



**HEREFORDSHIRE HOMELESSNESS
PREVENTION
AND
ROUGH SLEEPING STRATEGY
2019-2024**

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FORWARD

Councillor Ange Tyler, Cabinet Member for Housing, Regulatory Services and Community Safety

Our Homelessness Prevention and Rough Sleeping strategy has been developed in a challenging environment of significantly reduced council budgets, the uncertain impact of radical reforms to national housing and social welfare policy and increasing pressures on local services.

A good quality stable home is critical to health and wellbeing. It helps people to be and remain healthy and provides a foundation from which to find and maintain employment, feel part of a community and experience personal value and self-worth.

In contrast many studies have identified that homelessness and associated poverty have adverse and, potentially, life course implications for physical and mental health. For example, children who have experienced homelessness are more likely to experience it again in life.

The shocking statistics are that, on average, homeless men die 30

years earlier and homeless women 37 years earlier than the general population in England. People sleeping rough or in insecure or unstable accommodation have significantly higher levels of mental and physical ill health, substance abuse problems and higher rates of mortality than the general population.

Our strategic objectives reflect a commitment to prevent homelessness happening whenever it is possible to do so and, where this has not been possible, to prevent it happening again.

We want to continue to build upon our existing success in preventing homelessness and in doing so we are committed to working closely with all external stakeholder and partner agencies.

Our Strategy development has been informed by the local Homelessness Review and the Homeless Health Needs Audit that we have carried out; national best practice; stakeholder consultation and our close working relationship with the Herefordshire Homelessness Forum.

We cannot tackle homelessness on our own, but by working together we can make a real difference. For this reason I am asking all major strategic partners to show their commitment by signing overleaf.

BLANK FOR PARTNER AGENCY SIGNATURES

EXECUTIVE SUMMARY:

The Ministry of Housing, Communities and Local Government's (MHCLG) Rough Sleeping Strategy, August 2018 requires that, by 31st December 2019, all local authorities update their Homelessness Prevention Strategies and rebadge them as homelessness and rough sleeping strategies.

Corporate Ambitions

Herefordshire Council's Corporate Plan is focused upon the following ambitions for Herefordshire:

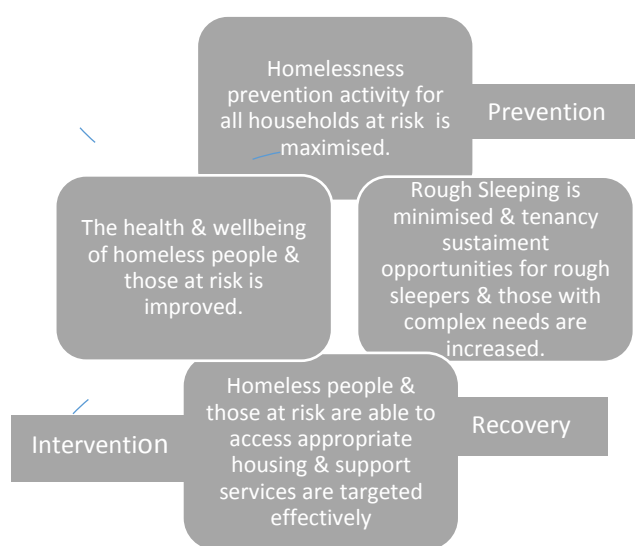
- **Community:** *Build communities to ensure everyone lives well and safely together.*
- **Economy:** *Support an economy which builds on the county's strengths and resources.*
- **Environment:** *Protect our environment and keep Herefordshire a great place to live.*

The aspirations that sit below our ambitions are in keeping with the increased emphasis on early intervention and prevention in the Homelessness Reduction Act (HRA) 2017 and are reflective of the three key themes of **prevention**,

intervention and recovery

identified in the national Rough Sleeping Strategy.

We have consulted widely with stakeholders, partner agencies, service users and the public. This established that the four key priority outcomes that we developed for our previous homelessness strategy remain relevant to this strategy update. These are shown in the four boxes below, together with their connection to the key themes of prevention, intervention and recovery.



These broad priority outcomes will help to inform an annual Homeless Prevention and Rough Sleeping Improvement Plan. The Improvement Plan will be developed by the council's housing strategy and operational

teams and will be reflective of the multi-agency approach necessary to ensure that homelessness prevention, intervention and recovery is at the very the centre of our work. The partner agency taking the lead role in the improvement outcome will be responsible for determining how it will be achieved and for progress reporting.

Factors that contribute to homelessness

It is now generally accepted that homelessness is usually the consequence of the cumulative impact of a number of factors rather than a single cause. Whilst these factors include those that are personal to the individual, they also include those that are 'structural' in nature and those that are the consequence of 'systems failures.'

Individual factors apply to the personal history of a homeless household and could include life crisis and traumatic events and mental health and/or addiction challenges.

Structural factors are economic and societal issues that affect opportunities and social environments for individuals. In the

longer term, therefore, a truly effective response to homelessness requires an investment that promotes improved access to educational opportunities, economic wellbeing and affordable housing as well as supportive communities and social inclusion.

Systems failures occur when other structures such as those around care and support fail, requiring vulnerable people to access homelessness services, when other mainstream services could have prevented this.

This strategy recognises that homelessness, in its causes and consequences, is a cross-cutting issue, which cannot be tackled by one agency alone. In order to achieve the strategy outcomes it is essential that all partner agencies work together in a coherent and integrated way. We will work to strengthen our existing partnership relationships and to develop new ones.

Homelessness Review

Our review of homelessness identified that we have been very successful in preventing people from becoming homeless. We

recognise, however, that we need to do more, particularly in our response to rough sleepers, and those at risk of rough sleeping, who have complex and challenging needs. Our Health Needs Audit¹ showed that participants' physical and mental health, on all dimensions, is extremely poor compared to that of the population as a whole. In addition, the financial costs of homelessness and the costs to health and wellbeing are considerable.

Our homelessness review also showed that the main reason why people were at risk of homelessness in Herefordshire was the termination of a private rented sector tenancy. This occurred most often because the landlord wanted to sell the property. The next most frequent reasons in order were; family or friends no longer being willing or able to accommodate the household; non-violent relationship breakdown and domestic violence/abuse.

Significant numbers of households seeking help identified one or more support needs. A history of mental

health issues was the most frequently declared support need, with physical health or disability marginally lower than this.

Households in temporary accommodation

In some circumstances we have a duty to provide temporary accommodation for households that have become homeless or are at risk of homelessness. As at 31st March 2019 there were 30 families with children in self-contained temporary housing. No families with children were in B&B.

Consultation

During August and September 2019 we undertook four separate interest group consultations to inform strategy development, as follows:

1. Service Provider Consultation.
2. Accommodation Provider Consultation.
3. Public consultation.
4. Service user consultation.

In total 92 responses were received, which is an excellent result, given that we are a small rural authority. The results of the

¹ 102 health Needs Audits were undertaken to capture the health needs of people sleeping rough,

sofa surfing or living in specialist supported accommodation.

consultations are published in separate reports.

Improvement priorities

We have identified seven improvement priorities for the first year of the strategy, as below. They have been set on the basis of most urgent need and the greatest potential positive impact. The underlying rationale is explained more fully in the section, 'Key Achievements, Key Challenges and Key Improvement Plan Activity on page 43.

1. We will review and develop our current operational structure to ensure that homelessness preventative activity is central to everything we do.
2. We will investigate opportunities for entering into a long term lease with a private landlord to develop bespoke good quality temporary accommodation for vulnerable homeless households. We will ensure that this is accessible to people with a mobility issue or a physical disability.
3. We will seek external funding to enable the implementation of a homelessness health improvement project.
4. We will strengthen the Rough Sleeper Outreach and Resettlement Team through the recruitment of additional Outreach Workers specialising in support for rough sleepers with mental health issues, substances misuse or offending histories. These posts will be on a twelve month fixed term contract funded through our successful bid to the MHCLG for £83,500. We will monitor and evaluate the impact of these posts to inform future commissioning and operational decisions.
5. We will strengthen the Rough Sleeper Outreach and Resettlement Team through the recruitment of a Rough Sleeper 'Navigator' post and a Supported Lettings Floating Support Worker. These posts will be on a twelve month fixed term contract, funded through our successful bid to the MHCLG for £64,836. We will monitor and evaluate the impact of these posts to inform future commissioning and operational decisions.
6. We will work with key partners to investigate how we can pilot

a Housing First project in Herefordshire.

7. Sponsored through Team Herefordshire a cross- sector systemic approach to rough sleeping and its risk will be developed so that rough sleeping and sofa surfing become sequentially rare, infrequent and then, non-reoccurring.

