



Notice of a public meeting of

Health, Housing & Adult Social Care Scrutiny Committee

- To:** Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Wann, Wilson and Steels-Walshaw
- Date:** Monday, 13 November 2023
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]

2. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Thursday 9 November 2023.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

3. Update Report on Homelessness / Resettlement Services 2023 including winter provision, commissioning issues and strategy update (Pages 3 - 210)

This paper updates the Scrutiny Committee on the current services available for people threatened with or experiencing homelessness including the winter night provision for rough sleepers, and single homeless people in York. Performance information and legislative issues are included (Annex A).

It also advises on the current homelessness and rough sleeping strategy, the holistic approach being developed across directorates and relevant developments around commissioned contracts.

4. Re-Commissioning of the Reablement Service in York (Pages 211 - 286)

This paper updates the Scrutiny Committee on the current Reablement services and the commissioning approach for contract renewal.

5. Work Plan (Pages 287 - 288)

Members are asked to consider the Committee's work plan for the 2023/24 municipal year.

6. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democratic Services Officer

Robert Flintoft

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For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

☎ (01904) 551550

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

| Type of Interest | You must |
|---|--|
| Disclosable Pecuniary Interests | Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |
| Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related) | Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |
| Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects) | Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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**Health, Housing & Adult Social Care Scrutiny
Committee****13/11/2023****Report of the Director of Housing, Economy and Regeneration****Update Report on Homelessness / Resettlement Services 2023 including
winter provision, commissioning issues and strategy update****Summary**

1. This paper updates the Scrutiny Committee on the current services available for people threatened with or experiencing homelessness including the winter night provision for rough sleepers, and single homeless people in York. Performance information and legislative issues are included (Annex A).
2. It also advises on the current homelessness and rough sleeping strategy, the holistic approach being developed across directorates and relevant developments around commissioned contracts.

Background

3. The Council Plan highlights that in York the average cost of houses are at least 10 times average earnings and rents rising 10% over the last year (2021-22). There are 4.5 per 100,000 people sleeping rough for the same period compared to 3.1 regionally. By a different measurement 24 people were sleeping rough on the last Thursday in July 2023. The new administration demonstrated its commitment to reducing homelessness by including “number of people sleeping rough” as one of its new key performance indicators.

In addition, provision of good quality housing to meet the range of needs across the City’s residents is recognised as central to the Council’s 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of “One City, for all” .

The National Institute for Health and Care Excellence (“NICE”) guidelines published last year highlighted that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers

accessing health and social care services is attributed in part to the high numbers of preventable deaths within this population. The Council plan contains a focus on fairness and health inequalities with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.

The current administration has a clear commitment to end rough sleeping.

A simplified overview of the statutory homelessness process and routes in to services can be found at Annexes B and C.

Current in house and commissioned services

4. City of York Council is works in partnership across York, delivering on the 2018-2023 Preventing Homelessness and Rough Sleeping Together strategy. This partnership approach is well established, operating effectively over many years, and continues to work hard to rise to the challenges of tackling all forms of homelessness. These challenges are being further complicated by the cost-of-living crisis, covid's aftermath and a tight financial position for the Council and public services generally. Despite this, we continue to provide a high-quality Housing Options Service and a nationally recognised advanced Resettlement Service.
5. As part of the ongoing response, the team aim, and work, to ensure everyone has a place to sleep wherever this can be facilitated. This approach is supported by funding from central government. Post Covid we have been able to increase the number of emergency beds in supported accommodation services, resulting on less reliance on hotels and bed and breakfast, so that these can be used for more bespoke support pathways towards independent living and to boost bed capacity if required for our winter night provision (see Annexe D). We do work all year round with hotel and B&B providers which helps retain relationships so that we can utilise this extra accommodation should it be needed due to increased and excessive demand.

Housing Options, Supported Accommodation and Resettlement Services

6. In addition to providing services as usual, extra burdens continue to be placed on housing due to world events such as cost of living and the refugee crisis's etc. Staff retention and recruitment is a major challenge as it is in many service sectors. The impacts of working with such complex social issues in the current jobs market appears to be making the sector less attractive to perspective applicants.

The Housing Options Team

7. Thirteen Housing Options workers and three Housing Options Support Workers ensure our statutory duties to homeless people under the homeless Reduction Act 2017 (HRA17) and Housing Act 1996 are met. The work of housing options is very demanding, often dealing with people who are vulnerable and desperate but unable to obtain stable long-term housing themselves.

Our Housing Options Team provide advice to people who are homeless or threatened with homelessness, offering advice and information if there is a risk of homelessness. This could be due to a range of reasons; someone may be being asked to leave by family or friends, in a break up of a relationship, experiencing domestic violence/domestic abuse, be leaving hospital with nowhere to go, be leaving prison with nowhere to go, be in mortgage arrears or house repossession, be under a notice to quit or notice seeking possession received from their landlord and many other things that may be impacting on a person's housing

Legislation and demands are constantly emerging, for example, around refugees and asylum seekers, most notably people needing to flee the conflict in Israel / Gaza has led to quickly amended legislation. The team deal with a complex legal framework around homelessness, requiring highly knowledgeable and skilled staff. The nature of this legislation means it can often appear as illogical and bureaucratic to other services as it involves a series of stages and 'tests' which need to be met before a full duty for permanent housing is given. The work around advice, support, prevention and other genuine housing options that the team do here is particularly important in ensuring everyone gets the help that they need.

Contacts to the Housing Options service remain high with contact to the service once averaging around 80 per week (pre pandemic) to currently around 200 per week putting increasing pressure on the staff team and resources. Although we have managed to fill vacant posts in the service, new staff take approximately 6 months to induct and train so they can carry full caseloads.

In response to the HRA17 and in addition to the 13 Housing Options workers, CYC now employs 3 Housing Options Support Workers to assist customers with their Personal Housing Plans. There were 203 referrals to the Housing Options Support Workers in 22/23, 169 engaged and were given practical support of which 39 were assisted to remain in their own home or helped to find alternative accommodation. 21 support referrals were closed as the duty had ended with the housing options. 39 support referrals were closed as they had been prevented whilst working with the support

workers. 16 support referrals were closed as they had been relieved (accommodated) whilst working with the support workers. 93 support referrals were closed as they had completed all tasks required to support them. 34 customers failed to engage or withdrew their application.

James House

8. James House is our main family provision for homeless families. It provides 57 self contained homes with a variety of 1, 2 and 3 bed accommodation. A team of staff provide housing management 7 days a week on a shift basis with an on site security presence over night. People staying at James House are there on average for 19 weeks after which they will usually move on in to more permanent housing. Residents often have support and care services visit them and we encourage everyone to take part in the sessions with staff to help them get tenancy ready by having an understanding of the rights and responsibilities that being a tenant comes with.

Rough Sleeping Services grant funding

9. The service has been successful in bidding for additional resources to tackle rough sleeping successfully over the last few years, made available due to the Government's continued commitment from to end rough sleeping nationally. We are pleased that we now have 3-year allocation (from 2023) of funding from central government for York's Rough Sleeping Initiative funding. It was previously released in one year tranches. This allows for a more consistent and person-centred approach and better job security for staff. This funding announcement did come with a reduction to the yearly amounts we had previously received from the Department of Levelling up Housing and Communities (DHLUC). The team meet regularly with DHLUC staff who monitor performance and spend as well as advising on best practice and how to shape local services. Their clear focus is on a shift of focus towards prevention and recovery, rather than crisis intervention resulting in the Salvation Army losing their element of the funding but mitigated by an expansion in the Rough Sleeper Navigator approach.
10. The (RSI) funding we did receive totalling £1,349,100 funds a variety of front-line workers which also supports our 'in reach' work with rough sleepers who go into accommodation. The Early Intervention and Prevention contract (EI&P), funded through the housing service (general fund) was due to end last March 2023. It was extended until 30th September 2023 through a formally agreed waiver to ideally be considered along with retendering of related contracts via the all age commissioning team. The related contracts have not, as yet, been retendered and the EI&P contract has now ended. The Rough Sleeper Navigator Team, first introduced in 2017, now solely and formally deliver services for rough sleepers on behalf of the Council following due consideration by the current administration on this matter. The

Navigator team work alongside council colleagues, commissioned services as well as, community and voluntary initiatives in doing so.

We have since received additional RSI funding to run till 2025 of £128,995 this year, £136,859 next year, to increase the capacity in the navigator team and to recruit a housing options worker specifically to work with rough sleepers, this post will increase the capacity of the Navigator and Housing Options services and will improve our statutory homeless prevention statistics. As a result this should bring in additional funds for homelessness burdens via the homeless prevention grant, something that was not an option with the Early Intervention & Prevention contract.

The efforts delivered through Rough Sleepers Initiative and the resettlement services have led to a reduction in the number of people sleeping rough in York over the last few years from a peak of 29 in 2017 to lower single figures over the last few years but significant challenges remain in our aim to end rough sleeping.

In the event of a change in circumstances or an extreme weather event, our approach allows us to provide a significant increase in emergency capacity if required at any time of year as well as over the winter period. The extra winter provision can also be available through March and April should we have adverse weather during this period. As previously mentioned, it can also be activated in the event of a heatwave during the summer months. There is also a phased approach to closing the extra winter beds to ensure no one is returned to the streets or made homeless just because the winter is over. The service continues to work on expanding long term provision to support the end goal of ending rough sleeping.

11. RSI funded Rough Sleepers staff in numbers:

- 1 Rough Sleepers Coordinator
- 4 Rough Sleeper Housing Navigators
- 2 MEAM workers and personalisation monies (*MEAM Making Every Adult Matter*)
- 1 Private Rented Sector Officer and 1 Private Rented Sector Support Worker.
- 2 mental Health Workers. Fully funded year 1 with partial funding years 2 and 3. We will need to secure additional funds for years 2 and 3 from other areas or funding sources.

In addition, through the very recent increase in RSI funding:

- 1.5 additional rough sleeper navigators. One of the permanent role's focus will be to work with people around social activities such as employment, training, education, physical and mental well being etc.

- 1 Rough Sleeper Housing Options Worker.
- Total 12.5 staff.

This team provide all aspects of rough sleeper work:

- street triage into accommodation
- regular early morning street walks
- networking with partners and linking up with rough sleepers throughout the day
- daily drop in at Peasholme Hostel 9:30 – 12:30
- three drop in sessions per week at Carecent, Monday, Wednesday and Friday
- coordinating emergency beds or B&B placements,
- providing outreach, both reactive and planned
- carrying caseloads of complex people to support them to more independent living through their journey
- maintaining and forging new links with voluntary and faith sector partners
- responding to Streetlink rough sleeper reports
- utilising personalisation funds for bespoke support resources, reconnections, travel warrants and accessing private rented accommodation
- in reach support for people in accommodation in danger of losing their home (prevention and recovery)
- liaison with Housing Options around homelessness presentations
- attending community events and groups to talk about homelessness
- accessing private rented accommodation
- linking people in to activities

In addition to CYC provision, several services have contracts to work with rough sleepers including Changing Lives (accommodation services, Making Every Adult Matter (MEAM) drug and alcohol services) In addition Restore provide additional tier 2 accommodation (shared supported housing).

The Rough Sleepers Housing Navigators team was established as part of a national drive to reduce rough sleepers. The Team works with rough sleepers through a pro-active outreach model, utilising various “out of the norm” thinking approaches, using a strengths based, trauma informed way of working encouraging people to work towards their ‘good life’.

York continues to operate No Second Night Out for rough sleepers. Rough Sleeping Housing Navigators are the hub for this. Rough sleepers and

members of the public can either contact them directly or via the national rough sleeper helpline Street Link (online only).

We are currently in the process of update our website and publicity material to reflect current arrangements and provide information on Streetlink. We'll bring some along to scrutiny if available.

We continue to successfully accommodate York's rough sleepers and work very hard to reduce rough sleeping from what was a peak official count figure of 29 in 2017 to 9 in 2022 . The 2022 figure was an increase on 2021 when the figure was 4 rough sleepers. Our 2023 street count is currently being co-ordinated. The rough sleeping situation is very dynamic and maintaining this low level is a challenge on a day to day basis, however the situation with rough sleeping is very different to that of 2017. We now have nobody on the streets that might be described as an entrenched rough sleeper whilst there are a number of rough sleepers from other locality areas.

A number of people who can be found sleeping rough have access to accommodation but for complex reasons are deciding to sleep in the city centre and not return to their accommodation. There are also a small number of rough sleepers who at this time do not wish to access services or accommodation and are rough sleeping in the city centre. The Navigators continue to engage with the people who sleep rough to gain an understanding of them and aim to support them off the streets and into or back to safe and secure accommodation. Reasons for rough sleeping are very often complex. The rough sleeper team engage with everyone to address the barriers to them accepting accommodation and support from services.

Ourselves and partners are currently working on promoting a scheme where rough sleepers may be able to get a grant of up to £500 from York Street Aid to help move on with their life, away from the street. They can apply through Carecent or City of York Council. Post cards with details are currently being produced.

The national rough sleeping reporting mechanism StreetLink has recently stopped allowing alerts of rough sleeping by phone. This is now done via an online form. So that people in York can call the team we've opened a new phone line so that people can directly report to the team, 07586 570432. Again, this will be publicised.

Rapid Rehousing

12. The rapid rehousing pathway approach is another way of offering bespoke and front end housing offers of accommodation. Due to the current housing

crisis and affordability issues in York services are coming more and more in contact with people who are homeless with low support needs. They are often in this position for a variety of reasons but are homeless primarily due to lack of affordable realistic housing options in the city and in years gone by would never have required assistance with their housing. We are working to increase our ability to rapidly rehouse some of these cases through the private rented sector and in some cases through the housing register in to social housing. We intend to offer more rapid rehousing packages (RRPs) going forward and this work requires innovative thinking and flexibility from involved services and full engagement from the customer concerned including an element of risk taking.

The York Allocations Policy going live in April 2022 has afforded CYC the opportunity to have the flexibility to be able to consider these housing packages. The obvious area of concern in doing more RRP is the knock on effect it may have if using social housing in that it takes away available accommodation for those within the homeless system who have more support/care needs. This means that RRP needs to be carefully managed.

Much of this work goes on in partnership with statutory partners where there may be specific factors not necessarily recognised via legislation or reflected in housing priority awarded via the allocations policy, but there is a pressing need for that person to be housed appropriately.

No second Night out and emergency beds all year round provision

13. Across York accommodation services continue to provide emergency beds as part of No Second Night Out (NSNO) Initiative and the Winter Weather provision. NSNO is operated throughout the year, with additional facilities being provided during winter weather.

There is 1 emergency room at Robinson Court, 1 emergency room at Peasholme and 1 emergency room at Howe Hill for Young People available throughout the year.

All resettlement hostels use short term vacant beds / emergency placements for No Second Night Out (NSNO).

Flat 2 (rear of Howe Hill) provision providing 4 beds in a shared flat and is managed by the team at Howe Hill.

Crombie House (intended for redevelopment) has been re-opened due to capacity pressures and can provide 10 beds for Single homeless people or childless couples and is being managed by the team at Howe Hill.

Emergency beds: there 8-9 at Peasholme, 8-9 at Howe Hill for Young People and 2 at Union Terrace.

The Criteria for NSNO and emergency beds is relaxed during the winter weather provision November – February to accommodate those sleeping rough. Winter Weather beds are going to be increased in capacity at Union Terrace by 4 emergency beds this year and use of B&B if deemed appropriate.

These emergency accommodation services (NSNO / emergency beds) are a fundamental part of the overall package to rough sleepers.

14. The Rough Sleeper Housing Navigators have made real progress in engaging rough sleepers, their unique strength in approach that makes a difference is to persistently engage with someone on the streets, at that person’s pace, for example around formal engagement or attending appointments and when they are ready, react and use that readiness in the moment as motivation to make changes can dissipate quickly. This approach offers a bespoke, rapid response to someone when they express a desire to do something different. This can be done where that person is sleeping/staying on the streets and doesn’t require attendance at an office or an appointment.
15. Below is a summary of permanent accommodation offers to people in resettlement who have previously been, or are at threat with, rough sleeping. The current high demand for affordable housing means that we are struggling to move people on from our Supported Accommodation (resettlement and homeless) as well as affecting our Housing First (for those most complex people who struggle with shared accommodation) offer.

| | TOTAL housed in Resettlement category |
|----------------|--|
| 2019-20 | 69 |
| 2020/21 | 76 |
| 2021/22 | 87 |
| 2022/23 | 93 |
| 2023/24 | Current 37 to 01/10/2023. |

The Private Rented Sector Support Workers

16. These roles work very closely with the Navigators as part of the rough sleepers offer. Much of their work is developmental, with a focus on building positive relationships with landlords and lettings agents to provide accommodation for people accessing our services. In 2022/2023 these established relationships helped continue to build a good reputation around this service. It has helped to get more landlords on board and these roles

continue to offer people they support access to accommodation in the private rented sector. Landlords also greatly value the support they get from these roles.

In 2022/23 The Private Rented Sector Support Workers utilising Rough Sleepers Initiative (RSI) monies assisted **34** people / households that were rough sleepers or single homeless in emergency resettlement accommodation into private rented accommodation.

- **27** customers with rent in advance.
- **7** customers with guaranteed rent for up to 6 months.
- **0** “holding fees” to landlords on behalf of the customer.
- **1** “Golden Hello” to a landlord.
- **0** paper bonds (Bond Guarantee Scheme).
- **4** cash Bonds

Of these 34 tenancies, the accommodation was sourced through 25 Private Landlords and 9 Lettings agencies. 27 tenancies were successful (for at least the initial 6-month term); while regrettable there were 7 ‘unsuccessful’ tenancies. Of these 5 abandoned, one was evicted following court action and 1 was supported into more appropriate accommodation following health issues.

MEAM (Making every adult matter)

17. MEAM (Changing Lives) work with customers who have ineffective contact with services, live chaotic lives and present with multiple complex issues, such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown. The team includes a Housing First senior practitioner, MEAM support workers and 3 mental Health Housing first workers.

During 2022/23 MEAM including RSI funded staff received 48 referrals of which 10 were accepted on the MEAM caseload. The current caseload is 32

The positive outcomes for 22/23 include.

- 12 Housing first introductory tenancies.
- 10 individuals became a secure Housing First tenant following successful completion of their introductory tenancy.
- 3 rough sleepers awarded gold band following short stays in resettlement/shared housing.

- 6 rough sleepers have been supported to move in and maintain hostel accommodation as part of a multi-agency plan with flexibility where possible.
- 14 individuals with a history of rough sleeping are being supported through prison sentences to improve outcomes on release.
- A Pathway developed with the adult mental health social work team has seen 6 individuals allocated to social workers.

The MEAM Mental Health Housing first (MHHF) team received 27 referrals of which 16 were accepted on the MEAM caseload. The current caseload is 18

The positive outcomes for 22/23 include:

- 9 Housing first introductory tenancies.
- 4 individuals became a secure Housing first tenant following successful completion of their introductory tenancy.
- 2 awarded gold band following short stays in resettlement/shared housing.
- 10 rough sleepers have been supported to move in and maintain hostel accommodation as part of a multi-agency plan with flexibility where possible.
- 4 individuals with a history of rough sleeping are being supported through prison sentences to improve outcomes on release.
- Pathway developed with the adult mental health social work team has seen 4 individuals allocated to social workers.

Of the 29 individuals on the case load in Q4 of 2022/23, 26 were in Substance Misuse Services, 21 in Probation Services and 16 open to Mental Health Services. Despite that, the Service has managed to support 62% of their caseload to maintain tenancies and supported a further third to maintain contact whilst in custody to plan for more positive future on discharge. The Service has been consistently over capacity in 2022/23.

The MEAM/MHHF Service was launched in 2020 and will be integrated into the Specialist Mental Health Accommodation and Support pathway when it is commissioned in 2025. It is at current capacity and in progress to expand to the planned capacity of 21 individuals

Temporary Accommodation (Hostels)

18. Our temporary accommodation and Resettlement Services (hostels), include Peasholme, Howe Hill for Young People and James House and also including Union Terrace supported accommodation for single homeless males and Robinson Court Supported Accommodation for single homeless females. These services and the support workers staffing them continue to be very busy offering housing advice and support. The hostels

accommodate between them about 170 people every night. These services accommodate and support families and individuals who are often very vulnerable and have multiple complex needs. People and families that need a lot of support present real resource challenges to our services across and beyond the council. If these needs are left unmet it is unlikely that settled accommodation will be maintained, resulting in tenancy failure and repeat homelessness. Overall our temporary accommodation is supporting and accommodating approximately 400 households every day across the accommodation services.

Single Access Point (SAP)

19. SAP is an appointed person who processes all referrals in York for Supported Accommodation and Floating Support. This system makes referring for support a very quick and simple process. Referrals submitted via SAP are for specialist support for: homeless people, young people, families and people with mental health support needs.

All applicants must have a local connection to York to be considered for support. Those with mental health support needs must be engaging with mental health services. Supported accommodation is offered where a person is homeless and requires accommodation with support in place. Supported accommodation should eventually lead to living independently, this is also called Resettlement

A Bed Ahead

20. A Bed Ahead is a hospital discharge scheme which operates from Changing Lives Union Terrace Hostel and works in partnership with York District Hospital. It is a service for single homeless people ready for discharge from hospital who have nowhere to live. The service received 145 referrals from the hospital for 132 individuals and provided a total of 387 emergency bed nights. 74 of these referrals were from the Emergency Department, 62 from the inpatient wards at York hospital and 9 from other NHS sources such as Mental Health inpatient wards and rehabilitation units. Outcomes for all these referrals were:

- 48 – York resettlement system (also includes James House)
- 16 – Accommodation with family or friends
- 15 – Preventions of homelessness
- 5 – Private sector accommodation
- 14 – Social care or long-term hospitalisation
- 11 – Assisted to return to area of local connection
- 18 – Brief intervention; advice & onward referral
- 8 – Refused to engage or self-discharged without advice

9 – Abandoned, excluded or too high risk

1 - Other

Bed & Breakfast

21. Use of B&Bs for homeless people is still a necessity, however we work to minimise this for families and individuals unless it is deemed to be a positive option that offers a bespoke approach needed to achieve a better outcome overall for the person in question.
22. Creating and maintaining a sufficient supply of 'move on' options for people with complex needs continues to be a significant challenge with residents sometimes ending up in our supported accommodation services for too long.

Resettlement education work

23. Resettlement training for customers at CYC Peasholme Centre offers a wide range of subjects, with group work and one to one sessions being utilised to meet the specific needs and learning styles of the people involved.

The general money management, tenancy management workshops continue, but new sessions include in house wellbeing treatments to improve an individual's mental health and coping mechanisms including monthly massage and aromatherapy sessions. These are extremely popular with all the treatment sessions full. In house art classes are offered on a weekly basis facilitated by an experienced volunteer.

A total of 203 workshops have taken place, with 76 people attending sessions (72 referrals) from Peasholme Centre, Changing Lives and rough sleepers referred by MEAM or Rough Sleeper Housing Navigators.

The future focus will be around improving the personal development workshops i.e., keeping yourself safe, becoming more assertive, getting control of your situation, being positive, staying positive, further wellbeing treatments (e.g. acupuncture). The resettlement trainer will complete the NCFE Level 3 Award in Education and Training at York College September Intake to enable this to take place.

The aim of resettlement is to assist rough sleepers and single homeless into accommodation when they are able to sustain a tenancy and these activities help people move towards that.

Youth Homeless Workers

24. The Youth Homeless Workers provide housing advice for young people in accordance with Homeless Reduction Act 2017. During 2022/23 we worked

very closely with colleagues in children's social care to ensure that our Young Person's Homelessness Protocol was up to date and that we were undertaking joint assessments (child in need) and making young people aware of the statutory obligations we had towards them as corporate parents exemplified in our Care Experienced Young People Housing Protocol. Providing housing options advice and support to young people aged 16-18 years of age, Many of the young people using this service have highly complex needs; offending, substance abuse, self-harm, mental health problems, behavioural problems and require intensive work from the youth homeless workers and accommodation providers, joint assessments are undertaken with children's social care for 16-18 yr olds to ensure all statutory requirements are fully explored and assessed and that the young person is fully informed.

