

Homelessness Review 2016 - 2020

Contents		Page
1.	Executive Summary	1
	1.1 Homelessness Act 2002	1
	1.2 Extent of Homelessness	2
	1.3 Strategic Objectives	2
2.	Introduction	3
	2.1 Overview of local authority homelessness duties	3
3.	The costs of homelessness	4
	3.1 Financial Costs	4
	3.2 Costs to Health and Wellbeing	5
	3.3 Homeless Link Health Needs Audit	6
	3.4 Groundswell Homeless Health Peer Advocacy (HHPA)	6
4.	National Policy Context	7
	4.1 Vision to end rough sleeping	7
	4.2 'Making Every Contact Count: A Joint Approach to Preventing Homelessness,' DCLG , August 2012	8
	4.3 Supreme Court Judgement on assessing 'priority need,' May 2015. Case Hatak v Southwark, Kanu v Southwark Johnson v Solihull	9
	4.4 'Addressing complex needs: Improving services for vulnerable homeless people,' DCLG March 2015	10
	4.5 The 'Housing First' model of provision	11
	4.6 Localism Act 2011	12
	4.7 Welfare Reform Act 2012	12
	4.8 Summer Budget July 2015: Key measures relating to Housing and Welfare	13
	4.9 Autumn Statement and Comprehensive Spending Review, November 2015	15
	4.10 Housing and Planning Bill	16
	4.11 Making Every Adult Matter (MEAM)	16
5.	Herefordshire Housing Market	17
	5.1 Structural factors impacting on homelessness	18
6.	Review of Homelessness Trends	19
	6.1 Official Figures: Extent of homelessness	20
	6.2 Priority Need	21
	6.2.1 Dependent Children	22
	6.2.2 Young People / Care Leavers	24
	6.2.3 Mental Health	27
	6.2.4 Domestic Abuse	28
	6.2.5 Physical Disability / Older People	30
	6.2.6 In Custody / On Remand	30
	6.2.7 Substance Dependency	31

Contents		Page
6.3	Age of Statutory Homeless Households	31
6.4	Foreign Nationals	32
6.5	Reasons for Homelessness	33
6.5.1	Termination of Assured Shorthold Tenancy	33
6.5.2	Other Reasons for Homelessness	34
7.	Role of the Private Rented Sector	35
7.1	Discharge of homelessness duty into the Private Rented Sector	36
8.	Homelessness Prevention and Relief	37
8.1	Types of Homelessness Prevention and Relief	38
8.2	Prevention and Relief through the provision of alternative accommodation	39
9.	Non-Priority Homeless Households	40
10.	Rough Sleepers	41
9.1	St Peter's Winter Shelter	41
11.	Hidden Homelessness / Concealed Households	43
12.	Housing Advice	43
13.	Future Levels of Homelessness	43
14.	Review of Resources and Activities that contribute to Homelessness Prevention and Support	44
14.1	Housing Solutions Team	44
14.2	Hospital Discharge Worker and Rough Sleeper Outreach Worker	45
14.3	Families First Programme	46
14.4	External services providing support to vulnerable homeless households or those at risk of homelessness	46
15.	Use of Temporary Accommodation	47
16.	South West Audit Partnership	48
17.	Herefordshire Homelessness Forum	48
18.	Links to Herefordshire Council's Homelessness Prevention Strategy 2016-2020	48

HOMELESSNESS PREVENTION STRATEGY		
1.	Introduction	50
2.	Equality Act	51
3.	Headline Findings from the Homelessness Review	51
4.	Rough Sleeping	53
5.	Hidden / Concealed Households	53
6.	Strategic Objectives	53
7.	Funding Context	62
8.	Next Steps	62
9.	Monitoring	63

1. EXECUTIVE SUMMARY

Herefordshire Council's Homelessness Review and the accompanying Homelessness Prevention Strategy have been developed in a challenging environment of significantly reduced council budgets, the uncertain impact of radical reforms to housing and social welfare policy and increasing pressures on local services. If we are to continue to build upon our existing success in preventing homelessness there must be a commitment to do so from across the council and from external stakeholders and partner agencies.

The strategic objectives set out in our Homelessness Prevention strategy, which accompanies this Homelessness Review, reflect the council's commitment to prevent homelessness happening whenever it is possible to do so and, where this has not been possible, to prevent it happening again.

1.1 Homelessness Act 2002

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.

The Homelessness Code of Guidance for Local Authorities, July 2006 states that the purpose of the review is to establish the extent of homelessness in the district, assess its likely demand in the future, and identify what is currently being done, by whom, and what level of resources are available for preventive and responsive work.

Herefordshire's Homelessness Review provides an evidence base for the development of our Homeless Prevention Strategy 2016-2020 through an assessment of:

- The national policy context.
- The local context.
- The housing market in Herefordshire.

The Review of homelessness includes:

- A review of homelessness trends, current levels of homelessness and likely future levels.
- A review of activities that contribute towards homeless prevention.
- A review of the activities that contribute towards securing accommodation.
- A review of the activities that contribute towards providing support.
- A review of the resources and activities that contribute to homelessness prevention.

1.2 Extent of Homelessness

- The number of households making a formal homeless application reduced from 372 in 2012-2013 to 220 households in 2014-2015, a reduction of 40%. The number of households being accepted as statutorily homeless also reduced from 70% of total applications in 2012-2013 to 53% in 2014-2015.
- The above should be understood in the context of a preventative approach, which reduces the number of households counted as making a formal homeless application. This should not, therefore, be taken to mean that homelessness is a decreasing issue in Herefordshire. Statistics show that 148 households were prevented from becoming homeless in 2013-2014 and 511 in 2014-2015.
- By far the most significant and consistent reason for the determination of 'priority need,' between 2012-2015, was that the household contained a dependent child or children. In total, 361 households were owed the full homeless duty for this reason.

1.3 Strategic Objectives

Our strategic objectives are built around preventing homelessness and finding solutions for those who often face the biggest barriers in accessing and sustaining a home and who, therefore, require more intensive support to do so.

Objective 1:

Minimise rough sleeping and increase tenancy sustainment opportunities for rough sleepers and people with complex needs.

Objective 2:

Maximise homelessness prevention activity by building on current success and promoting positive opportunities for homeless people.

Objective 3:

Improve the health and wellbeing of homeless people and those who are at risk of homelessness.

Objective 4:

Ensure that affordable housing and support services are available for homeless people and those at risk of homelessness.

We are working in a challenging environment of significantly reduced council budgets, the uncertain impact of radical reforms to housing and social welfare policy and increasing pressures on local services. If we are to continue to build upon our existing success in preventing homelessness there must be a commitment to do so from across the council and from external stakeholders and partner agencies.

2. INTRODUCTION

2.1 Overview of Local Housing Authorities Homelessness Duties

The homelessness legislation, Part 7 of the Housing Act 1996, places a general duty on housing authorities to ensure that advice and information about homelessness, and preventing homelessness, is available to everyone in their district free of charge.

The legislation also requires authorities to assist individuals and families who are homeless or threatened with homelessness and apply for help.

In 2002, the Government amended the homelessness legislation through the Homelessness Act 2002 and the Homelessness (Priority Need for Accommodation) (England) Order 2002 to:

- Ensure a more strategic approach to tackling and preventing homelessness, specifically by requiring the housing authority to develop a homelessness strategy for their area.
- Strengthen the assistance available to people who are homeless or threatened with homelessness by extending the priority need categories to homeless 16 and 17 year olds; care leavers aged 18, 19 and 20; people who are vulnerable as a result of time spent in care, the armed forces, prison or custody, and people who are vulnerable because they have fled their home because of violence.
- The legislation places duties on housing authorities, and gives them powers, to meet these aims. But it also emphasises the need for joint working between housing authorities, social services and other statutory, voluntary and private sector partners in tackling homelessness more effectively.

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.

Homeless households are not necessarily or generally those who are 'roofless,' but they will be threatened with the loss of, or unable to continue to live in their current accommodation.

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. It would not be reasonable for someone to continue to live in their home, for example, if it was likely that this would lead to violence against them, or a member of their family.

In cases where an authority is satisfied that an applicant is eligible for assistance, is in priority need, 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.

Priority need groups include households with dependent children or a pregnant woman and individuals who are vulnerable in some way. Vulnerability can arise as a consequence of:

- Mental illness or physical disability
- Being a young person 16 to 17 years old, or 18 to 20 years old and vulnerable as a result of previously being in care
- Previously being in custody
- Previously being in HM Forces
- Forced to leave home because of violence or the threat of violence

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.

Where the authority has found that the main duty is not owed, this will be for one of the following three reasons, the applicant has been found to be (i) 'not homeless,' or (ii) 'not in priority need' or (iii) 'intentionally homeless.'

Where a main duty is not owed the authority must make an assessment of the applicant's housing needs and provide advice and assistance to help the household find accommodation for themselves.

Where an applicant falls into a priority need group, but is intentionally homeless, the authority must ensure that accommodation is available for a reasonable time to allow the household to find a home.

3. THE COSTS OF HOMELESSNESS

3.1 Financial Costs:

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

The Evidence Review was intended to provide an initial overview of evidence 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 states 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 would suggest that the most significant costs to health and support services are likely to come from drug and alcohol treatment and mental health services.

Estimated gross costs of homelessness are calculated to be between £24,000 and £30,000 per person, with a **total annual gross cost of up to £1billion.**

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

3.2 Costs to Health and Wellbeing

A review conducted by Homeless Link on behalf of Public Health England and published in June 2015, strengthens existing evidence on the impact of early intervention in reducing health inequalities.¹

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 seek and find employment, feel part of a community and experience personal value and self worth.

For people experiencing homelessness or prolonged periods of rough sleeping, the rate at which health problems occur increases rapidly, particularly amongst single homeless people:

- 73% report a physical health problem, 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.
- Research also highlights higher rates of communicable health diseases such as TB and higher rates of premature mortality.

As identified above, homelessness also places substantial costs on the NHS and other support services. 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 services than the general population.

The Homeless Link Review identifies existing prevention activity, which has been developed in response to health and wellbeing needs and delivered by, or in partnership with, the wider health workforce.

The researchers claim, however, that there is still considerable potential for commissions across the NHS and 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 overall costs to services.

¹ Preventing Homelessness to improve Health and Wellbeing. Putting the evidence into Practice, Homeless Review, June 2015

3.3 Homelessness Link Health Needs Audit

Addressing health inequalities is a key priority for the NHS, Public Health teams and Clinical Commissioning Groups, but to do this good evidence base about homeless people's health and the services they use is needed.

Homeless Link's 'Health Needs Audit,' was developed in partnership with a series of pilot organisations across England, funded by the Department of Health. At a local level, the audit has been designed to enhance recognition of the health needs of homeless people in the commissioning process, filling in gaps left by local evidence gathering procedures such as Joint Strategic Needs Assessments.

The Health Needs Audit Toolkit, which is free to use, is designed to be used in partnership by representatives from the local authority, voluntary sector, and health services. It sets out the following steps:

- i. Planning between voluntary sector, health and local authority.
- ii. Audit conducted by local agencies over an agreed timescale.
- iii. Analysis and interpretation of the data.
- iv. Identifying action in partnership.
- v. Implementation and review.

In gathering the data as outlined above, the audit aims to:

- Increase the evidence available about the health needs of people who are homeless.
- Bring statutory and voluntary services together to develop responses to health need and gaps in services.
- Give homeless people a stronger voice in local commissioning processes.

3.4 Groundswell Homeless Health Peer Advocacy (HHPA)

Groundswell is a registered charity, which aims to enable homeless and vulnerable people to take more control of their lives, have a greater influence on services and to play a full role in the community. They specialise in peer-led work, involving people with experience of homelessness in finding solutions to homelessness.

Groundswell's Homeless Health Peer Advocacy offers one-to-one support for people experiencing homelessness to make and attend health appointments, overcoming the practical, personal and systemic barriers, which prevent them from addressing their health needs. The program is delivered by Peer Advocate volunteers, who all have personal experience of homelessness. In addition to providing practical support such as accompanying people to appointments, Peer Advocates build the skills and confidence of clients to access health services independently.

4. NATIONAL POLICY CONTEXT

The Ministerial Working Group on Homelessness was set up in 2010 by the (then) Housing Minister, Grant Shapps. The Working Group remit was to help communities to tackle homelessness by bringing together the relevant government departments to share information, resolve issues and avoid unintended policy consequences.

4.1 Vision to end rough sleeping: No Second Night Out nationwide

In July 2011 Grant Shapps announced £20 million Homelessness Transition Fund, which was to be administered by the umbrella group Homeless Link, to enable the countrywide roll-out of 'No Second Night Out (NSNO).'

The focus of NSNO was on single homeless people, including those sleeping rough, to whom local authorities do not have a statutory duty to secure housing. Sleeping rough is the most visible form of homelessness and where people are most vulnerable.

Rough sleepers and people in unstable accommodation have significantly higher levels of mental and physical ill health, substance abuse problems and higher rates of mortality than the general population. They can also experience difficulties registering with a general practitioner in the local area, accessing follow-up care or staying on a course of treatment.²

The NSNO plan sets out six priority areas where government departments and partners committed to work together to end rough sleeping, as follows:

- New rough sleepers should be identified and helped off the streets immediately so that they do not fall into a dangerous rough sleeping lifestyle.
- Members of the public should be able to play an active role by reporting and referring people sleeping rough.
- Rough sleepers should be helped to access a place of safety where their needs can be quickly assessed and they can receive advice on their options.
- They should be able to access emergency accommodation and other services, such as healthcare, if needed.
- If people have come from another area or country and find themselves sleeping rough, the aim should be to reconnect them back to their local community, unless there is a good reason why they cannot return. There, they will be able to access housing and recovery services, and have support from family and friends.

The final evaluation of NSNO services³ suggested that the project had been successful. The report stated that, in total, 67% of rough sleepers worked with were taken off the streets after their first night of sleeping rough, and of these 78% did not return to the streets once helped.

² 'Evidence Review of the costs of homelessness, DCLG, August 2012

³ 'No Second Night Out,' Homeless Link, February 2014

However, despite the input of these resources, the latest figures on rough sleeping for autumn 2014, published February 2015⁴ show a 14% increase on the autumn 2013 figure. The official counts of rough sleepers have recorded increases in consecutive years since 2010.

The 'Homelessness Monitor,' Crisis February 2015 notes that these official figures are likely to be a considerable underestimate of the reality. Their own exploratory estimates suggest that, on any typical night in England during 2010-2011, between 4,000 and 8,000 people would be sleeping rough, whereas the official estimates were of less than 2,000 people.

In Herefordshire a Rough Sleeper Outreach post was funded through the SASH Partnership, (Services Addressing Single Homelessness), formed between Herefordshire and Worcestershire councils, to support people who are sleeping rough or at risk of sleeping rough, access suitable accommodation, health and employment services. The post was funded from August 2013 on a fixed term contract running until December 2015.

Through partnership with St Peter's Night Shelter, Worcester, funding was also secured in September 2013, to employ a Hospital Discharge Worker on a fixed term contract, to work in Herefordshire.

The two posts are complimentary; the post holders work very closely together and have been very successful at homelessness prevention and sustained re-settlement.

4.2 'Making Every Contact Count: A Joint Approach to Preventing Homelessness,' DCLG , August 2012

The foreword to 'Making every contact count,' states that

'For many people, becoming homeless is not the beginning of their problems; it comes at the end of a long line of crises, a long line of interactions with public and voluntary sector services, a long line of missed opportunities. We must change that.'

'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.'

'Making every contact count,' encourages better cross-service working between councils and all partner agencies, including charities, health services, housing and the police to focus on earlier support for people likely to become homeless. The report contains five Government commitments and sets out what action is being taken to fulfil each of these:

- Tackling troubled childhoods and adolescence.
- Improving health.
- Reducing Involvement in crime.
- Improving access to financial advice, skills and employment services.
- Pioneering innovative social funding mechanisms for homelessness.

⁴ 'Rough Sleeping,' House of Commons Library, March 2015

The report also sets out a number of the 'local challenges' including the following:

1. To adopt a corporate commitment to prevent homelessness, which has buy in across all local authority services.
2. To actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs.
3. To offer a Housing Options prevention service to all clients, including written advice.
4. To adopt a 'No Second Night Out' model or an effective local alternative
5. To have housing pathways agreed or in development with each key partner and client group that include appropriate accommodation and support.
6. To develop a suitable private rented sector offer for all client groups, including advice and support to both client and landlord.
7. To have a homelessness strategy, which sets out a proactive approach to preventing homelessness and is reviewed annually to be responsive to emerging needs.
8. To not place any young person aged 16 or 17 in Bed and Breakfast accommodation.
9. To not place any families in Bed and Breakfast accommodation unless in an emergency and for no longer than 6 weeks.

