre+ has limited room for manoeuvre here, being obliged to act in accordance with central Government guidance. After lobbying by local third sector organisations Jobcentre+ has agreed to classify some schemes in such a way as to minimise the need for service-users to sign-on. Voluntary organisations have also agreed to seek the relaxation of sign-on rules only in situations where they are providing core employability skills, not in situations where they are teaching more generic skills like IT literacy.

We welcome this compromise brokered by local voluntary sector organisations and by Jobcentre+. However, although the situation is better than it was, only a partial solution has been achieved – what is really needed is more constructive central Government guidance which actively encourages the up-skilling of homeless and insecurely housed people as an essential part of re-integrating them into society.

---

<sup>68</sup> Evidence from Rob Liddiard, Friends First, 19.02.13: point 13.30.

<sup>69</sup> Evidence from Adrian Willard, Friends First, 19.02.13: point 13.31.

<sup>70</sup> Evidence from Rob Liddiard, 19.02.13: point 13.32.

**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.

### **Private landlords**

With little or no space available in social housing in Brighton & Hove and local property prices unaffordable for many people, the private rented sector has assumed increasing importance in recent years. However, to access private sector housing, homeless people have to compete against several other groups, including professionals (some of whom might previously have bought property, but are now unable to find deposits or a mortgage) and students, whose numbers have increased in recent years.

With demand effectively outpacing supply in the local housing market, landlords and letting agents have become increasingly choosy about the tenants they take on, seeking to minimise their exposure to risk by demanding hefty deposits, references, undertaking credit checks and only renting to those in steady employment. (Letting agents typically insist on these checks being carried out *and* charge large sums to process them.) These checks and charges can present a formidable barrier to people trying to access housing, particularly for those with limited financial resources, and can mean that people are in a position where they are in employment and able to pay a commercial rent, but still can't get a tenancy.

The situation is likely to be much worse for people with a chequered housing history – for instance people with mental health or learning disability problems that have meant they have struggled to pay rent on time, or to keep their properties clean etc. Vulnerable people like these are obviously unlikely to be able to compete effectively against professionals in an open housing market. One way of dealing with this is to try and ensure that vulnerable people currently in tenancies are not evicted (there is a particular urgency here for local authorities which are likely to have to provide long term support for vulnerable people if they can't live successfully in the private rented sector).

There is therefore a clear need for local authorities and other agencies involved in homelessness to work closely with private landlords to try and support vulnerable tenants in their private sector tenancies and avoid evictions which are likely to be bad news for the individuals affected and for statutory support services. The council's housing teams already do a good deal of work in this respect, both at an operational level and at a more



strategic level via the city Strategic Housing Partnership, and this work is to be commended.<sup>71</sup>

Brian Doughty, Head of Adult Assessment for the city council, told the panel that there was a particular problem with clients who are ‘neglectful’ – people who may have mental health problems, but who retain the capacity to make decisions about their own welfare, and who ‘choose’ to neglect themselves, living in unsanitary conditions, hoarding etc. Clearly, few private landlords would actively choose to have this type of tenant, so there is a need for services to offer as much support as necessary to landlords if they want to keep such people in their tenancies.

This is true for public landlords too – i.e. the council or housing associations – taking a firm stance on un-neighbourly or anti-social behaviour needs to be balanced against the need to support vulnerable people, and an understanding that eviction may simply just shift the burden and costs of supporting people down the line.<sup>72</sup>

The council’s housing teams are already very active in their engagement with private landlords, both at an operational and a strategic level, through the city Strategic Housing Partnership. The panel recognises the worthwhile work being undertaken here, and notes that it is likely to grow in importance in coming years as the city becomes more rather than less reliant upon the private rented sector to house vulnerable people.