For the longer term we have identified a number of high level key strategic opportunities, as follows:

- Further develop our engagement and relationship with private sector landlords, focusing on providing support and advice to help reduce the level of terminations of tenancy in this tenure.
- Continue to develop close collaborative working with voluntary and statutory sector partners in support of homelessness prevention.
- Seek to reduce the number of households in temporary

accommodation over the course of this strategy.

- Develop an evidence base of the factors which contribute to levels of homelessness in Herefordshire, the impact of our partnering interventions and emerging risks, including the impact of the continuing roll-out of Universal Credit.
- Continue to build on our success in securing grant funding to support homelessness prevention initiatives in the county.
- Explore the potential for expanding the Registered Provider portfolio of private rented sector tenancies in Herefordshire through new-build or property purchase.
- Develop a homelessness prevention 'toolkit' for use in the Talk Community Hub approach.² This could potentially be achieved through a Making Every Contact Count (MECC) plus e-learning module on homelessness prevention for

² A Community Hub brings together community agencies, neighbourhood groups and other

agencies to offer multiple services to its local community under one roof.

non-housing professionals
and community partner
agencies.

EQUALITY ACT 2010



Under the Equality Act 2010, public bodies such as Herefordshire Council must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.³
- Foster good relations between people who share a protected characteristic and those who do not.

**FOR ME
FOR YOU
FOR EVERYONE**
THE EQUALITY ACT 2010



³ The Protected Characteristics are; age, disability, gender reassignment, race, religion or belief, sex,

sexual orientation, marriage and civil partnerships and pregnancy and maternity.

ABOUT HEREFORDSHIRE

The County of Herefordshire lies just south of the West Midlands between Worcestershire and the Welsh Brecon Beacons to the west. It is bordered by the five counties of Shropshire, Worcestershire, Gloucestershire, Powys and Monmouthshire.

Herefordshire covers 842 square miles and is one of the least densely populated counties in England. Two-fifths of residents live in the most rural areas of the county.



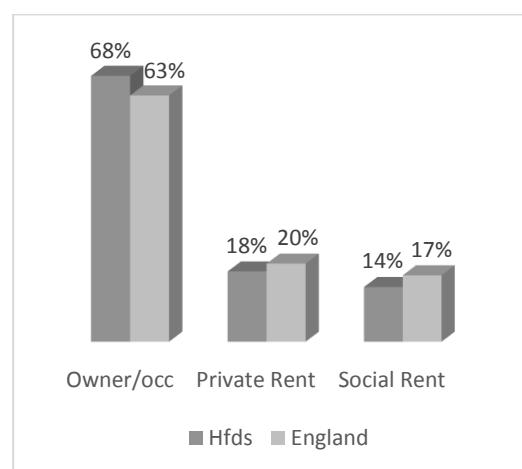
As of mid-2018, Herefordshire's resident population was estimated to be 192,100. Migration has been the sole driver of this population growth since the early 1990s, as there have been fewer births than deaths.

Housing Tenure

Housing tenure in Herefordshire, as in other areas, does fluctuate over time as new social and market housing is developed and private sector landlords sell property into home ownership or home owners rent out their property to private tenants.

The last reliable date⁴ showed that there was a total of 83,765 dwellings in Herefordshire, 68% were owner occupied, 18% private rented and 14% social rented. Locally, as can be seen from Figure 1 below, social rented housing is the smallest tenure in Herefordshire and at only 14% of total stock is substantially lower than the average for England as a whole⁵.

Figure 1:



⁴ Herefordshire County Census data 2011.

⁵ MHCLG Dwelling Stock Estimates 2017, England.

The Private Rented Sector is now the largest rental sector in England and is increasingly significant as both a potential solution to homelessness (by providing housing opportunity to households who might otherwise become homeless) and also as a cause of homelessness (with loss of private tenancies now the single largest reason for statutory homeless acceptances nationally and locally).



Nationally, the number of households in the private rented sector in the UK increased from 2.8 million in 2007 to 4.5 million in 2017, an increase of 1.7 million (63%) households.⁶ However, the ability of the sector to house those who are homeless and/or on low incomes is heavily dependent on housing benefit regulations and access is, therefore, significantly

influenced by government welfare reform policy.

Despite the increase in the overall size of the private rental sector, low wages and issues with welfare benefits continue to mean that many households experience difficulty in accessing the sector or remaining in it once housed.

'Eviction from a private tenancy accounts for 78% of the rise in homelessness between 2011 and 2017.'⁷

Hidden Homelessness and concealed households

Hidden homelessness generally refers to households, who may be in a similar housing situation to those who apply to local authorities as homeless, but who do not do so.

Concealed households are family units or single adults living in the homes of other households and, who may wish to live separately given appropriate opportunity.

The last decade has seen a large increase in the number of concealed families, i.e. those that live in a household containing more

⁶ Office of National Statistics, UK private rented sector, January 2019.

⁷ Tackling the homelessness crisis: Why and how you should fund systemically, Katie Boswell,

Rachel Tait, Carin Eisenstein, Tom Collinge, November 2018.

than one family (including grown-up children who have a spouse, partner or child living in the household; elderly parents living with their family; or unrelated families sharing a home).



In Herefordshire in 2011⁸:

- There were almost 850 concealed families, an increase of 87% on 2001 figures compared with 70% nationally.
- The 'heads' of just over half of the concealed families were aged under 34, mostly they are either lone parents with dependent children or couples with no children.

House prices and affordability

Herefordshire is the worst area within the West Midlands region for housing affordability. For 2016, the ratio for Herefordshire was 8.6, that is, for those on lower quartile

earnings, a house at the bottom end of the market would cost them 8.6 times their annual earnings.⁹

Housing Stock Condition¹⁰

Potentially, poor quality housing is a factor that can contribute significantly to homelessness. Poor housing can have a very detrimental effect on physical and emotional wellbeing leading to mental ill-health. In turn, having a mental health problem can create the circumstances which contribute to a person becoming homeless or exacerbate an existing condition.

In Herefordshire, 3,813 dwellings in the private rented sector have Category 1 Housing Health and Safety Rating System (HHSRS) hazards.¹¹ This equates to 25% of properties in the private rented sector.

For all tenures, the performance of the housing stock in Herefordshire compared to the English House Survey (EHS) average is generally worse. Herefordshire performs significantly worse for all hazards (25% compared to 12%) and

⁸ Understanding Herefordshire, 2015.

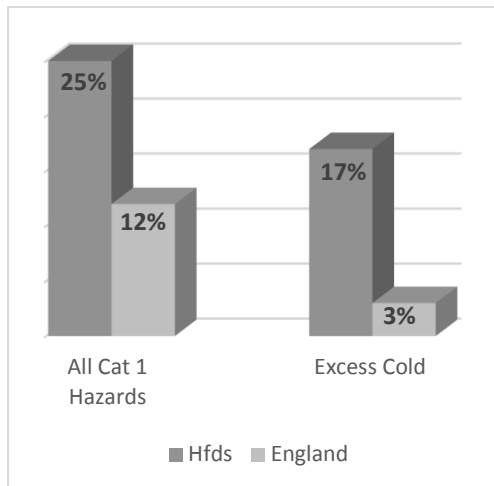
⁹ Understanding Herefordshire.

¹⁰ Data taken from the Herefordshire BRE Stock Modelling Report, June 2019.

¹¹ HHSRS is a risk-based evaluation tool to allow identification protection against potential risks and hazards to health and safety from any deficiencies identified in dwellings.

significantly worse for excess cold hazards (17% compared to 3%) as shown below.

Figure 2



When comparing Herefordshire to the West Midlands region, the picture is similar with Herefordshire again having significantly higher levels of all hazards and excess cold.

20.6% of dwellings in the private rented sector are estimated to have an Energy Performance Certificate (EPC) below band E.¹² Under new legislation these properties would not be eligible to be rented out to new or renewed tenancies.

There is an estimated total of 1,590 Houses in Multiple Occupation (HMOs) in Herefordshire, of which

approximately 544 would come under the mandatory licensing scheme.



All the information below is taken from the Understanding Herefordshire website, as link below.

Understanding Herefordshire

Inequalities

Herefordshire has, on average, relatively low levels of overall multiple deprivation¹³ and a relatively low proportion of children living in income deprived households (14% compared to 20% across England) - but this still equates to 4,300 children living in poverty across the county.

Around 1,900 county school children are eligible for free school meals. This is important given that

¹² The EPC rating scale is from A-G with A being the most efficient.

¹³ The Index of Multiple Deprivation combines information from seven different types of deprivation,

for example, income deprivation, employment deprivation etc to produce an overall relative measure of local deprivation

Bramley and Fitzpatrick¹⁴ claim that childhood poverty is a powerful indicator of future homelessness. The authors provide two illustrative vignettes identifying the probability of adult homeless as a consequence of childhood experiences.