4.3 Supreme Court Judgement on assessing 'priority need,' May 2015 Case Hatak v Southwark, Kanu v Southwark Johnson v Solihull:

The Supreme Court in three appeals (above) was asked to decide how Local Authorities should approach the statutory test of 'vulnerability' contained in the Housing Act 1996.

The court determined that to assess the 'vulnerability' of a single homeless person, local authorities must now decide if s/he is in greater danger than an 'ordinary' person facing the prospect of homelessness. Previously, councils have determined someone's vulnerability, and therefore eligibility for priority housing, by comparing their mental and physical health to other homeless people, who are statistically more likely to have drug addictions, learning difficulties and other disabilities.

Prior to this judgement, research by Crisis⁵ used mystery shoppers, with previous experience of homelessness, to examine the quality of advice and assistance provided by 16 local authorities to single homeless people.

The research found that in just over a third of visits, mystery shoppers did not receive an assessment and were not given the opportunity to make a homelessness application. The report makes recommendations, which include the following:

⁵ Turned Away: the treatment of single homeless people, October 2014

- All people who approach their local authority as homeless must be given the opportunity to make a homelessness application and should have the process clearly explained to them. All homeless households, whether or not they are deemed to have a priority need must be provided with meaningful advice and assistance.
- All applicants should be provided with a letter summarising the outcome of their visit, including the result of any homelessness application and how it can be appealed; what advice they have been given and next steps to be taken by them and the authority.

These recommendations already form part of Herefordshire council's standard practices, when advice and assistance about homeless or threatened is sought.

4.4 'Addressing complex needs: Improving services for vulnerable homeless people,' DCLG March 2015

The report summarises the work of the cross-government Ministerial Working Group on Homelessness since its inception in 2010 and sets out the issues around 'complex needs homelessness.'

People with complex needs have multiple support requirements, which overlap and compound each other, but as services tend to be structured around single 'issues,' they often struggle to access mainstream services.

The authors of research commissioned by the Lankelly Chase Foundation⁶ state that:

'We still categorise people in separate boxes defined by single issues. So a person who takes drugs to deal with childhood trauma, who falls into offending as a consequence, and loses their home when entering prison acquires three quite distinct labels. Each of these labels triggers a different response from statutory and voluntary systems, different attitudes from the public and media, different theoretical approaches from universities, different prescriptions from policy makers.'

The research sought to provide a statistical profile of people with multiple needs involved with the homelessness, substance misuse and criminal justice systems in England annually. The main findings of the study were:

- Each year, over a quarter of a million people in England have contact with at least two out of three of the homelessness, substance misuse and/or criminal justice systems, and at least 58,000 people have contact with all three.
- People affected are predominantly white men, aged 25–44, with long-term histories of economic and social marginalisation and, in most cases, childhood trauma of various kinds.
- In addition to general background poverty, the most important early roots of this type of multiple disadvantage arise from very difficult family relationships and very poor educational experience.

⁶ Hard Edges: Severe and Multiple Disadvantage in England, Bramley, Fitzpatrick et al, January 2015

- The 'average' local authority might expect to have about 1,470 active cases over the course of a year, as defined by involvement in two out of the three relevant services.

In addressing complex needs the government believes that, as the voluntary sector has expertise in working with people with complex needs, they are best placed to deliver the specialist services that are needed.

4.5 The 'Housing First' model of provision

'Addressing complex needs' refers to the 'Housing First' model of provision. This places homeless people with complex needs straight into long-term settled accommodation from which support needs are addressed, rather than using a 'stepped' approach of specialist temporary, followed by longer term move-on accommodation. Using this approach, results from pilot projects in other parts of Europe and North America have been very positive with around 90% tenancy sustainment being achieved.

A number of small-scale Housing First projects have been run in the UK and in February 2015 the results of an observational evaluation of nine of these was published.⁷

In general, people using these services were much more likely to have severe mental illness, very poor physical health and learning difficulties than the general population. They often experience social exclusion and marginalisation, lack social support networks and have histories of contact with the criminal justice system. Rates of problematic drug and alcohol use are also high.

The main findings of the research were:

- The average estimated length of homelessness per person was 14 years.
- Most of the Housing First services had been operational for less than three years and some for much shorter periods, which meant assessment of long-term effectiveness was not yet possible. However, 74% of service users had been successfully housed for one year or more.
- There was evidence of improvements in mental and physical health. 43% reported 'very bad or bad' physical health a year before using Housing First, this fell to 28%.
- 52% reported 'bad or very bad' mental health a year before using Housing First, falling to 18% when asked about current mental health.
- There was some evidence of progress away from drug and alcohol use, but also some evidence that this pattern was uneven.
- Indicative costs suggested potential savings in support costs of between £4,794 and £3,048 per person per annum.
- Overall potential savings in public expenditure could be in the region of £15,000 per person per annum.

⁷ Housing First in England, An Evaluation of Nine Services, Joanne Bretherton and Nicholas Pleace, University of York, February 2015

- There are strong arguments for exploring the potential of Housing First as a more cost effective approach to long-term and recurrent homelessness. However, it is not a 'low cost' option as it is a relatively intensive service offering open-ended support.
- There is the potential to use such schemes in new ways, for specific groups of homeless people, such as women and young people with high support needs or as a preventative model, targeted on vulnerable individuals who are assessed at heightened risk of long-term homelessness.

4.6 Localism Act 2011

The Localism Act 2011 introduced very significant changes to housing policy and planning in what the government described in, 'Laying the Foundations, A Housing Strategy for England, November 2011 as a 'radical programme of reform of social housing.'

Key reforms relating to housing and planning include:

- Social housing reform: This gives individual social housing providers new powers to grant tenancies for a specified fixed-term, where they choose to do so, rather than a 'life-time' tenancy.
- Allocation reform: This gives local authorities greater control over who is entitled to register for social housing.
- Reform of homelessness legislation: This gives local authorities powers to discharge their housing obligations to homeless people through the private rented sector on a minimum one-year Assured Shorthold Tenancy.
- National Planning Policy Framework (NPPF) 2012: This establishes a presumption in favour of sustainable development, the introduction of Neighbourhood Plans and the abolition of Regional Spatial Strategies.

4.7 Welfare Reform Act 2012

The Welfare Reform Act 2012, contained important changes to benefit entitlement, each of which is intended to reduce the overall cost to the Treasury. These include:

- The introduction of Universal Credit, which merges a number of different benefit entitlements, including Housing Benefit and Job Seekers Allowance, into a single monthly payment. There is a benefit cap that limits the amount of benefit a household is entitled to receive.
- Universal Credit is being rolled out in Herefordshire from March 2015 for single people, who would have been eligible for Job Seekers Allowance. It remains to be seen if this will impact negatively on access to the private rented sector through, for example, any reluctance by landlords/lettings agencies to offer tenancies to claimants on Universal Credit.

- From April 2013 new rules were introduced to restrict the amount of Housing Benefit working-age council or housing association tenants could claim if they were deemed to be under-occupying their home. For one spare bedroom, Housing Benefit entitlement was reduced by 14% per week and for two or more bedrooms by 25%.
- In October 2012 a new harsher sanctions regime for Job Seekers Allowance was introduced by the Welfare Reform Act. This set out three levels of fixed periods of sanction for failure to undertake agreed work search activity, ranging from four weeks up to a maximum of three years for repeated failures. Some research⁸ has indicated that sanctions are having a disproportionate impact on vulnerable groups, including homeless people, single parents and disabled people.

4.8 Summer Budget July 2015: Key measures relating to Housing and Welfare

The Budget announced around £17 billion of spending cuts, including £12 billion by 2019-20 from welfare reforms. The main reductions are as follows:

- From April 2017, the overall benefit cap, currently set at £500 per week (£26k per year) for a working age household with children, will be reduced to £385 (£20k per year) or £442 (£23k per year) in London.
- Housing Benefit will be frozen for four years from April 2016, along with both Child and Working Tax Credits and a number of other working age benefits, including Jobseekers' Allowance, Employment and Support Allowance, Income Support and Child Benefit
- The Universal Credit work allowance will be abolished entirely for non-disabled, childless households. For all other households whose claim includes housing costs, it will be reduced to £44.30 per week (£192 per month).
- From April 2017 parents claiming Universal Credit, including lone parents, will be expected to prepare for work when their youngest child is two and to look for work when they are three.

4.8.1 Removal of Housing Benefit entitlement for 18-21 year olds

- From April 2017, 18-21 year olds submitting a new claim for Universal Credit will not be automatically entitled to receive the housing costs element (the equivalent of Housing Benefit). There will be exceptions for:
 - Those who are parents and whose children live with them.
 - Vulnerable groups.
 - Those who had previously been living independently and working continuously for 6 months.
- 18 -21 year olds receiving Universal Credit will also be subject to a new youth obligation. They will be expected to participate in a programme of support at the start of their claim and

⁸ The Homelessness Monitor, Crisis and JRF, February 2015

to apply for an apprenticeship or traineeship, gain work place skills or go on a work placement after six months.

Following these announcements, the Chief Executive of Crisis claimed that more young people were likely to become homeless as a result of the proposed cuts.

*'Under-25s already make up a third of homeless people and there is a real danger these changes could make things even worse. For many young people, living with their parents simply isn't an option.'*⁹

4.8.2 Social Housing Rents

- From April 2016, government will require all social landlords to reduce their rents by 1% every year for the next four years (rather than increasing them by Consumer Price Index (CPI) +1%, as previously identified). This will be taken forward via the Welfare Reform and Work Bill and will apply to both social and affordable rents.
- Tenants in social housing who earn more than £30,000 per year, or £40,000 per year in London, will be expected to pay market or near market rents. This was subsequently withdrawn and replaced by a voluntary system for housing association providers, whilst being retained for council tenants.

The National Housing Federation (NHF)¹⁰ has responded to the announcements in the Summer Budget as follows:

- Whilst a cut in rents over the next four years will be a real help to some tenants, the reduction in rental income will impact on housing associations ability to plan for and invest in new housing development. An initial estimate suggests that at least 27,000 new affordable homes will not be built as a result of this loss.
- Modelling indicates that the reduction in the benefit cap could affect 205,000 households including 68,000 households living in housing association properties. The lower cap will impact on affordability in all areas of the country and a lower benefit cap outside London takes no account of regional variations in rents. Initial analysis indicates that, for a couple with three children, the weekly shortfall for a three-bedroom property is likely to be in the region of £44.34 using average rent data.

Whilst there are plans for a national living wage for over 25s (set at £7.20 per hour from 2016 and rising to £9.00 per hour by 2020) estimates in the Institute for Fiscal Studies post-budget briefing paper¹¹ indicate that this will not provide full compensation for the majority of losses that are likely to be experienced overall.

⁹ Jon Sparks, Chief Executive, Crisis, July 2015

¹⁰ National Housing Federation Briefing Paper: Summer Budget 2015, July 2015

¹¹ Paul Johnson, Institute for Fiscal Studies, July 2015

If the above initial projections for reduced household incomes are accurate, it is possible that homelessness will increase, across all household types, as tenants in the social and private-rented sector, subject to cuts in benefit entitlement, are unable to afford their rents.

4.9 Autumn Statement and Comprehensive Spending Review

In November 2015, the Chancellor of the Exchequer presented his Autumn Statement for 2015 and the Comprehensive Spending Review covering the period up to the 2020 General Election.

Main announcements affecting housing include the following:

- Funding for new affordable homes will be doubled, but will be refocused so that most of the funding will be spent supporting new homes for low cost home ownership, rather than to rent.
- Housing benefit in the social housing sector will be capped at local housing allowance rates for new tenants. This includes extending the shared room rate, whereby single people under 35 are only eligible for enough support to cover the cost of a room in a shared house. The change will apply to tenancies starting from April 2016 and will take effect from 2018.
- The cuts to working tax credits announced as part of the summer budget will not now be implemented. However cuts to child tax credits will still go ahead as planned.
- There will be changes to the way the management of temporary accommodation is funded. The management fee currently paid by the Department for Work and Pensions to local authorities on a per household basis will end from 2017-2018 and instead an up front fund will be established.

Whilst additional spending on housing is to be welcomed, focussing government support only on home ownership will not help those in housing need who are not able to save a deposit or get a mortgage. This will include substantial number of families and single people and families in need in Herefordshire.

Information in the 'Understanding Herefordshire Report,' 2015 confirms that the county is still one of the worst areas within the West Midlands region for housing affordability, where house prices at the lower end of the housing market cost around 8.1 times the annual earnings of the lowest earners.

Capping housing benefit for new tenants in the social housing sector to local housing allowance rates could also have a major impact on young people. This change is likely to make it more difficult for single people under 35 to find a home in Herefordshire that they can afford.

4.10 Housing and Planning Bill 2015

Extending the Right to Buy to housing association tenants

The government's proposed Housing Bill will:

- Extend the Right to Buy to housing association tenants,¹² offering discounts worth up to £102,700 in London and £77,000 in the rest of England, but not in Scotland or Wales, where Right to Buy is being abolished.
- There are around 2.5 million housing association tenants. Whilst they already have the Right to Acquire, the discounts are much less generous, ranging from £9,000 to £16,000 depending on location. In addition, the Right to Acquire is currently not available in rural areas where there are fewer than 3,000 properties.
- To fund the policy the Housing Bill will require stock-owning councils to sell 5% of their most valuable housing properties when they become vacant and replace them with cheaper homes. Cash from the sale proceeds will be used to create a £1bn Brownfield Regeneration Fund.
- The government has made a commitment to ensure there would be 'one-for-one' replacement for all the properties sold under extended RTB. However, figures released by the Department for Communities and Local Government (DCLG), June 2015, show that 12,304 homes were sold under the Right to Buy in England in 2014-2015, whilst only 1,903 homes were started or acquired to replace them.
- The Housing Bill contains measures to deliver an extra 200,000 new homes through the new Starter Homes initiative, which will offer a 20% discount to first-time buyers under 40. It is intended that these will be built predominantly on brownfield sites that were not previously identified for housing development.

Locally, there could be a loss of housing association properties in Herefordshire, but at present, there are too many variables to allow any accuracy of predication.

4.11 Making Every Adult Matter (MEAM)

The MEAM report, 'Solutions from the front line,' June 2015 sets out how policymakers, local authorities, commissioners and frontline services can respond to the challenges faced by people experiencing multiple needs. The findings are based on qualitative research with 50 people who have either had experience of multiple needs or are practitioners supporting those who do.

Respondents emphasised the need for better joint working between different sectors, which would prevent people from being 'bounced backwards and forwards' between services without anyone taking full responsibility for their welfare.

¹² There may be some Right to Buy exemptions, for example properties that will be difficult to replace in rural areas. Tenants may be provided with a 'portable discount' as an alternative.

One of the ways suggested ways in which this could be achieved was through a central point of contact, responsible for linking all of the different services together on behalf of the person concerned.

One of the recommendations was that Commissioners should be accountable for ensuring local areas have joined-up services, and identifying where people with multiple needs fall through the gaps. The report states that:

'In every local area people with multiple needs and exclusions are living chaotic lives and facing premature death because as a society we fail to understand and coordinate the support they need. Yet evidence shows that by working together local services can develop coordinated interventions that can transform lives.'

5. HEREFORDSHIRE HOUSING MARKET

Housing is a fundamental requirement for good health and wellbeing. Inequalities in a range of health issues can be tracked to the quality of housing, examples include the effects on the general quality of living and mental/general health, people rough sleeping when their housing needs are not met and terminal illness or death due to inadequate living conditions.

The following information is taken primarily from Understanding Herefordshire 2015.¹³ The report provides strategic intelligence for commissioning and business planning for the whole county.

- Within the West Midlands region, Herefordshire is ranked as the third most expensive unitary or shire authority when median rents for all dwelling sizes are compared.
- The difficulties in acquiring housing are compounded by having one of the worst affordability levels within the West Midlands region; with houses at the lower end of the market costing around 8.1 times the annual earnings of the lowest earners. This puts greater pressure on the affordable housing options that are available across the county and with a high demand against limited supply, there is a substantial shortfall.
- The Local Housing Market Assessment 2013 identified that, to balance the housing market over the longer term (2011-31), an average of 35% of new homes built would be a viable level of affordable housing. The report recommended a range of tenures to cater for a range of housing needs and a range of circumstances, particularly for those that can afford to pay more than social rents, but still cannot access the market.
- Between April 2011 and March 2015, an additional 434 new affordable homes were built or acquired for those in housing need in the county.
- The last decade has seen a large increase in the number of concealed families, i.e. those that live in a household containing more than one family (including grown-up children

¹³ Understanding Herefordshire 2015: An Integrated Needs Assessment

who have a spouse, partner or child living in the household; elderly parents living with their family; or unrelated families sharing a home).

- In 2011 there were almost 850 concealed families, an increase of 87% on 2001 compared with 70% nationally.