A local resident, Mr Richard Scott, suggested that services might look to do more in terms of intervening in private sector landlord/tenant disputes – e.g. in certain circumstances offering to guarantee the payment of a tenant’s debts providing they were allowed to remain in their tenancy, and then working with the tenant to recover these debts gradually.<sup>73</sup>

**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.**

## **Prison**

Offending is prevalent amongst rough sleepers: usually for matters such as street drinking, begging, shop-lifting and drugs offences, but frequently for more violent crimes also. Many rough sleepers have a significant criminal history, including imprisonment.

Being imprisoned is itself likely to cause or contribute to homelessness: people who are in prison may be at risk of losing tenancies, or of being estranged from their families and homes.

---

<sup>71</sup> Evidence from Narinder Sundar, 07.02.13: point 8.28.

<sup>72</sup> Evidence from Brian Doughty, Head of BHCC ASC Assessment, 19.02.13: point 13.21.

<sup>73</sup> Evidence from Richard Scott, 07.02.13: point 8.29.

This is a particular local issue, given the proximity of Lewes prison. People released from Lewes may gravitate to Brighton & Hove on release, whether or not they have a local connection, and some of these people (particularly the ones who are not locals) may end up rough sleeping.<sup>74</sup> There are good services available in Brighton & Hove for ex-convicts with a local connection, including an in-reach service provided at Lewes Prison by the council's Housing Options team and by BHT, but fewer such services for those who are not locals.<sup>75</sup>

Clearly rough sleeping is unlikely to provide a stable background to enable ex-offenders to reintegrate successfully into society and to reduce the risk of re-offending. People who end up rough sleeping after being released from prison have a relatively poor chance of avoiding re-offending – which is bad news for them and has obvious system costs in terms of the impact of future crimes on the criminal justice system.

It seems obvious therefore that every step should be taken to ensure that people leaving prison do not end up on the streets. However, things are not necessarily this simple: offering housing support to released offenders who did not meet the local eligibility criteria would certainly cost the city council money in the short term; and although it might well save the public sector considerable sums in the long term, there is no obvious way of getting the agencies who are likely to make most of the long term savings (the police, the courts, probation, prisons) to contribute. In addition, there would be an obvious risk here in offering a higher level of support than neighbouring areas – the city is presumably not eager to be a preferred destination for people leaving prison. It may therefore be that this is the kind of issue that is best progressed jointly with neighbouring local areas, and with the agencies that stand to gain most from reductions in re-offending.

An allied issue is that of the imprisonment of local people who have social housing or council tenancies. We are unclear whether people who are in prison for only a brief period are able to resume their tenancies when they are released. If not, this would seem to make their reintegration into the community much harder and substantially increase their risk of becoming homeless – with obvious financial impacts. We would hope therefore that a sensible solution could be found to sustain tenancies across short periods of incarceration.

**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.**

---

<sup>74</sup> Evidence from Sara Emerson, 07.02.13: point 8.18.

<sup>75</sup> Evidence from Narinder Sundar, 07.02.13: point 8.18

## Housing and Social Care co-working

Brighton & Hove is a unitary authority, which means that the city council is responsible for supporting homeless people under housing legislation *and* vulnerable adults and families under social care legislation. The latter include people who do not meet the statutory homeless criteria but who have very significant vulnerabilities in terms of mental health, substance misuse, physical or learning disabilities. A similar arrangement is in place with council children's services for families who are eligible for housing under children's legislation. In recent years, the city council has increasingly moved to a model where all people eligible for housing by the council are dealt with by housing services rather than being housed directly by adult or children's social care.

In general, such arrangements should be welcomed – there is obvious logic in having a local authority housing team responsible for delivering all the housing support which the authority is required to provide. The alternative would be to have a situation where adult social care, children's services and housing all commissioned their own services, with an obvious risk of duplication and increased costs.