Resettlement and education work Young People

25. The YEW project is the educational project for young people and is based at Howe Hill for Young People. The project delivers a resettlement programme and includes a rolling programme to develop budgeting, tenancy and cooking skills; employability; health-based sessions covering smoking, alcohol, healthy eating and lifestyles, drug use and the law, offending behaviour and knife crime; self-esteem, confidence building, aspirations and target setting; discussion-based sessions and current affairs.

From the beginning of April 2022 until the end of December 2022 all YEW sessions were delivered on a 1:1 or 1:2 basis. This meant each YEW worker delivered between 10 and 20 resettlement sessions per week covering the core programme and sessions tailored to individual needs.

In January 2023 group sessions restarted and were delivered alongside 1:1 programme for the young people for whom group work is not appropriate. The YEW Project has facilitated 153 group / 1:1 sessions since January 2023 and has worked with 64 young people since April 2022.

Up to 10 young parents can live at Howe Hill for Young People. The parents are offered a separate weekly session which they can bring their children to. They can participate in a variety of different activities which are age appropriate for the children. These sessions allow the parents to spend time together and discuss issues relevant and specific to being parents. They complete their resettlement programme on a 1:1/1:2 basis outside of these sessions. Four parents and 3 children also attended a swimming trip facilitated by the YEW Project. Sessions including a photography project, gardening project, art, and fitness have been delivered in addition to the regular programme.

The YEW project has worked with 3 young people living in Crombie House to get them tenancy ready so they can take on their own tenancies.

The Young People's Sexual Health Team have been offering a monthly drop-in and the Job Centre provide a drop-in service twice a month. This has improved links, partnership working and support for the Young People at Howe Hill. The Energy Doctor delivered a session on utility bills, saving money and preventing damp in a property.

10 young people were supported to attend 3 Job Fairs at The Railway Institute and Acomb Parish Church Hall organised by the Job Centre. 7 young people were taken on very successful and enjoyable trips to Hallowsceam and another 6 young people were taken 10 pin bowling.

Whilst the staff at Howe Hill provide good services which are well liked by young people, the ambition is to open up more appropriate options. See Annexe E for an outline of the potential development of services for young people currently being worked on across directorates.

It is also recognised that capital investment is needed in the Howe Hill building to improve it or another more appropriate site found or developed going forward. Officers will consider available options around this going forward as part of the development of services.

Young People's Community Wellbeing and Support Service

26. The Young People's Community Wellbeing and Support Service is an important part of the offer to Young People at risk of homelessness. It offers a unique model of delivery using host families. The first part of the Service provides up to 12-months of support to young people estranged from their family, including care leavers, through a community model of Supported Lodgings (structured support in a host's home to develop the skills and independence to move into independent accommodation). The second element is a Nightstop service (emergency supported accommodation through a host) for up to 14-nights to assess needs in a safe environment and re-engage with the family or find suitable alternative provision.

This financial year, SASH provided Supported Lodgings to 16 Young People. Eight of these young people have moved on, 60%, to a positive outcome of either family reconciliation or into settled accommodation. SASH have also enabled 16 young people (100%) to participate in work, education, or training. In 2022/23, the Nightstop Service arranged 88 emergency bed nights for six young people who as a result were able to access more long-term alternatives to homelessness. Since the start of the contract SASH has helped 30 Young People maintain their City of York Council ("CYC") tenancies with no evictions or loss of tenancies. They have

delivered this through their offer of floating support to overcome any issues in the first year of tenancy.

The current Contract provides a high outcome and high added-value service. SASH's relationship with grant funders enables them to deliver their SASH Active programme which delivers a range of activities and voluntary opportunities to tackle the more complex causes of homelessness within the Young People's lives. It also enables additional individual support to their Young People such as private counselling, travel costs to apprenticeships and laptops to support further education.

Overlap with health, social and care services

27. There is tremendously high expectation from other services (*many of which are facing high demand and financial pressures*) to house people including discharge from hospital and prison, sometimes without any planning or little notice. Many people presenting as homeless have needs that are so complex that they require more support / care than housing can provide in general needs accommodation. There is a lack of specialist and supported options in York with many adults and children in expensive and inappropriate out of area placements. We continue to work with a range of services to share resources and knowledge to ensure as many homeless presentations are as planned as they can possibly be. We also work as flexibly as possible to offer bespoke multi-agency packages of housing support/care so it is possible for general needs housing to meet some of these pressing needs. This does create a very challenging environment for staff working across Housing Services with expectations often far exceeding our ability to provide what people want or need yet in many cases housing end up being left as provider of support and sometimes care until a more suitable option is found.

Mental Health Housing and Support Pathway.

28. There is a widely accepted shortage of the right type of accommodation and support to meet the needs of people in York with mental ill-health. The deficit of specialist housing and support options for people with *multiple and complex needs*, particularly around mental health and substance misuse, was identified as a priority in an in-depth piece of co-production on the entire housing pathway. The resultant programme of work focuses on enabling people with complex mental health needs, including those with associated substance misuse issues and behavioural difficulties, to access the right type of housing, with the right level of support, at the right time to meet their needs. This paper provides an update and change in delivery methodology for this programme of work.

On 22nd August 2020 the Executive approved plans to deliver 53 specialist mental health housing and support places through the development of:

21 Housing First places which are in place as described elsewhere in this report.

Two new specialist mental health supported housing schemes (32 places) on two Council owned sites; Woolnough House and Crombie House. The purpose-built housing was to be delivered by an external housing development organisation that would be identified through procurement.

Agreement was made for CYC and TEWV to share ongoing service costs. The majority of future CYC funding was to be sourced from the closure of 22 The Avenue and expected savings from costly out-of-area placements. TEWV and the then CCG contributed £926k towards the initiation of the project of which the current balance is £742k.

The project has delivered against some of its original ambitions but engagement with the housing development market has resulted in changes to the previous delivery plan.

The Mental Health Housing First service has developed to timeline will very soon be supporting 21 people.

The 2021 procurement exercise which sought to secure both housing and support elements of the specialist mental health supported housing schemes failed due to lack of interest from the housing developing market.

Proposals are currently being developed to provide alternative routes for providing the specialist mental health housing schemes with a view to the first accommodation coming on line in January and the service being developed from that point on.

Resources from our developing Mental Health accommodation pathway have come on line so that we can support more people who previously avoided engaging with services or were too chaotic to accommodate in shared supported housing. We are creating multi agency packages of support and care by increasing the number of housing first offers with wrap-around support to help move this cohort on to more settled accommodation. It is important to note that housing first is only appropriate for a small cohort of complex individuals and is very resource intensive especially if a person goes into a crisis.

Housing First

29. Housing First (HF) began in York in 2015 and since then has become a well-established customer led housing process which is beneficial for a small

cohort of people who might be described as being high cost, high risk individuals, being some of the most vulnerable people with complex needs. People accepting the HF offer can do so in a variety of ways including straight from the street. Over the last 8 years 56 housing firsts have been completed. All offers of HF have a multi-agency support package attached based around the principles of HF which is an internationally recognised model of reducing repeat and entrenched rough sleeping. The accommodation utilised for this so far has predominantly been City of York housing although we have facilitated one HF arrangement with an housing partner. We intend to encourage housing partners to do more in the future. Support from Scrutiny to achieve this would be welcomed

Housing firsts accommodated.

| 19/20 | 20/21 | 21/22 | 22/23 | 23/24 so far |
|-------|-------|-------|-------|--------------|
| 4 | 5 | 2. | 15 | 6 so far |

There are currently another 10 HFs agreed and pending the right accommodation.

- The total number of housing firsts done since 2015 is 56
- Of which 37 are still active
- 9 have been closed (some moved onto other accommodation themselves, did not need intensive support any longer but are still in accommodation, and 2 have sadly died)
- 10 were unsuccessful.

This equates to just over an 80 percent success rate which compares favourably with the most successful housing first programmes globally.

Rough Sleepers Accommodation Programme (RSAP)

30. City of York Council obtained additional resources to expand our resettlement offer through capital and revenue grant funding (Rough Sleeping Accommodation Programme – RSAP) and purchased six 1 bed flats for rough sleepers (these are specific for this purpose for the next 30 years and will then become part of the general stock). These are former council homes which have been offered up on Right to Buy first refusal and checked off with the Housing Management team. We are focused on properties without front doors opening on to internal communal areas, and we successfully completed the purchase of these properties by April 2022. We also recruited to the RSAP support worker post and all 6 of these properties have been let. These properties are medium term lets for to 3 years and have been a key part of the bespoke packages being offered to complex rough sleepers and are in addition to HF.

Ex-offenders

31. York was part of a successful joint bid for funding for a 12 month pilot to help ex-offenders access private rented accommodation along with Scarborough, Harrogate, Ryedale and Selby. We successfully recruited to this post and partnered up with Selby to provide support across the two LAs to get offenders into private rented accommodation. 7 ex offenders have moved into private rented accommodation via this scheme 6 of whom were York residents, this role has really improved relations with probation and the CFO probation activity hub, improving knowledge and understanding of options available across housing.

The Specialist Older Peoples Housing Advice service

32. This role was created specifically to work with older people with complex housing and care needs and has played a central role in the promotion and allocation of CYC's Independent Living Communities. The specialist advisor works closely with colleagues in health, housing, and social care to find housing focussed solutions, the aim is to ensure that older people can access advice and information, make informed decisions and to live their lives, how and where they wish.

Access to good quality, safe housing is vital at any stage of life, but as we get older it becomes even more important. As people age they are more likely to have a range of health and mobility challenges and being housed in the wrong place can increase the risk of falls, ill health, and hospital admission. The role has more recently changed again as the demand to try and prevent hospital admissions and reduce unnecessary stays in hospital has become much more pressing as these problems impact on the capacity of health services. This role has become much more integral in mitigating these issues, and the specialist advisor attends hospital discharge meetings and proactively works with the discharge units across the city.

The role has provided:

Level two advice contact 115. Level two telephone advice and signposting to other services e.g., Local Area Coordinator, Adult Social Services, Housing Associations

Level three advice 118. Most of these cases have been discharged to assess customers / hospital discharges. Level three is contact home visits and regular meetings with Social Workers/ family / care teams / safeguarding.

The Specialist Advisor also attends outreach community cafes with Dementia forward and is currently working on assisting with organisation of

the cafés within our Extra Care schemes, which then brings customers to us and makes them aware of the services.

The Refugee Resettlement Team (RRT)

33. The RRT team have been providing support for refugees rehoused in York through the UK Resettlement Scheme (UKRS), Afghan Citizen Resettlement Scheme (ACRS), Afghan Relocation and Assistance Policy (ARAP) and the Homes for Ukraine Scheme. To date, York have resettled 37 families accommodating 148 individuals from UKRS, ACRS and ARAP. We have also received 390 individuals via the Homes for Ukraine Scheme (HFU) in York who have been housed by 196 Host households. To date, 252 Ukrainians have moved on from HFU; 145 of these have moved into private rented accommodation in York and 17 have found private rented accommodation outside of York. 82 Ukrainians have left York to return to the Ukraine or another country.

There are still 68 Host households accommodating 138 individuals that require support to move on to live independently. To further assist in reducing the housing pressures, York have employed a YorHome Refugee Development Worker to carry out a marketing campaign to attract potential Landlords with incentives to encourage provision of their private rented accommodation to the refugees in York.

To ensure a holistic service to meet the needs of individuals and families in York and to maximise income to ensure sustainable tenancies, the team work alongside the CYC internal services such as Education/ESOL, York Learning, Housing Benefit, Council Tax and Work With York (interpreters). They also work in partnership with Migration Yorkshire, Refugee Council, Migrant Help, Department of Works and Pensions and the NHS. The RRT signpost families for further support by voluntary and church provisions such as York City Church, Refugee Action York, City of Sanctuary as well as much goodwill from the residents of York.

The planning, preparation, support and guidance delivered by the Refugee Resettlement Team helps to reduce the need for refugees to access the homelessness route via housing options, and to date only 2 families via UKRS and 4 families via HFU have accessed the Homelessness route in the last 8 years. The team have supported and guided two Community Sponsorship programmes who have sponsored two families to resettle in York.

In addition to these schemes there is also a large cohort of asylum seekers new to the city and awaiting decisions on their immigration status. A positive

decision means that these new citizens have recourse to public funds and can apply for housing and present as homeless. This places additional demand on Housing Services and public services in general. The RTT team work closely with our colleagues in Customers and Community Services as well as external partners to ensure that our new citizens are supported, welcomed and receive the services that they need.

Local Authority Housing Fund bid

34. The council has been successful in its application for the Local Authority Housing Fund, with approximately £1.2m awarded by the Department for Levelling Up, Housing and Communities (DLUHC) to purchase 10 rented homes into the Housing Revenue Account.

This would provide 7 homes for Afghan resettlement households and a further 3 homes to contribute towards meeting wider Temporary Accommodation needs pressures in the City, all rented at Local Housing Allowance level Affordable Rent

This is anticipated to facilitate resettlement of the 46 resettled Afghan individuals, alongside other housing options utilised, and has the support of the Assistant Director for Customers, Communities and Inclusion

The funding terms are more beneficial than alternatives for this tenure, with an estimated 47% of costs covered through the schemes, which includes an additional £20k per property for works and transaction costs

Despite this, the proposal presents a significant financial impact due to a combination of other HRA commitments utilising available surplus, and substantial increases in interest rates affecting borrowing over the past 12 months. It will require £1.47m in match funding which will need to be borrowed

As the properties need to be purchased during 2023/24 as a funding requirement, a decision would need to be taken in time to deliver against that end point and it will be considered by the Executive and Full Council in November 2023.

Yorhome Lettings Agency

35. YorHome is a Private Ethical Letting Agency run under the umbrella of CYC. YorHome mission is to provide socially responsible lettings to tenants who otherwise would be disadvantaged or potentially discriminated against when looking to let privately. YorHome currently manage 90 properties including 14 properties let to Syrian Refugee families through the UKRS (previously

VPRS), 7 properties let to Afghan refugee families through the ARAP & ACRS and 7 Ukrainian families through the homes for Ukraine scheme. In addition, YorHome manages properties for Thirteen Housing Group - 18 are affordable/intermediate rent and 20 are social housing (management agreement).

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 20/21 | 21/22 | 22/23 |
|--|---------|---------|---------|---------|---------|-------|-------|-------|
| YorHome properties | 42 | 40 | 43 | 41 | 40 | 40 | 40 | 52 |
| Thirteen Group properties managed by YorHome | 0 | 45 | 38 | 38 | 38 | 38 | 38 | 38 |

YorHome strives to continuously find new landlords and properties. This is challenging because of the high market rents in York and the stigma surrounding homeless customers without guaranteed ongoing support. We work hard with our current landlords to maintain a strong relationship with their tenants and are proud that 50% of our tenants have been in their property for 5 years or more. YorHome are currently working with the marketing and comms team to generate awareness of incentives to encourage uptake from landlords to provide private rented accommodation to refugees. With an overall aim to provide realistic, timely alternatives for both refugees and homeless customers other than to access social housing.

LGBTQ+

36. Approximately 4 % of customers accessing the service state they are from the LGBTQ+ community. We continue to roll out training across the Housing Options and Support Team and have included this training into the mandatory training for new staff and refresher training. Our individualised support packages are customer led and enable the teams to support people around LGBTQ+ issues to ensure they are not marginalised. The service is about to embark on a round of refresher training for all staff.

Contracts coming to an end

Adult Community Wellbeing and Support Service

37. This contract is delivered by Changing Lives and covers Union Terrace, Robinson Court, Shared Housing provision, MEAM and MHHF.

In 2022/23, the Service supported 218 people of which 137 had a planned positive move on out of the Service. Their performance in 2022/3 has been variable and dependent on each area of service.

As the individuals in the homelessness pathway become more complex, with higher incidences of drug and alcohol and more significant mental health needs, the specialist services (“MEAM/MHFF”) are the most able to meet need and are therefore oversubscribed whereas the Floating/Shared Housing Services have experienced a lack of referrals. This is potentially because their offer is increasingly unable to meet the level of mental health complexity required by these individuals.

In addition, the complexity of need and resulting challenging behaviours are being found to be progressively more difficult to manage within a hostel setting resulting in lower levels of planned positive move-ons.

The Union Terrace Centre (owned by the Council and currently leased to The Cyrenians Ltd until 31st January 2024.):

- Capacity for 34 men (and couples)
- Supported 32 men to move on to planned positive outcomes in 22/23
- 22/23 Average capacity at 97%

Robinson Court (owned by the Council and currently leased to The Cyrenians Ltd until 31st January 2024):

- Capacity for 14 women and 4 young people
- Numbers on 31/3/23
- Supported 6 women to move on to planned positive outcomes in 22/23
- 22/23 Average capacity at 94%

The Shared Housing and Floating Support Service closed several houses during the 6-years of the Contract due to lack of referrals and community complaints about the multiple and complex needs of the people in those properties. This Service was designed to provide tenancy support as opposed to support to people with multiple and complex needs:

- Capacity for caseload of 163 individuals
- Current caseload of 74 (31/3/23)
- Current capacity at 45% (31/3/23)
- 22/23 supported 84 individuals to have a positive move-on

Community Wellbeing and Support Contract for Adults with Changing Lives expires on 31st July 2024 and has a value of £1,098,375 per annum.

Young People's Community Wellbeing and Support Service

38. This contract provides the SASH and Nightstop Service but should be viewed as part of the overall pathway for Young People and children who become homeless or need to move on from their current setting.

This financial year, SASH provided Supported Lodgings to 16 Young People. Eight of these young people have moved on, 60% to a positive outcome of either family reconciliation or into settled accommodation. SASH have also enabled 16 young people (100%) to participate in work, education, or training. In 2022/23, the Nightstop Service arranged 88 emergency bed nights for six young people who as a result were able to access more long-term alternatives to homelessness. Since the start of the contract SASH has helped 30 Young People maintain their City of York Council ("CYC") tenancies with no evictions or loss of tenancies. They have delivered this through their offer of floating support to overcome any issues in the first year of tenancy.

The current Contract provides a high outcome and high added-value service. SASH's relationship with grant funders enables them to deliver their SASH Active programme which delivers a range of activities and voluntary opportunities to tackle the more complex causes of homelessness within the Young People's lives. It also enables additional individual support to their Young People such as private counselling, travel costs to apprenticeships and laptops to support further education

The Contract commenced on 1st February 2017 and will expire on 31st March 2024 (the Term having previously been extended beyond 31st January 2022 for 2 years). The current annual cost is £89,825 and a 6-month extension would be at a cost of £44,913. CMT have been asked permission to extend the contract until the 31st of September.

The benefit of extending the current contract is that it allows us to make best use of council resources to deliver any strategic aims generated by the review of the wider Youth Homelessness Pathway. In current financial climate we must meet greater needs within a more restrictive financial envelope. Part of this requires us to use existing contracts to evolve in response to new commitments. We know the model SASH offers is an important part of our city's offer but it is important that it is seamlessly joined up with the wider pathway currently under review. Six months would enable us to learn from the review and make any necessary changes to the model before entering a new contractual relationship.

The risk of not extending the Contract would be that the Service would be designed and commissioned before the new approach to has been agreed. This would limit the contract as a mechanism for new deliverables.

Risks associated with contract extensions are often related to poor delivery. However, SASH are delivering well against the current Contract and are probably amendable to a contract extension.

The Contract was initially commissioned in 2017 at £109,790 (exc. VAT) per annum, but due to savings targets over the course of the contract was reduced by £19,965 per annum or 18% to £89,825 (exc. VAT) per annum from c. 2019. The incumbent provider, SASH, contributes significantly through its fundraising activities to the delivery of 'added value' activities such as private counselling, travel costs to apprenticeships and laptops to support further education which directly contribute to their outcome delivery

Co-production and cross directorate commitment

39. In 2022/3 an in-depth piece of co-production was undertaken to review the resettlement pathway and related services and support. Key stakeholders across York attended and contributed to 4 key recommendations which will inform the delivery and design of the future Service. A summary of the findings can be found at Annexe F. These finding will help inform future service delivery and the refresh of the Homelessness and Rough Sleeping Strategy (see paragraph 40).

In addition, partly spurred on by legislative changes around accommodation for looked after children and a local review of the options available to homeless young people, work has been ongoing across directorates and the all age commissioning team to develop an enhanced pathway for young people.

Martin Kelly Director of Children Services, Jamaila Hussain, Director of Adult Social Care, Neil Ferris, Director of Place and Peter Roderick, Director of Public Health as well as the Leader of the Council, Claire Douglas and the Executive Member for Housing, Planning and Safer Communities, Michael Pavlovic, have agreed to directly develop an holistic approach to homelessness and rough sleeping. This will build on what works well currently in York to develop services that:

- takes a strength based, trauma informed approach
- provide a range of options for people to get them to appropriate accommodation as quickly as possible with the right levels of support.
- recognises that hostels and shared accommodation can often institutionalise.

- places an emphasis on an ever developing housing first approach
- seek to prevent homelessness through intelligence, advice, support and whole system collaboration, tackling the causes.
- develops current partnerships to recognise, support and directly contribute to homelessness prevention and pathways.

It is the agreed approach that services are wide ranging, complex and delivering considerable success. There is clarity on the outcomes we are striving to achieve, and we have a good view on key building blocks. The task over the next six months is to draw this all together into a coherent one Council approach with a clear set of system performance parameters that we can measure as we move towards the ambition. This will enable us to better prevent homelessness, break homelessness cycles, and ensure a bespoke service that enables people to move at suitable pace for them to be able to sustain permanent housing arrangements that meet their needs.

Service Delivery Models

The benefits of commissioning services from the market are that it often enables greater efficiency, responsiveness, and innovation. The benefit of procurement is that it enables us to stimulate and shape the local market ensuring that it works to delivery of outcomes set and monitored by the Council. In relation to in-house provision, management and control of the Contract remain with the funders and thus delivery is often more responsive and driven by performance.

There is an untested assumption of the benefits of in-house delivery in relation to economy, efficiency, and effectiveness as per the Local Government Act 1999. Factors such as the current shared delivery of the Homelessness Pathways with the Resettlement Services indicate there would be some level of increased effectiveness through reducing systemic duplication and a closer working across the pathway. In addition, in-house services deliver better outcomes in relation to the key indicator of positive and planned move-on. The disadvantage of this approach would be the financial impact of the higher Council staffing costs. The absence of a financially informed options analysis, particularly given the complexity in relation to TUPE, is a barrier to recommending this as an approach at this stage.

Commissioning from the market often enables greater efficiency, responsiveness, and innovation. The benefit of procurement is that it enables us to stimulate and shape the local market ensuring that it works to delivery of outcomes set and monitored by the Council and will evidence

that the Council receives Value for Money by advertising this tender and evaluating suitable bidders on Quality/Price weightings and criteria.

In relation to in-house provision, management and control of the Contract remains with the funders and thus delivery is often more responsive and driven by performance.

Homelessness and Rough Sleeping Strategy

40. The current homelessness and rough sleeping strategy 2018 – 2023 is due to be refreshed in 2024. A copy of the current strategy is available as Annexe G.