This increase could be related to:

- A combination of the affordability of housing and the availability of finance since the credit crunch.
- There may also be some connection to increased migration following the expansion of the European Union. The 2011 Census shows that a relatively large proportion of people in the white non-British ethnic group live in some form of shared housing.
- The 'heads' of just over half of the concealed families were aged under 34, mostly either lone parents with dependent children or couples with no children.

5.1 Structural Factors impacting on homelessness

The 'Homelessness Monitor England'¹⁴ is an annual state-of-the-nation report looking at the impact of economic and policy developments on homelessness. The current report is the fourth of a five year project (2011-2016). Research for the report is being conducted by Heriot-Watt University and the University of York on behalf of Crisis.

The Monitor states that the continuing shortfall in new house building, relative to household formation, is a prime structural factor contributing to homelessness and other forms of acute housing need.

The research quotes household formation projections for England, which indicate that household numbers will increase at an average rate of 220,000 a year up to 2021. This means that the rate of new house building would need to almost double from the 2012-2013 levels of 125,000 just to keep pace with the rate of new household formation and without alleviating existing housing pressures.

The impact of structural factors is reasserted in the Housing of Commons Briefing Paper, August 2015,¹⁵ which states that where there is an insufficient support of affordable housing, prices are pushed up beyond the reach of the larger population. This puts additional pressure on the rented sector, which in turn inflates rents and results in more people applying for social housing.

Against this rising demand, the social housing sector has declined as a proportion of all housing in recent years. In 1981 it accounted for 5.5 million households (32% of all households) but by 2013-2014 this number had dropped to 3.9 million (17% of all households).¹⁶ This decline is a consequence of the low build rate and the impact of the Right to Buy scheme.

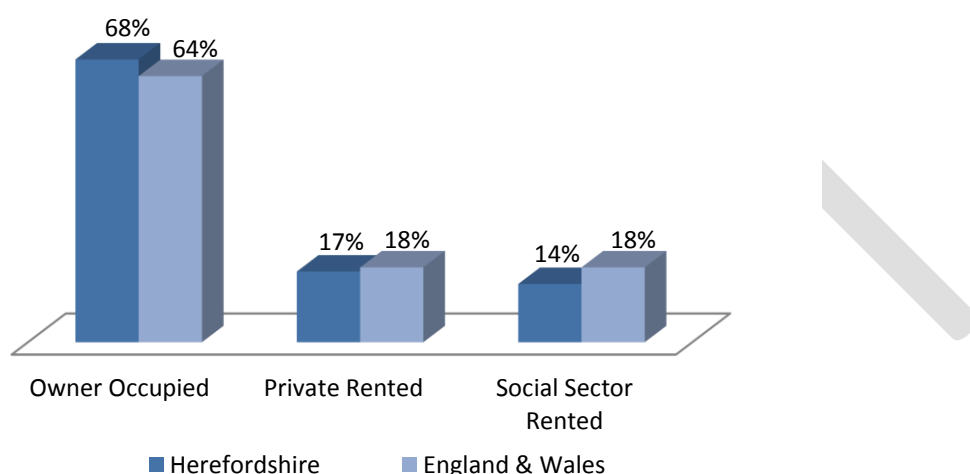
¹⁴ The Homelessness Monitor, Crisis, February 2015

¹⁵ House of Commons Briefing Paper Number 01164, Statutory Homelessness in England, August 2015

¹⁶ English Housing Condition Survey Household Report 2013-2014, published June 2015

The briefing paper suggests that, although the Right to Buy scheme has enabled the home ownership aspirations of many families and single people to be fulfilled, it has nevertheless removed vast numbers of social homes from public ownership and limited the scope for local authorities to house homeless families and others in housing need.

Locally, as can be seen from Chart 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 and Wales.¹⁷



Whilst it is possible to identify the wider structural issues that underlie homelessness, relatively little is known about the personal, social and economic circumstances of homeless families and other vulnerable households that are represented in the statutory homeless statistics of local authorities.

It is recognised that people moving in and out of institutional care are vulnerable to homelessness. People leaving prisons, hospitals, psychiatric placements, as well as young people leaving care, are at particular risk of social exclusion and other factors which can lead to homelessness.

6. REVIEW OF HOMELESS TRENDS

Statistical data on homelessness in England is compiled by the Department of Communities and Local Government (DCLG) from statutory P1E Returns, which are submitted quarterly by local authorities. The P1E contains statistics on statutory homelessness, rough sleeping and homelessness prevention and relief.

¹⁷ Herefordshire Census data 2011

These official figures do not, however, give a full picture of homelessness in England. They exclude those who are homeless, but who do not approach a local authority for assistance and households who do not meet the statutory criteria.¹⁸

In the Homeless Monitor 2015¹⁹ it is suggested that headline statutory homeless acceptance figures are of declining usefulness in tracking national trends. This is because local authorities are increasingly refocusing homelessness management towards an approach aimed at encouraging applicants to choose informal 'housing options' assistance rather than making a statutory homeless application. Applications outside the statutory framework are not recorded as 'homelessness' in the P1E Statutory Returns. They will instead be counted as homelessness 'prevention' or 'relief.' To illustrate, in a survey of local authorities conducted by Crisis for the Homelessness Monitor, 63% agreed with the statement that:

'Because of a continuing shift towards a more prevention-focused service, post-2010 homelessness trends in our area cannot be accurately gauged by tracking our statutory homelessness assessment statistic.'

6.1 Official Figures: Extent of homelessness

Official DCLG homelessness statistics show that, nationally, in the three years up to 2012-2013 households 'accepted as homeless' rose by 34% from 40,000 households to 52,000. In 2013-2014, however, the numbers of homeless acceptances declined by 2%.

In Herefordshire, as shown in Chart 2 below, the number of households making a formal homeless application reduced from 372 households in 2012-2013 to 220 households in 2014-2015, a reduction of 40%.

The number of households being accepted as statutorily homeless also reduced from 70% of total applications in 2012-2013 to 53% in 2014-2015.

These figures should not, however, be taken to mean that homelessness is a reducing issue in Herefordshire but, as shown below, is a reflection of the successful homeless prevention work that has been undertaken.

¹⁸ That is households who are (i) homeless or threatened with homelessness within 28 days, (ii) eligible for assistance, (iii) have a priority need, (iv) not be homeless intentionally, (v) and have a local connection with the area (except in cases of domestic abuse)

¹⁹ Crisis, February 2015

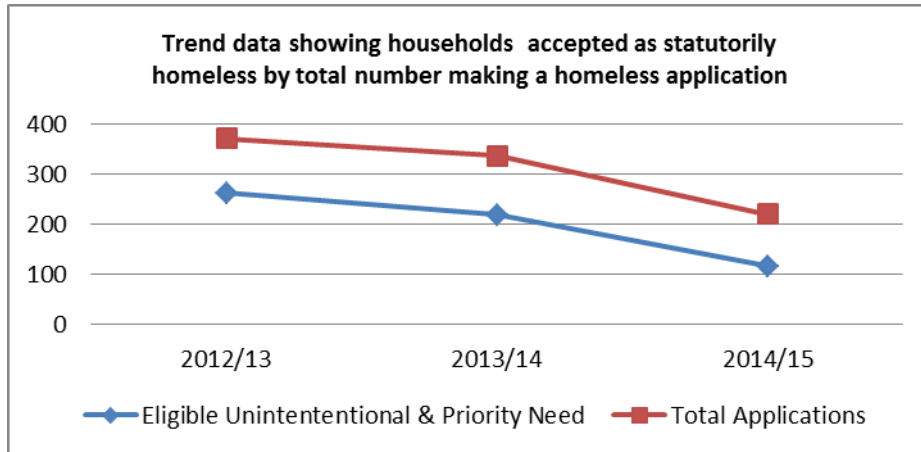
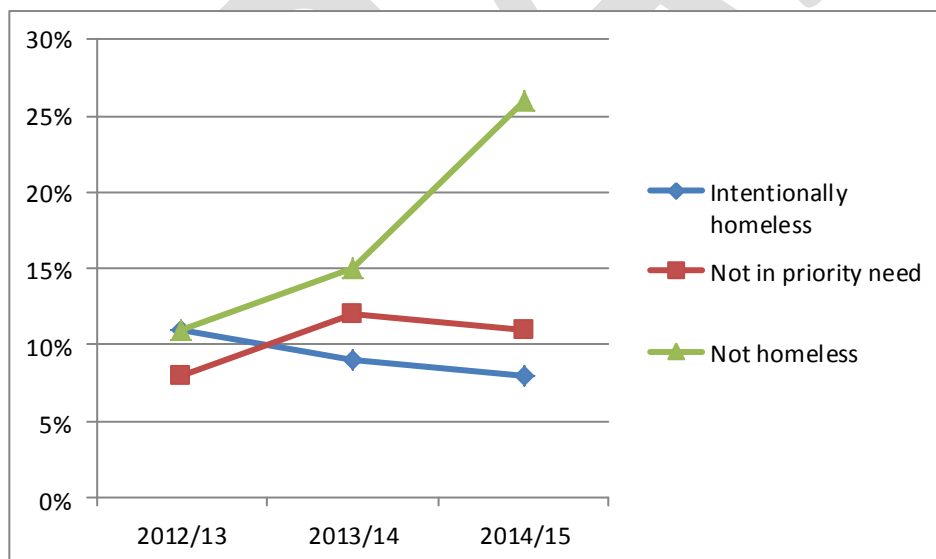


Chart 3 below shows that proportionately, over the three year period, the main reason for the full statutory duty not being owed was that the applicant was found to be ‘not homeless.’ At 26% of all applications for 2014-2015 this is close to the averaged national figure for that financial year at 25%.

Whilst the ‘not homeless’ figure has risen very significantly, there has been relatively little change in the proportion of decisions where the household was found to be ‘not in priority need’ or ‘not homeless.’



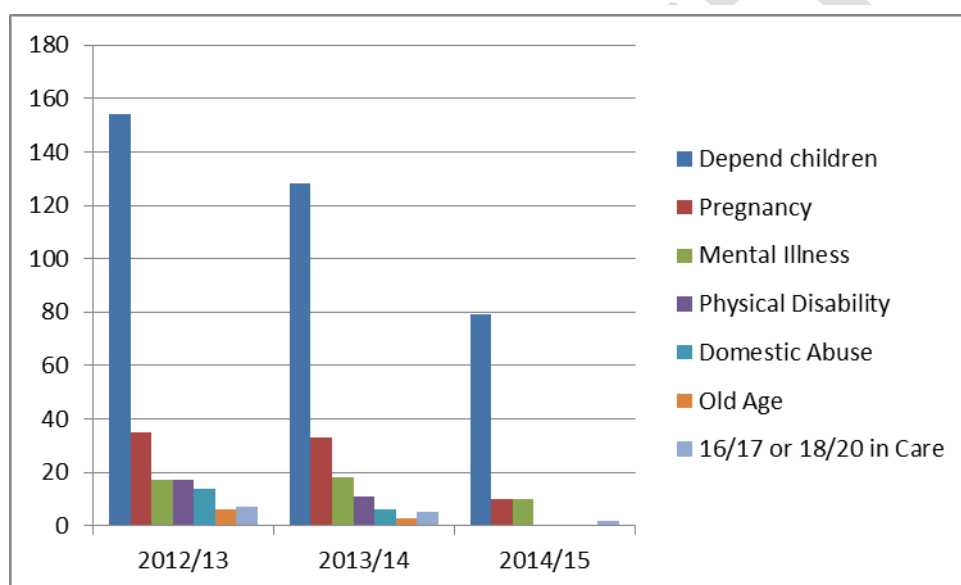
6.2 Priority Need

As illustrated in Chart 4 below, by far the most significant and consistent reason for the determination of ‘priority need,’ over the period, was that the household contained a dependent child or children.

Household member being pregnant was the next highest reason for priority need, although, in total, this represented 283 fewer households. The local situation mirrors the national picture where the presence of dependent children established priority need in 67% of total cases, followed by household member pregnant at 7%.

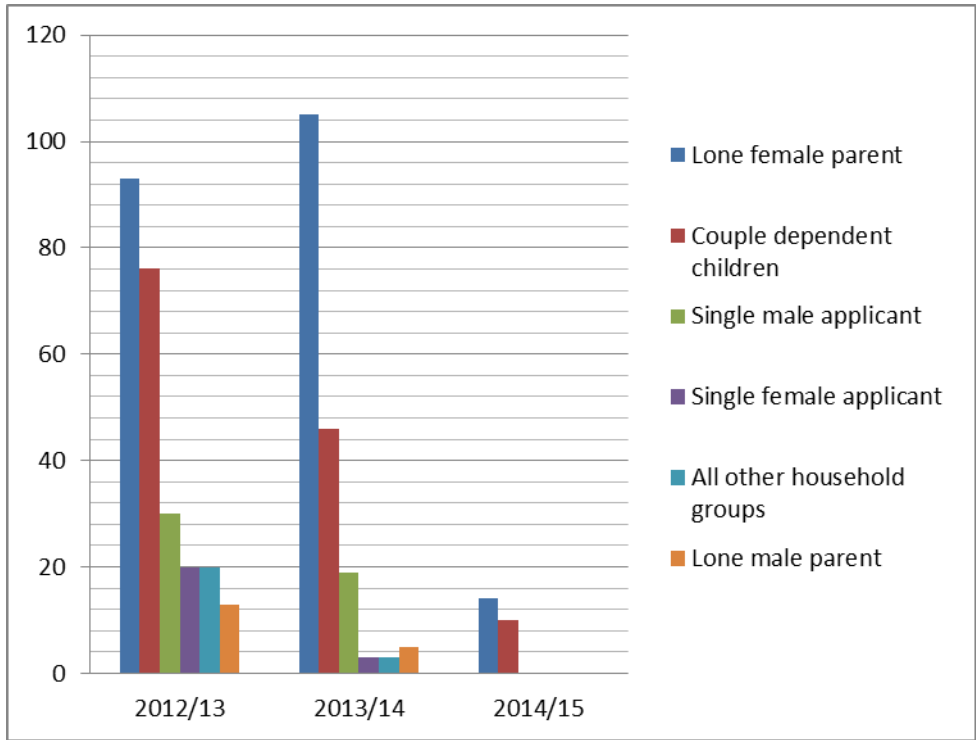
Over the three-year period 45 households were in priority need due to mental illness and 28 households consisted of or contained a disabled person. At respectively 6% and 5% of total applications this is consistent with national figures where priority need was established through mental illness in 8% of applications and physical disability in 7%.

It remains to be seen if the Supreme Court Judgements, *Hatak v Southwark*, *Kanu v Southwark* *Johnson v Solihull* relating to the application of the ‘vulnerability test’ for determining priority need will increase these acceptance figures.

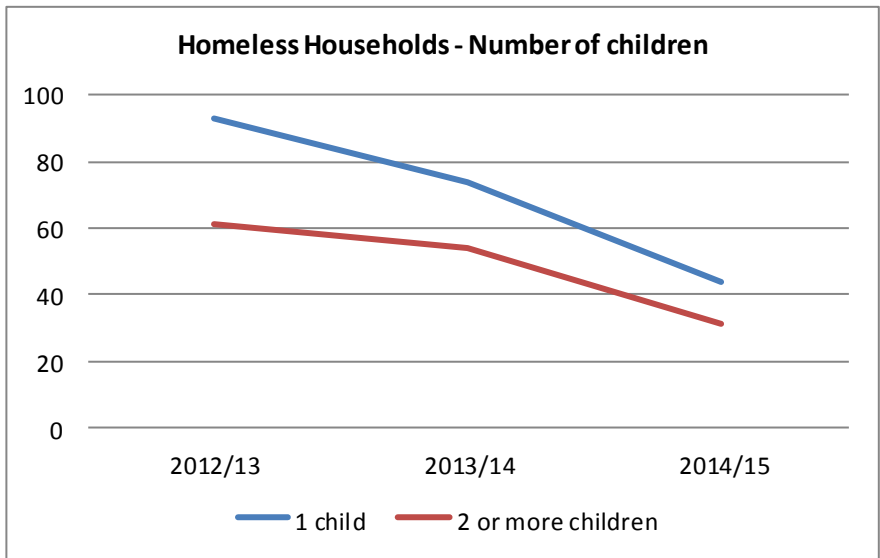


6.2.1 Priority Need – Dependent Children

Unsurprising given the priority need statistics above, the most frequently occurring household type in acceptance homeless figures are those which contain a dependent child/children, with lone female parents accounting for 36% and couples with dependent children accounting for 22% of homeless acceptances over the three year period. Chart 5 below provides more detail.



The majority of families whose priority need was established through the presence of a dependent child or children have one child. This has been consistent over the three year period, as shown in Chart 6 below.