Very briefly, an adult with an affluent childhood experience and a positive educational and career experience and who is living with parents at age 26 year has a:

0.6% predicted probability of homelessness by age 30.

In stark contrast, an adult who experienced poverty as a child, left school at 16, had subsequent periods of unemployment and who is privately renting has a:

71.2% predicted probability of homelessness by age 30.

LEGISLATIVE BACKGROUND

Homeless people are often perceived to be those who are sleeping rough. However, a

household will be considered as statutorily homeless by their local authority if they meet specific criteria set out in legislation.

Simplistically, somebody is statutorily homeless if they do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them and their household, and which it would be reasonable for them to continue to live in. In cases where an authority is satisfied that an applicant is eligible for assistance¹⁵, is homeless, is in priority need¹⁶, and has become homeless through no fault of their own, the authority will owe a main homelessness duty to secure settled accommodation for that household i.e. they have been 'accepted' as homeless.

When a main duty is owed the authority must ensure that suitable accommodation is available until a settled home can be secured. In the meantime, households are either assisted to remain in their existing accommodation, or are provided with temporary accommodation.

¹⁴ Glen Bramley & Suzanne Fitzpatrick (2018) Homelessness in the UK: who is most at risk? Housing Studies, 33:1.

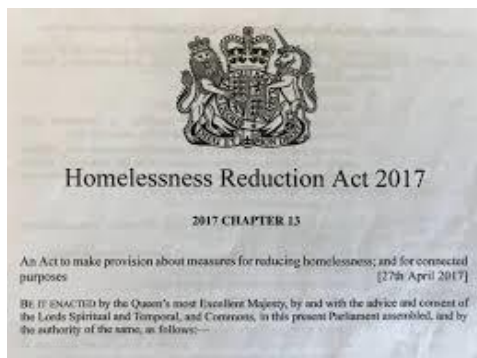
¹⁵ Basically this relates to the immigration status of the applicant.

¹⁶ Priority need groups include households with dependent children or a pregnant woman and individuals who are vulnerable in some way.

Statutory responsibilities and impact of national policy

The Homelessness Act 2002 requires every local authority to carry out a review of homelessness in their district every 5 years and to publish a Homelessness Strategy based on the findings of the review. The legislation emphasises the importance of working strategically with social services and other statutory, voluntary and private sector partners in order to tackle homelessness more effectively.

Since we published our Homelessness Strategy in 2016 radical changes in national policy have impacted on homeless services.



The Homelessness Reduction Act 2017

The HRA, which came into force in April 2018, represents the most significant change in homelessness legislation in over 40 years. It has transformed the way we deliver our

homelessness services and introduced new duties.

We welcome its implementation, which has enabled us to focus more strategically on homelessness prevention and relief.

Homelessness prevention relates to the actions that are taken to help a household who is at risk of homelessness to remain in their existing home or obtain alternative accommodation for at least six months.

Homelessness relief is action taken to help resolve homelessness. Where, for example, an applicant has sought help when they are already homeless or if homelessness prevention activity work has not been successful.

The HRA made changes to the current homelessness legislation contained in Part 7 of the Housing Act 1996. It places duties on local authorities to intervene at earlier stages to prevent homelessness through an extension of the 'threatened with homelessness' period from 28 to 56 days. This has placed extra pressure on the

council's temporary accommodation resources.

The HRA requires local authorities to provide homelessness prevention services to all those affected or at risk, not just those who were protected under the previous legislation.

There is also a new 'Duty to Refer' on public services, including NHS Trusts, prisons and Jobcentre Plus, to notify a local authority if they come into contact with someone that they think may be homeless or at risk of becoming homeless.

Homelessness Code of Guidance 2018

The latest Homelessness Code of Guidance was published in February 2018 in preparation for the implementation of the HRA. It must be considered alongside the legislation when assisting a household who presents to the council as homeless or at risk of homelessness.

Rough Sleeping Strategy 2018

The government's Rough Sleeping Strategy sets out its plans to half rough sleeping by 2022 and

eradicate it by 2027 through three key themes: Prevention, Intervention and Recovery.

Impact of Welfare Reform

The National Audit Office's (NAO) report on Homelessness¹⁷ identified changes to Housing Benefit as contributing to an increase in homelessness.



The report examines the impact of the series of welfare reforms introduced by the Department for Work and Pensions (DWP) since 2011. These included the capping and freezing of Local Housing Allowance (LHA)¹⁸. The report states that these are likely to have contributed to the reduced affordability of private sector tenancies for those on benefits, and are an element of the increase in homelessness, as follows:

¹⁷ National Audit Office, Homelessness, September 2017

¹⁸ Local Housing Allowance (LHA) is a housing-related benefit that helps low-income tenants pay their rent when renting a home from a private landlord.

'All of these factors appear to have contributed to private rented properties becoming less affordable, which in turn is likely to be contributing to homelessness caused by the ending of an Assured Shorthold Tenancy.'

This issue is compounded by the fact that, as stated in the report, since 2010, the cost of private rented accommodation has increased three times faster than earnings across England.

We are aware that we require more comprehensive information on the operation of the private rented sector in Herefordshire and will address this over the lifetime of this strategy.

The findings of the Homelessness Monitor 2019,¹⁹ in its analysis of the impact of Housing Benefit restrictions and the roll-out of Universal Credit, found that:

'There are widespread anxieties about the likely homelessness impacts of future welfare reforms already programmed to take effect over the next two years.'

Nearly two thirds of local authorities anticipate a "significant" increase in homelessness as a result of the full roll-out of Universal Credit, with a further 25 percent expecting some level of increase.'

Universal Credit went 'live' in Herefordshire from June 2018 for new claimants and existing claimants who have a change of circumstances only. The potential impact of the full roll out of Universal Credit on homelessness in Herefordshire is an area of concern, as it is in other parts of the country.

To date, 40-45% of households in receipt of welfare benefits have transferred to Universal Credit in Herefordshire.

The national roll-out of migration to Universal Credit for all households is planned to take place between November 2020 and December 2023. There is no date as yet when this will apply to Herefordshire.

¹⁹ Homelessness Monitor England, Suzanne Fitzpatrick, Hal Pawson, Glen Bramley, Jenny Wood, Beth Watts, Mark Stephens & Janice Blenkinsopp, May 2019

HOMELESSNESS REVIEW – HEREFORDSHIRE KEY FACTS

The changes introduced through the HRA in April 2018, and an altered reporting requirement for quarterly statistical returns from PIE to H-CLIC²⁰, means that it is now difficult to make direct comparison with homelessness statistics prior to April 2018. In addition, H-CLIC Returns are still referred to as 'experimental' by MHCLG.

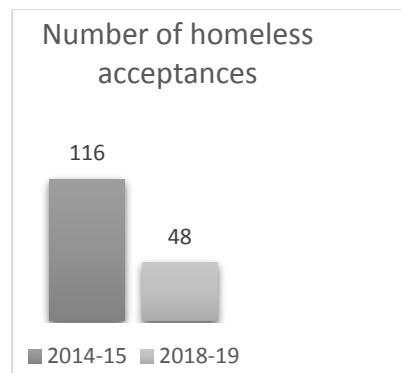
The emphasis is now very much on preventing and relieving homelessness, which has resulted in a significant drop in the number of full main duty homeless applications and decisions.

As shown in Figure 3 below, the number of full statutory duty acceptances declined from 116 in 2014-2015 to 48 in 2018-2019,²¹ (a reduction of 41%), due to successful homelessness prevention or relief activity.



²⁰ These are the names given to the data returns that local authorities have to complete to send to the MHCLG every quarter.

Figure 3



Prevention work is embedded in the daily practice of the Housing Solutions Team, with 348 households helped to remain in their current accommodation or to find new accommodation.

During the 2018-2019 financial year Herefordshire Council:

- Assisted 1,121 households who were experiencing housing difficulties.
- Provided a Prevention or Relief duty to 348 households who would otherwise have become homeless.
- Accepted a duty to 48 households who become homeless and would have been provided with temporary

²¹ H-CLIC still records number of households accepted as homeless

accommodation, pending rehousing, if needed.

- Provided assertive outreach support to 92 rough sleepers or those at risk of rough sleeping.

The main reasons for homelessness risk in Herefordshire

The proportion of households that lost their last settled home due to the ending of a private sector Assured Shorthold Tenancy has increased dramatically, becoming the biggest single reason given for statutory homelessness nationally and locally in the last few years.

In view of this, the MHCLG issued a consultation document,²² seeking views on proposals to reform private-rented sector legislation.