The government recently launched the refreshed strategy on Rough Sleeping 'Ending Rough Sleeping for Good'. The refreshed Homelessness strategy will need to reference this. A copy is attached at Annexe H. Building on the commitment to end rough sleeping by 2027 the emphasis will be on prevention and tailored support with three core components:

- a) Improving housing affordability and accessibility by maximising affordable housing supply and delivering reform for a fairer private rented sector.
- b) By helping local authorities and partners to better prevent rough sleeping fully embedding the Homelessness Reduction Act approach, a new assessment framework for rough sleepers backed up by Rough Sleeping initiative funding.
- c) Providing targeted action for people we know are most at risk of rough sleeping using whole system information

The contract extensions will allow time to develop a whole system approach and the findings of the previous review of the resettlement pathways will inform the development and future service delivery in York. The strategy will reflect the long term commitments, principles and ambitions around homelessness pathways as detailed in paragraph 39

Recommendation:

Scrutiny is asked to note this information and asked to make comment and recommendations on the issues raised.

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Report Approved **Date** 03/11/2023

Wards Affected:

All

For further information please contact the author of the report

Annexe

Annexe A – Performance, legislation, information and statistics

Annexe B – Housing Options flowchart

Annexe C – Resettlement flowchart

Annexe D – Winter night provision 2023

Annexe E – Homeless Services for Young People – draft pathway development proposals

Annexe F – Resettlement pathway review recommendations

Annexe G – Preventing Homelessness and Rough Sleeping Together – strategy

Annexe H – Ending Rough Sleeping for Good – Government strategy

Annexe A

Homelessness Performance 2022/23, legal background, general information and statistical context.

1. To continue to develop the service and statistical recording to comply with the Local Authority's duties under The Homeless Reduction Act 2017 (HRA17), which came into force on 03 April 2018.
2. In addition to the legal duties under HRA17, there is a national target to eliminate rough sleeping by 2027.
3. CYC Housing Options and Support Team include Housing Options Team (Housing Options Workers, Housing Options Support Workers, Youth Homeless Workers), Housing Registrations Team including Specialist Housing Adviser (frail elderly and disabled), Temporary Accommodation Team (including accommodation based at James House Dispersed Temp Accom, B&B placements, Refugee Support and YorHome (PRS Lettings), Resettlement Services, including Peasholme Centre, Howe Hill for Young People, Rough Sleeping Housing Navigators, Specialist Mental Health Practitioners, Private Sector Workers, AFEO worker (PRS offenders) Housing first and RSAP and Single Access Point Officer. This report does not cover CYC Gypsy and Traveller Service.
4. Main achievements of 2022/23 were
 - a. To work with partner agencies and Department for Levelling Up Housing and Communities, (DHLUC) to tackle rough sleeping in York. In 2019/20 CYC secured £215,234 **Rough Sleepers Initiative** (RSI) and £139,131 **Rapid Response Pathway** (RRP) these funding streams were combined in 2022/23 into one stream RSI funding in 2022 and York was allocated a 3 round of £1,349,100 funding for posts pertinent to prevention and recovery of rough sleeping. The Rough Sleeper Housing Navigator Team and other RSI funded staff work in conjunction existing services, TEWV, ASC, Carecent, Changing Lives Drug and Alcohol Services, Community Safety, North Yorkshire Police and York BID to tackle rough sleeping, street drinking and begging. The team has had a significant success with a complex client group.
 - b. Change to service delivery was required to ensure any gaps left in rough sleeper triage support due to the ending of the Salvation Army contract were filled, this included priority coordination of emergency beds and a service to work with newly homeless people and people who are ready to come in off the streets also referral into accommodation services.

- c. Continued work with the Business Change Team and the Open Housing integrated housing wide IT system is now well embedded and many early teething issues resolved or work arounds are in place and resolutions to these work arounds being planned with CAPITA the software provider, the system is becoming more efficient.
- d. Ordnance Lane re-provision: is no longer being used and the redevelopment of this site is now progressing.
- e. Joint working relationships with Tees, Esk, Wear Valley NHS Trust (TEWV) for specialist mental health practitioner posts which is jointly funded through RSI monies and TEWV, providing 2 Mental health clinicians to work with the Navigators giving more specialised access to MH support for rough sleepers and access to relevant IT systems, meetings and providing appropriate clinical supervision.
- f. Ongoing work (Adult Social Care Commissioning Team lead) on a possible future commission for a Mental Health Resettlement Pathway with housing first with 2 year pilot being proposed using Holgate Road Hostel as the accomodation. The housing first part of this model has been up and running for over 2 years and is now at its capacity with 3 housing first workers, offering up to 21 housing first accomodation to people who could be described as being high cost , high risk individuals with Severe and enduring mental health issues.
- g. CYC working in partnership with Changing Lives and St Annes opened up a 3 bedded shared accomodation for 3 MEAM and Navigator customers using the principles of Housing first, the 3 customers expressed a desire not to live alone, this is a joint permanent tenancy for the 3 customers and has daily 5 hours of support from St Annes and regular support from MEAM and navigators, Housing management, local area coordinators, north Yorks Police.
- h. Rapid Rehousing cases since the launching of the Open Housing York Allocations flexibility with the York policy is offering multi-agency approaches for vulnerable applicants with rapid pathways to rehousing, many of these referrals come from Social care and are usually customers placed in very expensive supported living schemes some out of area, and they no longer require the levels of support, swift housing packages are put together combining this with support/care packages and general needs accomodation, and as a result saving the authority budgets. A large number also come from probation and are exceptionally vulnerable offenders who for a variety of reason are single homeless/rough sleepers but do not really require the levels of support offered in the resettlement process.

- i. Crombie House a previous dispersed temporary accommodation for homeless after being decommissioned due to the opening of James House and the land proposed to be redeveloped in the future, has temporarily being brought back into use to act as a overspill accommodation for single homeless people due to increased pressure on the resettlement services, this is being managed by the team at Howe Hill who are located nearby.

Legal Changes in 2022/23.

National grant framework.

5. Homelessness Prevention Grant 23/24 onwards. The government amended the funding arrangements for the Homelessness Prevention Grant for 2023/24 onwards to make sure the distribution of funding is reflective of current pressures and demand in areas across England, improve understanding of how the grant is used in practice, and enhance the quality of homelessness data, York benefited positively from this with an increase in this funding increases and decreases in this funding pot were at 5% in 23/24 and 10% 24/25.
6. Single Homelessness accommodation Programme, this was a 2nd round of funding to increase accommodation for rough sleepers nationally by 3200 properties, York had been successful and were selected to be able to bid in the first round of this funding formerly known as the rough sleepers accommodation programme (RSAP) unfortunately we were not selected in the second round to be able to bid for this money as our rough sleeper figures were too low.

Homelessness.

2022/23 the Government made a number of changes to the Homelessness Code of Guidance for Local Authorities namely:

7. Eligibility Changes to the Allocation of Housing and Homelessness (Eligibility)(England) and Persons Subject to Immigration Control (Housing Authority Accommodation and Homelessness)(Amendment) Regulations on numerous occasions including:
8. 10.6.22 – Provision of housing accommodation and assistance to a person in the UK who has limited leave to remain granted in accordance with

Appendix Ukraine Scheme of Immigration Rules pursuant to an application made by that person within the UK.

9. 30.1.23 – Ensuring continued eligibility for confirmed victims of human trafficking or slavery for an allocation of accommodation and/or homelessness assistance following a change to their classification under the Immigration Rules.
10. 15.5.23 – To include people who were residing in Sudan before 15.4.23 and left Sudan in connection with the violence are eligible.
11. Section 8 of the Armed Forces Act 2021 came into force on 22nd November, 2022 which basically requires local authorities to revise their homelessness strategies and housing allocation schemes to address the housing needs of current and former military personnel.
12. On 29th August, 2023 the Definition of Intentional Homelessness was changed (s191 Housing Act 1996) to include being unintentional from Supported Exempt Accommodation in certain circumstances.

Private Rented.

13. In terms of the private sector, the Rent Reform Bill that sets to abolish s21 no fault evictions has being delayed as the Government didn't undertake an the equality impact assessment before listing the bill.

The second reading before the Housing of Commons should take place within the next month. However, it then has to be approved by the House of Lords before it can get Royal Assent so it's unlikely that any of the major changes will be coming into force any time soon. One of the main points will be for Housing Associations and Starter Tenancies as they use Assured shorthold tenancies and if they don't exist then that causes problems for them.

Agreement also needs to be sought for all the new Grounds for Possession.

Local Authority Housing.

The Social Housing (Regulation) Act 2023 got its Royal Assent.

14. It is intended to ‘facilitate a new, proactive approach to the regulation of social housing landlords on consumer issues such as safety, transparency, and tenant engagement, with new enforcement powers to tackle failing landlords’ and ‘will support a strong consumer regulatory regime which will drive a significant change in landlord behaviour, and ensure landlords focus on the needs of their tenants and are held to account for their performance’.

The new statute’s provisions include:

- Strengthening the Regulator of Social Housing’s powers to carry out regular inspections of the largest social housing providers;
- Give the Regulator of Social Housing power to issue unlimited fines to rogue social landlords.
- Additional Housing Ombudsman (HO) powers to publish best practice guidance to landlords following investigations into tenant complaints.
- Powers to set strict time limits for social landlords to address hazards such as damp and mould.
- New qualification requirements for social housing managers.

On the same day as the Act received Royal Assent the Government responded to the DLUHC Select Committee Report on the regulation of social housing by saying that the Secretary of State would set out requirements for landlords to address hazards such as damp and mould in social homes within a fixed period. The details of the requirements themselves including time limits for action, will be settled through consultation, which will take place during the six months from Royal Assent, with the aim of bringing the requirements into force by Summer 2024.

This comes after the tragic death of Awaab Ishak and the findings of the Coroner into systemic failings. The Housing Ombudsman did a report gives a flavour of how the Government regulation is likely to impact.

<https://www.housing-ombudsman.org.uk/wp-content/uploads/2023/03/P49-RBH-FINAL-200323.pdf>

Rough Sleeping and Resettlement Services.

15. The official street count (number of rough sleepers as defined by and reported to DHLUC has reduced from a recent high of 29 (in 2017) However we have seen in increase during this year up to 9.

| Region | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | Change | |
|--------------------------|------|------|------|------|------|------|--------|--------|
| | | | | | | | Number | % |
| York | 29 | 9 | 7 | 3 | 4 | 9 | +5 | +55.5 |
| Yorkshire and the Humber | 207 | 246 | 242 | 181 | 166 | 170 | +4 | +2.3% |
| England | 4751 | 4677 | 4266 | 2688 | 2440 | 3069 | +629 | +19.3% |

16. The increase York is due to the aftermath of the pandemic and opening back up and issues associated to the cost of living crisis we have seen a change in the demographic of rough sleepers to the majority of people coming into York from areas and rough sleeping here and a number of people with complex needs who have accommodation they can access. The national picture of rough sleeping is on the increase, our percentage level in York is unduly affected due to having low numbers.

Services for rough sleepers.

In 2022/2023 Rough Sleeper Housing Navigators worked with 209 customers, with a caseload of between 30-33 rough sleepers at any one time. Of these, 149 have been supported into accommodation including 14 highly complex entrenched rough sleepers and have assisted in the sustainment of this accommodation. customers have been referred to non-accommodation support services by Rough Sleeper Housing Navigators, such as Drug/Alcohol services etc.

Rough Sleepers Engaged – 209 named and 22 unknowns.

Advice, Info and Signposting – 231
 Resettlement support– 21
 NSNO/HOPs Referral – 88
 Referred to non-housing services – 60
 Reconnect with Local area or relocate – 25
 Benefits support – 33
 Prevention work – 27
 Multi-Agency working – 92
 RSAP – 6
 Housing First (rough sleepers) – 8
 Rough Sleepers on Caseload – 22
 Average Caseload – 30-33

No Second Night Out figures

17. Emergency Bed nights (excluding Nightstop) 2022-23 (statistics provided by individual hostels).

| | Howe Hill | Peasholme | Union Terrace | Robinson Court | YB0 and flat 2 | Total |
|------------------|-------------|-------------|---------------|----------------|----------------|--------------|
| Crash pad / NSNO | 700 | 962 | 1046 | 243 | 537 | 3,488 |
| Winter weather | 792 | 1254 | 778 | 122 | 581 | 3527 |
| Total | 1492 | 2216 | 1824 | 365 | 1118 | 7,015 |

18. Individuals (some will be multiple stays over a period)

| | Howe Hill | Peasholme | Union Terrace | Robinson Court | YB0 and flat 2 | Total |
|------------------|------------|------------|---------------|----------------|----------------|------------|
| Crash pad / NSNO | 86 | 62 | 42 | 12 | 47 | 249 |
| Winter weather | 115 | 61 | 43 | 6 | 62 | 287 |
| Total | 201 | 123 | 85 | 15 | 109 | 536 |

19. During 2022/23 most of the referrals for the NSNO beds were completed by the Salvation Army Early Intervention and Prevention Team, however some referrals were also completed by the Emergency Duty Team, Housing Options, Youth Homeless Workers, Rough Sleeper Housing Navigators, and the Pathways Team. Please note the number of individuals is the number of customers accessing emergency accommodation *per month*; it is not an accurate reflection of the number of customers who have accessed accommodation for the *entire* year as some people will have been in emergency accommodation more than once, or across multiple months.
20. During 2022/23 there were around 287 individuals placed in emergency accommodation during the winter weather provision Nov-Feb, providing 3527 bed nights. and indicates a continued high demand.

21. A small number of rough sleepers are also placed in B&B or hotels for short periods of time using personalisation money, this offers time and additional resources to plan innovative approaches to housing complex people.
22. Changing Lives also operates 'A Bed Ahead' (ABA) to facilitate timely discharge from hospital for people that are homeless and improve access to health provision for individuals accessing the resettlement system.
23. During 2022/23, there were **102** referrals for resettlement category in the York common allocations policy of these **98** were approved for gold band, and **93** people commenced tenancies with Local Authority / Registered Social Landlord (RSL). This provides a planned route into permanent housing.

| | TOTAL housed in year | Resettlement | Young People | Mental Health |
|----------------|----------------------|--------------|--------------|---------------|
| 2018/19 | 58 | 40 | 15 | 3 |
| 2019/20 | 69 | 47 | 17 | 5 |
| 2020/21 | 97 | 66 | 25 | 6 |
| 2021/22 | 85 | 56 | 23 | 6 |
| 2022/23 | 93 | 46 | 40 | 7 |

24. The Housing First Scheme is in addition to the resettlement category and in 2022/23 there were 15 people accommodated via this route. Housing First places the emphasis on providing self-contained accommodation for chaotic and often multiply excluded rough sleepers with an intensive long term support package. There have now been a total of 56 (37 still active) Housing First tenancies since the scheme began in 2015.

Young People.

25. Nightstop (part of Supported Lodgings contract) provided emergency bed spaces for 1 young person during 2022/23 , totalling 10 bed nights. Nightstop remains a vital service for very vulnerable young people with the majority of referrals coming from Emergency Duty Team and social care The Nightstop Service is looking into helping referral agencies by placing the young person for a few days at a time rather than having to see them every day and offers up to 14 nights per placement which can be extend if

needed. While this is not an overly used part of the homelessness route it is there for some cases and works to prevent young people coming through homelessness.

| | Young People accommodated (total including charitable places as no recourse to public money / Children's Social Care placements) | Bed nights |
|----------------|---|------------|
| 2018/19 | 16 | 65 |
| 2019/20 | 9 | 43 |
| 2020/21 | 1 | 6 |
| 2021/22 | 1 | 24 |
| 2022/23 | 1 | 10 |

Housing Options.

26. It is a legal requirement that a Local Authority provides housing advice. Formal assessment under Homeless Reduction Act 2017 (HRA17) is provided by the Housing Options Team, Youth Homeless Workers and Specialist Housing Adviser (frail elderly and disabled), provide specialist advice to single homeless.
27. The Housing Options Team continues to provide a valuable service to customers offering comprehensive, individual interviews to discuss their housing issues.

Homeless Reduction Act statistics

| | Total initial assessments <i>does not include advice only contacts</i> |
|----------------|---|
| 2019/20 | 898 |
| 2020/21 | 814 |
| 2021/22 | 814 |
| 2022/23 | 1,171 |

28. HRA17 duty

| | Owed prevention or relief duty | Prevention ended accommo | Relief duty owed* | Relief ended accommodation secured | Main duty assessment | Full duty accepted Homeless , priority |
|--|--------------------------------|--------------------------|-------------------|------------------------------------|----------------------|--|
| | | | | | | |

| | | ation secured | | | | need and unintenti onal |
|----------------|------------|------------------|------------|------------|------------|-------------------------------|
| 2019/20 | 881 | 276 | 235 | 192 | 139 | 99 |
| 2020/21 | 566 | 228 | 383 | 189 | 116 | 77 |
| 2021/22 | 557 | 239 | 247 | 174 | 115 | 88 |
| 2022/23 | 778 | 229 | 257 | 144 | 106 | 80 |

*Those found to be homeless at the end of a prevention duty are consequently owed a relief duty. Those who refused suitable accommodation or refused to cooperate may also go on to relief. All other outcomes mean the case is closed.

NB. Prevention and relief duty is also ended due to customer loss of contact, refused accommodation, withdrew application, 56 days elapsed.

29. The number of homeless acceptances (main duty decision) increased as the HRA17 embedded itself. A concerted effort was needed to prevent / relieve homelessness at an early stage of the process in accordance with HRA17 by using and improving the variety of measures available including mediation, negotiation, support, help in accessing benefits and some financial incentives including bonds and deposits to access to private rented sector.
30. CYC housing options team operate a scheme to assist people to access the private rented sector depending on an individual's circumstances and funding criteria.
31. The Homeless Fund for people accessing Housing Options team provided assistance to people / households through.
 - £12,611.52 customers with rent in advance to help customers access the private rented sector. These are grants, not loans and so are not refundable.
 - £ 2,492 claims were made against the scheme by landlords at a value o
32. The Rough Sleepers Initiative (RSI) scheme also assisted people into the private rented sector detailed in larger scrutiny report.

33. Household accepted as priority need.

| Priority Need acceptances | 2021/22 | 2022/23 |
|--|----------------|----------------|
| Alcohol dependency | 1 | 0 |
| Customer is / Household includes pregnant woman | 5 | 1 |
| Fled home because of violence /threat of violence Domestic abuse | 7 | 6 |
| Fled home because of violence /threat of violence not Domestic abuse | 2 | 2 |
| Households includes dependent children | 49 | 54 |
| Vulnerable as a care leaver 21+ | 1 | 1 |
| Vulnerable as a result of Learning Difficulty | 1 | 2 |
| Vulnerable as a result of Mental Health problems | 13 | 7 |
| Vulnerable as a result of physical disability / ill health | 8 | 16 |
| Vulnerable due to old age | 0 | 1 |
| TOTAL | 87 | 90 |

| | 2020/21 | 2021/22 | 2022/23 |
|--|----------------|----------------|----------------|
| York increase in Homelessness comparative years Qtr 4 HH in temp | 77 | 53 | 80 |
| England HRA17 Accepted main duty | 39,580 | 42,460 | 52,800 |
| England HRA17 assessed and owed a prevention or relief duty | 150,670 | 145,180 | 157,640 |

34. Ethnic monitoring of customers occurs when they approach the council and an initial assessment is completed. Ethnic monitoring information is available for 84% of approaches (Hcllc). The majority of these described themselves as white (81%). The 2021 census for York indicated a slightly more diverse population on the 2011 census.

| Census figures | White British | White Irish | White Other | Black/ Black British | Asian/ Asian British | Chinese | Mixed |
|-----------------------|----------------------|--------------------|--------------------|-----------------------------|-----------------------------|----------------|--------------|
| 2011 | 88.6 | 0.7 | 3.5 | 1.2 | 3.4 | 1.4 | 1.3 |
| 2021 | 81.7 | 0.9 | 6.2 | 4.0 | 9.3 | 0.7 | 2.9 |

35. All approaches Data from approaches

| | White British | White Other | Black/Afro-Caribbean | Indian, Pakistani, Bangladeshi | Mixed | Other | Not Known/declined to answer |
|---------|---------------|-------------|----------------------|--------------------------------|-------|-------|------------------------------|
| 2022/23 | 1052 | 69 | 15 | 12 | 16 | 16 | 225 |

| Reason for loss of last settled home | 2021/22 | 2022/23 |
|---|-------------|-------------|
| Departure from institution (Custody) | 40 | 25 |
| Departure from institution (hospital general) | 8 | 0 |
| Departure from institution (hospital psychiatric) | 9 | 2 |
| Domestic abuse | 60 | 0 |
| Domestic abuse (victim) | 16 | 74 |
| Domestic abuse alleged perpetrator excluded from property | 8 | 19 |
| End of private rented tenancy - assured shorthold | 228 | 313 |
| End of private rented tenancy - not assured shorthold | 34 | 62 |
| End of social rented tenancy | 17 | 29 |
| Eviction from supported housing | 26 | 60 |
| Family no longer willing or able to accommodate | 313 | 319 |
| Fire or flood / other emergency | 6 | 7 |
| Friends no longer willing to accommodate | 90 | 72 |
| Home no longer suitable due to disability / ill health | 7 | 7 |
| Left HM forces | 2 | 6 |
| Left institution with no accommodation available | 24 | 0 |
| Non racially motivated/other motivated violence or harassment | 29 | 39 |
| Property Disrepair | 4 | 1 |
| Racially motivated violence or harassment | 1 | 5 |
| Relationship breakdown with partner (Non-violent) | 115 | 125 |
| Mortgage repossession / sale of owner occupier property | 0 | 2 |
| Not known as last settled accomm Not known | 0 | 29 |
| RTD Other | 0 | 2 |
| Required to leave accommodation provided by Home Office as asylum support | 1 | 3 |
| TOTAL | 1038 | 1201 |

*A small number of households may be double counted across quarters where an initial decision was subject to review or where a household has made a new application.

36. Youth Homeless Workers provided advice and support to 88 young people, of these 22 were referred to, and accepted into long term supported accommodation. 4 young people became Looked After (Children Act 1989). The rest had support to return home, declined support or accessed advice only. Many of the young people using this service have highly complex needs; offending, substance abuse, self-harm, mental health problems, behavioural problems and require intensive work from the youth homeless

workers and accommodation providers. The numbers being Looked After is noted as historically Young People preferred not to access this service.

| Year | Contacts | Supported Housing | Looked After |
|---------|----------|-------------------|--------------|
| 2019/20 | 104 | 26 | 3 |
| 2020/21 | 96 | 28 | 0 |
| 2021/22 | 101 | 24 | 0 |
| 2022/23 | 88 | 22 | 4 |

Housing Options support workers breakdown of the support provided:

| | |
|--------------------------|-----------|
| PRS | 11 |
| Application Forms | 14 |
| Appointments | 2 |
| Benefits | 87 |
| Budgets | 73 |
| Documentation | 27 |
| Education | 15 |
| Financial | 37 |
| ID Requests | 8 |
| NYHC | 49 |
| OH Applications | 12 |
| OH Bidding | 16 |
| Other | 44 |
| Proofs | 38 |

Use of temporary accommodation.

The main temporary accommodation in York continues to be James House this accommodation is provided to those households to whom the Local Authority has a statutory duty under HRA17. The council reports on numbers of households in temporary accommodation (TA), including household make up, each quarter through the statutory data return for Homeless Case Level Information Collection (H-CLIC). The figures are a snapshot at the end of the quarter rather than a cumulative total of all placements across a quarter. Following the national H-CLIC collection and validation process the government releases detailed local authority level data tables. These are

generally published around 4 months after the reporting period end and used by CYC to update KPIs. Temporary accommodation is mainly used where CYC has a duty to find a home for a household under the 'main duty' responsibilities as defined in the Homeless Reduction Act. Temporary accommodation is most often used while a more permanent home is sought or where further enquiries are needed.

Latest Data

The latest available data relates to year end 2022-23 and Q1 2023-24 is due in the coming weeks.