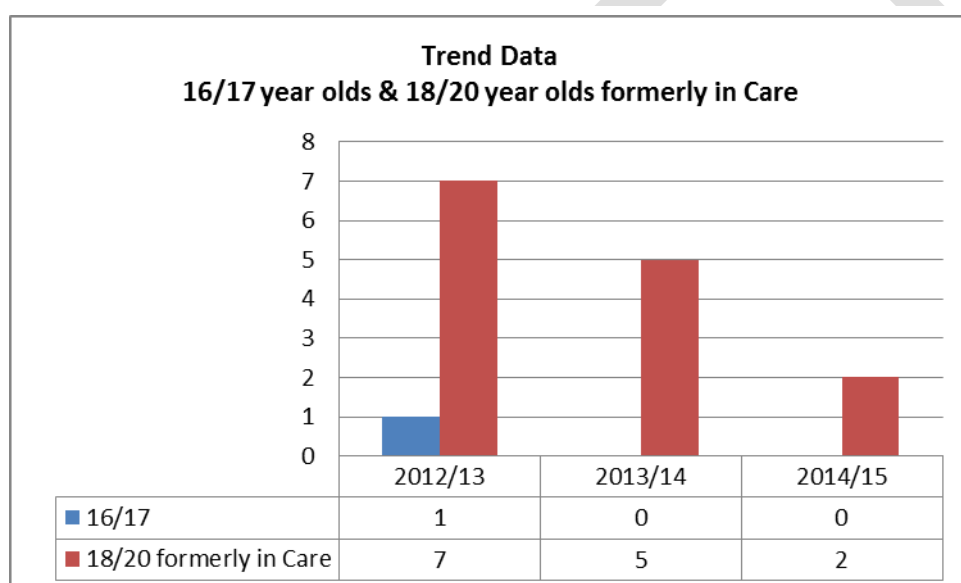


6.2.2 Priority Need – Young People

A priority need is established if an applicant is aged 16 or 17 or is aged 18 to 20 years and formerly in care.

The DCLG report, 'Making Every Contact Count',²⁰ quotes research which shows that the main 'trigger' for youth homelessness is the breakdown of family relationships, often compounded by difficulties at school, overcrowding at home, mental health problems, substance abuse and crime.

Chart 7 below shows that in Herefordshire, for the last two years, there have been no homeless acceptances for 16 – 17 year olds and reducing acceptances for 18 – 20 year olds, who were formerly in Care. This does not mean that potential homelessness is not an issue for these young people in the county, but is rather a reflection of a successful preventative approach.



6.2.2(i) Children Act 1989 and the Housing Act 1996

Very broadly, the Children Act 1989 places a duty on local authorities to 'safeguard and promote the welfare of children within their area who are in need' (section 17) and requires that they provide accommodation for any child in need within their area who has reached the age of 16 and whose welfare is likely to be seriously prejudiced if they do not do so.

Children who are accommodated and supported by local authorities under section 20 of the Children Act 1989 become 'looked after children,' which entitles them to additional support, from the age of 16 years, while in the care of the local authority and to when they leave care support.

²⁰ Making Every Contact Count: A joint approach to preventing homelessness, DCLG, August 2012

The Homelessness legislation, Part 7 of the Housing Act 1996, requires that in some specified circumstances the local authority will owe a main duty to secure settled accommodation for a homeless person, or someone threatened with homelessness within 28 days. Any need beyond housing is not addressed by this legislation.

The legal interrelations between the Housing Act and the Children Act are complex and have been subject to a number of court cases.²¹ As a consequence, in 2010 the government issued statutory guidance on 'Provision of accommodation for 16 and 17 year-olds who may be homeless and/or require accommodation.'

The guidance specifically states that the Children Act takes precedence over the Housing Act. If a young person aged 16 or 17 seeks help from the local authority because of homelessness, their needs should be assessed under section 17 of the Children Act 1989 and if the child is found in need of accommodation they should become a looked after child under section 20.

For homeless 16 and 17 year olds housing options, which provide security and safety, are usually very limited. With restricted access to welfare benefits, requirements for rent in advance and bond payments and tenancy law issues, very few reputable private sector landlords are willing to offer a tenancy.

This is why it is so important that local authorities have protocols in place that clearly identify respective responsibilities under the Children Act 1989 and the Housing Act 1996 and how statutory duties will be fulfilled.

However, Research published by the Law Centres Network²² concluded that some local authority protocols for dealing with homeless 16 and 17 year olds did not comply with the law, resulting in homeless young people failing to receive the support they are entitled to. It further claims that,

Local Authorities do not, as a matter of course, make their protocols publicly available. Nor do they routinely provide information that is accessible to homeless young people outlining the assessment process or the support they can expect from the Local Authority. This makes it very difficult for young people, without access to independent advice, to understand the nature of the support and accommodation they should be offered and the implications of any choices they make.

The above findings have been reinforced by the Children's Society's report, 'Getting the house in order,' March 2015, which claimed that:

- Only half of young people who present as homeless receive assessment under the Housing Act 1996 and/or the Children Act 1989. In a large minority of cases the Children Act is not given precedence over the Housing Act as it should and as has been established in case law.

²¹ R (G) v Southwark, 2009 and others

²² Supporting Homeless 16 and 17 year olds, February 2013

- As few as one in five of those who present as homeless get accommodated. Of these, only 20% are accommodated under section 20 of the Children Act 1989 as required by the statutory guidance.
- The remaining four young people in every five do not receive assistance. Many are encouraged to return home to their parents, but less than 5% receive support to help rebuild their relationship with their parents or carers.

The following table, which is taken is taken from ‘Keeping homeless older teenagers safe,’ Children’s Society, March 2015, sets out respective legislative responsibilities.

Looked after under Section 20, Children Act 1998	Accommodated under Housing Act and/or Section 17 Children Act
Pathway Plan developed by Children’s Services, prompting them to think ahead.	Minimum support and no requirement for a Pathway Plan to be put in place.
Accommodation paid for by Children’s Services up to the age of 18 years.	Young people are responsible for claiming benefits and paying for their accommodation and all other expenses.
Pathway Plans include education and career planning. All looked after children have named health professionals and have improved access to health services, including mental health services.	There is a duty on young people to participate in education or training but no specific support. Young people do not have any additional entitlements for health support.
All looked after children are entitled to advocacy support if they want to make a complaint or representation about the services they receive.	There is no automatic entitlement to advocacy support.
If a crisis occurs at the accommodation, e.g. as a result of behaviour deteriorating, Children’s Services continue to provide support and will provide a new placement.	If there is a crisis in their accommodation, which results in eviction, the young person may be seen to be intentionally homeless and therefore, receive limited support with continued accommodation provision.
Entitled to support from Children’s Services up to age of 21 years and 25 years in some cases.	

6.2.2(ii) Keeping homeless older teenagers safe,’ Children’s Society, March 2015,

The research set out in the above report is based on information obtained from three sources: freedom of information requests, analysis of 74 cases from Children’s Society practice; and the findings of focus groups and interviews held with practitioners and young people. It established that out of approximately 6,000 young people who presented as homeless:

- Almost one third had a serious mental health problem.
- Almost one third had experience of the criminal justice system.
- Over one third were at risk of child sexual exploitation.
- One quarter had problems with drugs and alcohol.
- Fifteen percent were not in education, employment or training

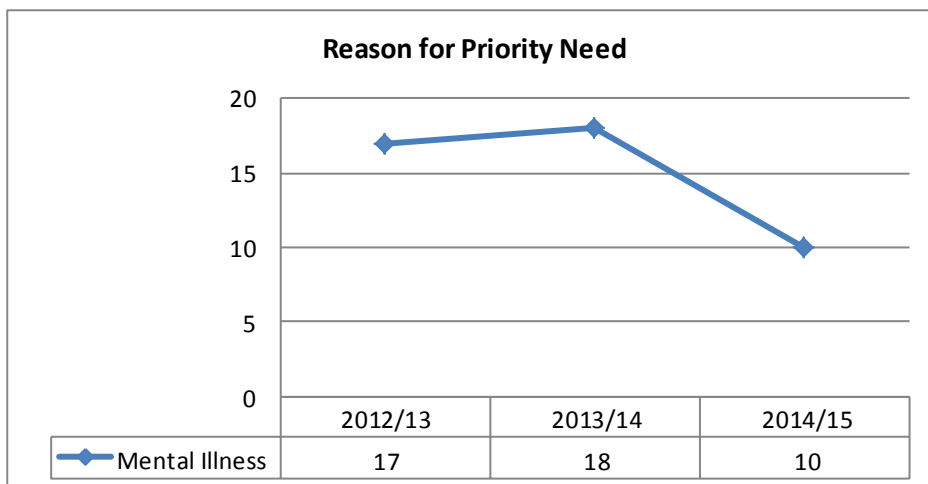
Case studies showed that often young people do not leave home simply because of arguments with their parents, but that they were often living in families where there were issues with problems such as substance abuse, unemployment, depression, bereavement or domestic violence. To quote from the report:

‘The provision of accommodation can be life-changing for some young people, but accommodation alone will never be sufficient to help them resolve all the issues they face. They need support from different services and in many cases different services will have to work closely together to ensure that young people can move into adulthood successfully.’

6.2.3 Priority Need – Vulnerable due to Mental Health

Chart 8 below shows that the number of households owed the full homeless duty due to vulnerability, as of consequence of mental illness, has declined over the three year period. However, the proportion of all homeless acceptances for this reasons has remained relatively consistent, particularly over the last two years at 9% and 8% respectively for the financial years 2013-2014 and 2014-2015. This is reflective of the national statistics for England as a whole, which average at 8%.

Whilst the number of people whose priority need was established through mental illness are small, the costs to the individual and social care and health services are considerable, particularly in a predominately rural county such as Herefordshire.



The MEAM (Making Every Adult Matter) submission²³ states that whilst it is recognised that homelessness is an extreme form of social exclusion, which has a substantial detrimental impact on the health of individuals, homeless people still often experience considerable difficulty in accessing health care.

The document further claims that, in particular, homeless people face inequalities in accessing mental health services, yet their mental health can be exacerbated as a result of homelessness and mental ill health can itself be a risk factor in homelessness.

A secure, affordable home is essential in supporting positive mental health and emotional wellbeing and, as a consequence, reducing the overall demands on expensive health and social care services.

This finding is reiterated in the 'Five Year Forward View Mental Health Taskforce: Public Engagement Findings',²⁴ which states that:

'Many people discussed the importance of addressing the broader determinants of good mental health and mental health problems, such as good quality housing, debt, poverty, employment, education, access to green space and tough life experiences such as abuse, bullying and bereavement.'

The council's Housing Solutions Team works closely with mental health and a supported housing provider in Herefordshire to help prevent homelessness amongst people who have a co-existing mental health and substance use issues.

6.2.4 Priority Need – Vulnerable due to Domestic Abuse

Homelessness acceptances, where priority need has been established as a consequence of domestic abuse, have decreased over the last three years as follows:

- 2012-2013 - 14 households
- 2013-2014 - 6 households
- 2014-2015 – 0 households

This should not be taken to mean that incidents of domestic abuse have declined in the country or in England as a whole, but is rather a reflection of homelessness prevention and relief activity. Depending on each circumstance this may mean the provision of alternative accommodation or putting in place measures to enable the household to remain safety in their current accommodation.

In addition, domestic abuse is still largely a hidden crime. Those who have experienced abuse from a partner or ex-partner will often try to keep it from families, friends, or authorities. Whilst domestic violence is most commonly experienced by women and

²³ Submission to the Mental Health Taskforce on Multiple Needs, June 2015

²⁴ Report from the Independent Mental Health Taskforce for NHS England, September 2015

perpetrated by men, men can also sometimes be victims in both gay and heterosexual relationships.

- In Herefordshire, in the year up to September 2014, calls to the Women's Aid Helpline totalled 4,193, an increase of 42% on the previous year.
- In 2014-2015, 316 children were involved in MARAC (Multi-Agency Risk Assessment Conference) cases, a 59% increase from the previous year. In the same period, West Mercia Women's Aid also reported an 18% rise in the monthly average number of children in their services from 122 in 2013-2014 to 147 in 2014-2015.

The Herefordshire Domestic Violence and Abuse (DVA) Needs Assessment,²⁵ states that DVA has a huge impact on society. It causes pain and suffering for the victim and their family, but also has a significant cost to public services and the local community. It is often a hidden crime, with victims reluctant to report their experiences.

Domestic abuse affects people in a number of ways, including poor physical and emotional health including, physical injury, homelessness, loss of income or work and isolation from families and friends. As a result of witnessing domestic abuse, children can experience both short and long term cognitive, behavioural and emotional effects. The consequences are not only personally damaging, but also have very significant financial costs.

The following are headline conclusions from the Herefordshire's Needs Assessment:

1. Domestic violence and abuse is prevalent across all of society and across the whole of the county.
2. Almost anyone is vulnerable to becoming a victim of domestic violence, although there are some scenarios which put the victim at higher risk.
3. By the time children reach secondary school, as a consequence of exposure to domestic violence and abuse, many have already developed inappropriate behaviour and attitudes to such abuse, as well distorted perceptions on healthy relationships.
4. Survivors do not experience violence and abuse in silos and neither should agencies respond in silos.
5. There is a strong correlation between domestic violence and child abuse.
6. Domestic violence frequently co-exists with alcohol, substance abuse and mental health problems, although these are rarely causal factors. Victims with multiple risk factors are often the most problematic to provide effective support.
7. For many agencies, victims only become engaged or are engaged with, at the time of crisis. This can lead to a 'revolving door' syndrome.

²⁵ Herefordshire Council Research Team & Herefordshire Community Safety Partnership, July 2013

Nationally:

- One incident of domestic violence is reported to the police every minute.
- One in seven children and young people under the age of 18 will have experienced living with domestic violence.

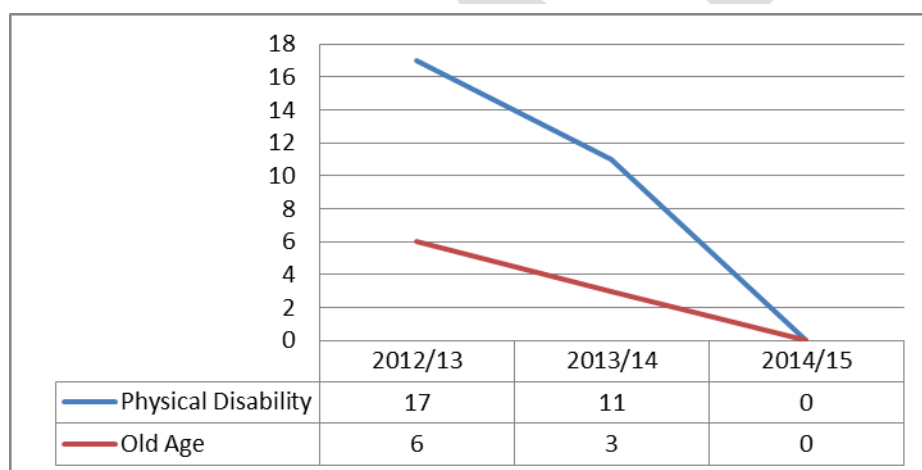
At the time of writing there were no spaces available in the Herefordshire refuge and no refuge spaces and no safe houses available across Worcestershire.

Funding is being sought from the HCA to build a new refuge, which if approved would have nine self-contained apartments.

6.2.5 Priority Need – Vulnerable due to Physical Disability / Older Person

Chart 9 below shows that for the past three years very few accepted homeless households were in priority need because of physical disability or old age and that there were no acceptances for these reasons during the 2014-2015 financial year.

This does not necessarily mean that homeless is not issue or does not happen, but is rather a reflection of work done around homeless prevention.



6.2.6 Priority Need – Vulnerable due to having been in custody/on remand

Over the last three years only one person has been accepted as having a priority need established through having been in custody or on remand. This was for the quarter January – March 2015.

‘Better together: Preventing Re-offending and Homelessness’,²⁶ identifies the significant contribution of homeless services to the prevention of re-offending. The report, the result of 12 months research, identifies the complex links between homelessness and re-offending.

²⁶ Homelessness Link, September 2011

Data quoted in the report shows that amongst people who are homeless there is a vast over-representation of offending backgrounds.

- Over 75% of homelessness services in England support clients who are prison leavers. One in five clients using homelessness services has links with the probation service.

In turn, homelessness increases the chances of re-offending.

- Ex-prisoners, who are homeless upon release, are twice as likely to re-offend as those with stable accommodation. Offenders, who are homeless upon entering prison, have a much higher reconviction rate within one year of release, with 79% being reconvicted, compared to 47% who have accommodation.

The report also identifies the above average incidence of mental ill-health amongst offenders both in prison and the community. In addition, mental health needs among those in contact with the criminal justice system are often complex:

- 72% of male and 71% of female prisoners have two or more mental ill-health problems, including schizophrenia, bi-polar, depression, anxiety, personality disorder, alcohol misuse and drug dependence. This against 5% and 2% respectively for the general population.

After leaving prison, people with mental health difficulties still require support to avoid relapses and to make sure they can comply with the conditions of their release and any supervision requirements.