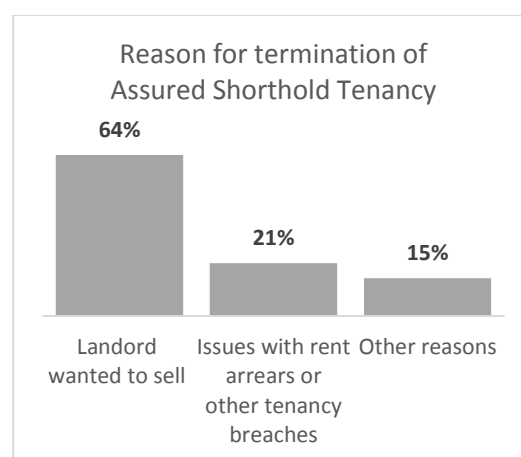
In Herefordshire most households were at risk of homelessness, or became homeless, due to termination of Assured Shorthold Tenancy.

A Prevention or Relief duty was owed to **191 households** in Herefordshire due to termination of Assured Shorthold Tenancy. As shown in Figure 4 below the main

reason for this was that the landlord wanted to sell the property.



Figure 4

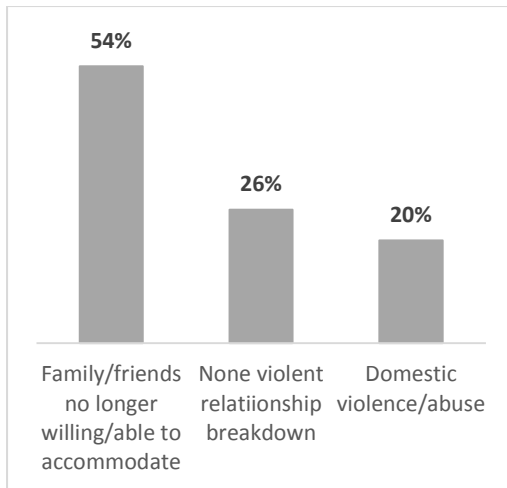


In addition to termination of Assured Shorthold Tenancy, Figure 4 below shows that the other main reasons why a household was at risk of losing, or lost, their home were that; 'family or friends were no longer able or willing to accommodate the household; non-violent relationship breakdown and domestic violence or abuse.

²² A New Deal for Renting, MHCLG, July 2019



Figure 5

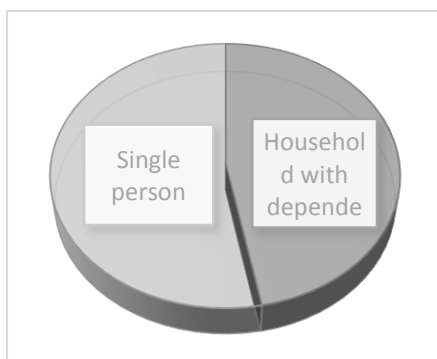


Who was at risk of homelessness?

Household type:

As shown in Figure 6 below the majority of households seeking housing help were single person households, but only marginally so.

Figure 6

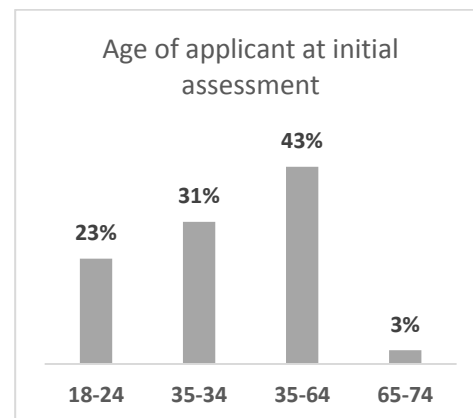


²³ A 'pathway' is a planned approach to homelessness prevention and access to

Household Age:

As can be seen from Figure 7 below the majority of households seeking help were between the ages of 35-64 years. Seven households were over 75 years. There were no young people between the ages of 16-17, which suggests that the revised Young People's Pathway is working well.²³

Figure 7



Household Support Needs:

Significant numbers of households seeking help identified a support need or more than one support need.

A history of mental health issues was the highest declared support need, with physical health or disability marginally lower than this. Substance use was significant, but less than half of those relating to mental health issues. Support

housing, which has been developed and agreed by all relevant partner agencies.

needs relating to an offending history were the next highest support need.

Prevention - Main types of accommodation secured.

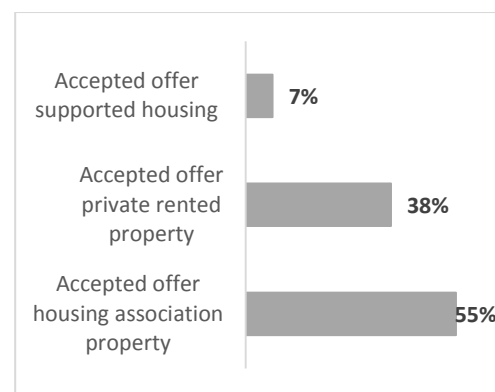
The allocation of a Registered Provider (Housing Association) property was the most significant intervention in bringing the Prevention duty to an end for those at risk of homelessness.

176 households at risk were prevented from becoming homeless through accepting an offer of alternative accommodation.

As shown in figure 8 below the majority of households were prevented from becoming homeless by accepting an offer of a housing association property.



Figure 8

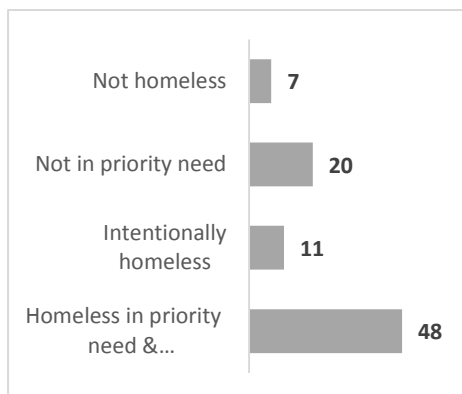


Main Duty Acceptances

The success of the Housing Solutions Team's preventative activity is evidenced by the fact that out of the 1,121 households approaching the service because of housing difficulties it was only in 86 (7.7%) cases that homelessness was not either prevented or relieved.

Figure 9 below shows the decisions during the 2018-2019 financial year. As can be seen a full duty was accepted to 48 households who would have been provided with temporary accommodation, pending rehousing, if needed. In other cases, the household was found to be not homeless or not in priority need or to have become homelessness through some fault of their own i.e. intentionally homeless.

Figure 9:
Number of full duty acceptances



Rough Sleeping and Sofa Surfing

The number of people rough sleeping, sofa surfing or who are otherwise chaotically homeless in Herefordshire, as elsewhere, does fluctuate. At any one time however, the Rough Sleeper Outreach and Resettlement Team will be working, on average, with 38 people.



Not all of these will be sleeping rough every night, as this may be interspersed with sofa surfing. Others include former rough sleepers who have been housed,

but who, due to a risk of return to the streets, are receiving resettlement support from the Outreach Team.

In addition, there are in the region of seven entrenched rough sleepers in the county who, at present, will not engage with the Outreach Team in accepting opportunities to move away from the streets.

CAUSES OF HOMELESSNESS: STRUCTURAL FACTORS, INDIVIDUAL FACTORS AND SYSTEMS FAILURES

*'No single voluntary sector organisation, government agency, local authority or central government department can prevent homelessness alone, but working together we can make a big impact.'*²⁴

If we are to start to address issues of homelessness it is necessary to have a solid evidence base on which to build our solutions, both nationally and locally.

For an effective preventative approach, this evidence base needs to reach further back than

²⁴ Making every contact count: A joint approach to preventing homelessness, MHCLG August 2012.

the immediate reason given for an individual household's homelessness, as recorded on quarterly MHCLG statistical returns, e.g. loss of private rented accommodation, relationship breakdown etc.

It requires the identification of factors, which make it more likely that the experiences of some households will make them more vulnerable to homelessness in the future than others.

Alma Economics was commissioned by the MHCLG and the Department of Work and Pensions (DWP) to review the evidence on the causes of homelessness and rough sleeping, provide options for modelling understanding of future trends and appraise government policy. The three reports resulting from this research were published in March 2019.²⁵

The Rapid Evidence Assessment review found that recent analysis recognises that homeless is most often the result of a complex interaction between 'structural'

factors and individual personal circumstances and histories.

It is suggested that structural factors create conditions within which homelessness is likely to occur and people with personal difficulties, that leave them at risk of homelessness, are more vulnerable to being affected by these adverse conditions.

- **Structural factors** are economic and societal issues that affect opportunities and social environments for individuals. Key factors include poverty, unfavourable housing conditions such as the demand for social and affordable housing outstripping supply; unfavourable labour market conditions such a lack of access to paid employment or low wages, and national social policy leading to reduced welfare and benefit entitlement.