During 2022-23 the number of households in temporary accommodation rose from 51 in Q1 to 69 at year end. Subsequently those with dependent children also increased from 22 at Q1 to 35 at year end, which is 51% of total households in temporary accommodation.

| | Collection Frequency | Previous Years | | 2022/2023 | | | | Polarity | DOT |
|---|----------------------|----------------|-----------|-----------|--------|--------|--------|-----------|---------------|
| | | 2020/2021 | 2021/2022 | Q1 | Q2 | Q3 | Q4 | | |
| Number of homeless households in temporary accommodation - (Snapshot) | Quarterly | 23 | 49 | 51 | 65 | 66 | 69 | Up is Bad | ▲ Red |
| Number of homeless households with dependent children in temporary accommodation - (Snapshot) | Quarterly | 10 | 28 | 22 | 33 | 32 | 35 | Up is Bad | ▲ Red |
| Number of children in temporary accommodation - (Snapshot) | Quarterly | 15 | 51 | 47 | 67 | 59 | 63 | Up is Bad | ▲ Red |
| % of total households in temporary accommodation where household has dependent children | Quarterly | 43.00% | 57.00% | 43.00% | 51.00% | 48.00% | 51.00% | Up is Bad | ◀▶ Neutral |

- Of the 69 households in temporary accommodation at year end:

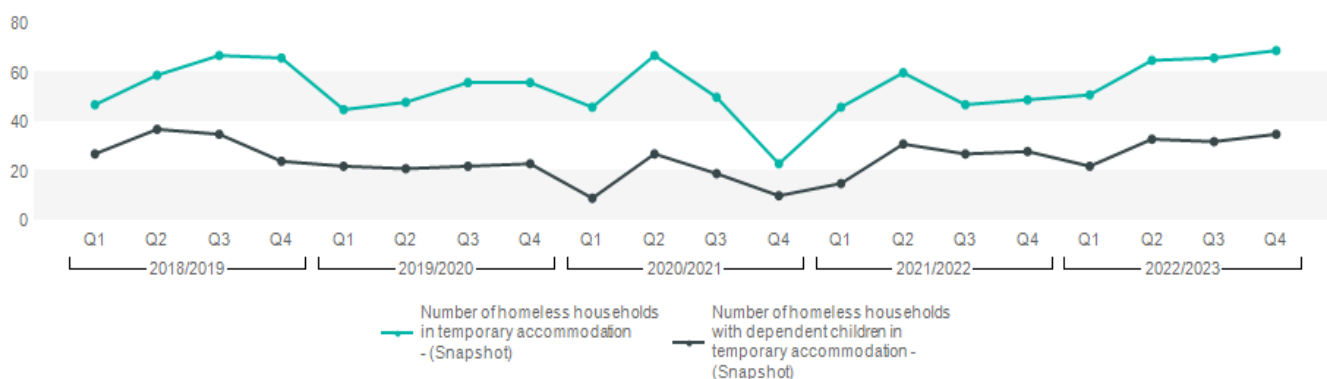
| Type of temporary accommodation provided: | Total households | With children |
|--|------------------|---------------|
| Private sector accommodation leased by authority or by a registered provider | 0 | 0 |
| Nightly paid, privately managed accommodation, self-contained | 0 | 0 |
| Local authority or Housing association (LA/HA) stock | 3 | 2 |
| Bed and breakfast hotels (including shared annexes) | 0 | - |
| Hostels (including reception centres, emergency units and refuges) | 58 | 32 |
| Any other type of temporary accommodation (including private landlord and not known) | 8 | 1 |
| Total | 69 | 35 |

| Duty under which temporary accommodation provided | Total households |
|--|------------------|
| Section 193 duty: priority need and unintentionally homeless | 14 |
| Interim: pending enquiries, intentionally homeless, review appeal, awaiting referral | 46 |
| Section 189B power: emergency accommodation | 3 |
| Duty ended, remains accommodated at end of quarter | 6 |
| Duty not classifiable | 0 |
| Total | 69 |

Long-term trend

- Generally, the households with children rise and fall in line with the total households and make up around half of those in temporary accommodation. There was a peak at the end of 2021-22 where 57% were households with children.

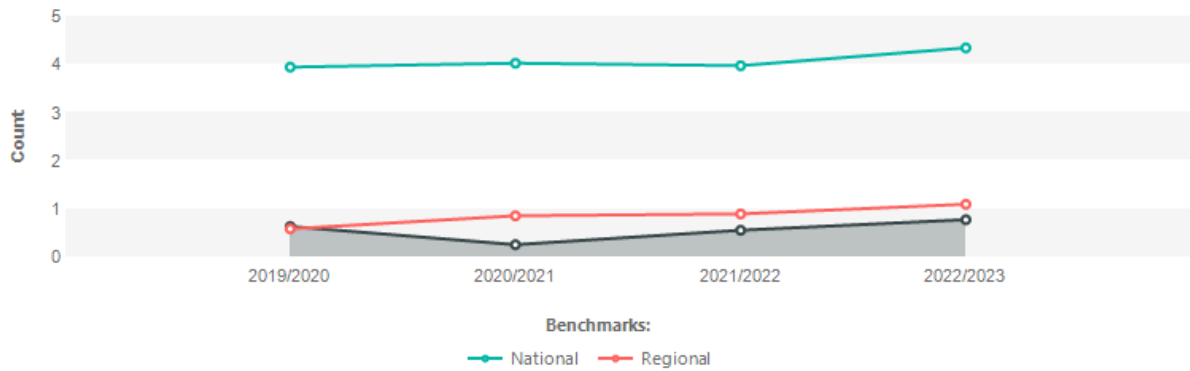
Indicator comparison (by Quarter) - 2022/2023



- Numbers reduced during the height of the pandemic, possibly due to temporary restrictions on evictions and financial support available at the time, but have since been increasing and are now just above levels seen in the years before the pandemic.
- The rising cost of living is likely to be a further factor in the increase. Results from the national ONS opinions and lifestyle survey (Sep-Oct 2023) reflect that:
 - 40% of respondents are finding it very or somewhat difficult to afford mortgage or rent payments; this is up from 30% during a similar period one year ago.
 - 47% reported that their rent or mortgage payments had gone up in the past 6 months; this has increased from 33% during a similar period one year ago
- The overall increase in numbers of households in temporary accommodation can also be seen nationally for 2022-23 and when

looking at the total number of households per households in area (000s), York performs positively compared to benchmarks.

Number of households in Temporary Accommodation per (000s) households - (Snapshot) (by Financial Year)



Length of stay in temporary accommodation

When looking at data from 2018/19 onwards the average length of stay in temporary accommodation is 19 weeks. There are some households where, due to individual circumstances, stays in TA can be for longer periods although this is rare. The following table shows temporary accommodation stays per banding:

| Period | Instances |
|-------------|-----------|
| 0-2 weeks | 123 |
| 2-4 weeks | 97 |
| 3-6 months | 392 |
| 6-12 months | 131 |
| 1-2 years | 32 |
| 2 years + | 12 |

Bed and Breakfasts

37. Positively, the councils use of Bed and Breakfasts as temporary accommodation is very low with none used for households with children in recent years or where a young person aged 16/17 is the main applicant.

| | Collection Frequency | Previous Years | | 2022/2023 | | | | Polarity | DOT |
|---|----------------------|----------------|-----------|-----------|--------|--------|--------|-----------|------------|
| | | 2020/2021 | 2021/2022 | Q1 | Q2 | Q3 | Q4 | | |
| Of households in TA - number of which in Bed and Breakfast - (Snapshot) | Quarterly | 0 | 3 | 3 | 0 | 1 | 0 | Up is Bad | ▼ Green |
| Of households in TA - % of which in Bed and Breakfast - (Snapshot) | Quarterly | 0.00% | 6.10% | 5.90% | 0.00% | 0.00% | 0.00% | Up is Bad | ▼ Green |
| Benchmark - National Data | Quarterly | 12.00% | 10.60% | 10.50% | 12.00% | 12.00% | 13.00% | | |
| Benchmark - Regional Data | Quarterly | 30.00% | 28.60% | 29.00% | 28.00% | 28.00% | 27.00% | | |
| Households in B&B - Total with children - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | 0 | 0 | Up is Bad | ▼ Green |
| Households in B&B - Total with children and resident more than 6 weeks - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | 0 | 0 | Up is Bad | ▼ Green |
| Households in B&B - Total with children and resident more than 6 weeks and pending review / appeal - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | 0 | 0 | Up is Bad | ▼ Green |
| Households in B&B - Total with 16/17-year-old main applicant - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | 0 | 0 | Up is Bad | ▼ Green |

38. Since Covid B&Bs are used more to begin bespoke packages of housing and support for some rough sleepers due to personal circumstances where NSNO. These figures are not included in the reported B&B figures above (point 101) or in the B&B costs as they are not accommodated under the Homeless Reduction Act 2017 and is being funded through Housing Benefit

claimed by the customers and the 10% subsidy funded through the rough sleepers themselves as a top up contribution.

Review of Homeless decisions.

39. The number of reviews reduced following the introduction of the HRA17 however it is fair to say that they have become more complex. The Homeless Reduction Act 2017 allowed more situations where decisions could be reviewed, but the majority of reviews continue to relate to final decisions around intentionality, none priority or suitability of main duty accommodation.

| | No of review decisions | Upheld | Dismissed | Withdrawn/ out of time/ not homeless/ lost contact | Ongoing | Court cases |
|--------------|------------------------|----------|-----------|--|----------|-------------|
| 20/21 | 22 | 7 | 12 | 3 | 0 | 0 |
| 21/22 | 13 | 5 | 7 | 1 | 0 | 0 |
| 22/23 | 13 | 9 | 4 | 0 | 0 | 0 |

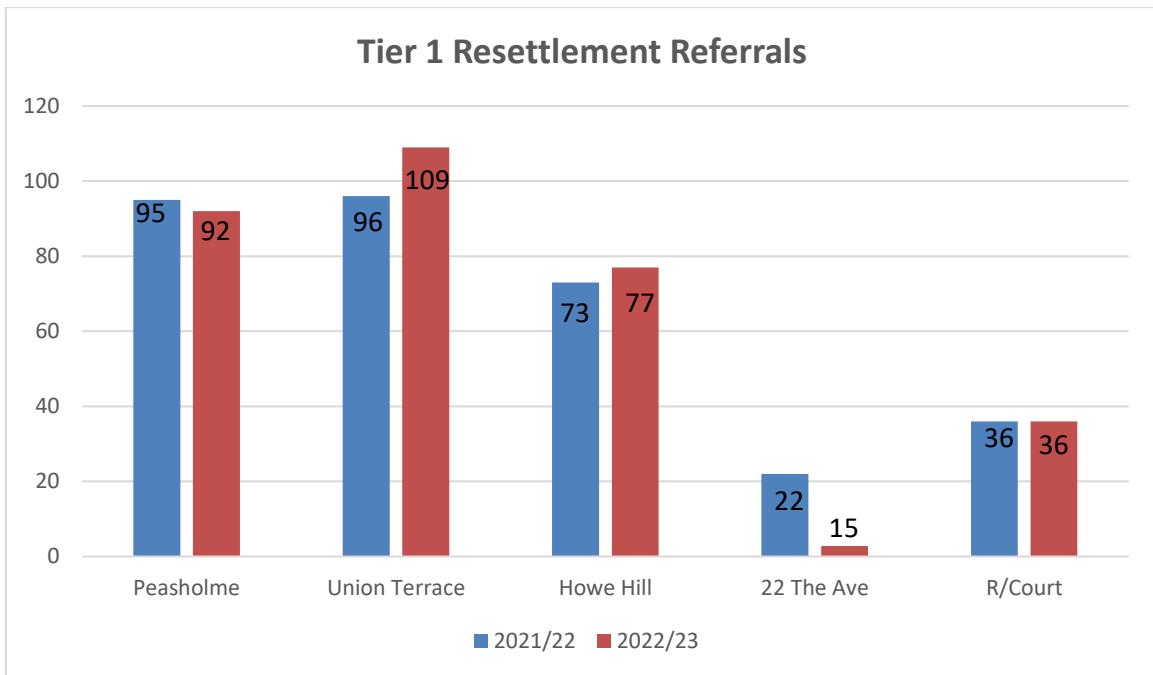
Permanent Rehousing.

40. Single Access Point remains the main point of entry into supported housing and to access floating support services.

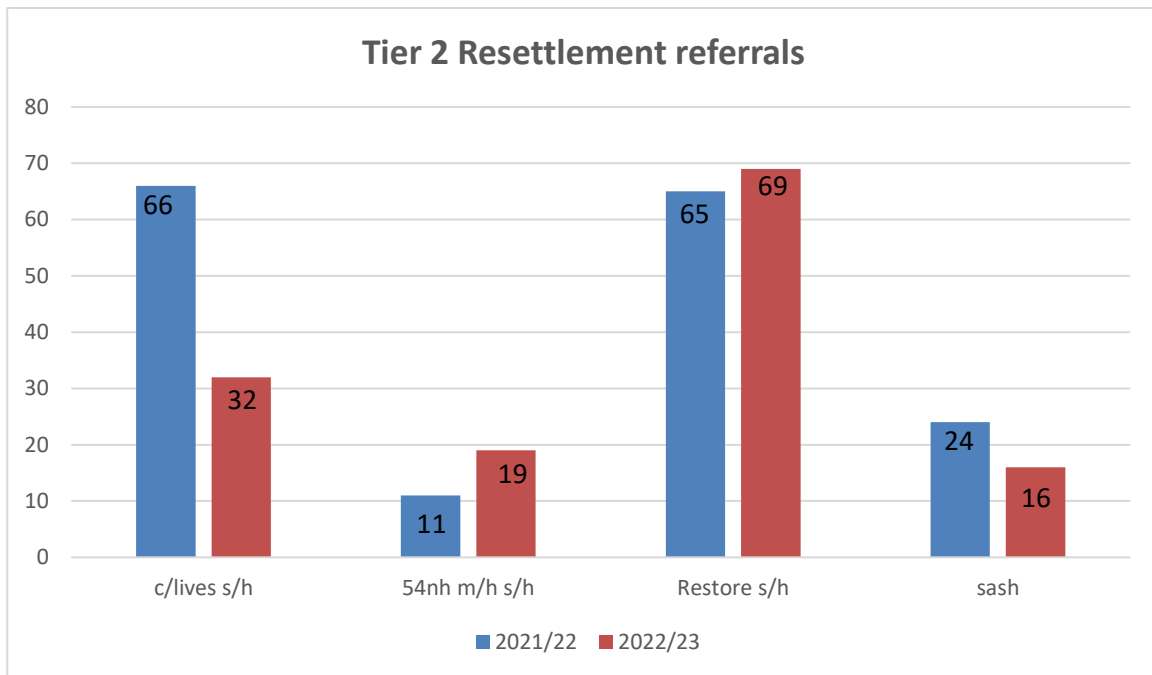
The level of referrals via SAP remains static although there are specific changes to the overall picture.

| Year | SAP Referrals (accommodation and floating support) |
|----------------|--|
| 2021/22 | 652 |
| 2022/23 | 632 |
| | SAP Referrals (accommodation only) |
| 2021/22 | 507 |
| 2022/23 | 469 |

41. Referrals to tier 1 hostels 2022/23

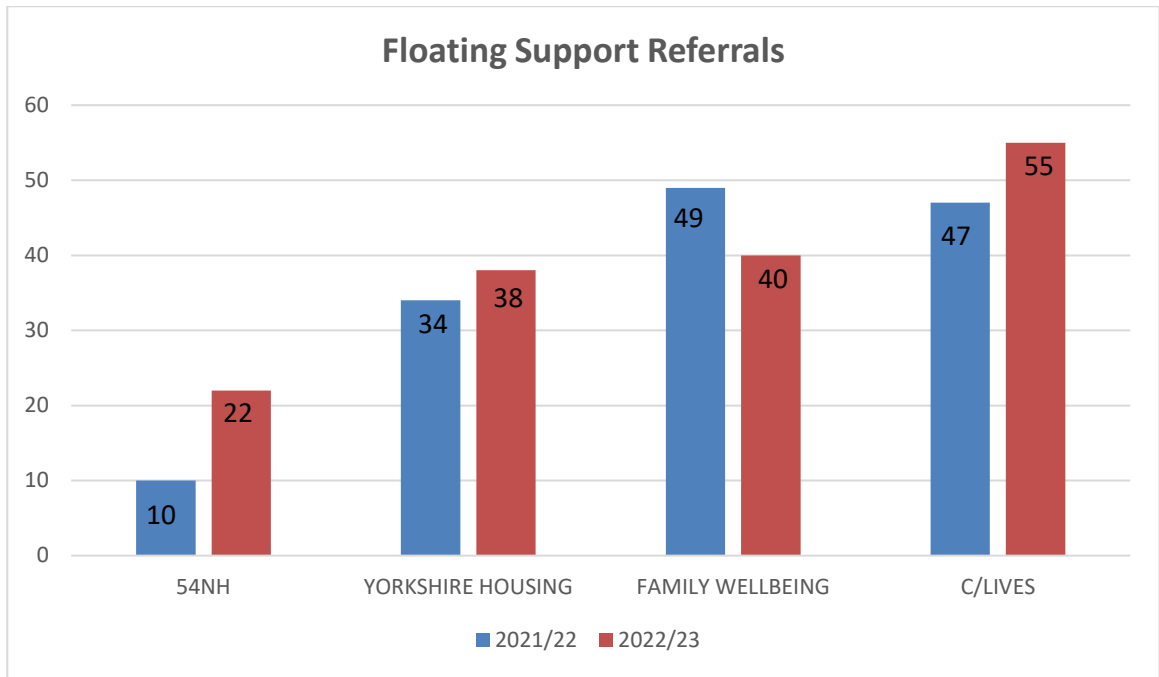


42. Referrals to tier 2 supported housing 2022/23



43. There have been a reduce number of placements at SASH due to the loss of a some hosts and a small number of long term residents, and difficulties recruting new hosts

44. Referrals to floating support (tier 3) this is the end of resettlement support offered to people to manage the transition into independent living, and to people in accomodation who may be struggling for various reasons.



45. Yorks Housing register and Open Housing allocations policy and housing register is administered in York by the Housing Registrations Team. The Open Housing register and allocations policy is the access route to social housing. As of 26/10/23 there were 1462 applicants on Yorks register.
46. Numbers on households registered on Open Housing (York) as of 26/10/23.

| | Emergency | Gold | Silver | Bronze | Total |
|-------------|------------------|-------------|---------------|---------------|--------------|
| York | 13 | 285 | 826 | 338 | 1462 |

47. The housing register remains stubbornly static at approx 1400 HH while it doesn't drop below this figure it due to the pro-active, comprehensive assessment of all customers wishing to register it also tends to not go above it too much. The Housing Registrations Team offer customers phone or office interviews to register and give all other applicants personalised / realistic housing advice. Housing registrations also jointly provide a drop in service every Thursday 10-12 with local councillors, housing management officers and local area coordinators at Chappelfields community centre (The Place).
On average there are around 350-400 void properties come in a year so demand significantly exceeds supply of social housing in the city.

Housing Development.

48. There were 115 additional affordable homes completed in 2022/23, an decrease from previous years.

| Year | Affordable completions |
|-------------|-------------------------------|
| 2015/16 | 109 |
| 2016/17 | 90 |
| 2017/18 | 74 |
| 2018/19 | 60 |
| 2019/20 | 124 |
| 2020/21 | 130 |
| 2021/22 | 219 |
| 2022/23 | 115 |

49. The tenure breakdown for 2022/23 is shown below:

| Scheme | LCHO* | Social Rent | Affordable / Total intermediate rent |
|---|--------------|--------------------|---|
| Lowfields Former School site | 13 | 12 | 0 25 |
| Germany Beck | 0 | 19 | 0 19 |
| CYC Shared Ownership | 9 | 0 | 0 9 |
| Former Civil Service Sports Club | 0 | 4 | 0 4 |
| Rough Sleepers Accommodation Programme | 0 | 2 | 0 2 |
| Wilberforce Trust supported accommodation | 0 | 30 | 0 30 |
| York St John former playing fields, Hull Road | 17 | 0 | 9 26 |
| Total 2022/23 | 39 | 67 | 9 115 |

50. Affordable housing need in York and its subregion is high. In York, the Local Housing Needs Assessment outlines a need for 592 new affordable homes per annum, taking account of current and future projected need. Evidence suggests this should be delivered at both social and affordable rent levels. There is an additional need for affordable home ownership tenures (such as shared ownership). For context, the accumulated number of affordable housing completions in York over the last 5-years is 648 – or 130 per annum, below 25% of identified need.

51. There is a recognised need to accelerate affordable housing delivery in the city however within local resource constraints even the ambitions of the council's own delivery programmes, Registered Provider partners and maximised Section 106 affordable housing delivery opportunities through the planning process are unlikely to meet the level of need for the foreseeable futures. The position is further exacerbated by the national policy regarding tenants' Right to Buy. The council's housing stock tends to deplete over time as properties are purchased at substantially below market value.
52. There is a significant and growing shortfall between private rents at the cheapest Lower Quartile end of the market, and Local Housing Allowance, with private rents increasingly unaffordable in the City for low income residents.

| Monthly amounts | LHA York Level | York: ONS Lower quartile 20/21 | 2020 LHA shortfall | York: ONS Lower quartile 22/22 | 22/23 LHA shortfall |
|-----------------|----------------|--------------------------------|--------------------|--------------------------------|---------------------|
| 1 bedroom | £544.98 | £600 | -£55 | £675 | -£130 |
| 2 bedroom | £650 | £695 | -£45 | £775 | -£125 |
| 3 bedroom | £725 | £800 | -£75 | £875 | -£150 |
| 4 bedroom | £1,049.98 | £1,100 | -£50 | £1250 | -£200 |

Local Housing Allowance (LHA):

<https://lhadirect.voa.gov.uk/SearchResults.aspx?LocalAuthorityId=83&LHACategory=999&Month=8&Year=2023&SearchPageParameters=true>

Office of National Statistics (ONS) rents data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/privaterentalmarketsummarystatisticsinengland>

This affordable housing shortage impacts must acutely on households at risk of homelessness who are most in need of secure accommodation that is accessible to residents with low incomes, and results in a growing pressure on homelessness services over time.

Private rents have seen significant increases in the City of York in recent years, with Local Housing Allowance levels (benefit ceiling amount) falling further behind.