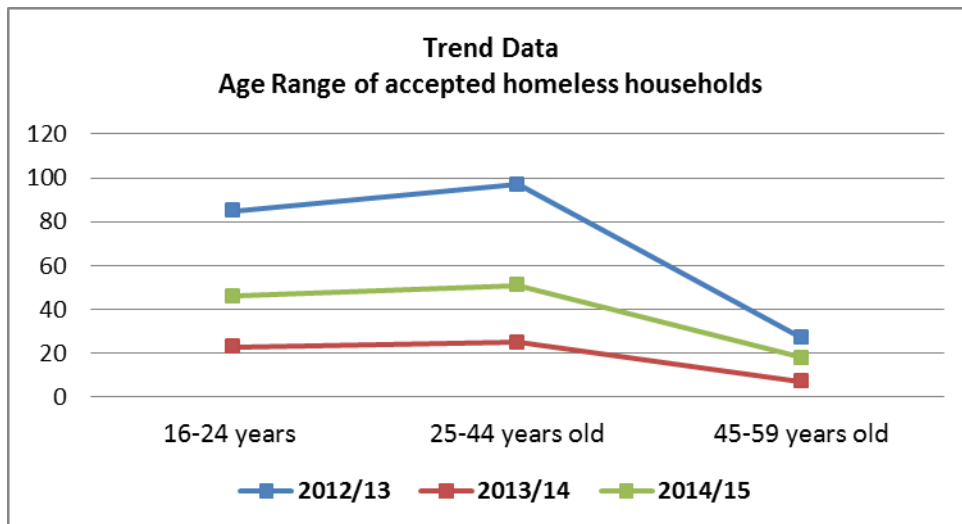
6.2.7 Priority Need - Vulnerability due to Substance Dependency

In 2012-2013, two households were accepted as being homeless and having a priority need through vulnerability due to alcohol dependency and two households as a result of vulnerability due to drug dependency. From 1st April 2013 to 31st March 2015 there has been no acceptance for this reason.

6.3 Age of Statutory Homeless Households

Chart 10 below, shows that, consistently over the three year period, the majority of accepted households were aged between 25-44 years (53%), which is in line with the national average at 58%. Acceptances for 16-24 year olds were marginally lower (47%) although significantly higher than the national average of 24%.

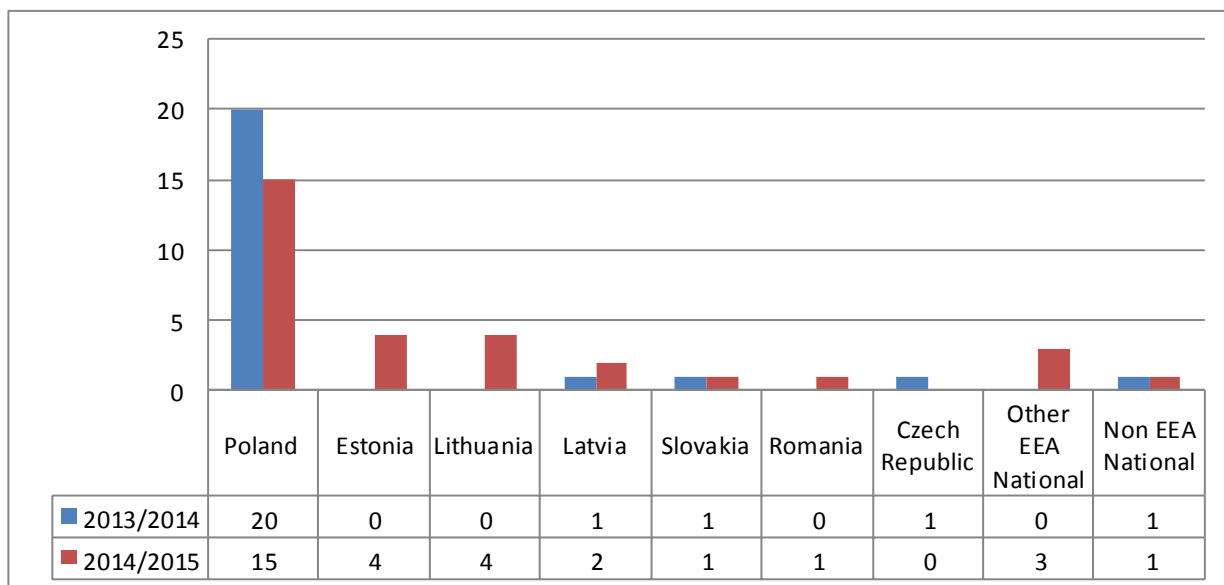
Only one household, over the period, contained a person who was between 65-74 years.



6.4 Foreign National Households

Chart 11 below shows the country of origin and the numbers of non-UK households who were accepted as being owed a full duty under the homelessness legislation during the 2013-2014 and 2014-2015 financial years. As can be seen, for both years, Poland was the primary country of origin.

The number of foreign national households accepted as homeless in Herefordshire rose from 12% of all acceptances in 2014-2014 to 27% in 2014-2015. The England average acceptance rate for 2014-2015 at 13% was considerably lower.

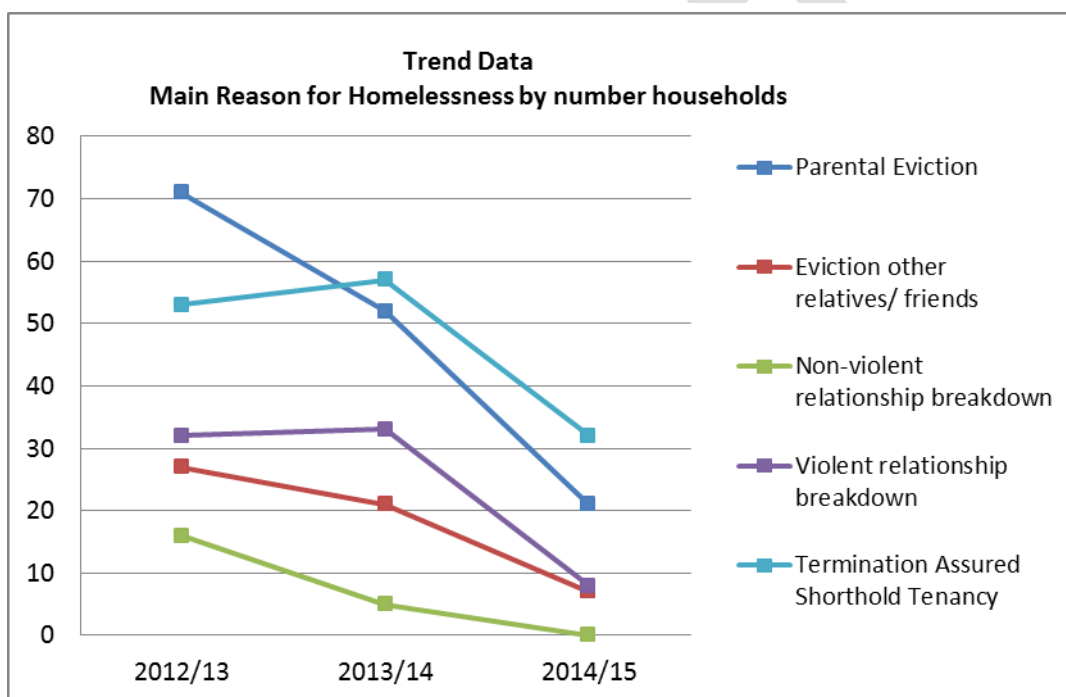


6.5 Accepted Homeless Households - Reason for Homelessness

6.5.1 Termination of Assured Shorthold (AST) Tenancy:

The most frequently occurring reason for homelessness for the last two financial years has been termination of Assured Shorthold Tenancy with a private landlord. 57 households (34% of total) became homeless for this reason in 2013-2014 and 32 households (47% of total) in 2014-2015. As shown in Chart 12 below.

This is substantially higher than the average national figure, even though the increase in statutory homeless acceptances in England over the last six years has resulted from the sharply rising numbers made homeless for this reason. Between 2009-2010 and 2014-2015 the figure more than doubled from 11% to 26%.²⁷



The rising levels of homelessness due to termination of Assured Shorthold Tenancy should be seen in context of the shift in housing tenure in Herefordshire from owner occupation to the private rented sector over the last decade (2001-2011) rising from 9% to 14%.²⁸ This reflects the national trend, where the number of households living in the private has almost doubled over the ten year period up to 2013-2014 to reach 4.4 million households.

There have been concerns that the implementation of a £20,000 benefit cap (outside London) from April 2016 could potentially increase homelessness through higher levels of rent arrears in both the private and social rented sector.

²⁷ The Homelessness Monitor, Crisis, February 2015

²⁸ Herefordshire Census data 2011

‘As the cap is initially being implemented by “squeezing” Housing Benefit entitlement, housing organisations in both the social and private rented sectors expressed concern about its potential impact on rent arrears, evictions and increases in homelessness amongst those affected.’²⁹

6.5.2. Other main reasons for homelessness

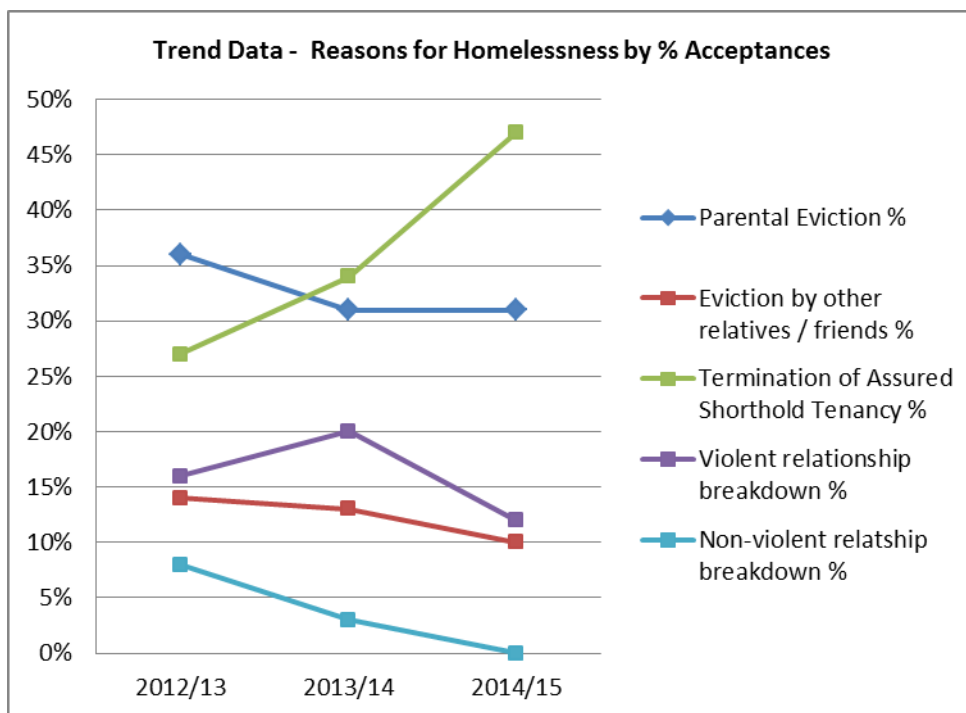
Table 1 below shows other main reasons for statutory homelessness in Herefordshire:

	Termination AST Tenancy	Parental Eviction	Violent Relationship Breakdown	Eviction other Rels/Friends	Non-violent Relationship Breakdown
2012/13	53	71	32	27	16
2013/14	57	52	33	21	5
2014/15	32	21	8	7	0

- Parental eviction was the highest cause of statutory homelessness in 2012-2013 at 36% of all acceptances. By 2014-2015, however, the number of households accepted for this reason had declined by 70% to 21 households.
- Violent breakdown in relationship has consistently been the third highest cause of homelessness over the three year period at 32 households in 2012-2013, reducing to 8 households in 2014-2015 – a reduction of 75%.
- Eviction by friends / other relatives (non-parents) although a lesser cause of homelessness in Herefordshire has still been significant over the three year period, reducing from 27 households in 2012-2013 to 7 households in 2014-2015.
- Homelessness due to non-violent breakdown in relationship, as a reason for homelessness, has declined from 16 households in 2012-2013 to no households in 2014-2015.

Chart 13 below shows that termination of Assured Shorthold Tenancy is **the only cause of homelessness that has increased proportionately** over the three year period from 27% of total to 47%. The range of other reasons have declined or remained static

²⁹ House of Commons Briefing Paper, The Benefit Cap, July 2015



It should be born in mind that the above figures will be influenced by the authority's successful homelessness prevention and homelessness relief activity. In addition, it may be that termination of Assured Shorthold is more difficult to address in the time available between notification of threatened homelessness and actual homelessness.

The DCLG Statutory Homelessness Statistical Release, June 2015 states that, for England as a whole, the end of an Assured Shorthold Tenancy has been an increasingly frequent cause of loss of last home over the last six years.

Data quoted in the Homelessness Monitor 2015³⁰ reinforces this, claiming that almost three quarters of the increase in homelessness acceptances over the past four years is attributable to the sharply rising numbers made homeless from the private rented sector.

This is not, perhaps, surprising given that the number of households living in the private rented sector has doubled in the last ten years to reach 4.4 million households by 2013-2014.

7. THE ROLE OF THE PRIVATE RENTED SECTOR (PRS)

The PRS 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).

³⁰ Crisis, February 2015

However, the ability of the PRS to house those who are homeless and/or on low incomes is heavily dependent on housing benefit and access is, therefore, constrained by government welfare reform policy.

The following quotation from research undertaken for the 'Homelessness Monitor,' February 2015 is illustrative:

'We're definitely seeing more and more homelessness applications from people because their private tenancies are ending. And that's happening either because they want to sell or they know that if they get rid of those tenants they can charge a much higher rent.' (A Local Authority key informant in a rural authority).'

7.1 Discharge of duty to Homeless Households through use of private-rented accommodation.

Since November 2012, the Localism Act 2011 enabled local authorities to discharge their duty to accepted homeless households by using private rented accommodation in accordance with the legislation and supplementary DCLG guidance.³¹ These changes allowed local authorities to end the main homelessness duty with a private rented sector offer, without the applicant's consent. The duty can only be ended in the private rented sector in this way with a minimum 12 month assured shorthold tenancy. A further duty arises if a household placed in the private rented sector becomes unintentionally homeless within 2 years and reapplies for assistance.

In England, during the 2013-2014 financial year, 1,040 households accepted an offer of accommodation in the private rented sector.

In Herefordshire the figures were:

- 11 household in 2013-2014
- 7 households in 2014-2015

This figure includes those who were in temporary accommodation arranged by the council, and those who were still living in the accommodation from which they had been accepted or were in temporary accommodation that they had arranged themselves. It excludes those whose homelessness was prevented or relieved, as identified below.

In February 2014, Shelter and Crisis published the final report of a study conducted between 2010 and 2014 into the long-term outcomes and wellbeing of vulnerable homeless households resettled into the private rented sector.³²

The objective of the research was to rectify the dearth of evidence about people's experiences of the private rented sector, by tracking 128 survey participants over a 19th month period. The authors claim that:

³¹ Supplementary Guidance on the homelessness changes in the Localism Act 2011 and on the Homeless (Suitability of Accommodation (England) Order 2012

³² A Roof Over My Head: The final report of the Sustain Project, February 2014

'The research has demonstrated that there are significant problems in the PRS including regulation, enforcement practices and a lack of security for tenants. The PRS presents challenges for any vulnerable people resettled into it and is not currently functioning in a way which supports their wellbeing. It is clear that the PRS is not a suitable housing option for everyone, and there are particular questions about its suitability for people with vulnerabilities.'

8. HOMELESSNESS PREVENTION AND RELIEF

The DCLG defines homelessness prevention and relief in the following terms:

- Homelessness prevention involves providing people with the means to address their housing and other needs to avoid homelessness. This is done by either assisting them to obtain alternative accommodation or enabling them to remain in their existing home.
- Homelessness relief occurs when an authority has been unable to prevent homelessness, but helps someone to secure accommodation even though the authority is under no statutory obligation to do so.

The DCLG clearly encourages all local authorities to offer prevention assistance to all households, who approach as being at risk of homelessness in the near future, including single persons and others who may not fall within a priority need category. Providing prevention assistance cannot, however, be used to avoid statutory obligations.