However, some of the clients whom social care is responsible for housing have particular vulnerabilities which mean that they require high levels of expert support to live independently. For example, a minority of people with learning disabilities may act in ways which endanger themselves or others – by being neglectful etc. It is important that agreements between social care and housing ensure that appropriate levels of support are provided for very vulnerable people, particularly because if serious problems do develop it can be prove very difficult to take enforcement action against people with such high levels of vulnerability.<sup>76</sup> At the same time it is crucial that already vulnerable people are not made more so by being evicted from their homes. Social care, housing and environmental health services need to work closely together to manage this group of clients and a joint protocol is being developed to this end.<sup>77</sup>

The panel heard that operational partnerships between adult social care and housing had improved markedly in recent years and were now fairly effective. However, it is evident that there is still work to do in terms of strategic co-working. This is an important issue, not least because it seems possible that we are going to see an increase in people with high levels of vulnerability presenting as homeless in the coming years. If departmental boundaries mean that this co-working is only ever going to be partially effective, then this seems to us to be an argument for looking to see whether the boundaries

---

<sup>76</sup> Evidence from Sylvia Peckham, 25.01.13: point 3.13.

<sup>77</sup> Evidence from Brian Doughty, Head of BHCC ASC Assessment, 19.02.13: point 13.21.

between ASC and housing need to be redrawn to more accurately reflect the degree to which the services are required to work in an integrated manner.

**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.**

### **Partnership Working**

Effective partnership working to support people with complex needs is predicated upon information-sharing. However there are some major difficulties here, particularly in relation to health and mental health records.<sup>78</sup> This is a really tricky area as there are genuine issues of patient confidentiality to be balanced against the advantages of information-sharing. Good work has been done in this respect already, but it is obvious that more needs to be done.

### **Eligibility**

Local authorities are only *required* to offer housing support to those applicants who meet all the statutory eligibility criteria. However, councils may volunteer to support people who do not meet all the criteria, and some do so, particularly in terms of the 'local connection' and 'intentionality' tests.<sup>79</sup>

There are a couple of good reasons for relaxing the eligibility criteria. In the first place, having very strict criteria in place will catch those who have no real connection to a locality or who have acted irresponsibly in past tenancies, but it may also catch people who are quite genuine applicants. There is therefore an argument in terms of equity here. This is particularly so for groups such as people fleeing domestic violence or LGBT people escaping from harassment in their home towns, where there is evidence that some types of applicant may, through no fault of their own, struggle to prove that they are genuinely eligible.

Secondly, people who are deemed ineligible for housing assistance will not necessarily go elsewhere – many will stay in the local area, and some of them may end up rough sleeping etc, with the potential for major down-stream costs. It may therefore make sense to relax eligibility criteria in circumstances where the up-front costs are likely to be dwarfed by the costs of not effectively supporting people who will nonetheless remain as a local problem.

However, whilst relaxing the eligibility criteria might be a possibility somewhere with a surfeit of empty social housing, it's unlikely to be a realistic option in Brighton & Hove where demand for social housing already far exceeds supply and which is already a 'destination' for homeless applicants. It is important though to recognise that not every unsuccessful homeless

---

<sup>78</sup> Evidence from Peter Castleton, 19.02.13: point 13.29.

<sup>79</sup> Evidence from Sarah Gorton, 07.02.13: point 8.20.

applicant is necessarily unworthy of support – many people who do have a real connection to the city and who haven't lost tenancies through any fault of their own will nonetheless fail to meet the homeless eligibility criteria.<sup>80</sup> The local authority needs to be sensitive in dealing with applicants like these, and where possible, to provide them with, or perhaps more realistically direct them to, support and advice.

**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.**

### **Dual Diagnosis**

People who have *both* severe and enduring mental health problems and major substance misuse issues are often referred to as having a 'dual diagnosis'. (The term is also sometimes used for other co-morbidities, such as learning disability and substance misuse problems.) People with a dual diagnosis can be amongst the most vulnerable people in the community *and* amongst the most disruptive, presenting major challenges to support services, including housing. People with a dual diagnosis are over-represented in temporary and emergency housing, and particularly so amongst rough sleepers.