York average (mean) private sector rents in 2023:

- Across all properties: £937/month
- 1-bed property: £746/month

- 3-bed family home: £1,035/month

Example comparison to Local Housing Allowance

<https://www.york.gov.uk/LHARates>:

- 1-bed property:
 - Rent £746/month
 - LHA: **£544.98/month**
- 3-bed family home:
 - Rent: £1,035/month
 - LHA: **£725/month**

Statutory duties and social housing lettings

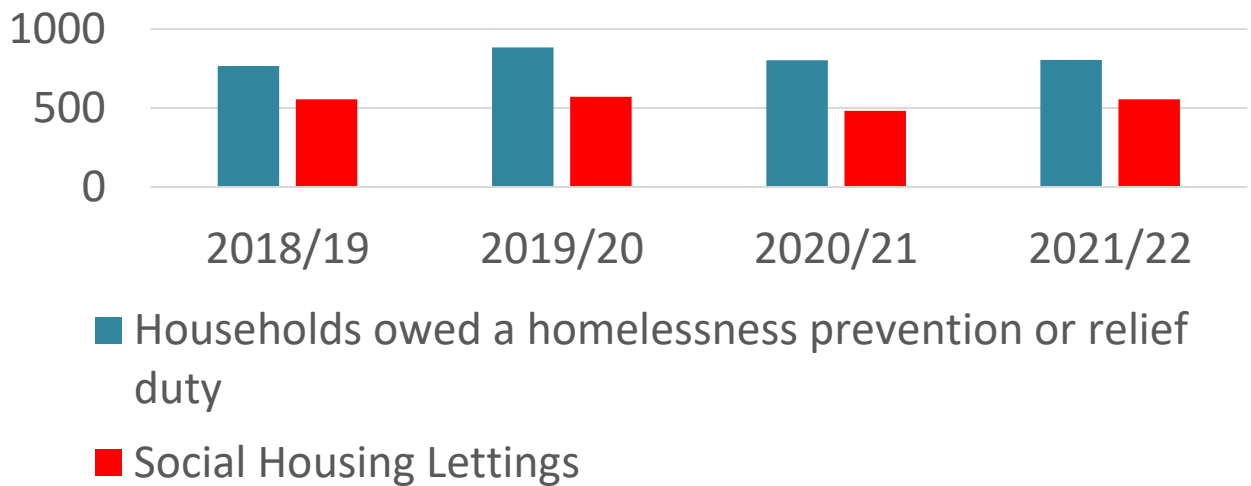
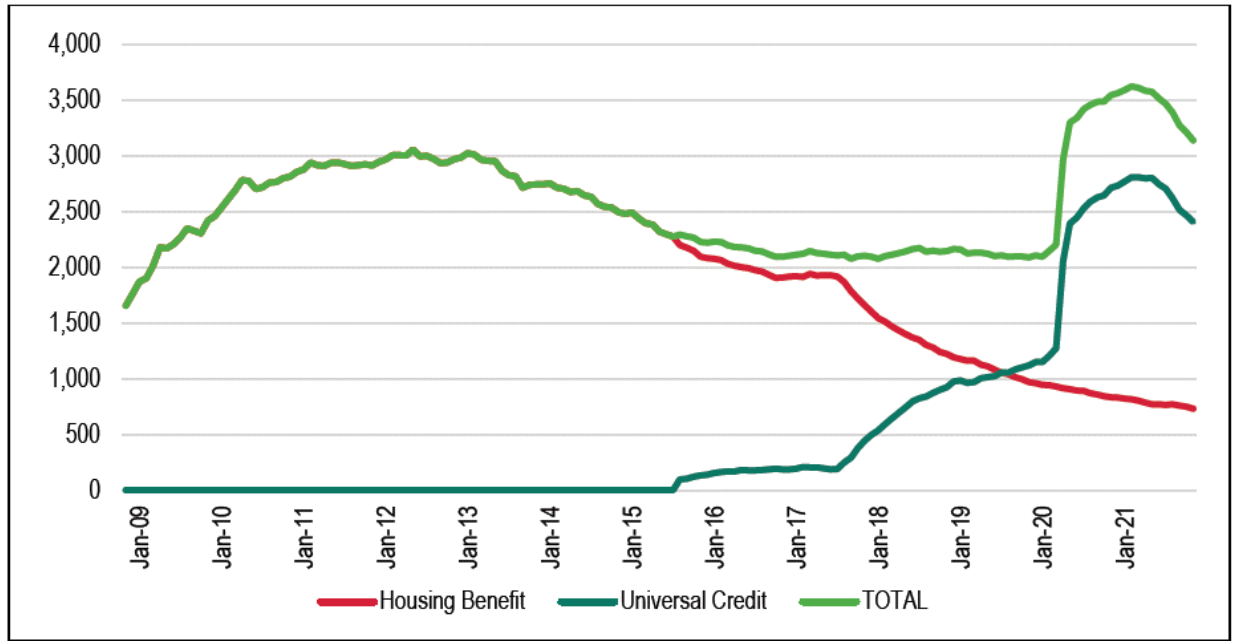
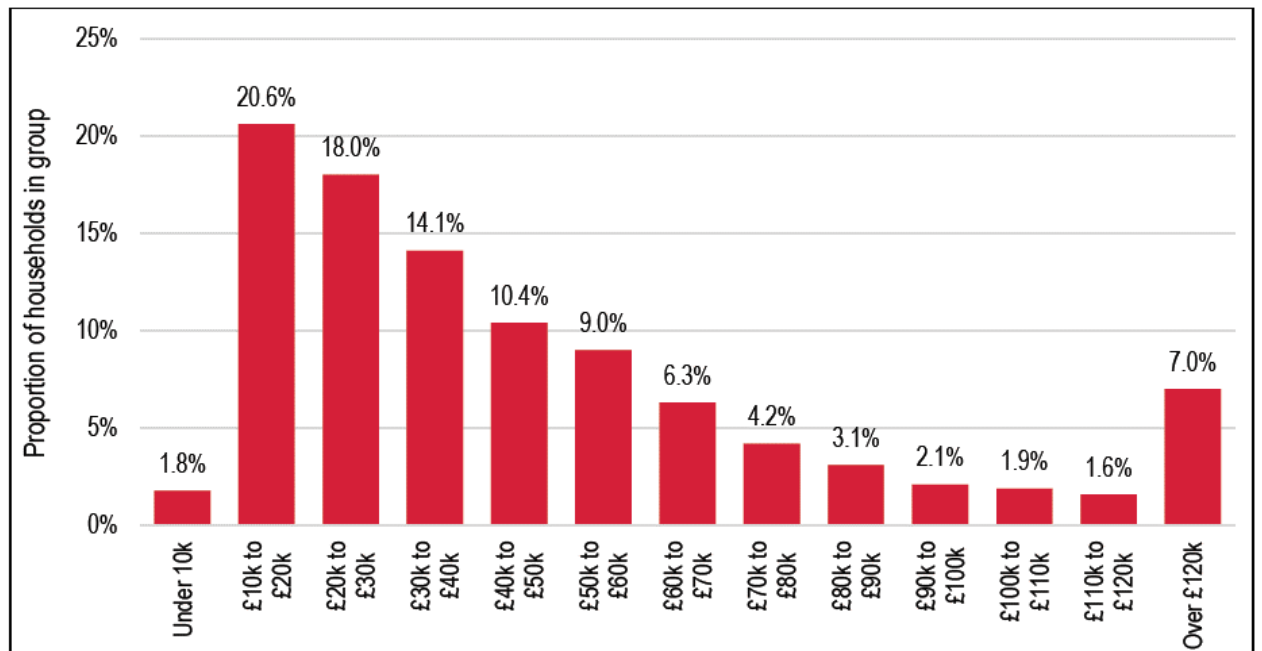


Figure 4.2 Number of Housing Benefit claimants in the private rented sector – York