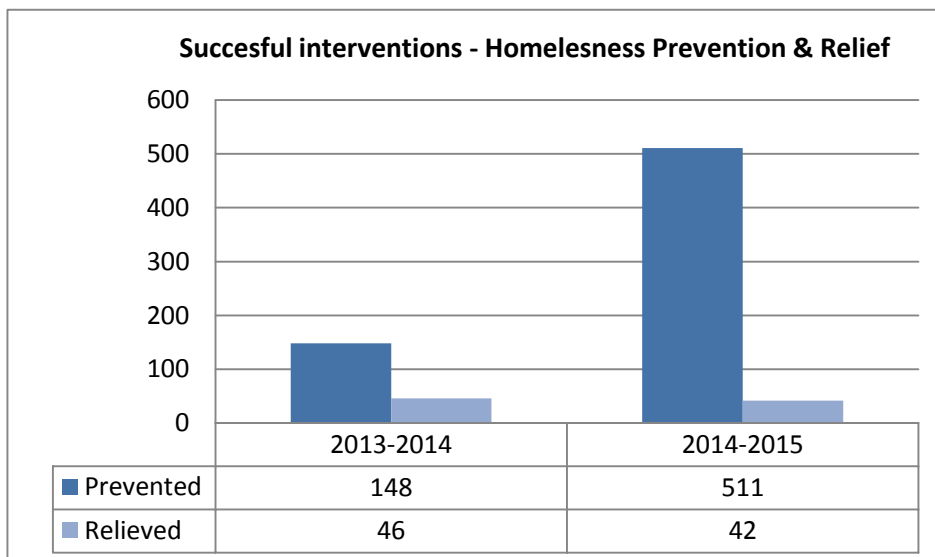
Aggregated national P1E data shows that activity under statutory homeless provisions has accounted for only a small proportion of all local authority homelessness work for a number of years, with informal homelessness prevention accounting for more than 75%. This situation is reflected locally with, in the region of, 74% of homelessness activity being logged as prevention work and statutory homeless cases at 26% of total.

In the 'Homelessness Monitor'³³ it is suggested that, as a reliable indicator of the changing scale of homelessness in recent years, the statutory homeless statistics now have limited value. It is further noted that, whilst most local authorities responding to a survey stressed that they still informed all relevant households of their legal right to make a homeless application, it is clear that the housing options / prevention route was being strongly encouraged across England.

As Chart 14 below shows, the council has been very effective in its homeless prevention activity over the last two years, with 148 households prevented from becoming homeless in 2013-2014 and 511 in 2014-2015. This represents a 245% increase in success rate for homeless prevention over the two year period.

³³ Crisis, February 2015

In England in 2014-2015, 93% of successful homeless interventions were preventions and 7% were homelessness relief. Herefordshire's figures are consistent with this at 92% and 8% respectively.



8.1 Type of homeless prevention activity:

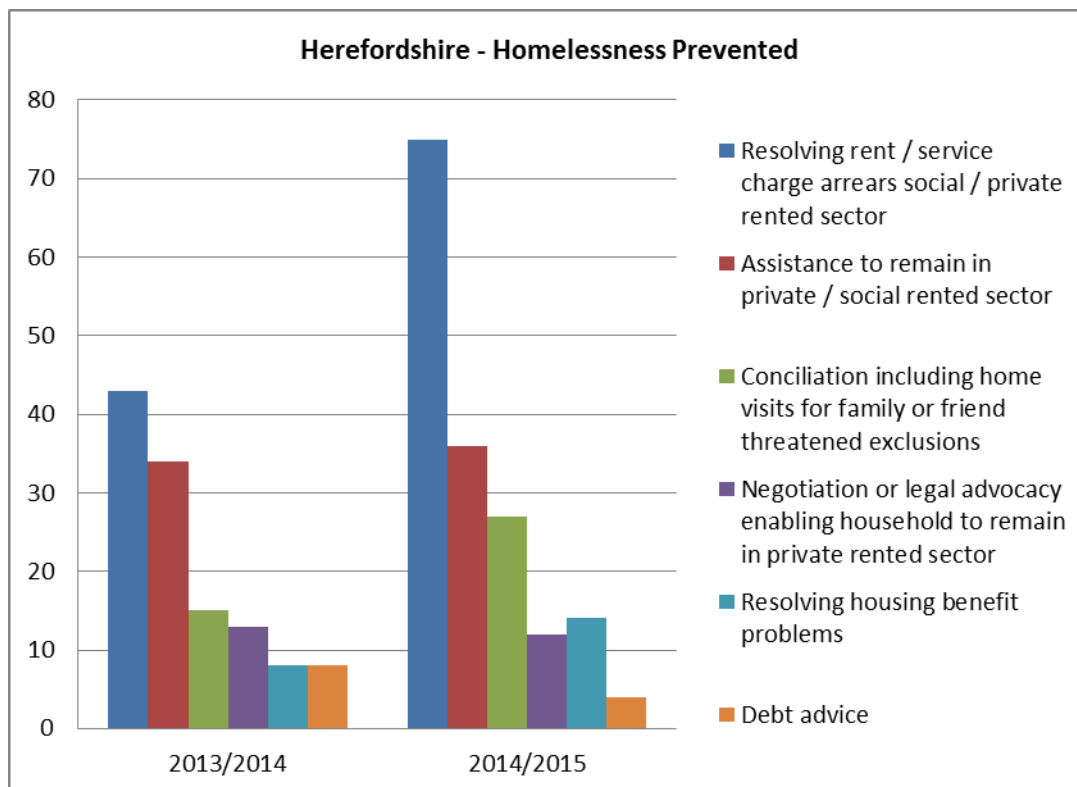
Of the 2014-2015 prevention outcomes for homeless households in Herefordshire, 30% (153 households) were assisted to remain in their current accommodation, which is lower than England as a whole at 53%. The remaining 70% (358 households) were assisted to find alternative accommodation.

As illustrated in Chart 15 below, of the cases who were assisted to remain in their own homes, the most common preventative actions were around 'resolving rent or service charge arrears in the social or private rented sector.'

The next most successful intervention recorded on the P1E statutory return was 'provision of assistance to remain in the private or rented sector,' a 'catch-all' classification which, unfortunately, is too broad to be of any significant analytical value.

42 threatened homelessness cases were alleviated through conciliation, which enabled the household to remain in their existing accommodation with family or friends.

The Herefordshire figures differ somewhat from national averages in that resolving housing benefit problems has been the signal most frequent type of homeless prevention assistance for the last two years at 22% in 2013-2014 and 24% in 2014-2015. It should be borne in mind, however, that as the P1E classifications are quite general, variations in local recording practice are likely to have a significant impact on the national picture.



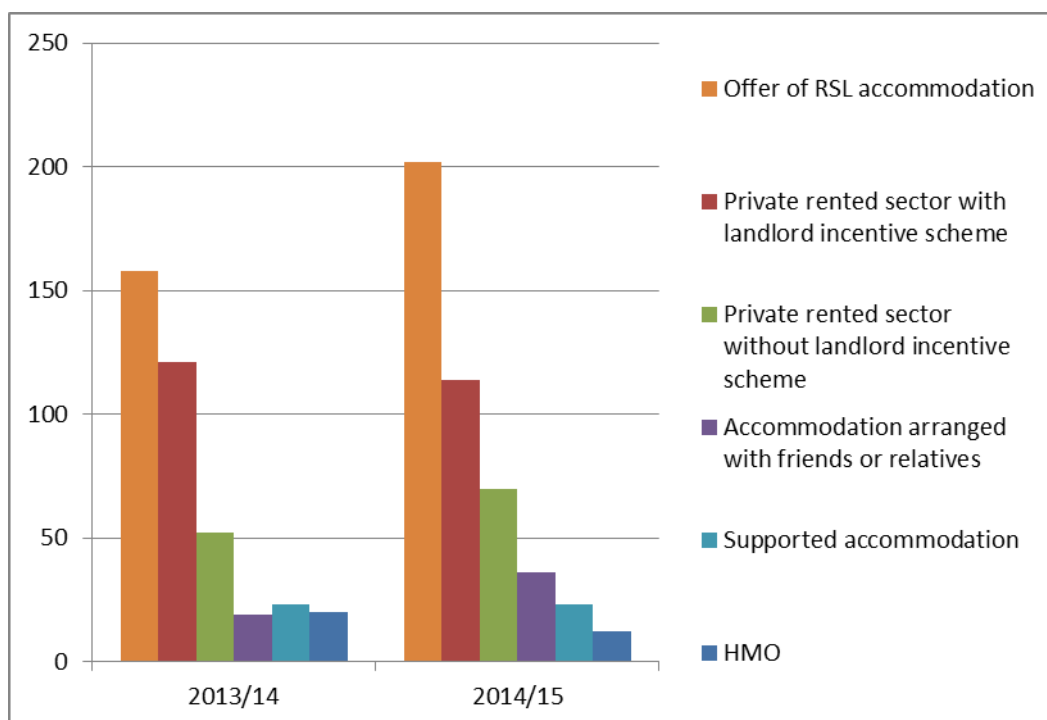
8.2 Homelessness prevention/relief through the provision of alternative accommodation

Of the households who were assisted to find alternative accommodation over the two year period in total, 360 households accepted an offer of accommodation from a Registered Social Landlord (RSL). The figures also show, however, significant use of the private rented sector at 357 households in total whose homelessness was prevented or relieved through assistance to access accommodation in this sector.³⁴ This does not include the 32 households who were assisted to gain access to private rented sector houses in multiple occupation (HMOs) and who are likely to be homeless single people and couples without children.

The data would tend to suggest that access to the private rented sector is a realistic option for some households who are homeless or at risk of homelessness, although more specific analysis is required around household type and income etc., against the profile of the accommodation that is being provided.

Chart 16 below illustrates the most significant types of successful homeless prevention and relief activity in Herefordshire between 2013 and 2015.

³⁴ For clarity, this figure relates to homelessness prevention and relief as distinct from the 11 households in 2013-2014 and the 7 households in 2014-2015 where a statutory duty was accepted and fulfilled through discharge of duty through a private-rented sector offer of accommodation.



9. NON-PRIORITY NEED HOUSEHOLDS

Where households are found to be homeless, but not in priority need, the council must make an assessment of their housing need and provide advice and assistance to help them find accommodation for themselves. There is no statutory duty to provide accommodation, whether temporary or permanent, even though the person may actually be street homeless/rough sleeping or hidden homeless 'sofa sufferers' relying on the goodwill of friends or relatives.

The DCLG Statistical Release for January – March 2015 shows that in England 19% of households who made a homeless application were found to be homeless, but not in priority need.

For Herefordshire, as shown in Table 2 below, the proportions of households found to be not in priority need to the numbers applying are much lower than the national figure.

Eligible Not in priority need		
	Number	%
2012/13	28	8%
2013/14	40	12%
2014/15	20	9%

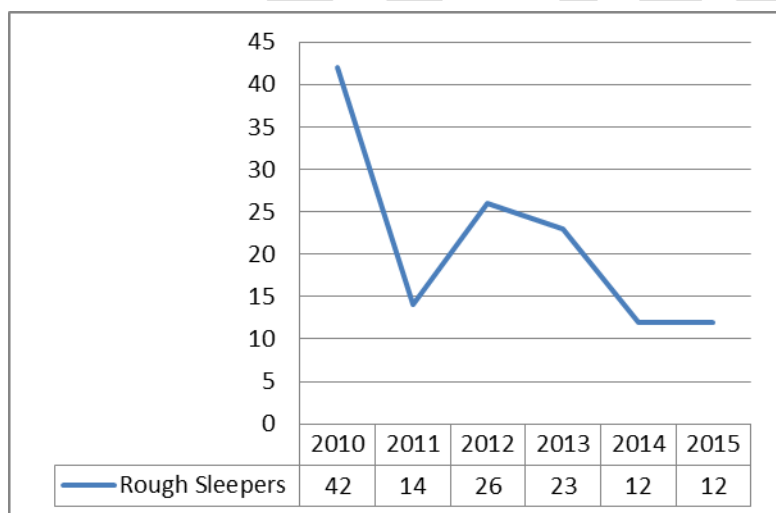
10. ROUGH SLEEPERS

Rough sleepers are defined by the DCLG as people sleeping / bedding down in the open air, on the streets, in tents, doorways, parks and bus shelters etc. It also includes those in buildings or other places not designed for habitation, such as stairwells, barns, sheds, car parks and makeshift shelters such as cardboard boxes.

Rough sleeping counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas on any night between 1st October and 30th November. Local authorities decide whether or not to carry out a count or an estimate based upon their assessment of whether local rough sleeping problems justifies this. Local authorities are encouraged to gain intelligence for counts and estimates from outreach workers, the police, the voluntary sector and members of the public and to submit the count or estimated figures by completing the DCLG rough sleeping statistical return.

It is clear that accurately counting or estimating the number of rough sleepers within the local authority area is inherently difficult. Key issues here include the problem that no street count can ever be wholly comprehensive and that, given the shifting populations involved, 'snapshot' counts inevitably understate the numbers of those affected over a given time period.

Chart 17 below shows the overall trend in the count of rough sleepers in Herefordshire between 2010 -2014. The count is undertaken during November.



10.1 St Peter's Winter Shelter, Hereford

St Peter's Winter Shelter in Hereford has opened every year for the past seven years. The service is provided in accordance with DCLG and Homeless Link³⁵ good practice guidance on Severe Weather Emergency Protocols (SWEP).

³⁵ SWEP and extended winter provision: Engaging rough sleeping in winter, September 2015

Extreme cold can cause serious health problems and death for those who are exposed overnight or for long periods of time. Every local authority should have a Severe Weather Emergency Protocol (SWEP), which is instigated, at minimum, when the temperature is forecast to drop to zero degrees Celsius (or below) for three consecutive nights.

SWEP operates outside usual homelessness eligibility criteria, which trigger an authority's duty to provide temporary accommodation. It should include people who may otherwise be excluded or not entitled to service, for example:

- People with no recourse to public funds.
- People who may have previously been banned.
- People with no local connection to the area.

Whilst local areas should have adequate provision to prevent rough sleeping at any time of year, the winter period often presents greatest risks to people's health. It also provides increased opportunities to engage with entrenched rough sleepers and other hard-to-reach groups, who may be more willing to do so during periods of extreme cold.

It is important that the demographic and support needs data of people using the SWEP service is recorded, monitored and shared, with consent and in accordance data protection requirements. This enables more efficient health and support service referral processes and promotes effective future planning.

During the 2014-2015 financial year, the shelter opened to men on 1st December 2014 and to women on 1st January 2015, following the installation of separate female shower and WC facilities. The shelter, which had a maximum capacity of 16 men and three women, closed on March 29th 2015.

The following information was collected:

- A total of 60 men used the shelter, 42 UK and 18 non EU residents.
- The overall average of nights spent as the shelter was 15, but this ranged from between 1 to 92 nights.

Residents reported a high incidence of mental and/or physical health problems, drug and/or alcohol misuse and interaction with the Criminal Justice System.

Physical health problems included lung disease, cirrhosis, alcoholic neuropathy and alcoholic seizures. Self-reported mental ill health included schizophrenia and mania.

Where agreed, the Street Outreach Worker made referrals to health services and worked with residents to promote access to more stable accommodation.

11. HIDDEN HOMELESSNESS / 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.

Estimates indicate that there were 2.23 million households containing concealed single persons in England in 2013. In addition to this there were 265,000 concealed couples and lone parents. Overall this is equivalent overall to around 12% of all households in England.³⁶

Census data for 2011 showed that, in Herefordshire, there were 850 concealed families. This, which represents an increase of 87% since 2001 compared to 70% nationally, would indicate that there is considerable tenure-wide housing pressure in the county

12. HOUSING ADVICE IN HEREFORDSHIRE

The homelessness legislation, Part 7 of the Housing Act 1996, places a general duty on housing authorities to ensure that advice and information about homelessness and preventing homelessness, is available to everyone in their district free of charge. The duty is provided through the council's Housing Solutions Team.

Herefordshire Council also commissions WISH (Wellbeing Information and Signposting for Herefordshire), which can signpost people to the Housing Solutions team as well as to any associated services and local activities which may help with other issues they may have.

13. FUTURE LEVELS OF HOMELESSNESS

Whilst there are inherent difficulties in predicting future levels of homelessness and threatened homelessness in Herefordshire, these will inevitably be influenced by the prevailing economic environment, national austerity and substantial local budgetary constraint.

The implementation of the welfare reform agenda could impact adversely on low income groups and those vulnerable to homelessness and housing instability. In addition, it is likely that the Housing and Planning Bill will, in time, reduce access to good quality affordable housing for these households. Restrictions in funding streams are also being felt by other statutory agencies and voluntary and community groups who have an interest in homelessness prevention.

Given the above landscape, whilst the council will continue to direct its efforts to homeless prevention, there is a limit to what prevention can achieve if there is simply not enough affordable accommodation in the area to address housing need.