²⁵ Causes of Homelessness and Rough Sleeping, Rapid Evidence Assessment; Causes of Homelessness and Rough Sleeping, Review of models of homelessness; Causes of

Homelessness and Rough Sleeping, Feasibility Study; March 2019.

- **Individual factors** apply to the personal history of a homeless household. These factors could include crisis and traumatic events and mental health and/or addiction challenges. Relationship problems can include domestic abuse and violence, addiction, mental health problems of other family members and extreme poverty. These factors are considered to have a potential impact, irrespective of the life-stage at which they are experienced.



An in-depth cross-sectional and longitudinal analysis by Glen Bramley and Suzanne Fitzpatrick²⁶ identified that having health or support needs and behavioural issues do significantly contribute to the risk of homelessness in adulthood. However, they find

significant evidence that poverty is central to its generation.

In particular, the experience of poverty in childhood is a powerful predictor of homelessness as an adult.

The research presents a powerful case for moving away from the idea that 'homelessness can happen to anyone,' towards one that recognises that the odds of experiencing it coalesce around a set of identifiable structural and individual factors.

Given this context we need to recognise that it is important that there is broad recognition that homelessness is not just a housing issue. As a longer term ambition we need identify how we can develop opportunities for a wide range of agencies to work together with the aim of developing early interventions to help mitigate the impact of the structural and personal factors that we know can lead to an increased risk of homelessness in later life.

Bramley and Fitzpatrick suggest that a key protective factor that

²⁶ Glen Bramley & Suzanne Fitzpatrick (2018) Homelessness in the UK: who is most at risk? Housing Studies, 33:1.

appears to operate to prevent homelessness, amongst people who may otherwise be at risk, is the **availability of strong social support networks**.



Information on the Homeless Hub²⁷ also suggests that it is generally accepted that homelessness is usually the consequence of the cumulative impact of a number of factors rather than a single cause. However, the concept of 'systems failures' is added to structural and individual personal factors.

- **Systems failures** occur when other structures such as those around care and support fail, requiring vulnerable people to access homelessness services, when other mainstream services could have prevented this. Examples of systems failures can include difficult transitions from child social care,

inadequate discharge planning for people leaving hospitals, custodial environments and mental health and addiction services.

Goals of a systems approach

Information from the Homeless Hub identifies the goals of a systems approach as being to:

- Prevent homelessness from occurring by addressing the systems and structures that allow it to occur and to provide early intervention to ensure chronic homelessness is reduced.
- Provide better coordination amongst services, especially for people with complex needs who use multiple services simultaneously.
- Increase cooperation and knowledge sharing across statutory, voluntary and community agencies and the public and private sectors.
- Increase stability for homeless households and enable the provision of opportunities for community involvement.

²⁷ Canadian Observatory on Homelessness

- Improve cooperation and collaboration among service providers, which will allow for stronger ties across sectors and therefore reduced re-occurrence of homelessness.
- Improve client services and access to services and reduce their cost.
- Reduce service duplication.

This would suggest that we need to investigate the potential to develop an integrated approach to homelessness prevention in Herefordshire, particularly for rough sleepers and those at risk of rough sleeping, and to identify a lead agency committed to taking this forward.

The Alma Economics study quotes research that found, very generally, the causes of homeless vary across family, single people and rough sleeping sub-groups.

Family homelessness

Research into homeless families suggests that structural factors, especially a shortage of affordable housing, are very important in causing homelessness. There can also be difficulties in accessing the labour market.

Single homelessness



There is a range of established triggers that can lead to homelessness for single people including:

- Leaving the parental home after arguments.
- Marital/relationship breakdown.
- Discharge from armed forces.
- Leaving care.
- Leaving prison.
- Sharp deterioration in mental health.
- Increase in substance misuse.
- Financial crisis/mounting debt.
- Eviction.

Rough Sleeping

Rough sleepers have often spent time as hidden homeless and exhausted their options. The immediate triggers for rough sleeping include eviction, unemployment, relationship breakdown, end of stay in accommodation or institution and violence, harassment or abuse. A

report by Homeless Link²⁸ also notes that a lack of affordable housing and emergency accommodation are key drivers of rough sleeping and youth homelessness.



This view is reiterated in the Homelessness Monitor, 2019²⁹. In the 'Forward' it states that there are positive signs that the HRA is enabling councils to help more people in need. However,

'The challenge facing councils is that the combination of cumulative welfare reforms and increasing housing market pressures are making it even harder for low income households to find a place to live.'

In summary, the evidence base from analysis undertaken by Bramley et al and others, strongly suggests that homelessness is **not**

randomly distributed across the population, but rather the likelihood of experiencing it systematically coalesce around a set of identifiable individual and structural factors.

All of this tells us that homelessness is not just a housing issue, as graphically represented in the 'Homelessness: Rapid Evidence Assessment'.³⁰

Causes of Family Homelessness

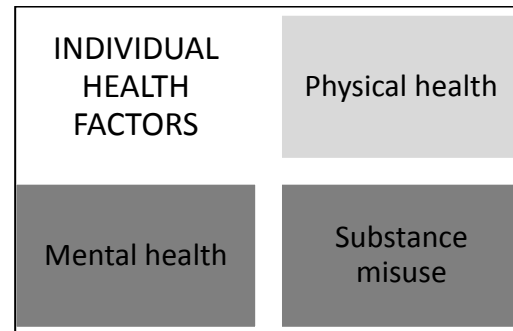
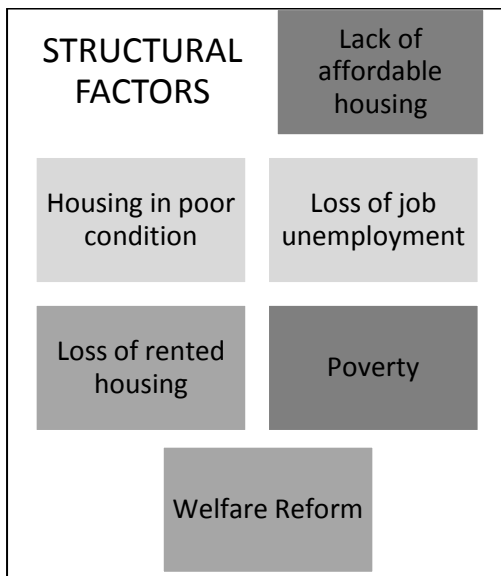
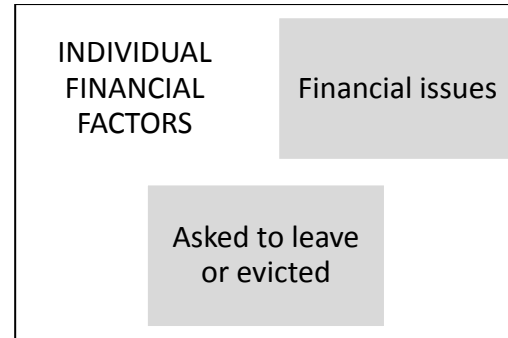
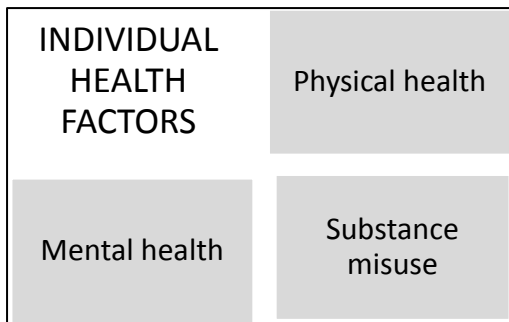
Evidence = Strong Medium Weak	
INDIVIDUAL PERSONAL FACTORS	Family/ friends no longer able to accommodate
Anti-social behaviour	Relationship breakdown
Overcrowding	Domestic abuse or violence

INDIVIDUAL FINANCIAL FACTORS	Asked to leave or evicted
Financial issues	

²⁸ Young and Homeless, Homeless Link 2018.

²⁹ Homelessness Monitor 2019, Suzanne Fitzpatrick et al.

³⁰ Homelessness: Rapid Evidence Assessment, Alma Economics, March 2019



These risk factors provide a framework for working with partner agencies, including using Community Hubs, to help implement early intervention approaches to prevent potential homelessness.

Causes of Single Homelessness

Evidence = **Strong**, Medium Weak



THE COSTS OF HOMELESSNESS

People who become homeless have some of the highest and costliest health needs in a local community, but those needs may not be sufficiently considered when healthcare and social care services are planned and commissioned.

Financial Costs

In August 2012 the then Department of Communities and Local Government (now MHCLG) carried out an evidence review of the costs of homelessness³¹

The Review was intended to provide an initial overview of the information held by government and other organisations on the magnitude of financial costs to government from homelessness. Due to the considerable difficulties in estimating costs across the whole of the homeless population, the evidence related primarily to single homeless rough sleepers and hostel dwellers.