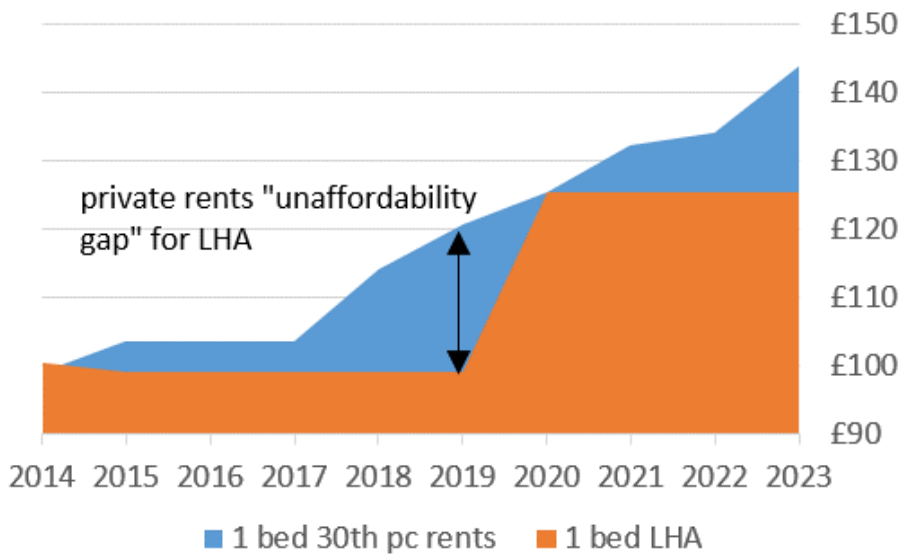
Source: Department of Work and Pensions

Figure 4.1 Distribution of household income (2021) – York

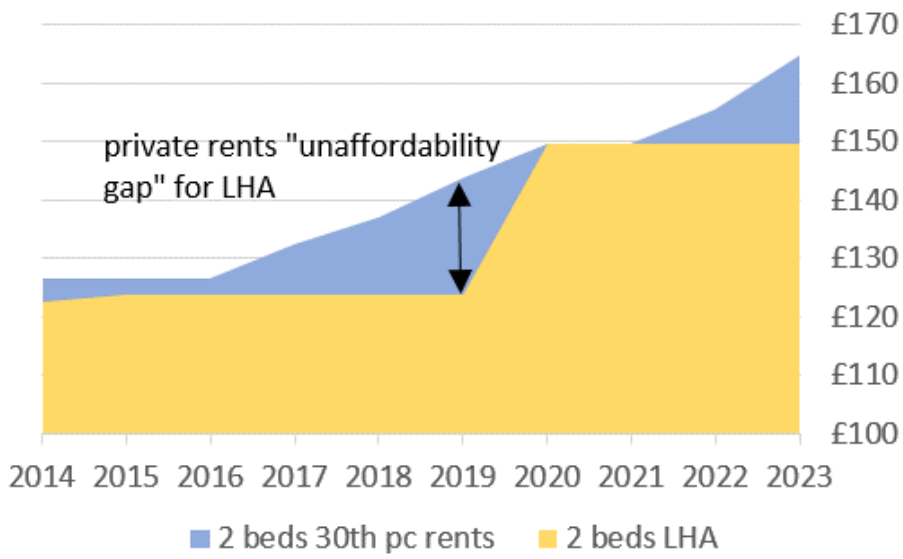


Source: Derived from a range of data as discussed

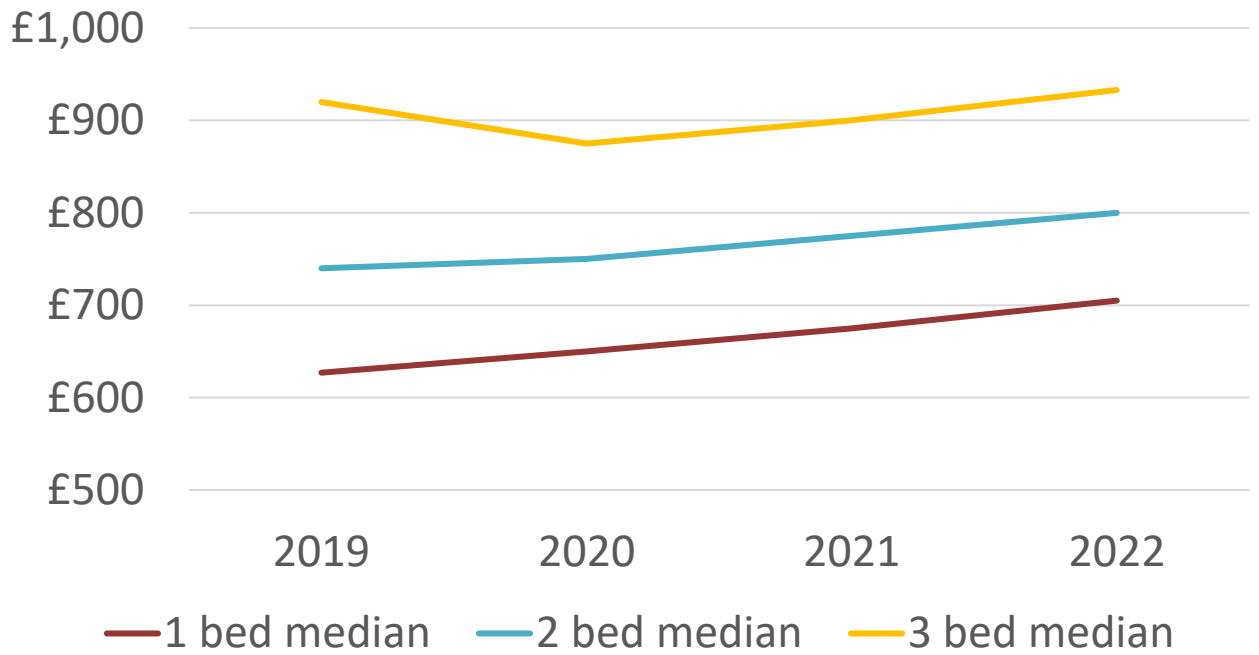
1-bed LHA shortfall



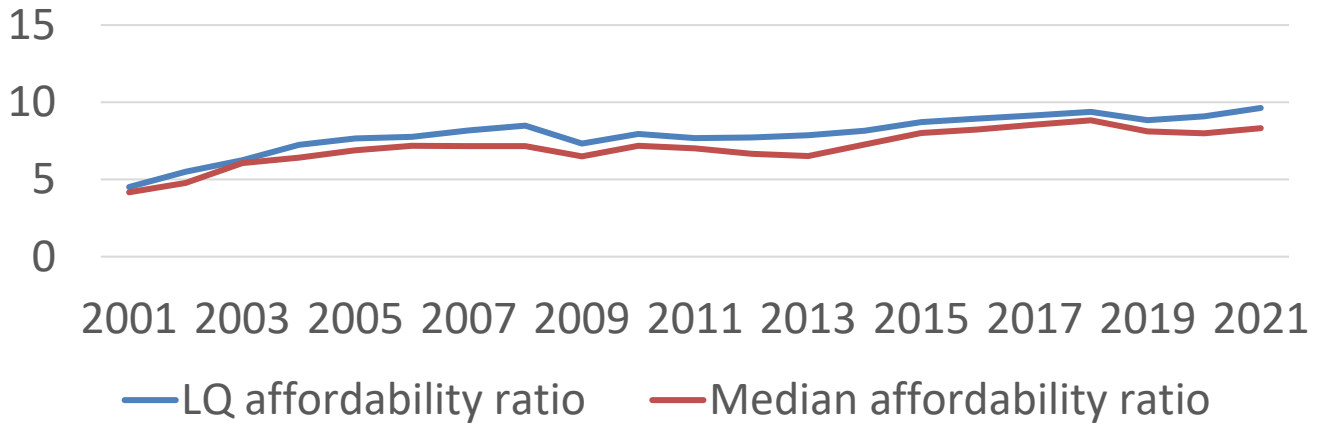
2-bed LHA shortfall



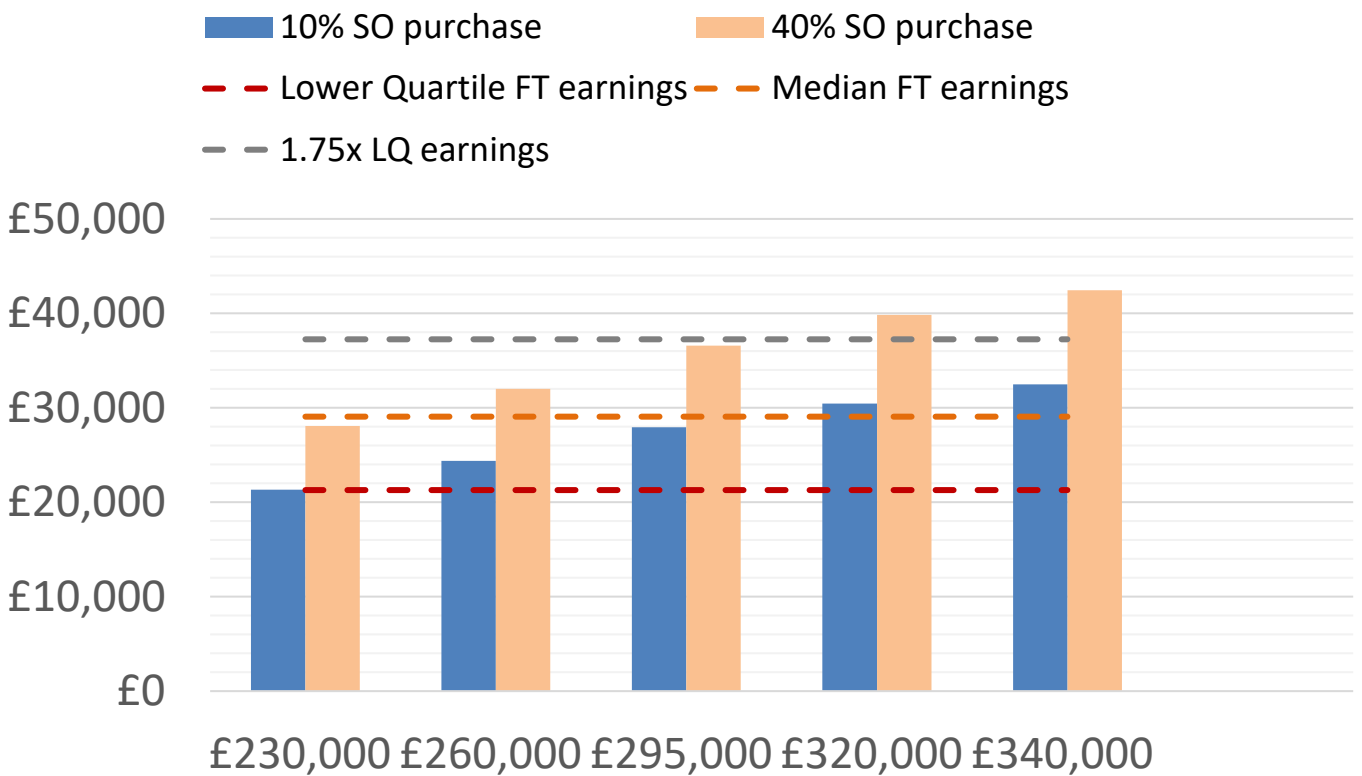
Rising private rents in York



York house prices to earnings ratio

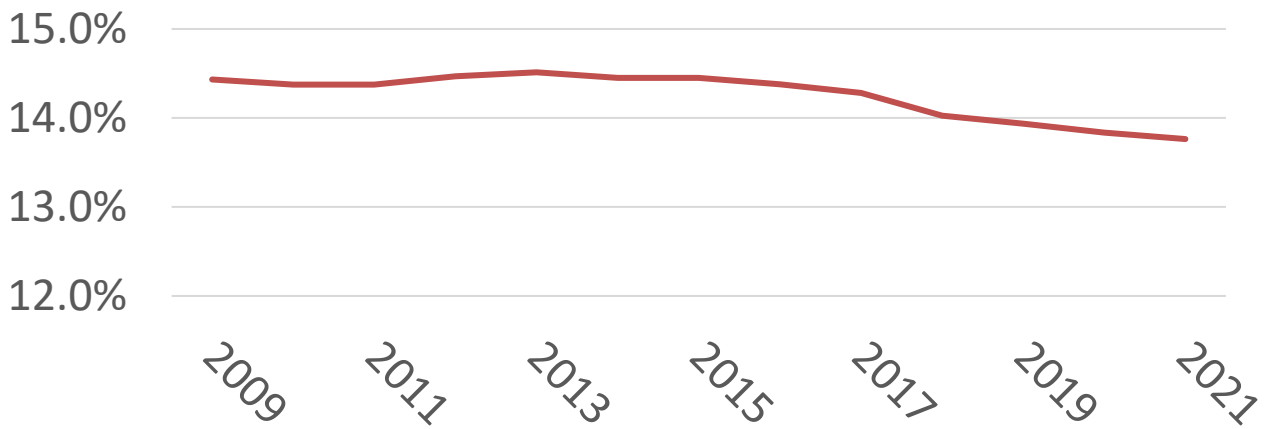


Estimated income requirements: Shared Ownership purchase



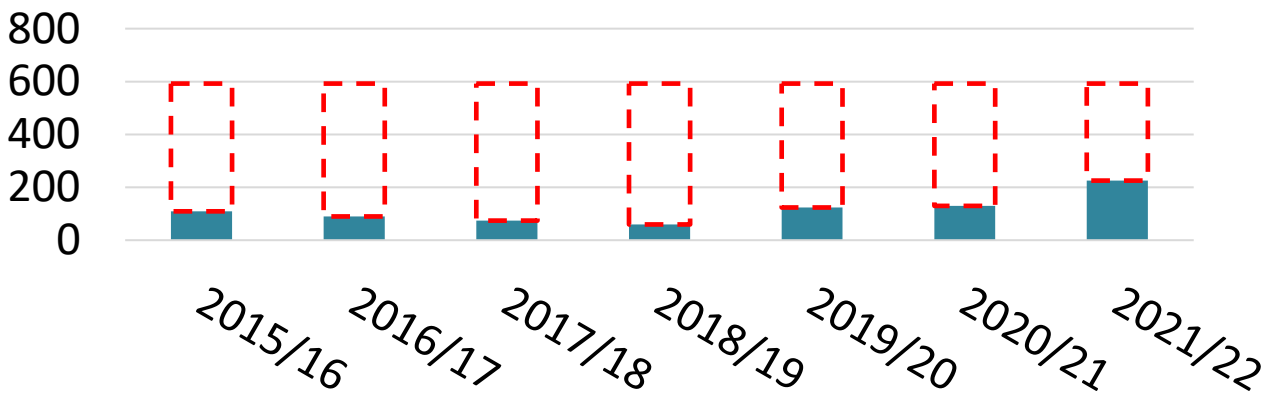
Decline of social Housing

Social housing as % of total homes



Missing Affordable Housing

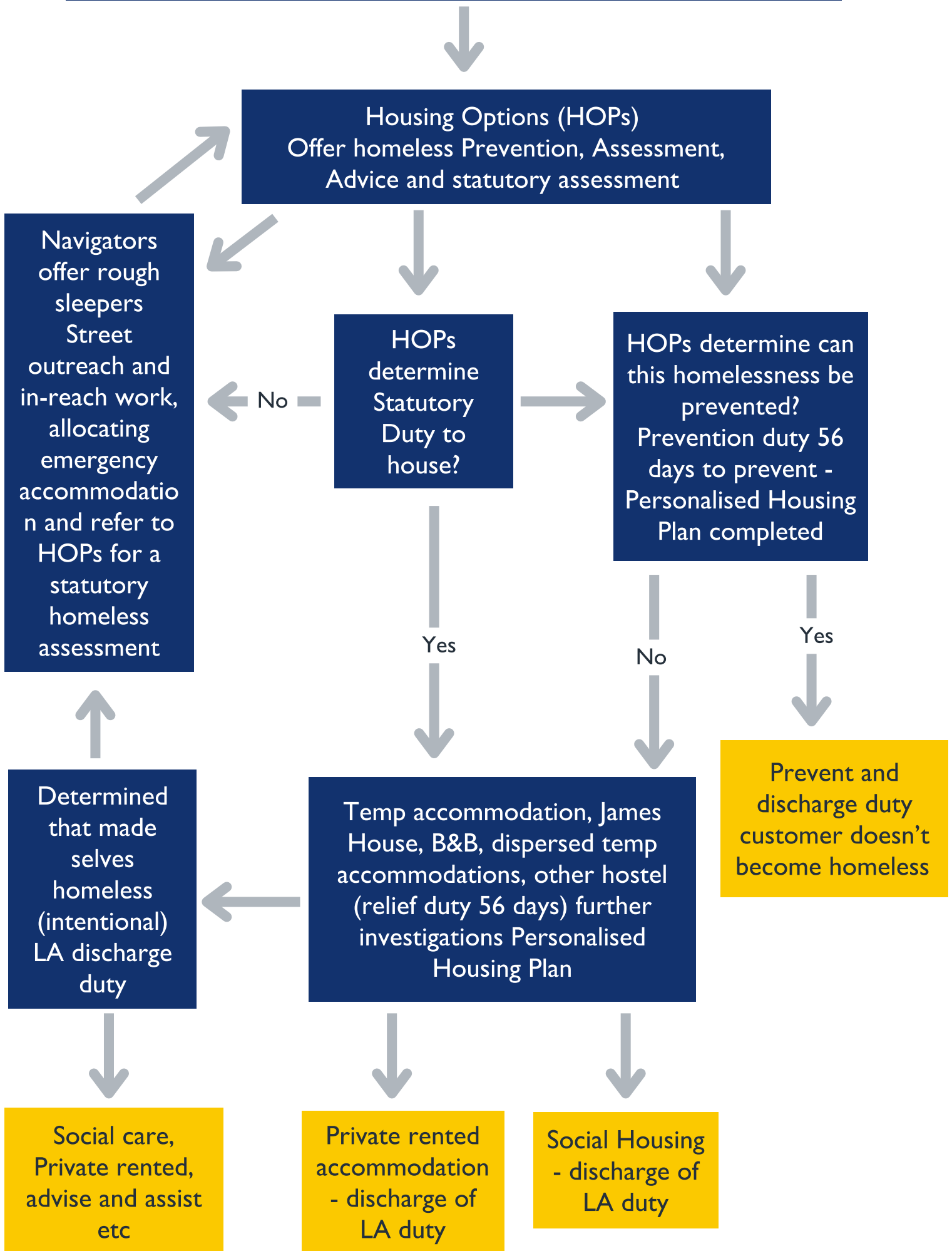
Affordable housing delivery shortfalls



■ Missing affordable housing vs current rented affordable need

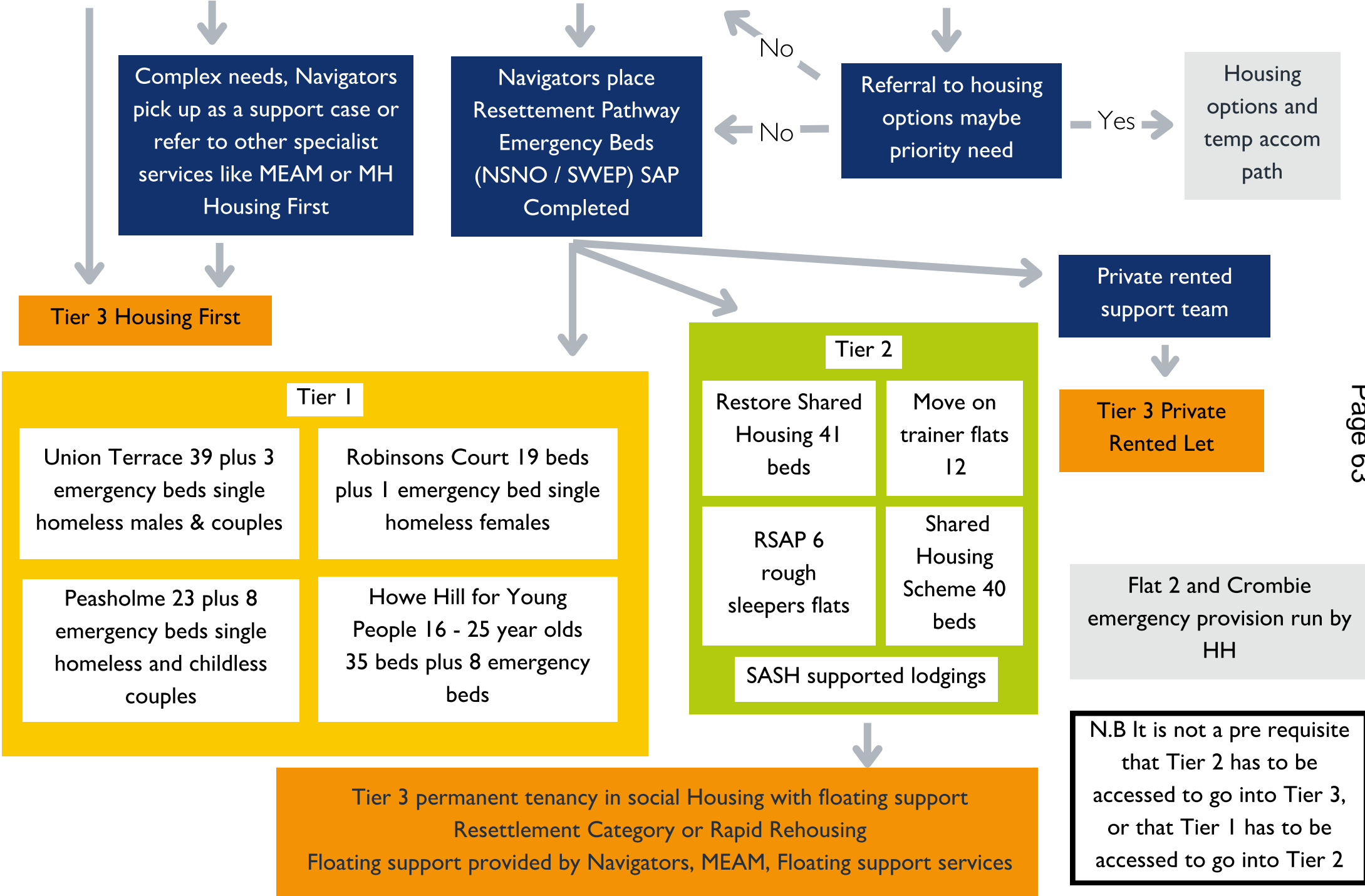
■ Affordable housing completions

Referrals, through duty to refer and self referral and agency referral



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Pro-active engagement with rough sleepers, street outreach and in-reach work, drop-ins at Peaseholme and Carcent



N.B It is not a pre requisite that Tier 2 has to be accessed to go into Tier 3, or that Tier 1 has to be accessed to go into Tier 2

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Annexe E

2023-2024 Winter night Provision

1. This year we will deliver the winter night provision for rough sleepers without the need to adapt to all the extra requirements around infection control due to Covid. We are able to offer pre pandemic levels of emergency beds in services again for the second year. This provision will be a combination of emergency beds and supported accommodation, utilising hotel rooms if needed where available.
2. On 1st November 23, we activated our winter night provision for rough sleepers and single homeless people. This offers direct access to safe and warm accommodation during the winter period from **1st Nov 2023 to at least 28th Feb 2024**. The work of service providers, whether statutory, voluntary or faith based, is focused on keeping the number of people sleeping rough as close to zero as is possible. The service will continue to house people over winter despite the extra challenges that cold weather brings.
3. It is worth mentioning that for the past 2 summers we have activated the Severe Weather Emergency Protocol (SWEP) provision during the summer heatwaves. On top of our usual offers of accommodation we also provided hydration, showers, shade, and summer clothing during the extreme heat.
4. This winter we will offer a minimum of 29 emergency beds over winter. As rough sleeper numbers are low this offer is currently effectively managed, but should there be a sudden increase in rough sleeping we can utilise hotels and bed and breakfast until we can move people on in to resettlement services.

| Addition winter beds this winter period – 1st Nov to 28th Feb | winter bed offer |
|---|-------------------------|
| Peasholme centre – offer of 8 emergency beds, 9 if absolutely needed, utilising a back office interview room | 9 |
| Howe Hill – offer of 5 Emergency beds | 8 |
| Union Terrace Hostel – Offering 2 emergency beds but do prioritise empty rooms on this basis | 6 |
| Robinson Court – 1 emergency bed | 1 |

| | |
|--|-----------|
| Flat 2 Howe Hill site – 4 emergency beds 5 in an absolute emergency | 5 |
| Total | 29 |

5. We are also able to utilise the following at short notice if needed:

| | |
|---|------------------------------------|
| Nap-pad an offer has being made to purchase the NAP Pad from the Salvation Army and if accepted we hope to site this on the ground of Union Terrace | Currently not applicable |
| Hotel Partners – relationships in place and could be utilised if needed | Dependant on availability and need |
| Crombie House vacant rooms can be used to increase capacity for winter beds on and emergency basis. | Dependent on availability and need |

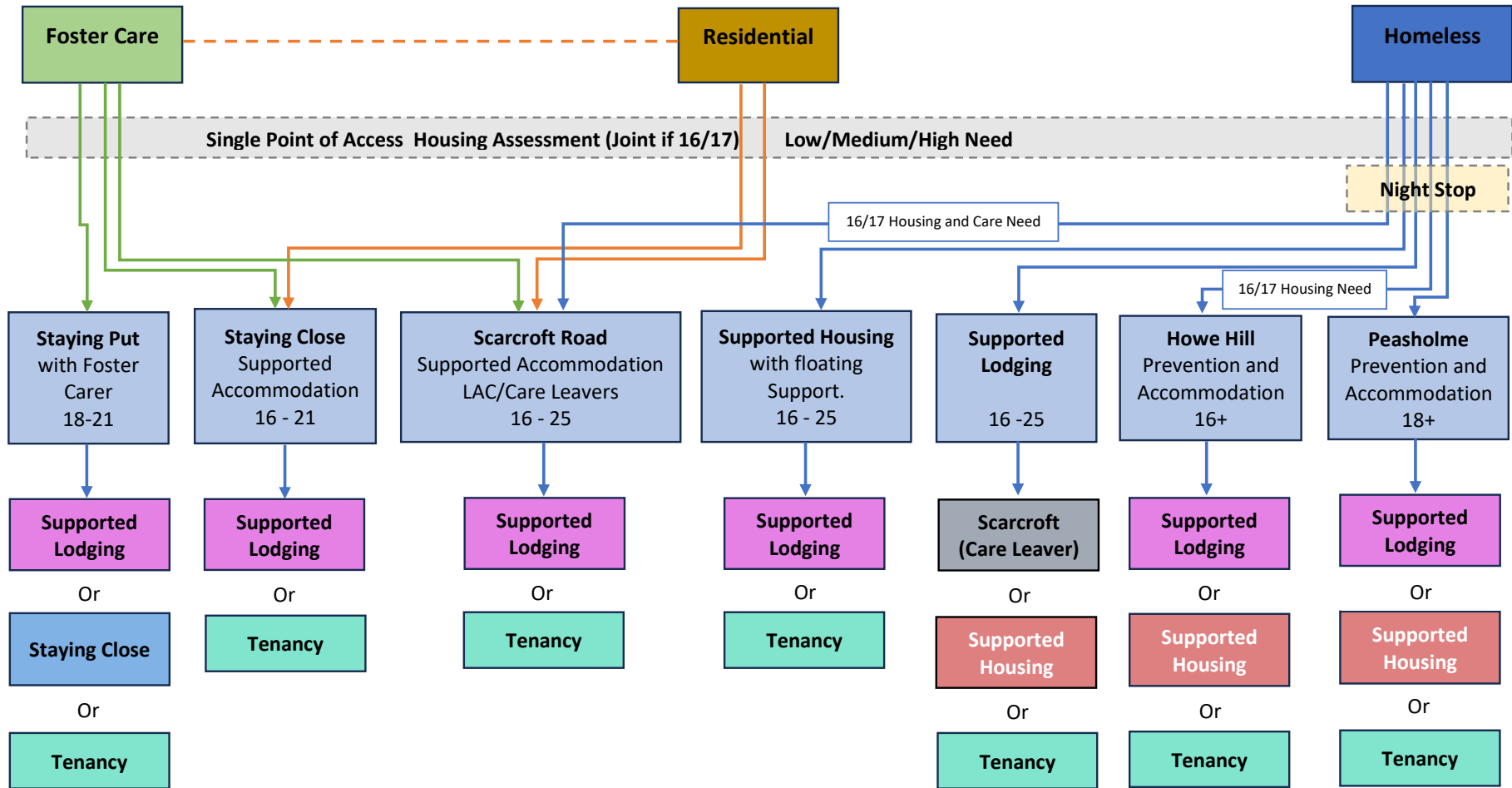
A triage approach is used to decide where to place people and those deemed to have complex needs are prioritised into the supported accommodation schemes where skilled staff are on duty 24/7 to support them.

In the event of an exceptional weather event such as the Beast from the East a few years ago, sit up beds can also be provided in all 24 hour accomodation services to ensure health and wellbeing.

During the winter night provision ongoing proactive engagement continues by services to people sleeping rough to encourage them into services.

In the event of a change in circumstances or an extreme weather event, our approach allows us to provide a significant increase in emergency capacity if required at any time of year as well as over the winter period. The extra winter provision can also be available through March and April should we have adverse weather during this period. As previously mentioned, it can also be activated in the event of a heatwave during the summer months. There is also a phased approach to closing the extra winter beds to ensure no one is returned to the streets or made homeless just because the winter is over.

Proposed Best Practice 16 to 25 Accommodation Pathway



Families First Principle - To Support Appropriate Growth to Independence and Reduce Risks of Dependence
 Long Term outcomes for young people are likely to have greater success through sustained relationships with their family members and important parts of their network. These relationships create a level of resilience that can not be replicated by services. The pathway will therefore maintain a relentless culture of prevention and restoration. **A return to Family Members should always be considered as a priority** upon initial presentation and every subsequent transition within it. All Services should have a proactive approach to restoring fractured relationships.

Long Term Outcomes Resilience Scale



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Annexe G

Resettlement pathway review - key recommendations

Based on previous review work which included lived experience consultations, research, and focus groups, it was decided that focus should be on 4 groups accessing the pathway:

1. Women
2. Young People
3. People with multiple/complex needs
4. Lower-level needs (prevention/rapid rehousing)

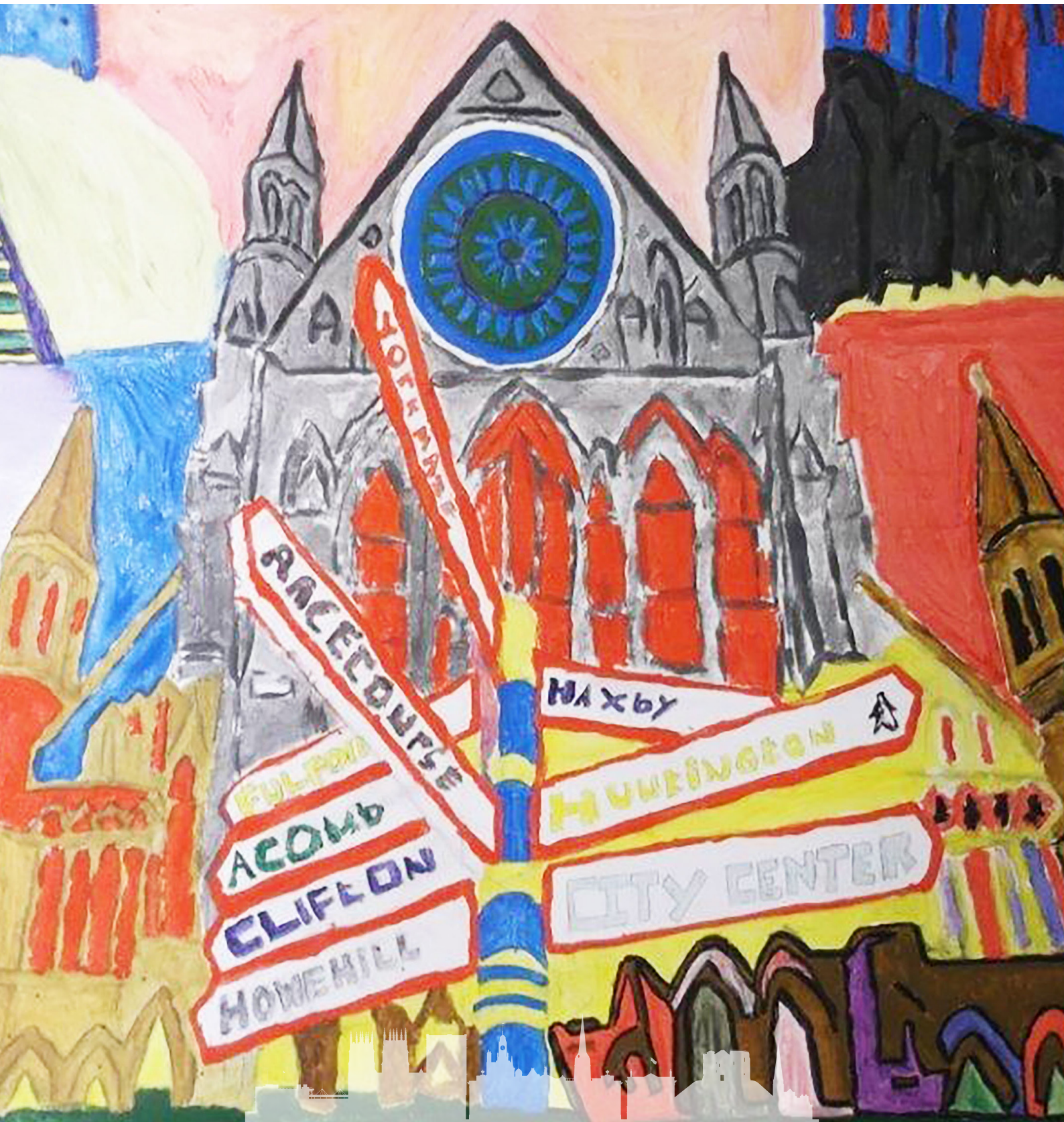
Some key themes/recommendations that cut across the groups and whole system:

- Need to adopt (or build on) a strengths-based, person-centred, positive risk-taking approach - tailor support to the individual's needs.
- Need for more flexibility within the pathway (tiers, criteria, too linear, time limited etc.) to give workers and service users more choice and control.
- Pay, training, support and working conditions need to be improved and consistent across the workforce to attract and retain skilled staff. This should help to enhance the quality and consistency of support and strengthen relationships between staff and customers.
- Better collaborative/joined up working between services - more coordinated approach, offering more consistency.
- Specialist mental health support is needed within the pathway.
- Build on trauma-informed practice.
- Housing supply - access to good quality, affordable and secure housing - people getting stuck, bottlenecks, difficult to keep away from negative influences and progress with other support needs.
- More opportunities for social connection, meaningful activities, and safe spaces.

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Preventing Homelessness and Rough Sleeping Together

Strategy 2018-2023



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The following agencies are committed to delivering the strategy and are members of Homeless Strategy Executive Group:

- City of York Council
- Changing Lives representing York Resettlement Group
- Safe and Sound Homes representing Youth Homeless Strategy Group
- Citizens Advice York representing voluntary sector agencies
- York Housing Association representing Registered Social Landlords (RSLs)
- Department of Work and Pensions
- National Probation Service
- Community Rehabilitation Company
- York health and wellbeing board
- Clinical Commissioning Group
- Tees, Esk, Wear Valley NHS Trust
- York Children’s Trust

Foreword

I am delighted to endorse the values and principles set out in this document. Those working to prevent homelessness across the city have shown real commitment to the work they do in both their daily tasks and in exceptional circumstances, such as the floods in 2016 and extreme weather in 2018. The continued focus on prevention is imperative, last year over 600 households were helped to either remain in their current home or move to alternative accommodation rather than becoming homeless and going into temporary accommodation.



Cllr Helen Douglas,
Executive Member
for Housing and Safer
Neighbourhoods

The strategy for 2018-23 will build on this success. With the new duties placed on councils under the Homeless Reduction Act and by working together to provide advice, support and help we aim to prevent homelessness whenever we can. We have recognised the problems of rough sleeping in York and identified actions to tackle this issue, by working in a more flexible ways and looking at how we ensure people are provided with a home and the skills to retain it and flourish in it.

While goodwill and compassion go a long way to meeting the immediate and obvious needs of homeless people, long term strategic solutions lie with all of us working together. Many partners have been involved in the production of this five-year plan to reduce homelessness.



Barrie Stephenson,
Chair of York
Homelessness Forum

We can only applaud City of York Council for achieving the Gold Standard for Homeless Services, the third in the country to do so. This award in part was achieved because of effective partnership. While public attitudes to homelessness and rough sleeping often blame both the choices of the individuals or the lack of provision by the council, evidence shows two trends are largely responsible; a shortage of affordable housing and the impact of welfare reforms. There is much to do.

I therefore commend this five-year plan to you, trusting that all partners find the will, support and finance to implement and deliver its Strategic Aims. We commit to working together to prevent and reduce homelessness wherever possible.

This strategy builds on achievements delivered through previous homelessness strategies. It sets out to build a future where the structural causes of homelessness are understood and acted upon. It seeks to ensure that mistakes in life or particular vulnerabilities do not lead to homelessness in ways they can do now.

The strategy shows how we will tackle the complex causes of homelessness by focusing on prevention and early intervention and on locally designed integrated services that step in when things go wrong.

Homelessness of all kinds has increased significantly in the last six years¹. Nationally between 2009/10 and 2016/17 there was a 48 per cent rise in statutory homelessness², a 169 per cent rise in rough sleeping³ and, since 2012, a 60 per cent rise in the use of temporary accommodation.

Future projections suggest these rises are set to continue, presenting huge challenges for cities like York.

Many people, as part of everyday life, face experiences or triggers that could lead to homelessness, such as a relationship breakdown, financial crisis or the end of a tenancy. In

most cases individuals cope and find suitable accommodation using their own resources.

But for others it is these life events that tip them into homelessness, either because they lack the resources to tackle their immediate challenges - for example, enough money for a deposit or because they suffer more underlying problems such as an addiction or mental health problem, which makes it harder for them to deal with their situation.

‘Homeless is what I am, not who I am’

We know that preventing homelessness is more cost effective than dealing with its consequences⁴ and it delivers far better outcomes for those concerned.

Using powers and responsibilities set out in the Homeless Reduction Act 2017 we will re-double our efforts to make prevention and early intervention the backbone of our approach. However, full and effective implementation of the Act will depend in part on sufficient resources being available to fund it. Aside from this, more fundamental issues relate to the growing structural difficulties we may face in securing more affordable housing and improving people’s access to it.

¹ National Audit Office

² The Homelessness Monitor: England 2018

³ Ibid

⁴ A report in 2012 found that the average annual cost of homelessness was between £24,000 and £30,000 per person – Evidenced Review of the Cost of Homelessness, DCLG 2012.

York's 'Gold Standard' Homelessness Services

York is recognised for the quality of services offered to homeless and potentially homeless households. In 2016 City of York Council achieved the government 'Gold Standard' award⁵ becoming the third local authority in the country to do so. While the service meets this standard, there is always more that we can do.



The Homeless Reduction Act 2017 extends the responsibilities of local authorities including;

- A duty to prevent homelessness
- Amending the definition of homelessness to households served with a section 21 notice seeking possession.
- Extending the 'threatened with homelessness' period
- Requiring households to agree a Personal Housing Plan
- A new relief duty on councils to work to prevent homelessness and secure accommodation for all applicants regardless of priority need or intentionally homeless.
- A new duty on public bodies to notify councils when they suspect someone may be homeless or at risk of homelessness.

The council's Housing Options Service and partner agencies offer a range of services available to meet the statutory duty under the Act by providing advice and information to those at risk of homelessness, to prevent homelessness or help the customer to find alternative accommodation⁵. This can either be in supported housing, the social sector or in suitable private rented accommodation.

⁵ Homeless Reduction Act 2017

If a household is homeless immediately, temporary accommodation may be provided while assistance is offered to help secure more permanent accommodation. Historic duties under the Housing Act 1996 only come into effect if prevention and relief duties are unsuccessful.

The council directly supports and works with a wide range of partners to deliver advice services, debt services, hostels and other supported accommodation for vulnerable people.

The early intervention and prevention team provide specialist advice to single homeless (18+), youth homeless workers provide specialist advice to young people aged 16 and 17 and the specialist housing adviser provides housing advice to frail elderly and older people with complex needs.

There is a range of supported housing in the city, in particular for single homeless and young people, provided by the council and via the Adult Commissioning Community Wellbeing contract.

These provisions sit alongside those in the Care Act 2014 that place responsibility on councils to prevent, reduce and delay the need for care and support.



In October 2017 the York Homelessness Forum began reviewing homelessness in York. It looked at the housing market and pressures within it that can contribute to peoples housing problems. It looked at household incomes and levels of poverty that may add further pressures. And it looked at patterns of homelessness, including its main causes and the types of households affected⁶.

The Forum concluded we are likely to see increasing demands on housing advice, homelessness and related services for the foreseeable future.



⁶ A wide range of evidence was used to understand the nature of homelessness in York and the reasons why people become susceptible to it.

York's housing market

York's housing market is characterised by high levels of housing demand. Strong competition fuels prices and rents meaning those least able to compete, such as young people, young families and vulnerable households, can find their options limited.