³⁶ Homelessness Monitor England, Crisis, February 2015

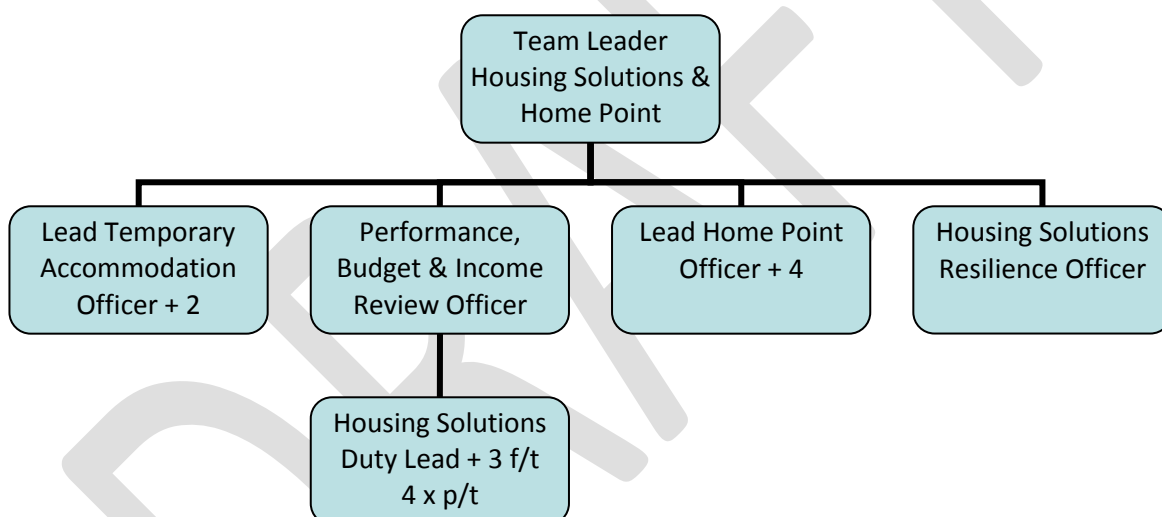
14. REVIEW OF RESOURCES AND ACTIVITIES THAT CONTRIBUTE TO HOMELESSNESS PREVENTION AND SUPPORT

As previously identified, the homelessness legislation, Part 7 of the Housing Act 1996, places a general duty on housing authorities to ensure that advice and information about homelessness and preventing homelessness, is available to everyone in their district free of charge.

The legislation also requires authorities to assist individuals and families who are homeless or threatened with homelessness and apply for help.

14.1 Housing Solutions Team

In Herefordshire, the duty to provide advice homelessness advice is fulfilled by the Housing Solutions Team, which is located in the Adults and Wellbeing Directorate incorporating housing and adults social care. The team structure and number of posts is illustrated in diagram 1 below:



There are a number of specialists within the Housing Solutions Team focusing on homeless prevention and relief, including:

- Private Sector Accommodation Officer.
- Dedicated Officer, who speaks five languages and focusses primarily on homeless prevention amongst European Foreign National households.
- Officer with specific responsibility for keeping up-to-date with housing, homelessness and related legislation and case law and ensuring that any developments are translated into operational practice.
- Dedicated officer for liaison with West Mercia Women's Aid.
- Housing Solutions Resilience Officer with dedicated responsibility for multi-agency cases.

- Local Welfare Provision Officer.
- Rough Sleeper Outreach Worker – currently externally funded on a fixed term contract but managed within the Housing Options Team.
- Housing Discharge Worker – currently externally funded on a fixed term contract but managed within the Housing Options Team.

14.2 Hospital Discharge Worker and Rough Sleeping Outreach Worker

The Hospital Discharge Worker (HDW) and the Rough Sleeping Outreach Worker (RSOW) are (at the time of writing) both currently employed externally, but managed within the council's Housing Solutions Team.

St Peter's Night Shelter secured funding in September 2013 for the HDW post through the Department of Health (DoH) Homeless Hospital Discharge Fund.

St Paul's Hostel, Worcester, secured funding through the SASH Project, (Services Addressing Single Homelessness), for the RSOW post. The post holder is employed by St. Paul's but works closely with Housing Solutions Team to support people across Herefordshire.

The RSOW post was funded through the SASH Partnership, formed between Herefordshire and Worcestershire councils, to help existing rough sleepers to find and sustain stable accommodation. There is also a strong focus on preventing street homelessness amongst single people who are at risk.

The HDW and the RSOW work very closely together and jointly support more than 100 individuals at any time. In the year to October 2015, permanent housing solutions were found for 122 single homeless people.

The RSOW:

- Visits food banks, prisons, police stations and other locations to identify people at risk and to work with them to find appropriate housing solutions.
- Has developed a wide range of partnership links with professional and voluntary organisations to support outreach and resettlement.
- Provides and/or enables extensive follow-up support to promote tenancy sustainment once accommodation is found.
- Submitted a successfully bid for the Prevention of Reoffending Fund and secured a grant of £10,500.

The HDW has developed a very close working relationship with colleagues in hospitals, attending A&E daily, undertaking visits to wards and participating in various multi agency forums.

Should future funding not be found to continue these two posts, the number of people presenting as homeless are likely to increase significantly. This will put additional resource pressures on the service, which could not be sustained and may require the use of B&B as emergency accommodation for the first time since 2012.

14.3 Families First

The Families First Programme in Herefordshire is a local programme with the ambition to make lasting positive changes to the lives of some of the most vulnerable families and communities across Herefordshire. It is Herefordshire's approach to the national Troubled Families Programme, which was initially a three year programme to 2014/15 but has been extended for an additional five years from 2015/16.

The Families First programme aims to work with families who locally are a cause for concern amongst local partners, cause high costs to the public purse and have problems relating to:

- Parents & children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help.
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents and children with a range of health problems.

The service supports the identification of families, coordinating support with partners, monitoring the achievement of outcomes for families, evaluating the impact of the programme on securing cost savings and avoiding costs for partners by reducing demand on public sector services.

The Programme is a key priority area of the Health and Wellbeing Board and the Children and Young People's Partnership. Support for vulnerable families forms part of the emerging priority areas of both the Health and Wellbeing Strategy and the Children and Young People's Plan.

14.4 External Services Supporting Homelessness Prevention

The following external homelessness prevention services have been procured. These commenced on the 31st August 2015 for a minimum of three years:

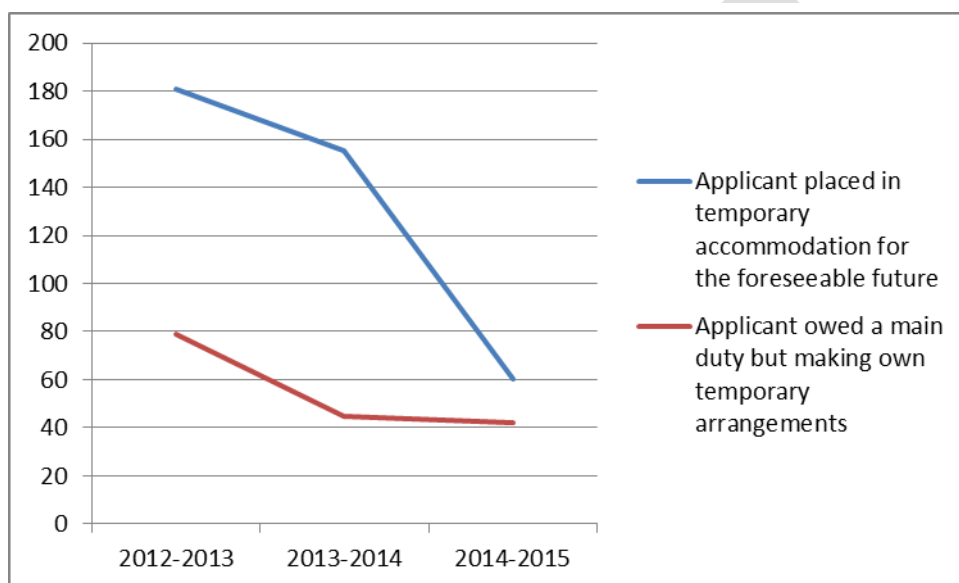
- Accommodation based housing support services for vulnerable people, over the age of 18 years, who are at risk of homelessness or homeless.
- Housing Related Floating Support Services for vulnerable people over the age of 18 years, who are at risk of homelessness or homeless, as a result of mental health issues, substance misuse, complex needs and/or a history of offending behaviour.'

15. USE OF TEMPORARY ACCOMMODATION

As can be seen from Chart 18 below the use of temporary accommodation has declined substantially over the last three years from 181 households during the 2012-2013 financial year to 60 households during 2014-2015. This represents a 67% decrease in usage.

At the same time accepted homeless households making their own temporary accommodation arrangements has also declined from 79 in 2012-2013 to 42 households in 2014-2015.

These statistics are reflective of the successful homeless prevention work carried out by the Housing Solutions Team, which circumvents the need to place homeless households in temporary accommodation, whilst a more permanent housing solution is found.



15.1 Changes to the way Temporary Accommodation is funded

It was announced in the November 2015 Comprehensive Spending Review that there will be changes to the way the management of temporary accommodation for homeless households is funded.

The management fee, currently paid retrospectively via housing benefit payments, will end from 2017-2018 and will be replaced by a stand alone grant paid to councils upfront. The government is encouraging councils to use this money flexibly to prevent homelessness.

This is, potentially, a positive move as it will allow councils to innovate to better meet the needs of homeless households. There are risks, however, as it effectively means a move from a demand-led system to a fixed budget. Whilst the overall budget is set to increase year on year until 2021 it is based on current levels of homelessness and may not incorporate increases if the demand for homeless temporary accommodation is greater than expected. This is a real possibility given the implications of the roll-out of the welfare reform agenda.

16. SOUTH WEST AUDIT PARTNERSHIP JUNE 2015

In June 2015 South West Audit Partnership undertook an audit of the homelessness service. The purpose of the audit was to provide an assurance level in relation to how effective the Council is in preventing homelessness and to ensure that the Council are fulfilling their duty of care in compliance with legislation.

Overall the audit found, through its evidence testing procedures, that Herefordshire Council is achieving its objectives of preventing homelessness through using a proactive approach.

17. HEREFORDSHIRE HOMELESSNESS FORUM

Representatives from the council attend the Herefordshire Homelessness Forum (HHF), which meets every two months, is well attended and has a wide representation from statutory and voluntary agencies and faith groups.

The Forum has, since its inception, made significant contributions to policy and practice for service providers. Its Vision Statement is:

‘Providing for the needs of homeless individuals and families across the county of Herefordshire.’

The Forum’s purpose and function include:-

- Enabling statutory and voluntary agencies to meet as equal partners.
- Comparing best practice across the county.
- Information sharing, and reviewing trends and forecasts.
- Acting as an independent "critical friend" to all bodies working in homelessness.

18. LINKS TO HOMELESSNESS PREVENTION STRATEGY 2016-2020

The analysis undertaken for this Homelessness Review has formed a robust evidence base for the development of the Homelessness Prevention Strategy objectives.

Homelessness can happen to anyone, but some people often face greater difficulty in accessing and maintaining a home. These include rough sleepers, young people, people with substance dependencies or mental health issues, people with challenging behaviours and people who are socially marginalised. For this reason we have focused our strategic objectives on helping those who face the greatest barriers in accessing and sustaining a stable home.

Successful delivery of these objectives will ultimately depend on effective co-ordinated action and commitment both within the council and across our statutory and voluntary sector partner agencies.

**HOMELESS PREVENTION
STRATEGY
2016-2020**

DRAFT

1. INTRODUCTION

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.

The Homelessness Code of Guidance for Local Authorities, July 2006 states that the purpose of the review is to establish the extent of homelessness in the district, assess its likely demand in the future, identify what is currently being done and what level of resources are available for preventive and responsive work.

In December 2015, the Communities and Local Government (CLG) Committee announced an inquiry into the causes of homelessness, as well as the approaches taken by national and local government to prevent and tackle homelessness. The inquiry will include the effectiveness of the current legislative framework in England with a review of the different approaches taken in Scotland and Wales. The Homelessness Prevention Strategy will be reviewed in the light of any recommendations and/or changes arising from the inquiry.

Herefordshire's Homelessness Review provides an evidence base for the development of the Homeless Prevention Strategy objectives and should be read in conjunction with this strategy.

Homelessness can happen to anyone, but some people often face greater difficulty in accessing and maintaining a home. These include rough sleepers, young people, people with substance dependencies or mental health issues, people with challenging behaviours and people who are socially marginalised.

For this reason the strategic objectives are built around preventing homelessness and finding solutions for those who often face the greatest barriers in accessing and sustaining a stable home. The council will work towards achieving these objectives by 2020.

1.1. STRATEGIC OBJECTIVES

Objective 1:

Minimise rough sleeping and increase tenancy sustainment opportunities for rough sleepers and people with complex needs.

Objective 2:

Maximise homeless prevention activity by building on current success and promoting positive opportunities for homeless people.

Objective 3:

Help improve the health and wellbeing of homeless people and those who are at risk of homelessness.

Objective 4:

Ensure homeless people are able to access affordable housing and that support services are targeted effectively.

2. 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.
- Foster good relations between people who share a protected characteristic and those who do not.

Many factors combine to cause and contribute to homelessness. Homelessness, poor and insecure housing has adverse effects on the overall health and wellbeing of individuals and communities. Housing inequality also impacts on other factors such as income, education, health and wellbeing and life experiences.

In Herefordshire we have a strong commitment to promoting equality and tackling disadvantage. Herefordshire Council, along with other local organisations, has signed up to Herefordshire's Equality and Human Rights Charter. The Charter sets out an agreed vision of equality and human rights for the communities of Herefordshire.

3. HEADLINE FINDINGS FROM THE HOMELESSNESS REVIEW

Statistical data on homelessness in England is compiled by the Department of Communities and Local Government (DCLG) from statutory P1E Returns, which are submitted quarterly by local authorities. The P1E contains statistics on statutory homelessness, rough sleeping and homelessness prevention and relief.

The official figures do not, however, give a full picture of homelessness in England. They exclude those who are homeless, but who do not approach a local authority for assistance and households who do not meet the statutory criteria.³⁷

The following is a summary of some of the main findings as fully detailed in the accompanying Homelessness Review document.

³⁷ That is households who are (i) homeless or threatened with homelessness within 28 days, (ii) eligible for assistance, (iii) have a priority need, (iv) not homeless intentionally, (v) and have a local connection with the area (except in cases of domestic abuse)

3.1 Statutory Homelessness in Herefordshire: Totals and Priority Need

- The number of households making a formal homeless application reduced from 372 in 2012-2013 to 220 households in 2014-2015, a reduction of 40%. The number of households being accepted as statutorily homeless also reduced from 70% of total applications in 2012-2013 to 53% in 2014-2015.
- As identified in the Homeless Review document, the above should be understood in the context of a preventative approach, which reduces the number of households counted as making a formal homeless application. This should not, therefore, be taken to mean that homelessness is a decreasing issue in Herefordshire. Statistics show that 148 households were prevented from becoming homeless in 2013-2014 and 511 in 2014-2015.
- By far the most significant and consistent reason for the determination of 'priority need,' between 2012-2015, was that the household contained a dependent child or children. In total, 361 households were owed the full homeless duty for this reason.
- Household member being pregnant was the next highest reason, although significantly lower at a total of 78 households over the three year period. The local situation mirrors the national picture where the presence of dependent children established priority need in 67% of total cases, followed by household member pregnant at 7%.
- Over the three-year period 45 households were in priority need due to mental illness and 28 households consisted of or included a disabled person. At respectively 6% and 5% of total applications this is consistent with national figures.
- Whilst the number of people whose priority need was established through mental illness are small, the costs to the individual and social care and health services are considerable.
- In 2014-15 there were no homeless acceptances where priority need was established due to domestic abuse. As above, this does not mean that incidents are declining in the county, but that homelessness was prevented through effective joint working between the council's Housing Solutions Team and West Mercia Women's Aid (WMWA).
- Domestic abuse is still largely a hidden crime, but it is one that can sometimes have life-threatening consequences. In 2014, information suggests that 150 UK women were killed by men. One woman every 2.8 days.³⁸
- A research project undertaken by the London Metropolitan University, published January 2011, estimated the annual total financial costs of domestic violence in England to be £5.5bn.³⁹

³⁸ The 'Counting Dead Women Project'

³⁹ 'Islands in the Stream,' London Metropolitan University, January 2011

4. ROUGH SLEEPERS

Rough sleepers are defined by the DCLG as people sleeping / bedding down in the open air, on the streets, in tents, doorways, parks and bus shelters etc. It also includes those in buildings or other places not designed for habitation, such as stairwells, barns, sheds, car parks and makeshift shelters such as cardboard boxes.

Herefordshire's Rough Sleeper Count identified 26 rough sleepers in 2012. This figure had reduced to 12 people by the November 2015. Whilst there are a number of different reasons for this, the work of the Street Outreach Worker in helping rough sleepers off the streets and in sustaining accommodation has been very significant.

'It is vitally important to not lose sight of the scale of the human cost of single homelessness. The unique distress of lacking a settled home, which can be combined with isolation, high support needs and a disconnection from mainstream social and economic life, is perhaps the most damaging form of poverty and marginalisation that can be experienced in the UK.'⁴⁰

5. HIDDEN HOMELESSNESS / 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 want to live separately given appropriate opportunity.