Brighton & Hove has long had problems with dual diagnosis, unsurprisingly given the city's well documented issues with drugs and alcohol and the local level of mental health problems. There has been a good deal of work in recent years, including a strategic needs assessment, the work of a scrutiny panel on dual diagnosis and Sussex Partnership NHS Foundation Trust's development of a dual diagnosis strategy. However, problems persist, and will doubtless continue to do so however good services become at dealing with this issue.<sup>81</sup>

The panel has no specific recommendations to make in respect of dual diagnosis, but notes that our recommendations around providing multi-agency, front-loaded and targeted support to those homeless people with the most complex needs would obviously apply to people with a dual diagnosis.

### **Dealing with homeless applications**

The panel heard evidence that the system for processing homelessness applications was dysfunctional, with applications regularly being lost and staff being unsympathetic to applicants.<sup>82</sup> We also heard that LGBT people had experienced particular problems with staff who failed to understand their circumstances.<sup>83</sup>

---

<sup>80</sup> Evidence from David Richards, a local homeless person: 07.02.13, point 8.22.

<sup>81</sup> Evidence from John Child, Deputy Service Director, Sussex Partnership NHS Foundation Trust, 07.02.13: point 8.26.

<sup>82</sup> Evidence from David Richards, 07.02.13, point 8.23.

<sup>83</sup> Evidence from Jess Taylor, 19.02.13: point 13.10.

This is anecdotal evidence, and it may well be that people who have had a negative experience of the system are in a minority – we have certainly not conducted a systematic review of services. However, it should clearly be the case that all service users are treated courteously, and that an assessment system should be designed to *support* people in claiming services to which they are eligible, not to deter claimants. At the same time, it is important to remember that statutory homelessness services are meant to be a last resort for people who are unable to otherwise find shelter. They are not intended as an alternative to finding one's own accommodation, and people need to be discouraged from viewing them as such.

There is clearly a balance to be struck here: homelessness services need to be accessible, but they also have to manage demand effectively, ensuring that they are used as a last rather than a first resort.<sup>84</sup> However, managing demand ought not to mean that assessment is less than optimally efficient, nor that applicants should receive anything other than courteous and professional treatment.

### **Local Connection/Intentionality**

The panel heard experts argue that it might make sense to apply the 'local connection' or 'intentionally homeless' criteria more flexibly for certain groups of people – for example those affected by domestic violence, or young LGBT people. However, there is a strong counter-argument here: that Brighton & Hove is already a destination for homeless people and that we simply could not cope with a greatly increased influx of applicants if the eligibility criteria were relaxed.<sup>85</sup> There is obviously a balance to be struck between an ethical homelessness policy (and one which accords with statutory equalities duties) and the need to manage an already major problem (with the danger that accepting more applicants will mean that there are fewer resources to help homeless people).

### **Housing Supply**

Clearly, one of the most obvious ways to reduce levels of homelessness would be to build additional local housing. Equally clearly this is not an easy task, particularly in somewhere like Brighton & Hove with limited available sites and high costs. The panel recognises that the council is working hard to develop the supply of permanent housing, but that this is a challenging long-term project.

In this context it is worth mentioning innovative shorter term 'fixes' such as the BHT scheme to provide temporary housing for homeless people in 'container homes' in Hollingdean. This project has provided a significant number of much-needed homes quickly and at a low cost. There is a potential

---

<sup>84</sup> Evidence from Bec Davison, 07.02.13: point 8.27.

<sup>85</sup> Evidence from Peter Castleton, 19.02.13: point 13.27.

opportunity to develop similar schemes using other temporarily vacant sites across the city.

### **Monitoring the Panel Recommendations**

This scrutiny panel will initially seek endorsement of this report at the Health & Wellbeing Overview & Scrutiny Committee (HWOSC). Should this be forthcoming, the panel report will be presented for decision at one or more of the Council's policy committees. The policy committee(s) will decide which recommendations to accept and implement.

Scrutiny typically monitors the implementation of agreed panel recommendations. We therefore propose that the agreed panel recommendations relevant to this report be monitored annually by the Overview & Scrutiny Committee. In addition officers may choose to report progress in implementation periodically to policy committee(s).

**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 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.

**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.