The price of a home in York is well above the regional average and has been for many years.

Welfare reform including the Local Housing Allowance has served to narrow access to private sector tenancies for many households. Alongside this has been diminishing opportunities to access social tenancies as the pool of available properties continues to diminish.

There are around 1,500 households on the Housing Register waiting for the offer of an affordable rented home. New households join the register all the time yet with turnover of around 500 vacant properties per year (excluding transfers) many on the list face never being offered accommodation.

High demand for housing is set to continue. York's Local Plan aims to set house building targets that meet assessed need but it is the delivery of new homes that often lags behind the aspiration.

Household incomes and poverty

Some households face growing challenges to access and sustain accommodation due to pressures on household budgets.

Average incomes of around £26,000 set against average house prices of £240,000 means housing affordability in York remains challenging for many with a ratio of 9:1.

Over 6,250 children live in poverty in York (Dec 2015) based on household income after housing costs. In some wards child poverty rates are around 33 per cent. This is despite low unemployment at just 1.3 per cent – half the national average - very low levels of benefits dependency and recent falls in youth unemployment.

Insecure employment and under employment are relatively high with a third of workers in part time work compared to 25 per cent nationally, a rise of 11 per cent since 2012.

Ongoing welfare reform are set to add further pressure to those with the least financial resources such as those on benefits, including a growing number of in-work claimant households. As a result absolute child poverty is set to increase nationally to 18 per cent by 2021 ⁷.

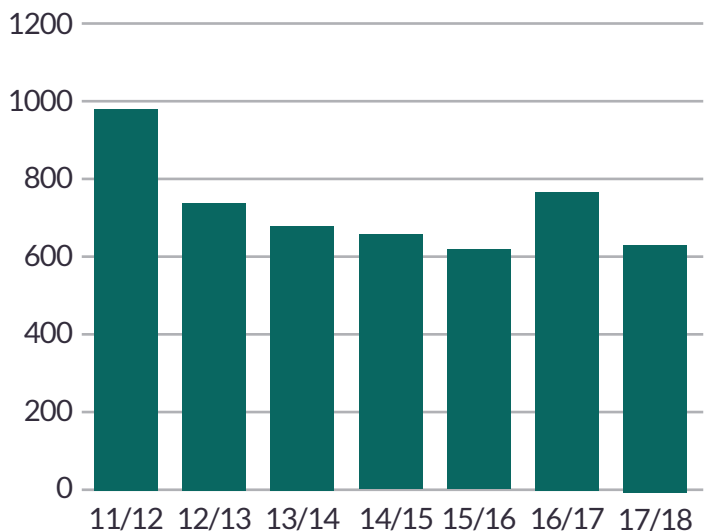
⁷ Institute of Fiscal Studies

Households approaching the council for help

The Housing Options service remains busy. In 2017/18 it saw 2,747 people worried about their accommodation of which 1092 were given comprehensive housing advice following detailed interview.

Across York 616 households were successfully prevented from being homeless or from presenting as homeless, similar to the previous year and up from 631 in 2015/16.

Homelessness preventions



Homelessness prevention tools

There are a wide range of tools to help prevent homelessness. The most effective over the past five years have included:

- Debt advice
- Crisis intervention
- Negotiation / legal advocacy
- Resolving benefits issues
- Conciliation

Preventing homelessness is cost-effective:

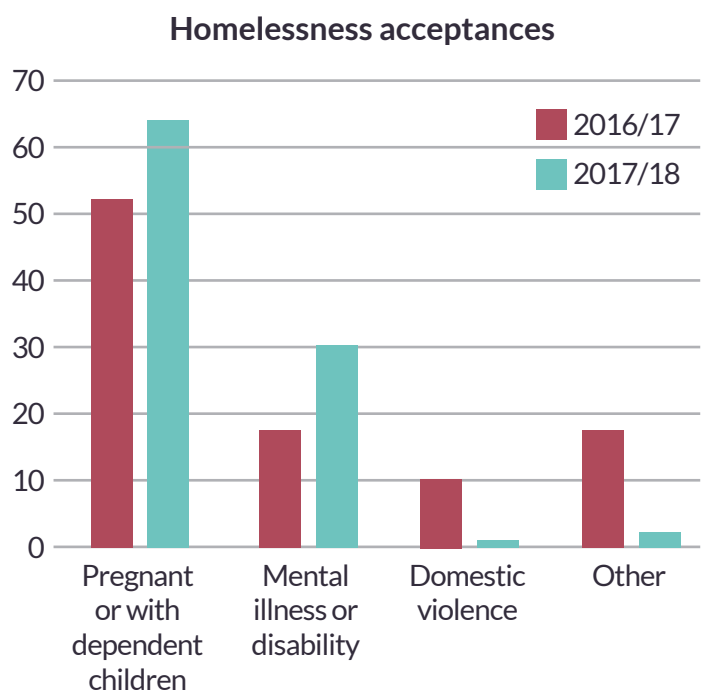
- The cost of mediation - for example, resolving family disputes to avoid someone becoming homeless - is nine times less expensive than finding someone new accommodation
- Advice on housing options, such as how to solve benefit problems or helping people manage their finances is estimated at around nine times less expensive than finding someone new accommodation
- The costs of a rent deposit scheme are estimated to be eight times less than providing accommodation under the main homelessness duty.

Households accepted as statutory homeless

The council has a duty to assist those whose who can't be prevented from being homeless. Of the 166 households that presented as homeless under the Housing Act 1996, 90 were accepted as being homeless and in priority need, down from 97 in the previous year.

The Homelessness Reduction Act 2017 came into force in April 2018 and placed additional duties on local councils. Female lone parents represent the largest single group of households accepted as homeless at 32 per cent of all households.

In 2017/18 households accepted as homeless were in the following priority need groups:



The main homelessness triggers

The main triggers for homelessness in York have remained fairly consistent. In 2017/18 the main triggers were relationship breakdown, eviction by family or friends and the ending of a private sector short hold tenancy.

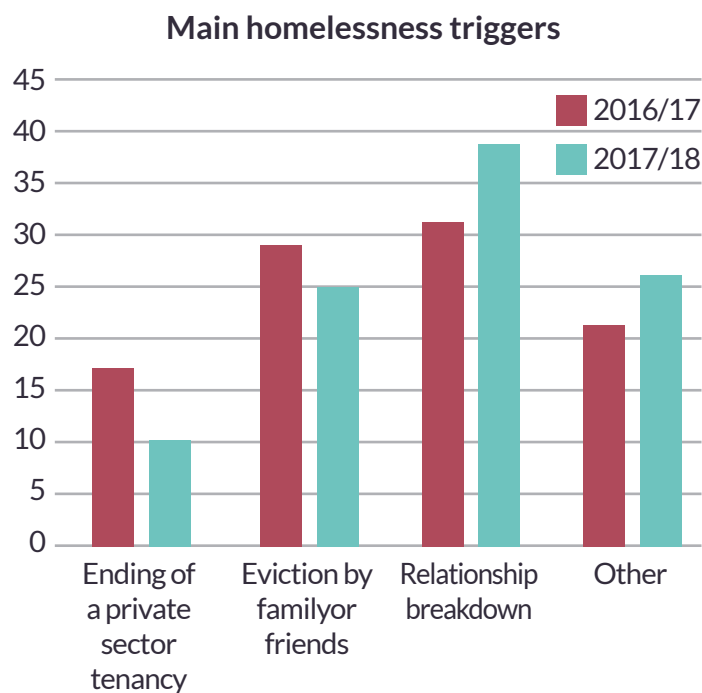


Homelessness arising as a result of relationship breakdown in York is double the national rate and homelessness arising from the ending of a private sector tenancy is half the national rate.

Eviction by family or friends predominantly involves young people or young families.

Pressures on young people look set to continue. A study by Homeless Link found welfare cuts were increasing the chances of young people becoming homeless. It said changes in eligibility and benefit rates had made it harder for young people to find private accommodation, leading to 50 per cent more young people seeking support.

Proposals announced by the government in December 2017 to extend mandatory licensing for Houses in Multiple Occupation (HMOs) including minimum room sizes are to be welcomed but may lead to a rise in private sector tenancy terminations⁸.



⁸ The vast bulk of the national increase in statutory homelessness stems from the ending of private sector tenancies. All available evidence points to Local Housing Allowance reforms being a key driver of this (The Homelessness monitor: England 2018)

Temporary accommodation provided to those who have been assessed under Housing Act 1996

Given the shortage of affordable homes, many of those accepted as homeless and in priority needs are placed into temporary accommodation⁹.

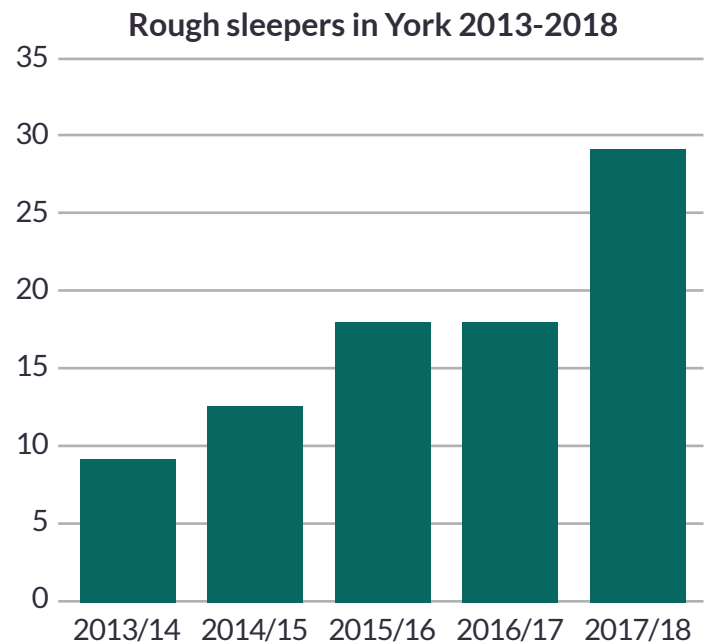
At the end of 2017/18 there were 49 households in temporary accommodation, down from 93 in 2011/12. There were no 16 or 17 year olds in temporary accommodation because there are alternative specialist hostels for young people.

Rough sleeping

The number of people sleeping rough in York has risen from 9 to 29 over the last four years as pressures in the local housing market and the wider economy build up. This rise is in line with national increases.

Detailed information required by government since 2016 shows that 86% of rough sleepers are estimated to be men whilst just over a fifth (22 per cent) are non-UK national.

⁹ This includes purpose built hostels and accommodation schemes. Bed and Breakfast accommodation is only used in emergencies



There is forecast to be a further 76 per cent national rise over the next decade (Crisis 2017).

In 2017/18 an additional 3,535 emergency bed nights were accessed under the severe weather protocol and No Second Night Out initiative. This is particularly high due to the extreme winter weather in early 2018.

Health, wellbeing and homelessness

Health professionals have long recognised that the impact of secure and appropriate accommodation extends far beyond the physical shelter it provides.

In January 2018 York's Public Health Team within City of York Council assessed the impact homelessness can have on people's health and the extent to which people's health contributes to homelessness.

Key points

- Overall, York has fewer people with long term health conditions than other parts of the country but the prevalence of poor mental health is relatively high.
- Children who have been in temporary accommodation are three times more likely to demonstrate mental health problems such as anxiety and depression and are at greater risk of infections and accidents.
- There is some evidence that people who experience living in insecure accommodation as young children are more likely to use drugs in later life. People who misuse drugs or alcohol are at a greater risk of experiencing homelessness.
- Ex offenders can find access to services and support challenging, particularly if they are not registered with a GP or moving between temporary addresses.
- There remains a significant overlap between York's homeless population and people who have been in a range of institutions.
- The majority of rough sleepers will only be on the street for a short period usually after a particular incident in their lives. However, for a smaller group, rough sleeping will become sustained and enduring characteristic of their lives. These people are likely to experience poor health throughout their lives and have a drastically reduced life expectancy.
- Support for people with dual diagnosis or mental health and drug or alcohol addition is historically complex to access. A challenge is to become better equipped to recognise and meet the needs of this group.
- A small number of people disengage from services and support posing greater risks to their health and wellbeing.
- Periods of housing insecurity often exacerbate the symptoms of existing mental and physical health conditions.
- Access to timely and appropriate services is critical. A challenge for the city is to maintain high levels of practitioner awareness of the support and services available.
- A majority of homeless people in York are smokers. Of all the behavioral factors, smoking has the biggest impact on health.

Strategic aims and priorities

The homelessness review found our approach and Gold Standard services had helped deliver effective results in the face of growing demand.

We therefore plan to retain our core focus on early intervention and the prevention of homelessness, backed up by high quality joined up support to get people back on their feet when things do go wrong.

In order to achieve this we need to address long standing structural issues that increase the likelihood of a housing crisis – like the shortage of affordable housing and rising household poverty.

This is to some extent dependent upon York's Local Plan which aims to set out sufficient housing building targets to meet identified need. Ensuring these translate into actual delivery will be a key challenge.

The homeless strategy action plan gives comprehensive details of the proposals York will take to tackle homelessness.

1. Reduce Rough Sleeping

The Ministry for Housing, Communities and Local Government has announced a national target to reduce rough sleeping by half by 2022 and to eliminate it altogether by 2027. Despite significant work over past 5 years, York has seen an increase in rough sleeping and will look at new and additional ways of addressing this issue.

Effective outreach

- Ensure there is an effective outreach services to play a critical role in identifying needs an early stage so we will ensure these continue through the re-tendering of provision.
- We will retain Making Every Adult Matter (MEAM) to work with complex / entrenched rough sleepers
- We will set up and evaluate the new Next Steps project aimed at working with complex rough sleepers / single homeless to help secure and remain in accommodation.





Housing First approach

Housing First is an international model, providing accommodation and intensive support to homeless people with complex needs.

York adopted the model in 2015. The model is only effective where agencies can provide long term, ongoing support and individuals are willing to accept it.

- A key focus will be to further embed the Housing First approach and ensure all partners are committed to the model and provide appropriate support and funding to individuals.

Flexible short term bed spaces to meet needs

- Ensuring adequate emergency bed spaces are available means no one gets turned away. We will explore new ways to create additional spaces to meet short term peaks in demand.

Minimise street begging

Not all beggars are homeless but public perception often assumes they are. Begging in York can be very lucrative and the city has a joint approach between the community safety and early intervention and prevention teams.

- To address growing concerns about street begging we will explore ways for people to donate in ways that do not inadvertently support and encourage it.

2. Prevent Homelessness

The Homeless Reduction Act 2017 places a statutory duty on preventing homelessness ensuring timely and accessible housing advice and information is critical to helping people make planned housing moves and avoid a housing crisis.

That we will continue to develop our Housing Options service to ensure it appeals to a wider range of customers, not just those that are on the brink of a housing crisis.

A significant piece of work is around tackling poverty and particularly childhood poverty, which can have a lasting impact on a person's life. All indications are that poverty rates will rise and this could have long lasting effects given its links to homelessness.

Our economic strategies must ensure everyone benefits from York's success and deliver an increasing proportion of workers who are in secure well paid jobs that enable them to meet their needs.

While York has been very successful in preventing homelessness in recent years to achieve this, there are further actions that will support this aim.

- We will ensure that information about the Homeless Reduction Act 2017, advice and support is accessible to agencies and the public.
- We will ensure advice and prevention tools are relevant to tackling the main structural causes of homelessness – housing supply and poverty
- We will ensure advice and prevention tools are relevant to tackling the main causes of homelessness like relationship breakdown and loss of tenancies

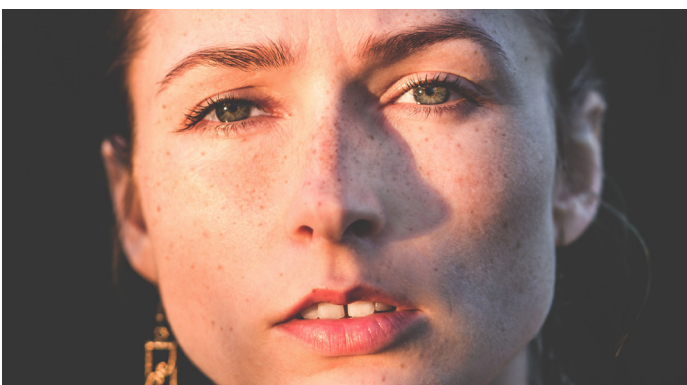
Deploy the most effective early intervention and prevention tools

- As the full impact of welfare reform including Universal Credit continues to be felt, we will support access to financial advice, skills and employment services.
- We will build on our work with voluntary sector partners to deliver free and independent debt advice and identify those at risk of homelessness at an early stage.

3. Ensure appropriate accommodation for people who are homeless or at risk of homelessness

A significant challenge in York is the availability of suitable accommodation in the social, private and supported housing sectors. There is high demand and high rent / purchase prices.

- York's Local Plan aims to set out sufficient housing building targets to meet identified need. Ensuring these translate into actual delivery will be a key challenge.
- Work with private landlords, developers, Registered Social Landlords to increase suitable housing supply for vulnerable household and those on low incomes.
- We will continue to make best use of the available social housing stock and consider alternative uses and tenancies including shared accommodation, demoted tenancies, flexible tenancies and family intervention tenancies.





4. Ensure appropriate support for people that are homeless or at risk of homelessness

It is vital that a person or household who become homeless has the right support to ensure they sustain any future accommodation. Personal Housing Plans (required under Homeless Reduction Act 2017) will identify both short term and long term support needs,

There remains a commitment within the homeless services not to place any young person age 16 or 17 in such accommodation or place any families in bed and breakfast except in an emergency and for no longer than 6 weeks. The new provision at James House will contribute to this goal.

- There is an ongoing need for specialist supported housing and a key task will be to develop a comprehensive plan ensuring sufficient Tier 1 (24/7 hostel accommodation) and Tier 2 (supported housing including long term accommodation for those unable to live independently).

A particular focus will be better provision of accommodation for people with mental illness, complex needs and mobility issues and development of supported housing for perpetrators of domestic abuse.

- We will look to expand emergency bed provision.

We will commission and work in partnership with organizations that provide practical help to maintain tenancies, such as budgeting advice, furnishing assistance, signposting and advocacy for other services.

Currently there is concern within the sector regarding long term sustainable funding of supported housing. There are proposals at national level regarding this which will affect York.

- We will explore the provision of a Day Centre - with positive activities for customers to assist them to access / retain independent living
- We will ensure the full introduction of Personal Housing Plans
- We will ensure a comprehensive resettlement programme, including for people seeking advice under the Homeless Reduction Act 2017

Minimise contributory factors like poor health and alcohol & drug abuse

The Public Health Outcomes Framework aims to ensure the mental health needs of homeless people and those at risk are properly taken into account by local services.

Early engagement with drug and alcohol treatment agencies and interaction with the criminal justice system will remain critical points for identifying and helping those at risk of homelessness.

- We will continue to develop clear housing pathways for each specific client group such as those leaving prison, hospital or social care that includes appropriate accommodation and support.
- We will continue to develop our approach for those with more complex needs, such as the Mental Health Tracking Panel.
- We will work with partner agencies to tackle health issues raised in Homeless Health Needs Assessment 2018 including support to register with GP services and smoking cessation promotion

5. Maintain and develop partnership working and strategic direction

The successful delivery of this strategy is dependent on co-operation and joint working with internal departments, statutory bodies, voluntary sector agencies, faith and community groups.

There are a number of forums within York that facilitate this but with rising public concern about homelessness and rough sleeping we need to encourage others to be involved.

A comprehensive training programme is provided by the Council which is available to volunteers and those working with people that are homeless.

The Homeless Reduction Act 2017 introduces a new duty on statutory authorities to refer anyone who is known to be homeless (with consent) and will hopefully enable planned moves from hospital or prison rather than last minute homeless presentations.

- The York Homelessness Forum and Homeless Strategy Executive Group will continue to meet to deliver and review this strategy, under the strategic leadership of City of York Council. This approach has served the city well, ensuring effective partnership working across a diverse range of services with good links into relevant client groups.

Central to effective joint working will be workable pathways for specific client groups, such as those leaving prison, hospital or long term care.

- We must ensure that all agencies understand and adhere to the provisions of the Homelessness Reduction Act and particularly the Duty to Refer for statutory bodies. And ensure these are fully reflected with websites and information to customers.
- There is a need to ensure closer working relationships between the council and registered social landlords to ensure earlier intervention and support. We must establish formal systems to better monitor and understand failed tenancies and abandonments.
- We must ensure information sharing agreements and consent forms are General Data Protection Regulations (GDPR).
- A particular focus will be to build on the Homeless Health Assessment to gain a deeper understanding of how early homelessness prevention results in much better outcomes for people and significant financial savings for health and other budgets further down the line.
- We will work in a collaborative way across the city so that housing advice and information is consistent and linked up. We will refer vulnerable clients into relevant support services at the earliest opportunity.



Action plan

The commitments outlined above are set out more fully in the strategy action plan that can be viewed or downloaded from york.gov.uk/xxxxxxxxxxxxxxxxxxx

Making sure we deliver

The Homelessness Strategy Executive Group will meet at least annually to review progress against the action plan and ensure it remains responsive to emerging needs.

We will publish an annual report on the council's website in summer each year.



Your comments and ideas

We would like to know what you think about this strategy or homelessness in general. You can leave comment or feed back at any time using the contact details below:

Email: yourservice.yoursay@york.gov.uk

Telephone: **(01904) 554379**

We will take your comments to our review meetings.



Further copies of this strategy are available to download from the council's website www.york.gov.uk/housing

Please let us know if it would help to have this information in a different format. We can offer it by email, in large print, as a spoken word CD or in another language.

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Chinese (Traditional)





Department for Levelling Up,
Housing & Communities

Ending Rough Sleeping For Good

September 2022



Ending Rough Sleeping For Good

Presented to Parliament by the Secretary of State for
Levelling Up, Housing and Communities
by Command of Her Majesty

September 2022



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Joint Ministerial Foreword

No one in our society should have to suffer the injustice of living a life on the streets, deprived of shelter, warmth and basic necessities.

One of the defining parts of our mission to level up communities and afford everyone a chance to get on in life is a commitment not just to continue reducing rough sleeping, but to end it for good.

Working with our partners in local government and across the housing, health and voluntary sectors, we have taken significant strides towards that goal in the last few years.

Our collective efforts at the height of the pandemic saw tens of thousands of people helped off the streets with two thirds moved into long-term housing.

We've worked hard to maintain that momentum and the latest numbers illustrate that even a problem as intractable as rough sleeping is solvable with the will and shared commitment to succeed. The most recent snapshot data from 2021 shows that rough sleeping has decreased by 49% since 2017 – an eight-year low.

It is right that we celebrate just how much progress has been made, while paying tribute to the army of frontline workers who made this progress possible.

But we all recognise that this journey is far from over.

We know that many people sleeping rough suffer from poor mental health and substance misuse.

Some are caught in a vicious cycle between prison and a life on the streets.

Others are leaving our care system without a fixed destination, uncertain of who to turn to for support.

The Government is determined to meet these issues head-on, with an approach that prevents people from reaching the streets in the first place.

It's a task that demands every government department works in unison, with the resources to match the ambition. That is exactly what this Strategy sets out.

It commits an unprecedented £2bn over the next three years to intensify our efforts to tackle homelessness and rough sleeping. For the first time, this Strategy also clearly defines success; our end goal is for rough sleeping to be prevented wherever possible but when it does occur, it must be rare, brief and non-recurring.

This Strategy deploys all the tools at our disposal, including the Homelessness Reduction Act, to prevent more people from finding themselves without a safe roof over their heads.

We want to ensure that those leaving a public institution – whether it's prison, hospital or care – don't find themselves out on the streets with no place to go.