The report stated that drug and alcohol dependency, especially when combined with a mental illness, are linked to homelessness as causal risk factors and triggers, but also as a consequence of being homeless. Triggers can also include bereavement, job loss, crime, leaving an institution (including the armed services), and relationship or family breakdown.

Information in the review suggested that the most significant costs to

health and support services are likely to come from drug and alcohol treatment and mental health services.

At the time, estimated gross costs of homelessness were calculated to be:

Between **£24,000** and **£30,000** per person, with a total annual gross cost of up to **£1 billion** nationally,

The calculation includes benefit payments, health costs in supporting homeless people with mental health, substance abuse or alcohol dependency problems, and costs to the criminal justice system from crimes committed by homeless people.

The review found that Department of Health estimates show that:

People who are sleeping rough or living in a hostel, a squat or sleeping on friends' floors consume around four times more acute hospital service than the general population.

³¹ Evidence Review of the costs of homelessness, DCLG, August 2012



The research, 'Better than Cure'³² was designed to explore the financial consequences of moving to a preventative model of homelessness assistance and the associated savings for local authorities, the NHS and the criminal justice system.

Evidence from the research showed that people who experience homelessness for **three** months or longer **cost** on average:

£4,298 per person to NHS services

£2,099 per person for mental health services

£11,991 per person in contact with the criminal justice system.

Costs to Health and Wellbeing

Analysis conducted by Homeless Link on behalf of PHE³³ identifies that, for people experiencing homelessness or prolonged periods of rough sleeping, the rate at which health problems occur increases rapidly. Nationally, people experiencing 'single homelessness' are particularly affected by poor physical and mental health:

- 73% of people report a physical health problem, and for 41% this is a long term problem compared to 28% of the general population.
- 45% have been diagnosed with a mental health issue compared to 25% of the general population.
- Factors which contribute to unhealthy lifestyles such as smoking, and drug and alcohol use, are also more prevalent than the general population (rates of 77%, 39% and 27% respectively)

³² Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England, Nicholas Pleace, University of York and Dennis P. Culhane, University of Pennsylvania, October 2016.

³³ Preventing homelessness to improve health and wellbeing, Homeless Link and PHE, June 2015.

- Research also highlights higher rates of communicable health diseases such as TB; and higher rates of premature mortality among people experiencing single homelessness.

The study researches conclude that:

'There is still considerable potential for commissioners across the NHS public health to incorporate co-ordinated preventative approaches within the services they already commission, and to target those known to be more at risk of homelessness. This has the potential to maximise health and wellbeing gains, whilst reducing the overall costs to services.'

Herefordshire Council's Homeless Link Health Needs Audit



Locally, Homeless Link's Homeless Health Needs Audit was undertaken in Herefordshire

between December 2016 and February 2018.

In Herefordshire the audit was used to capture the health needs data of people who were sleeping rough, sofa surfing, otherwise chaotically housed or living in specialist supported accommodation.

102 health needs audits were completed. Backgrounds in institutions including, prison, local authority care and mental health admissions were common.

The Health needs data showed that:

Mental health: Participants experience high levels of stress, anxiety and other signs of poor mental health.

Two-thirds of respondents reported ever having had depression and 57% ever having anxiety. Only 24% reported no mental health issues.

Dual diagnosis (severe mental health issue and substance misuse) was reported by 18% (18 people, 78% of whom were told in the last 12 months) and 14% reported psychosis (of whom 71% were told in the last 12 months).



Just under half of those with a mental health issue felt that they were not receiving treatment that would benefit them.

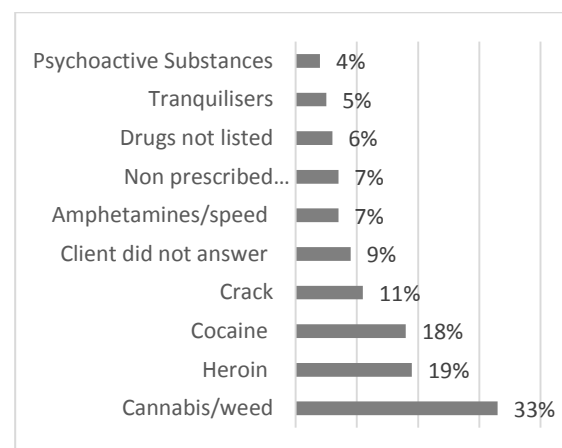
Physical health: The most common physical health problems identified were joint/bone/muscle problems (26%), dental problems (19%), eyesight/eye problems (16%) and asthma (16%).

Drugs and alcohol: 43% of respondents did not use drugs, 15% used cannabis only and 42% used Class A, prescription or other non-cannabis drugs. 25 people identified themselves as having a drug problem or being in recovery, of which

32% felt that they would benefit from more treatment.

Drug use in the 44 respondents who reported using Class A, prescription drugs or other (non-cannabis) drugs in the past 12 months are shown in Figure 10 below, with Cannabis/weed being the most frequently used drug, followed by Heroin and Cocaine. 60% of participants who reported using these drugs, reported use of one type, 20% reported use of 2-3 different types and 18% reported use of 4 or more different drugs.

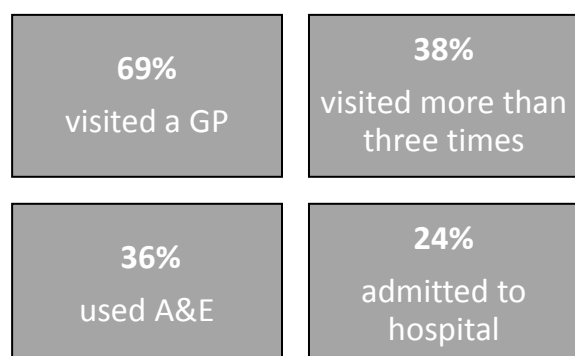
Figure 10



Approximately half of respondents drank frequently (from almost every day to once or twice a week). Those that drink, drink on average 10.7 units on a typical day.

36 people said that they used drugs or alcohol to help them cope with their mental health (self-medicating).

Access to services: 78% of respondents were registered with a GP and 29% with a dentist. Use of acute care services was common, and frequent. Data for the previous 12 months is shown below:



In total 95 people who responded to these questions made a minimum of 69 visits to A&E and had 43 admissions to hospital in the previous 12 months.

Mental health problems and self-harm/attempted suicide contributed to approximately 40% of A&E, ambulance and hospital admissions.

Violence and accidents were the main reason for approximately 30% of use of these acute services.

Staying healthy: Basic nutrition in this population was identified as a problem with only 19% of respondents reporting an average

of 3+ meals per day. Uptake of preventative health interventions was low in this population, for example <10% of respondents had the flu vaccine last year.

The health inequalities faced by people who are rough sleeping or chaotically homeless are considerable. Herefordshire's health needs audit identified significant need for physical and particularly mental health service access. It also identified high use of acute, emergency and secondary care locally, often driven by mental ill-health.

REVIEW OF KEY RESOURCES AND ACTIVITIES THAT CONTRIBUTE TO HOMELESSNESS PREVENTION AND SUPPORT

In line with other local authorities the council has been subject to year and year reductions in central government grant funding. Despite the added pressure that this brings we are committed to continuing to strive to improve the way we engage with and support people who are homeless or at risk of becoming homeless.

We have worked with our statutory, voluntary and faith based agency partners to win new money through external funding bid opportunities so that we can deliver extended services that would otherwise be unavailable.

In Herefordshire, the homelessness prevention and relief duty is fulfilled by the Housing Solutions Team, which is located in the Adults and Communities Directorate and incorporates housing operations and adults' social care.



Housing Solutions have worked with various key agencies to develop a number of agreed pathways and protocols for various client groups who are homeless, or at risk, and have recruited specialist staff within the Housing Solutions Team for the following areas of work:

- Probation services.
- Multi-Agency Public Protection Arrangements (MAPPA).

- Integrated Offender Management (IOM).
- Care Leavers 16+ team.
- Domestic abuse.
- Hospital discharge.
- Mental health services.
- Local welfare provision.
- Dedicated Officer, who speaks five languages and focusses primarily on homeless prevention amongst European Foreign National households.

Local welfare has direct links with council tax and housing benefit and homeless households and rough sleepers are supported to access entitlement to benefits and to resolve complex issues when things have gone wrong.

Local welfare provision also assists homeless households and rough sleepers to access other types of essential support, which is available through the voluntary and faith sectors.

Housing Solutions have worked with a Registered Provider (housing association) to develop a pathway to access some temporary accommodation for rough sleepers with challenging behaviours. However, accessing any type of accommodation for this group is

still a major problem, as is persuading a minority of individuals to occupy the housing provided

A strength of the service is the co-location of the Department for Work and Pensions (DWP) and the Housing Solutions Team.