Census data for 2011 showed that, in Herefordshire, there were 850 concealed families. This, which represents an increase of 87% since 2001 compared to 70% nationally, would indicate that there is considerable tenure-wide housing pressure in the county.

6. STRATEGIC OBJECTIVES

The strategic objectives reflect the council's commitment to prevent homelessness happening whenever it is possible to do so and, where this has not been possible, to prevent it happening again.

Homelessness issues are complex, often requiring support and early intervention from many other service areas including health, social care, the wider criminal justice system, housing providers and voluntary and community organisations.

We are working in a challenging environment of significantly reduced council budgets, the uncertain impact of radical reforms to housing and social welfare policy and increasing pressures on local services. If we are to continue to build upon our existing success in preventing

⁴⁰ 'At what cost: An estimate of the financial costs of single homelessness in the UK, University of York, July 2015

homelessness there must be a commitment to do so from across the council and from external stakeholders and partner agencies.

6.1 OBJECTIVE 1:

MINIMISE ROUGH SLEEPING AND INCREASE TENANCY SUSTAINMENT OPPORTUNITIES FOR ROUGH SLEEPERS AND PEOPLE WITH COMPLEX NEEDS.

Rough sleeping is the most visible and damaging manifestation of homelessness.

As set out in the council's Homelessness Review document, homelessness places substantial costs on the NHS. In 2010 the Department of Health estimated 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 services than the general population, costing at least £85m in total per year.

Rough sleepers and people in unstable accommodation have significantly higher levels of mental and physical ill health, substance abuse problems and higher rates of mortality than the general population. In addition, they are more likely to die young. The data analysis in the 'Homelessness Kills,' research paper⁴¹ shows that rough sleepers and those in temporary homeless shelters have an average age of death of 47 years compared to 77 years for the general population.

'It is unacceptable that anyone has to sleep rough on the streets of Britain today. It is damaging to individuals and to communities. It is essential that tackling the issue remains at the heart of efforts to combat homelessness.'⁴²

ACTIONS:

1. Consolidate the Rough Sleeper Outreach Worker post and its funding through direct employment within the Adult Wellbeing Housing Solutions Team.
2. Investigate external funding opportunities to expand the assertive rough sleeper outreach service, focusing on preventative activity around known rough sleeping pathways and the provision of successful tenancy sustainment once suitable accommodation is obtained.
3. Consolidate the Hospital Discharge Worker post and its funding through direct employment within the Adult Wellbeing Housing Solutions Team.
4. Support Home Group in a Big Lottery Fund application to develop a Home Achievement Programme (HAP) project for Herefordshire through which homeless people with complex needs and those at risk of homelessness can be supported to address issues such as

⁴¹ 'Homelessness Kills: An analysis of the mortality of homeless people in early twenty-first century England,' University of Sheffield, September 2012

⁴² 'Let's Make the Difference,' Homeless Link, January 2015

substance misuse, domestic violence, offending behaviour, debt, tenant responsibilities and health matters.

5. Work with housing associations locally to establish opportunities for developing a 'housing first' pilot project for housing applicants undertaking HAP, and subject to a housing association exclusion policy, to be offered a social housing starter tenancy.
6. Continue to undertake annual rough sleeper assessments to inform our approach to 'No Second Night Out.'
7. 'Engage in joint working with other street based support services, as appropriate and continue to build on existing relationships with Integrated Offender Management.'
8. Strengthen joint working between the Hospital Discharge Worker and social care staff.

Case Study:

P was employed, living in settled rented accommodation and had a good relationship with his family. When he lost his job his life spiralled out of control, he became depressed and started using drugs. His need was such that, as soon as his welfare benefit payments were deposited, the money was withdrawn to buy any substance, which was available to him. His relationship with his family deteriorated and he was eventually evicted from his home. He began sleeping rough; his health deteriorated and he did not engage with any of the statutory services.

P became known to the Street Outreach Worker and slowly a relationship of trust was built. Through this contact he began to understand that he could change his life and, more importantly perhaps, that he really wanted to. The Street Outreach Worker found and successfully negotiated access to the type of substance rehabilitation support services that would give P the best chance of success.

After an uncertain start P reported that he was doing well. Relationships were being re-established with his family and he said that he was happy, feeling positive and looking forward to a future without addiction and criminality.

6.2 OBJECTIVE 2:

MAXIMISE HOMELESS PREVENTION ACTIVITY BY BUILDING ON CURRENT SUCCESS AND PROMOTING POSITIVE OPPORTUNITIES FOR HOMELESS PEOPLE.

*'We still categorise people in separate boxes defined by single issues. So a person who takes drugs to deal with childhood trauma, who falls into offending as a consequence, and loses their home when entering prison acquires three quite distinct labels. Each of these labels triggers a different response from statutory and voluntary systems, different attitudes from the public and media, different theoretical approaches from universities, different prescriptions from policy makers.'*⁴³

ACTIONS:

1. Identify the actions necessary to ensure that there is a corporate commitment to homeless prevention across Herefordshire Council and Health Services, and develop and agree actions for implementation.
2. Identify funding and other opportunities to actively work in partnership with others to help homeless people develop their skills and access the support, education, employment and training needed to achieve their aspirations and promote successful tenancy sustainment.
3. In partnership with voluntary and community groups and homeless people or those at risk of homelessness, explore the feasibility of developing a social enterprise to increase employment opportunities for homeless people
4. Continue to seek and maximise new funding opportunities for prevention initiatives, including supporting funding submissions by the voluntary sector and community groups to resource support and outreach work with socially excluded households at risk of homelessness
5. Work with private landlords to put in place packages of support and financial assistance that provide incentives for landlords to offer tenancies to people who are homeless or threatened with homelessness.
6. Investigate how the reasons why private sector landlords terminate Assured Shorthold tenancies can be more effectively captured as a basis for addressing homelessness from this tenure and identifying potential opportunities for prevention.
7. Work with the council's Children's Wellbeing Directorate and social housing providers to identify how the housing and support needs of homeless, and potentially homeless, 16-17 years old and young people leaving care can be most effectively met. Develop and agree

⁴³ Hard Edges: Severe and Multiple Disadvantage in England, Bramley, Fitzpatrick et al, January 2015

protocols for implementation. Develop new local models, which are appropriate and sharing of the management of risk.

8. Continue to work with vulnerable families under Herefordshire's 'Families First Programme' to prevent homelessness and deliver lasting positive change. Identified outcomes are to:
 - i. Improve children's school attendance and behaviour.
 - ii. Reduce both adult and youth crime and anti-social behaviour.
 - iii. Assist adults into employment or training.
9. Continue to work with West Mercia Women's Aid in their support for women who are homeless or at risk of homelessness due to domestic violence and abuse.

The following case study is illustrative of findings from a number of research projects including 'Rebuilding Shattered Lives, St Mungo's March 2014, which suggest that women's life experiences of violence and abuse can be a significant risk factor in the development of subsequent mental health problems.

It is suggested that these experiences can leave some women with very complex needs, including a combination of offending behaviours, alcohol and/or drug issues, homelessness, and for many, continued experiences of violence, abuse and exploitation.

Mental health consequences such as depression, anxiety, post-traumatic stress disorder, self-harm issues, and low self-esteem can be exacerbated by the lack of sustained access to appropriate services. Suicide attempts are much higher amongst women who have been abused compared to those who have not.

Case Study:

B was admitted to hospital after overdosing on drugs and alcohol. She had been in abusive relationships, had a history of mental ill health and, often, a very chaotic lifestyle. Her stay in hospital was challenging and resource intensive and there was a very real possibility that she would be homeless on discharge.

Prior to coming to Herefordshire B had been accommodated in a women's refuge in another part of the country. It was planned that she should return and travel arrangements were made. Unfortunately, before this could happen B was arrested, following an incident, and held at a police station. This changed the situation and considerable negotiation and discussion with all involved parties was necessary before it was agreed that could return to the refuge, where she would receive the support she needed to access and maintain and appropriate housing.

This is the sort of approach recommended in 'Making Every Contact Count,' DCLG, August 2012 which states that:

‘For many people, becoming homeless is not the beginning of their problems; it comes at the end of a long line of crises, a long line of interaction with public and voluntary sector services, a long line of missed opportunities. We must change that.’

6.3 OBJECTIVE 3:

IMPROVE THE HEALTH AND WELLBEING OF HOMELESS PEOPLE AND THOSE WHO ARE AT RISK OF HOMELESSNESS

People who become homeless have some of the highest and costliest health needs in a local community, but those needs are often overlooked when healthcare and social care services are planned and commissioned.⁴⁴

ACTIONS:

1. Investigate the feasibility of carrying out the Homeless Link Health Needs Audit with voluntary and statutory agency partners. The Audit has been updated with funding from Public Health England. This is a big project and will require the commitment of all partner agencies if successful implementation and robust results analysis is to be achieved.
2. Investigate the feasibility of developing a Groundswell Homeless Health Peer Advocacy Project, which will support homeless people to access health care and be delivered by volunteers with personal experience of homelessness.
3. Demonstrate a commitment to improve the health of homeless people by working towards achieving the priorities in the St Mungo Broadway Charter for Homelessness Health through:
 - i. Identifying and including the health needs of homeless people in the Joint Strategic Needs Assessment, including people who are sleeping rough and those living in temporary supported accommodation.
 - ii. Providing leadership on tackling health inequalities through a stated public health commitment and the recognition of homelessness as a priority for the Herefordshire Health and Wellbeing Board.
 - iii. Commission for inclusion by working with the CCG to ensure that local health services meet the needs of people who are homeless and that services are welcoming and accessible.

⁴⁴ ‘Homeless Health Needs Audit,’ Homelessness Link, August 2015

Research has shown that street homeless people and those at risk often seek medical help at a later stage during illness, leading to costly secondary health care and reduced positive health outcomes. This can be intensified by reduced opportunity for recovery if homeless people return to inappropriate, insecure accommodation after medical treatment.

As the Case Study below illustrates, in some cases, accommodation may be lost during hospitalisation, resulting in further costs to health services where a patient has no suitable accommodation to return to upon hospital discharge. In addition, people can recover more quickly if they have appropriate accommodation to go to and they are less likely to be readmitted to hospital as emergency patients.

Research quoted in Homeless Link's, 'Evaluation of the Homeless Hospital Discharge Fund, January 2015, showed that the total cost of hospital usage by homeless people has been estimated to be about four times higher than the general population. If inpatient only costs are considered, the difference is eight times higher among homeless people.

Case Study:

L had been admitted to hospital due to self-neglect. She was dehydrated, insulin dependent and was also exhibiting acute symptoms of anxiety and depression. L had been living in insecure accommodation in the home of an acquaintance and due to changed circumstances was unable to return. The risks to L's health and her fragile emotional wellbeing meant that she could not be discharged from hospital without a suitable home to go to.

As a priority, the Hospital Discharge Worker worked closely with L and other agencies to put all the necessary processes in place and L was able to bid for and acquire a housing association property which was suitable to her needs. Reports suggest that L's health is improving and she is happy in her new home.

6.4 OBJECTIVE 4:

ENSURE THAT AFFORDABLE HOUSING AND SUPPORT SERVICES ARE AVAILABLE FOR HOMELESS PEOPLE AND THOSE AT RISK OF HOMELESSNESS

*'As the [universal benefit] cap is initially being implemented by "squeezing" Housing Benefit entitlement, housing organisations in both the social and private rented sectors expressed concern about its potential impact on rent arrears, evictions and increases in homelessness amongst those affected.'*⁴⁵

⁴⁵ House of Commons Briefing Paper, The Benefit Cap, July 2015

The shortage of low cost housing is a major barrier to tackling homelessness effectively.

Given the pressures on Herefordshire's housing market, and a central government emphasis on low-cost home ownership, it is absolutely necessary to make best use of the existing affordable social rented housing stock. In addition, the council will need to explore appropriate alternatives in the private rented sector, as well as enabling the provision of new affordable accommodation options for those that are unable to access market housing.

ACTIONS:

1. Respond to the current pressures in the housing market by working with housing providers to make the best use of existing stock and focusing on the provision of new affordable accommodation for those that are unable to access market housing.
2. The delivery of new housing will be supported through the following:

i. Delivering New Homes Policy SS2

- A supply of deliverable and developable land will be identified to secure the delivery of a minimum of 16,500 homes in Herefordshire between 2011 and 2031 to meet market and affordable housing need.
- Hereford will be the focus for new housing development to support its role as the main centre in the county. Outside Hereford, the main focus for new housing development will take place in the market towns of Bromyard, Kington, Ledbury, Leominster and Ross on Wye.

ii. Affordable Housing Policy H1 – thresholds and targets

All new open market housing proposals on sites of more than 10 dwellings, which have a maximum combined gross floor space of more than 1000 sqm will be expected to contribute towards meeting affordable housing needs.

- Indicative affordable housing targets of 35% and 40% have been established for different parts of the county, based on evidence of need and viability in the county's housing market and housing value areas.
- Affordable housing provided under the terms of this policy will be expected to be available in perpetuity for those in local housing need.

iii. Rural Exception Sites Policy H2

- The provision of affordable housing is more difficult in rural areas where often the scale and location of new development is more restricted. Proposals for affordable housing schemes in rural areas may be permitted on land, which would not normally be released for housing in accordance with the criteria set down in the policy.

- The policy enables the provision of affordable housing outside of villages, in areas where there is generally a restraint on open market housing, so as to help meet affordable housing needs in rural areas in perpetuity.
 - In order to enable the delivery of affordable housing some market housing may be permitted, as part of the development, to subsidise a significant proportion of affordable housing provision. This will need to be evidenced through a financial appraisal as set down in the policy.
3. Explore options for increasing housing choice for homeless people through access to good quality, affordable private rented sector housing, where this is appropriate to the needs of the household and, where applicable, the duties set down in the Localism Act 2011 and the Homelessness (Suitability of Accommodation) (England) Order 2012 are clearly met.
 4. Identify opportunities to pilot an additional shared accommodation model for young single people.
 5. Identify opportunities for increasing access, for people under the age of 35 years, to social and affordable private rented accommodation in the light of the implementation of the Welfare Reform and Work Bill 2015.
 6. Review the availability and use of good quality, affordable temporary accommodation for homeless households.
 7. Work with social care colleagues and other stakeholders to continue to develop the evidence base for the housing and support needs of vulnerable people, including young people, learning disabled people, people with mental health problems and those with substance dependencies. Work with housing and support providers to enable these needs to be suitably met.
 8. Continue to help prevent homelessness through the pro-active use of the Homelessness Prevention Fund to enable access to housing and/or prevent the loss of the existing home.
 9. Enable local housing associations to make the best use of their existing stock through provisions in the reviewed Home Point Allocations Policy

Case Study

J was living in a housing association property with his adult son D, who has a life-long development disability. J had failed to recover from an earlier physical and emotional trauma and the condition of his property continued to deteriorate to a, potentially, unsafe condition. Despite the best efforts of the housing association J did not engage and, as a last resort, the housing association was taking action to regain possession of the property and the family were at risk of homelessness.

G, a member of the Housing Solutions Team, who had previously worked with J, managed to convince him of the seriousness of the situation and he eventually agreed to co-operate. As a consequence, the housing association were prepared to withdraw legal action. G worked intensively with the family, the property was brought back up to standard, defective goods and furniture was replaced and both J and D were allocated a support worker.

Without this successful intervention the financial costs to other services would have been considerable. D is incapable of independent living and would have required accommodation to be provided by social care. J had a serious medical condition and was awaiting a further operation. He would not have been able to be discharge from hospital without a safe, suitable home to go to.

7. FUNDING CONTEXT

The Homelessness Prevention Strategy has been written within the context of substantial reductions in the council's budget for the lifetime of the Strategy.

Since 2011, the council has saved £49 million. From now until 2020, the council will need to save an estimated additional £42 million.

The impact of this is that the council can no longer continue to pay for all the services that it has traditionally provided and faces challenging decisions about prioritising service areas and how they are provided.

8. NEXT STEPS

We will, where necessary, develop an Action Plan in consultation with partner agencies, setting out the work necessary for achieving the strategic objectives and the dates by which we intend to achieve them.

The objectives will need to be delivered within existing resources and driven forward by members of the Commissioning Team and the Housing Solutions Team. Input will also be necessary from colleagues across other parts of the council and its partner agencies. The council

will also work with other strategic groups and partnerships, where they have a role to play in addressing key objectives in the strategy.

Successful delivery will ultimately depend on effective co-ordinated action and commitment both within the council and across our statutory and voluntary sector partner agencies.

9. MONITORING

The Homelessness Forum will monitor achievement of key objectives as set out in the Strategy Action Plan.

The resources available to deliver the Action Plan will be reviewed on a regular basis and every opportunity will be taken to acquire additional finance through external funding opportunities.

Finally it should be recognised that unforeseen challenges may continue to present through the roll-out of welfare reform and radical changes to central government housing and planning policy and that this may require a re-evaluation of approach.

DRAFT