The DWP is responsible for implementation of the government's policies for welfare, pensions and child support and for helping unemployed people to find work. Co-location enables the council's Housing Solutions Team and Rough Sleeper Outreach to more quickly resolve issues around these services that are being experienced by homeless households and rough sleepers.

A further strength of the service is that the council now has information on the health needs of the rough sleeping population in Herefordshire, those who are chaotically homeless or in

temporary supported accommodation.

Early Help for Children, Young People and their Families

The ethos of early help in Herefordshire is to work with the whole household to improve outcomes for the all family members. Specialist family support services, including the council Early Help Family Support team, Vennture4Families and Homestart, all work with families and with a wide range of other appropriate partner agencies, to support families in achieving sustainable, positive change and reduce the risk of homelessness.



Partner Services Supporting Homelessness Prevention

The following external housing related homelessness prevention services have been procured.

- **Citizen Young People** (formerly (SHYPP) Supported Housing for

Young People Project. The service provides 16-25 year olds across Herefordshire with supported housing, training and employment opportunities for young people who are at risk of homelessness or homeless. Referrals are primarily received from the Housing Solutions Team or the 16+ Team.



- **Caring for Communities & People (CCP)** has recently been commissioned to provide a housing-related accommodation based support service for vulnerable adults aged 18+ who are homeless or at risk of homelessness. Customers may or may not have complex needs, including ex-offenders and people with substance misuse or mental health needs. Referrals to the service can only be made

through the council's Housing Solutions Team.

- **Hope Scott House.** Hope Scott House is Herefordshire's only night shelter. It currently provides ten bed spaces for men over the age of 18 years only. It is a very valuable resource in the county, providing emergency accommodation for homeless men and rough sleepers who, because of current personal issues or negative histories, would not be accepted by any other existing accommodation providers.
- **Addaction** Herefordshire is commissioned by Herefordshire council to provide an in-reach service for people with drug and alcohol issues. There is a young people's service for those aged 11+. The service also supports the families of people with substance misuse issues.
- **West Mercia Women's Aid** (WMWA) exists to support women and children affected by domestic abuse, and is the lead specialist agency in Herefordshire, Worcestershire

and Shropshire working with victims of domestic abuse.



- **Military Charities Helpdesk.** This is a free drop-in service to support armed forces personnel, their families and veterans with a wide range of issues including housing and welfare benefits.
- It operates from the council's Blueschool House. The Herefordshire Armed Forces Covenant Task Group runs the service with the help of the Royal British Legion and SSAFA Forces help. In addition, there are a number of other services operating in the county which provide help and support to the county's veterans.



- **Hot Food Providers.** There are eight Hot Food Providers in the county. Hot food is provided on a daily basis in Hereford City and once a week in Ross-on-Wye. Laundry facilities and showers are available at Open Door as well as a quarterly podiatry service.



- The hot food providers average five volunteers per sessions. Each session lasts approximately four hours and there are two per day. On average approximately 280 volunteer hours are provided per week.

If the minimum wage was applied to the hot food provider volunteer time it would equate to a contribution of £2,298.80 per week or £119,537.60 per week.

- **Food Banks.** There is a network of food banks across the county for people in need.

- **Herefordshire Homeless Forum.** The Forum is a very vibrant one, which meets bi-monthly and includes representation from the council's homelessness service. Its 'Purpose' as described in the Terms of Reference are to:

- Increase awareness and understanding of homelessness and vulnerability to homelessness and encourage partnership working across all sectors.
- Share experience between members to help support and improve services for those at risk of being made homeless and those who are currently experiencing homelessness and to contribute to their health and wellbeing.
- Bring together different agencies, voluntary, faith and relevant statutory partners to share good practice and encourage collaborative working.

- **St Peter's Winter Shelter.**



- The shelter runs from December to March and opens from 9pm until 8am the following morning. It offers a safe alternative to rough sleeping in the coldest months of the year. Guests are encouraged to engage with other services to help them move away from chaotic homelessness or a life on the streets. The shelter costs approximately £40,000 per annum to run, which is raised primarily from local donations. In 2018-2019 Herefordshire Council provided £5,000 towards the shelter's operating costs. The council will be submitting a bid to the government's Cold Weather Fund for an amount to support the running of the shelter for winter 2019-2020.

- **Vennture** is a Christian cross-church charity based in Hereford. It provides a number of different outreach support services, including Street Pastors, Family Pastors, a 'Lean on me' and an 'Ambassador Team' project. As part of Building Better Opportunities (BBO) Herefordshire, Vennture also delivers an outreach mentoring service to vulnerable people in Herefordshire, including those who may be at risk of homelessness.



- **Building Better Opportunities (BBO).** The BBO programme brings together funding from the Big Lottery Fund and the European Social Fund (ESF) to help tackle the poverty and social exclusion faced by the most disadvantaged people in a local area. It focusses on those who are furthest from the labour market. Herefordshire Council has contributed to the

delivery of the programme through funding a project officer post to support development of the programme and programme monitoring.

- **Herefordshire Voluntary Organisation Support Service (HVOSS)** is a support service for local charities, voluntary organisations and community groups. It helps groups run and operate effectively by offering them training, advice and support. 'No wrong door' is an HVOSS run project for young people aged between also runs the Volunteer Bureau, youth projects, and a community transport service.
- **Temporary accommodation.** In certain circumstances the council will have a duty to provide temporary accommodation to a homeless household or a household at risk. Herefordshire Council is currently a non-stock owning authority and, therefore, does not have its own accommodation, which can either be used for temporary accommodation for homeless

households or to provide a permanent home. There are considerable disadvantages in this in that the council is reliant on private-sector landlords or housing associations for this provision. Temporary accommodation, particularly that provided by the private-rented sector can be expensive. In addition, there are some circumstances in which it can be particularly difficult to find a landlord willing to offer temporary accommodation for example, if the household has a history of rent arrears, anti-social behaviour (ASB), has mental health and/or substance misuse issues.

- Key Improvement Plan actions to meet these challenges.

We believe that we have achieved a great deal since our last Homelessness Prevention Strategy some of which are set out below.

We recognise, however, that we still need to achieve a great deal more.

In response to the requirements of the HRA, we developed and grew the Housing Solutions Service through a restructure, based on a triage approach. We now need to implement the operational learning from this to further develop a staff structure that maximises opportunities for homelessness prevention.

KEY ACHIEVEMENTS, KEY CHALLENGES AND KEY IMPROVEMENT PLAN ACTIONS

The following section identifies some of our:

- Key achievements since the last strategy.
- Key challenges for the year ahead.

During 2018-2019:

- 1,121 households have received advice, assistance and other practical support to help resolve their housing difficulties.
- 348 households who would otherwise have become homeless have not done so as this has either been prevented or relieved.

We consider, however, that we can still do more and this will be a key challenge for the year ahead.

1. We will review and improve our current operational structure to ensure that preventative activity is central to everything that we do. We will do this as part of our improvement activity for the first year of the strategy.

As a consequence of the impact of the HRA we have been reviewing our current provision for vulnerable people owed a temporary accommodation duty.

The review established that our existing temporary accommodation portfolio for single vulnerable people and pregnant women needs to be improved and that we need to develop bespoke accommodation, which is more appropriate to customer needs and represents greater value for money.

Our current provision in the private-rented sector is expensive and provided at the landlord's discretion, which means that a 'nomination' can be refused. In

addition, current provision is largely unsuitable for clients with mobility issues.

In order to address these issues we intend to explore opportunities for entering into a long term lease agreement with a private landlord for the refurbishment of a small block of properties to provide temporary accommodation for homeless vulnerable households.



We will require this to be self-contained, refurbished to a good standard and accessible to people with mobility issues. We are always aware of equality issues in our service provision and the need to provide for the needs of our diverse population, including those with 'Protected Characteristics.'

2. We will investigate opportunities for entering into a long term lease with a private landlord to develop bespoke temporary accommodation for vulnerable households owed this duty as part of our improvement activity for the first year of the strategy.

Access to good quality temporary accommodation was an identified theme in our strategy development consultation.

We have undertaken a Homeless Health Need Audit in Herefordshire, analysed the data and presented this in a report to the Health and Wellbeing Board (HWBB). The HWBB have agreed the recommendations in the report.

Addressing health inequalities is a statutory requirement for the NHS, including local bodies such as Health and Wellbeing Boards, public health teams, and Clinical Commissioning Groups. Improving the evidence base around homeless people's health and the services they use is vital to achieving this aim. We now have this evidence.

Undertaking the Homeless Health Needs Audit was a sizeable piece of work, which consumed a significant resource. A key challenge for the year ahead will be to work together to start to address the substantial mental and physical health needs that have been identified.

Progress has begun on the actions agreed by the HWBB. Herefordshire's Joint Strategic Needs Assessment website (Understanding Herefordshire) now includes a section on homelessness and the results of the Homeless Links Health Needs Audit. In addition, there is a public link to the audit report from the website.

A workshop took place in July 2019 to identify ways of supporting the health of the homeless population in Herefordshire, including reducing barriers to accessing substance use services, mental health and other health services. This workshop included local authority, health and voluntary sector partners. From this we submitted a multi-agency bid to access PHE funding of £154,722 to test ways of improving rough sleepers' access to health services.

A positive impact of the bid submission was the requirement to gain high level local commitment to support project implementation including from the council Chief Executive, Director of Public Health, Director of Adult Social Care, Clinical Commissioning Groups (CCG) Director of Commissioning for Mental Health, Sustainability and Transformation Partnership (STP) mental health lead, council senior housing and homelessness commissioner. In addition, the bid was fully supported by the Chair of Herefordshire Homelessness Forum.

The bid facilitated discussion and agreement on a possible approach to improve health outcomes of the homeless population and we are currently identifying how best to progress the work without specific funds. Given this commitment:

3. We will seek alternative funding to enable the implementation of the homelessness health improvement project a part of our improvement activity for the first year of the strategy.

Concerns about the health needs of rough sleepers was a recurring theme in our strategy development consultation.

We have been successful in our application for three separate tranches of MHCLG rough sleeping funding totally **£220,036**.

The first funding allocation of £73,700 enabled us to employ an additional Rough Sleeper Outreach Worker and a Rough Sleeper Research Worker.

The second funding award of £83,500 was for the recruitment of specialist floating support and resettlement case workers to work with clients who have the most challenging behaviours and who, therefore, require intensive and potentially protracted support to move successfully away from rough sleeping or its risk; including mental health issues, substance misuse, dual diagnosis and offending histories.

A key challenge for the year ahead will be to work with rough sleepers and those at risk through intervention and recovery to help them move away from a life on the

streets or to prevent this happening in the first place.



4. We will strengthen our Rough Sleeper Outreach Team by recruiting to these new posts and implementing a Supported Lettings Project as part of our improvement activity for the first year of the strategy.

The need for additional support for rough sleepers with complex needs was a recurring theme in our strategy development consultation.

The third funding award of £64,836 through the Rapid Rehousing Fund, was for the employment of a 'Navigator' post and a Supported Lettings Floating Support Worker.

A local housing association has agreed to work with us to pilot a Supported Housing Lettings Scheme. The association will provide the accommodation and

the funding will enable us to employ a floating support worker to provide tenancy sustainment support to the rough sleepers or those at risk who are offered these properties. The scheme is for those with low to medium support needs only.

A key challenge for the year ahead is accessing good quality housing for rough sleepers or those at risk and to support them to achieve tenancy sustainment and positive life enhancing opportunities.

5. We will strengthen our Rough Sleeper Outreach by recruiting to the specialist outreach posts as part of our improvement activity for the first year of the strategy.

Improved access to affordable housing for homeless households was a recurring theme in our strategy development consultation.

Two local housing associations partners have given us their, in principle, support to work with us to pilot a Housing First pilot scheme in Herefordshire.

'Housing First' is described by Homeless Link as an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. It has been widely adopted across the US, Canada, Denmark, Finland and France. Successful Housing First pilots are operating in Newcastle, London, the Midlands, Greater Manchester, on the South Coast and in Wales and Scotland.



The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. There are no conditions around 'housing readinesses before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed.

A key challenge for the year ahead is accessing good quality housing for rough sleepers with high multiple and complex needs and supporting them to achieve tenancy sustainment and positive life enhancing opportunities.

6. We will work with key partners to identify how we can deliver a Housing First project in Herefordshire.

Improved access to affordable housing was a recurring theme in our strategy development consultation. This issue was also emphasised in workshops held during June 2019, at the Hot Food Provider outlets, to promote rough sleeper consultation.

Our close working relationship with the Homelessness Forum, other partner agencies and our consultation process has identified that there is a need to develop a more co-ordinated approach to rough sleeping prevention, intervention and recovery in Herefordshire.

7. Through Team Herefordshire we will support a lead agency to develop a cross-sector systemic approach that moves rough sleeping and sofa surfing sequentially rare, infrequent and non-reoccurring.

Other Key achievements:

Our Rough Sleeper Research Worker has undertaken a review of existing rough sleeping provision in Herefordshire and produced a report on findings and gap analysis.

The review explored the following:

- How does the best practice from national and international settings inform the debate in Herefordshire?
- Data relating to rough sleeping in Herefordshire.
- The resources available in Herefordshire to support rough sleepers and existing provision.
- Gaps in current provision and conclusions.

The report will help to inform the development of an integrated 'rough sleeping' blueprint for Herefordshire.

We have provided funding to increase capacity at Herefordshire's only Night Shelter.

Hope Scott House is the only Night Shelter for single homeless men in Herefordshire³⁴ primarily those who are sleeping rough, or at risk. It is, therefore, a considerable asset for when an immediate provision is necessary. Hope Scott House can currently accommodate a maximum of ten people.

Planning approval has now been gained for a single storey extension, which will provide an additional four ensuite rooms and two detached (self-contained) living pods. In addition, the redevelopment will include a separate room for use by a range of multi-agency support providers and the council's Rough Outreach with the aim of supporting residents to acquire the life-skills and motivation to quickly move on to more settled accommodation.

³⁴ St Peter's Winter shelter is only open during the winter months

Concerns about the housing needs of rough sleepers was a recurring theme in our homeless prevention consultation.

We have donated land to enable the development of a self-build community housing project for military veterans.



The planned development is for a mix of 19 new homes. Up to nine veterans will receive training and support to help build the new homes. We will continue to provide support for the self-build project as part of our longer term improvement activity.

The housing needs of military veterans was a concern identified in our strategy development consultation.

We have provided additional supported housing for young people leaving care.

Young people leaving care need access to good quality, safe and

affordable accommodation to help them achieve successful independence, particularly as they are at greater risk of social exclusion. Good housing underpins this.

We have refurbished a previously owned council building into three self-contained flats for young people leaving care. Floating support will be provided to ensure successful tenancy sustainment, life skills development and the achievement of personal ambitions.



We are also in the process of remodelling a non-owned council building, which will provide four self-contained flats and an assessment flat. As the accommodation will be for young people with considerable support needs, 24 hour support will be provided.

In addition, we have developed a more comprehensive pathway

protocol for young people leaving care and 16-17 homeless young people who are homeless or at risk. The pathway has been agreed by the council's Children's Services and Housing Options and clearly identifies their respective accommodation responsibilities.

Increasing the availability of affordable supported housing for vulnerable care leavers was an issue identified as a concern in our strategy development consultation.

We have tendered for and recommissioned supported accommodation based housing and a floating support service for vulnerable adults 18+ who are homeless or at risk of homelessness.



CCP provides accommodation-based service supported housing for homeless or at risk single people who may or may not have complex needs, including ex-offenders and

people with substance misuse or mental health needs. The service provides tailored support packages to enable customers to move back to independent living.

Referrals to the accommodation-based service can only be made by the council's Housing Options Team.

The Floating Support service aims to promote independence and personal resilience to vulnerable individuals over the age of 18 years, who are homeless or at risk of homelessness. As above, these includes people with complex needs, including ex-offenders and people with substance misuse or mental health needs.

Agency referrals can be made directly to CCP and are not required to be directed via the council's Housing Options Team.

The need for supported accommodation for single people with complex needs was a recurring concern in the strategy development consultation.

We have undertaken a consultation exercise in relation to the provision of drug and alcohol services in the county.

Since 2015, Addaction have been commissioned by the council to provide the drug and alcohol services for adults and young people living in Herefordshire.

We are now looking to redesign and recommission the current treatment system. The vision for the new model is a treatment system that delivers both the best possible care and secures the best possible recovery for residents. In order to support this we have run an online public consultation the results of which will help to inform the Drugs Needs Assessment, November 2019.



Improved access to drug and alcohol services was a recurring concern in our strategy development consultation.

We have undertaken a procurement exercise and commissioned BRE to undertake a housing stock modelling exercise to identify HHSRS

Category 1 Hazard in the county's housing stock.

The impact of poor housing on mental and physical health and wellbeing is well documented. The data contained in the BRE report will enable us to target out resources much more effectively.

Monitoring the Homelessness Prevention and Rough Sleeping Strategy

We will continue to provide updates on strategy Improvement Plan implementation to the Homelessness Forum on a regular basis and consider its recommendations for improvement plan actions. In addition, the draft annual Improvement Plan will be presented to the Cabinet Member for housing, regulatory services and community safety in order to agree resources and priority outcomes for the following year.