We believe this Strategy will put in place the structures to protect more people from the trauma of rough sleeping. Where it does happen, however, we want it to be met with a rapid and tailored response every time – putting a roof over the person's head, supporting their recovery, and helping them move away from life on the streets for good.

In support of that goal, we are providing up to half a billion pounds of new funding for our flagship Rough Sleeping Initiative – championing partnership working between local councils and the voluntary sector, alongside health services and other agencies to make sure that no one falls through the cracks.

We also recognise that a societal problem as long-standing and entrenched as rough sleeping demands long-term solutions.

The Strategy therefore sets out our plan to put the right kind of accommodation in place to help people properly rebuild their lives over time – backed by new funding for the Single

Homelessness Accommodation Programme. This will especially benefit young people at risk of becoming homeless.

Finally, this Strategy takes a whole system approach to tackling rough sleeping. It recognises the fact that people rarely fall into a life on the streets overnight – it’s often driven by a range of structural and personal issues including unemployment, housing affordability, poor mental health, drug misuse and alcohol dependency.

That’s why this Strategy commits us to investing not just in accommodation, but in better drug and alcohol treatment, improved mental health

provision and more help into work schemes. This will be complemented by strengthened partnerships with employers, jobcentres, police and tighter join-up between housing, homelessness and healthcare services.

Over the last few years, we’ve gone much further and faster in reducing rough sleeping than many thought possible.

With this bold, new Strategy, empowered partners on the ground ready to deliver, and a broad coalition of government departments wholly committed to the task ahead, we will finish what we started and, together, we will end rough sleeping for good.



**The Rt Hon
Greg Clark MP**
Secretary of State
for Levelling Up,
Housing and
Communities



**The Rt Hon
Steve Barclay MP**
Secretary of State
for Health and
Social Care



**The Rt Hon
Dominic Raab MP**
Deputy Prime Minister,
Lord Chancellor and
Secretary of State
for Justice



**The Rt Hon
Priti Patel MP**
Home Secretary



**The Rt Hon
Thérèse Coffey MP**
Secretary of State for
Work and Pensions



**The Rt Hon
James Cleverly MP**
Secretary of State
for Education



**The Rt Hon
Ben Wallace MP**
Secretary of State
for Defence



**Johnny Mercer
MP**
Minister for
Veterans’ Affairs

Foreword from the Minister for Rough Sleeping and Housing

Like any disaster, the loss of housing can strike with little forewarning.

I have seen this happen up close during my years working at the YMCA Birmingham, before I became an MP. I saw that, while what unites people sleeping rough is the lack of a home, the causes and consequences of how they got there always vary.

For some it can be the loss of a job, the break-up of a relationship or as a result of a traumatic incident, and for others it could be addiction issues with alcohol or drugs.

But seeing that world first-hand also left me convinced that rough sleeping – with all its complexities – is solvable with the right approach.

We saw this approach during the pandemic when local and national government worked hand in hand with organisations across the UK to bring people sleeping rough out of harm's way of a deadly virus.

We see this approach day-in, day-out in the selfless dedication of delivery partners and the voluntary, community and faith sectors who work with local authorities up and down the country to improve the lives of people on the streets.

And we are going to take this approach into the future through the Strategy you are reading today.

The Rough Sleeping Strategy represents our vision for how we end a social ill that has persisted for centuries and end it for good.

By taking a holistic view of the problem, by focusing on prevention and by looking at the causes as well as the symptoms, it sets out how everyone- from central government, local leaders, rough sleeping coordinators, health workers, social workers, volunteers, prison workers and housing officers – can work together to not only get people off the streets, but to stop them ending up there in the first place.

The latest annual statistics give us cause for optimism, showing that the numbers of people on the streets is at an eight-year low. But statistics are part of the story, and never the whole story. If we peer behind the numbers, there are still too many lives shattered by the lack of a home.

But I believe this Strategy, and the £2bn of investment behind it, give us the policy, funding and intellectual horsepower to match the scale of the challenge. We have our starting gun, let's go and do it.



A handwritten signature in blue ink that reads "E. Hughes".

Eddie Hughes MP
Minister for Rough Sleeping
and Housing

Executive Summary

We want this country to be a world leader in its approach to ending rough sleeping. **This means more effective support to prevent rough sleeping happening in the first place, and a tailored offer of support where it does happen, so people can build an independent life off the streets.** It also means the public can be assured that local authorities, working with the voluntary, faith and community sectors, have options in place to intervene swiftly when someone is sleeping rough, should they choose to accept the offer of support. It also means that local authorities and other agencies can promote a positive public realm, where everybody in the community can feel safe and prosper.

Rough sleeping is a highly complex issue and no country in the world can claim they never have people sleeping rough on their streets. We are determined to build on our widely lauded response to the pandemic and ensure we put in place a system that means that no one should have to sleep rough, while also recognising the complexity that leads to an individual sleeping on the streets in the first place. We have developed, for the first time, a clear and defined vision for ending rough sleeping, which is that it **is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.** The comprehensive actions set out in this strategy will build on progress to date and set in train the change needed across central government and local partners to deliver an end to rough sleeping by the end of the Parliament.

We listened to the voices of experts and those who represent people with lived experience in the development of this strategy. This included a programme of roundtable sessions chaired by senior leaders from across the sector and local government and working closely with the Rough Sleeping Advisory Panel, an expert

group made up of leading charities and service delivery organisations from across the sector.

Case for Action

1. No-one should have to sleep on our streets. People in this country have a right to expect decency and dignity in their lives, and, at the most basic level, that should mean having a roof over their heads. We have a moral imperative to end rough sleeping and to end it for good. People experiencing rough sleeping are facing extreme deprivation and we will not level up the country if we do not reduce these deepest, often entrenched, inequalities and support the most vulnerable.
2. Whilst it is right to expect that individuals take responsibility for the consequences of their actions, we have a proud history in this country of showing compassion to those in need - and we must continue in this vein, to give people the opportunity and support to rebuild their lives. Rough sleeping can be a vicious cycle, which can perpetuate existing vulnerabilities and health needs. We know that there are multiple, complex and overlapping drivers behind rough sleeping - for example, in a sample of people who had experienced rough sleeping, (through the Rough Sleeping Questionnaire 2020), 82% of respondents self-reported having a mental health need, 60% a current substance misuse need and 26% spent time in care as a child¹.
3. There is not just a moral case for action. Ending rough sleeping is the right thing to do to ease the strain on health and other public services and to enable everyone in a community, including those who are homeless, to feel safe and for our cities, towns and high streets to prosper. Support and services for people who experience

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

rough sleeping come at significant cost, and reducing rough sleeping therefore reduces that cost. It will also deliver benefits across the system, such as through reducing reoffending.

4. This Government has made the unprecedented commitment to end rough sleeping within this Parliament. We remain steadfastly committed to that goal. Working with local partners, we have delivered remarkable progress so far. In autumn 2021 rough sleeping levels were at an eight-year low. The rate of rough sleeping in England also compares well internationally – there were four people sleeping rough on a single night in autumn 2021 per 100,000 people in England², compared to three people sleeping rough per 100,000 people in South Korea³ and Japan⁴, which are both countries with comparable data collection methodologies and who have the lowest rates globally. The USA has 69 people sleeping rough per 100,000 people⁵. When comparing across Europe, large cities in England, such as London and Manchester, have lower rough sleeping rates than large cities in France (Paris) and Germany (Berlin). For example, in 2021 in the city of Paris, 128 people slept rough per 100,000 people⁶, and in Berlin, 55 per 100,000⁷ – compared to 13 people sleeping rough per 100,000 in inner London and eight people sleeping rough per 100,000 in Manchester⁸.
5. During the pandemic, our rapid work to protect people who were experiencing rough sleeping is recognised to have saved hundreds of lives⁹. This was possible because of significant investment made before the pandemic to improve tailored rough sleeping services locally, underpinned by the Government's Rough Sleeping Initiative and working hand in hand with local authorities, the homelessness and health sectors. This led to transformative change and new partnerships on the ground, for instance substance misuse services and health partners working closely with the homelessness sector to deliver services where they were needed most. It is their dedication, commitment and passion that has transformed the lives of thousands of vulnerable people.
6. Despite these achievements, we have further to go to end rough sleeping for good. We know it will not be easy. The public rightly expects that vulnerable individuals sleeping rough should be supported to create and sustain a life away from the streets, and our ambitions should be to support these individuals on a path to self-sufficiency and reduce their need to rely on state support. Many factors drive rough sleeping. We therefore need the whole of government, and its partners, to work together effectively to end rough sleeping: central government departments, local authorities, the voluntary, community and faith sectors, health partners, the criminal justice system, including police, jobcentres, employers, and the public. Government must lead from the front in encouraging partnership working, but we expect local political leaders, such as Mayors, Police and Crime Commissioners and council leaders, in collaboration with their partners, to take

² <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021>

³ <https://homelessworldcup.org/homelessness-statistics/>

⁴ https://www.mhlw.go.jp/stf/newpage_12485.html

⁵ <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

⁶ <https://www.statista.com/statistics/1047271/forecast-paris-population-france/>;

<https://www.rfi.fr/en/france/20210401-despite-decline-nearly-3-000-still-sleeping-rough-on-the-streets-of-paris-poverty-housing-covid>

⁷ <https://www.dw.com/en/germany-nearly-2000-homeless-in-berlin-says-census/a-52288746>;

<https://worldpopulationreview.com/world-cities/berlin-population>

⁸ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021>;

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

⁹ [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30396-9/fulltext#seccetitle170](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30396-9/fulltext#seccetitle170)

the lead in delivery and accountability for local rough sleeping outcomes.

7. Preventing rough sleeping is essential. We need to make sure that we not only deal with the immediate needs of people experiencing rough sleeping, but that we also look at the drivers of rough sleeping and develop an approach across central and local government and the wider system to prevent it happening in the first place. We know that 40% of people sleeping rough are new to the streets each month, and we need to tackle the individual and structural factors that can contribute to this¹⁰. This is why the Government's 10-year Drugs Strategy 'From Harm to Hope', published last year, recognises the strong links between drug misuse, homelessness and rough sleeping and sets out an ambitious, whole-system approach to addiction recovery, including significant investment in substance misuse treatment services to help us deliver a world class treatment and recovery system.
8. We also acknowledge that some instances of rough sleeping can cause legitimate public concern and can be associated with anti-social behaviour or other criminality, alongside concern for the welfare of those involved – and in some instances, this can undermine people's pride of place in their communities. It is therefore right that the police, local authorities and other agencies respond effectively to address public concern, including on issues such as begging and engaging vulnerable people – especially people with the most entrenched and complex rough sleeping needs who may otherwise refuse support.
9. Based on the case for action, our strategy is a whole system approach to deliver:
 - better **prevention**, so that you can be confident that fewer people sleep rough in the first place. We need to protect

people from the damage that rough sleeping causes, providing early support across all parts of the system. This includes our aim that nobody should leave a public institution to the streets.

- swift and effective **intervention**, so that if you see a person sleeping rough and connect them to help, either via StreetLink or directly with their council, you know they should get a tailored offer of support which meets their needs.
- extra help to aid **recovery** for those that need it, so you can have confidence that services are working together to deliver the help people need to get off the streets and stay off the streets for good. We recognise the importance of a stable home, which is why we are continuing to deliver the Rough Sleeping Accommodation Programme – the largest ever investment by the Government into longer-term accommodation for people experiencing rough sleeping. However, this must be matched by the right help, such as tailored mental health and substance misuse support, and a holistic approach from all areas of the system.
- a more **transparent and joined-up system**, so you can be assured that everyone involved across the system is doing all they can to deliver these goals, and so that you can better hold those responsible to account. This includes learning lessons from best practice to create a world-leading response to rough sleeping.

Our Strategy to End Rough Sleeping

10. This strategy sets out how the whole of government is taking action to meet our ambition to end rough sleeping, reflecting on

¹⁰ <https://www.gov.uk/government/publications/support-for-people-sleeping-rough-in-england-march-2022>

the significant progress that has been made since the 2018 Rough Sleeping Strategy. We have made huge progress – **rough sleeping levels have halved since 2017** and we have created the infrastructure locally, driven by significant investment through the Rough Sleeping Initiative, to embed an approach based on what is needed at a local level and what we know works. What's more is that local partners across the system, from health to criminal justice partners, are working together like never before to reduce rough sleeping, with the challenges of the pandemic driving the join-up that's needed to deliver results – and this must continue.

11. We must build on these successes and ensure the good practice that is helping people off the streets is continued and expanded; and we set out how we will support that in this strategy. However, we also need a step change in how the system is working to tackle rough sleeping if we are to end it for good. We need all those involved in central government and locally working together to ensure better prevention of rough sleeping, targeted help where it does happen, and a route to an independent life off the streets so that no one should have to sleep rough. **This strategy will build on what works and will bring forward new measures to deliver the step change required to end rough sleeping, by:**

- **Defining what ending rough sleeping means, underpinned by a new data-led framework to measure it.** We will have ended rough sleeping when it is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent. Based on this definition, we will roll-out nationally a trailblazing data-led framework, developed with the What Works Centre (the Centre for Homelessness Impact), that will mean for the first time all partners know what is required to end rough sleeping in their area. It will set out the breadth of metrics that will be used to measure

progress, so that places can identify where specific action is needed to drive improved performance and respond.

- **£2bn investment over the next three years**, including an expanded £500m Rough Sleeping Initiative over three years, so local areas can provide the tailored support needed to end rough sleeping and deliver long-term change through multi-year funding. We will also deliver a £12m Test and Learn programme to trial innovative approaches and test what works to reduce homelessness and rough sleeping. The funding will also allow us to both continue successful existing programmes and introduce new measures to address gaps. These measures are detailed in the bullets below.
- **A new 'prevention first' approach** that means people are better prevented from sleeping rough in the first place. We will fully embed the Homelessness Reduction Act 2017, so that more people are prevented from reaching a homelessness crisis, backed by £316m in 2022/23 alone. We will bring forward investment to help ensure no-one leaves a public institution to the streets, including through national roll-out of transitional accommodation and wider support so that no one leaves prison for the streets. We will also work with sector partners to develop a new framework for identifying and supporting people at risk of rough sleeping.
- **A new £200m Single Homelessness Accommodation Programme**, to deliver up to 2,400 homes and wrap-around support by March 2025. This will provide new supported housing and Housing First accommodation and homes, including for young people at risk of homelessness and rough sleeping. Together with completing delivery of the 6,000 longer-term homes

through the Rough Sleeping Accommodation Programme, this programme will provide the breadth of housing-led solutions required to meet the different needs of people experiencing rough sleeping, in areas of highest need.

- **A whole system approach** that puts the needs of those experiencing rough sleeping at its heart and ensures strong national and, most importantly, local leadership and accountability to deliver rough sleeping outcomes. We will ensure new local Integrated Care Systems (ICSs) take account of the health and social care needs of people sleeping rough in their area. Whilst most people sleeping rough in England on a single night in autumn 2021 were from the UK, we will exhaust all options within the law to support people experiencing rough sleeping who are non-UK nationals, including those who have restricted eligibility for public funds – supporting them to find a pathway off the streets that is relevant to them. The whole of government is united in ending rough sleeping and we expect local delivery partners to work together to deliver to the same end.

Prevention

12. We will not end rough sleeping if we do not get better at preventing it from happening in the first place. Whilst individual and personal circumstances are complex and often out of government's control, we are still determined to deliver a new 'prevention first' approach that reduces the risk of someone sleeping rough. This strategy, backed by significant multi-year funding, will improve the accessibility of housing, continue and expand flagship initiatives and work across government to support our ambition to make sure that no-one should leave a public institution – whether that is a hospital, prison, care or the asylum system – on to

the streets. **To achieve our ambitions on prevention:**

1) We will increase affordability and security of housing, through our £11.5 bn Affordable Homes Programme, which will provide up to 180,000 new homes across England; and by helping people to stay in their homes and access a fairer Private Rented Sector. We will also strengthen models of jobcentre support and partnerships to ensure that people can get the benefits they are entitled to, for example maintaining the shared accommodation rate exemption for people who have spent time living in a homeless hostel. These measures, alongside the significant support we have already put in place to help people with the cost of living, will help provide housing to those who need it, and provide tenants with more stability, including those that may otherwise be on a path to rough sleeping.

2) We will empower local authorities to better prevent rough sleeping – including fully embedding the landmark Homelessness Reduction Act 2017

(HRA). This is backed by £316m through the Homelessness Prevention Grant (HPG) in 2022/23 to help local authorities support people before they become homeless. We are consulting on reforms to the HPG to better incentivise local authorities to invest in prevention in the long-term and will announce the outcomes and funding allocations later this year. This will make sure that people at risk of homelessness, including rough sleeping, will continue to be able to access help available from councils.

3) We will commit to working with stakeholders from local authorities and the service delivery sector to establish an operational risk assessment tool to assist with the prevention of rough sleeping, to better support local authorities and partners to identify people at risk of rough sleeping and help target support where needed.

4) We will support our ambition that no-one is released from a public institution to the streets through the following commitments:

4.1) No-one should leave prison homeless or to sleep rough: We are rolling out transitional accommodation nationally so that every prisoner at risk of homelessness has support after release, as part of £550m to support prisoner rehabilitation and access to accommodation. We will provide new funding over the next three years to expand the Accommodation for Ex-Offenders programme so that people at risk of homelessness, including rough sleeping, in all parts of England are supported into long-term, settled accommodation. We will also: continue expansion for Approved Premises for high risk offenders; introduce legislation to reduce numbers of prisoners released on Fridays to help with better access to essential services; introduce resettlement passports, to bring together key information and services to support successful resettlement into the community; and will more than double the number of housing specialists in prisons so people at risk of homelessness, including rough sleeping, get better help planning for their release across every region of England and Wales. This will result in more accommodation and support available in more places, to support more ex-offenders on release from prison – helping to reduce the risk of someone sleeping rough and re-offending; and supporting our mission to level up services across the country.

4.2) Young people leaving care will receive the support they need to secure and maintain suitable accommodation: £3.2m funding in 2022/23 will provide targeted support to young people leaving care most at risk of homelessness, including rough sleeping, in 69 local authorities identified as having the greatest concentration of young people at risk. It will

also provide on-going support for children's services and housing teams to improve partnership working. We will continue investment into our 'Staying Put' programme and scale up the number of local areas offering our 'Staying Close' programme, which enable young people leaving care to stay with, or in touch with, former foster families and children's homes for longer – building their resilience as they transition to independent living. These commitments will ensure that there is more funding available for personal and practical support to aid that transition.

We are grateful to Josh MacAlister and his team for the comprehensive 'Independent Review of Children's Social Care' and, as part of this work, the Government will consider the specific recommendations on Mission 4, to "reduce care leaver homelessness now, before ending it entirely" – and will be publishing an implementation strategy before the end of 2022.

4.3) No-one should be discharged from hospital to the streets: We will build on the success of the Out of Hospital Care Programme, by sharing the evaluation of the project and supporting local areas to adopt similar models.

4.4) No-one who has served in the UK Armed Forces should face the need to sleep rough: For Service leavers and veterans, we will maintain high priority for social housing, waivers for local connection and specialist housing support for Armed Forces personnel during their Service, through an improved Joint Service Housing Advice Office and life skills advice, information and guidance. We will continue to embed the Homelessness Reduction Act's Duty to Refer, which provides the framework for joining up Armed Forces discharge services with local authority services so that Service leavers and veterans at risk of homelessness, including rough sleeping, receive early and consistent

support from local authority homelessness services.

4.5) We will review the impact of the new asylum dispersal system on homelessness and rough sleeping:

Building on the Home Office's informal consultation on the implementation of full dispersal and the commitment within the consultation to understand the impacts of full dispersal on homelessness and rough sleeping, we will work collaboratively with local authorities to consider further measures to ensure the dispersal system is equitable, sustainable, and seeks to reduce the risk that people leave asylum support to the streets.

Intervention

13. We know the longer a person stays on the street, the more difficult it becomes to rebuild a life off it¹¹. Where it has not been possible to prevent someone from sleeping rough, we need quick and targeted help to get them back on track. Our aim is that everyone sleeping rough should have an appropriate offer of support tailored to their needs and the services for which they are eligible. That is why we are extending our investment in the Rough Sleeping Initiative (RSI), which funds local areas to provide quick, targeted support for people who experience rough sleeping. This funding is vital, but it must sit alongside strengthened partnerships between local agencies and the voluntary sector to address people's different needs. We must build on the important gains we made through the pandemic, supporting the faith, community and voluntary sectors to work in partnership with local authorities to target people that are least likely to access commissioned or mainstream rough sleeping services. We will also encourage and enable faith and community groups to support people in accommodation and help prevent rough

sleeping or a return to rough sleeping.

We will ensure agencies are exhausting all options in supporting people who are not from the UK sleeping rough and who, as a result of their immigration status, may have restricted eligibility for public funds. We will support those with restricted eligibility to resolve their immigration status so they can get their life back on track, to secure a job, or to return to their home country where appropriate. Those here illegally will be supported to return to their home country.

To deliver the tailored interventions that are needed to end rough sleeping:

1) We will extend investment into co-ordinated local rough sleeping services and ensure tailored support to meet individual needs, including through the flagship £500m Rough Sleeping Initiative 2022-25 and the £10m Night Shelter Transformation Fund to increase provision of quality single-room provision within the night shelter sector:

These measures will provide effective, tailored interventions to people on the streets based on individual needs and characteristics, including bespoke support for people that experience long-term and cyclical rough sleeping (also known to local authorities as the Target Priority Group/Target Thousand in London); and will make sure that people's needs are at the heart of our services, including through updated guidance (by National Institute for Health and Care Excellence (NICE)). We will invest in our faith, community and non-commissioned services, helping them to provide quality accommodation and work in partnership with local authorities, making sure people accessing services do not return to the streets. These measures mean that every eligible person sleeping rough should receive a tailored offer of support.

2) We will build on our 'exhaust all options' approach with non-UK nationals sleeping rough to make sure those who

¹¹ <https://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf>

have restricted eligibility for public funds have a clear pathway off the streets: We will build on the success of our case escalation route to deliver a reformed Rough Sleeping Support Service that will enable the immigration status of individuals with an outstanding application to be swiftly resolved and clarify the status of individuals so that appropriate support is offered – this includes moving the service out of Home Office Immigration Enforcement to improve engagement and active use of the service. We will also look at what more we can do to improve engagement and build on the existing Home Office support for those who wish to return to their home country voluntarily.

3) We will provide local authorities, police and other agencies with the tools they need to work effectively together to address rough sleeping, protect the public and make communities feel safe for all. Some instances of rough sleeping – along with street activity such as begging or drinking and drug-use which is sometimes, but by no means always, associated with it – can cause legitimate public concern about safety and the impact on local communities, alongside concern for the welfare of those involved. The police and other partners are responsible for community safety and tackling crime that may be perpetrated either by or against individuals rough sleeping and - in partnership with local authorities - they play an important role in responding to these concerns. We will support better multi-agency working between local authorities, the police and other enforcement agencies through guidance and sharing of best practice to respond to these concerns and encourage vulnerable people to engage with support. Where activity puts individuals involved at risk or makes the public or public realm feel unsafe, it is vital that the local authorities, police and other agencies are able to intervene. Whilst we have taken the significant step of committing to repeal the

Vagrancy Act in full, we must make sure the police, local authorities and other agencies have the powers and tools available to respond effectively to begging, support vulnerable individuals and help communities feel safer.

4) We will make it easier for the public to play their part in supporting people sleeping rough through continued funding to improve the StreetLink service that alerts local outreach teams to someone that the public has reported as sleeping rough. The rail sector is leading by example to address rough sleeping on rail, through promoting StreetLink, conducting outreach, developing employment skills and exploring data-linking and stronger partnership working with local authorities. We are grateful for these efforts and encourage sharing this best practice.

Recovery

14. We know that an initial intervention to help someone off the streets won't always be enough. People need stable, safe and supportive accommodation they can call home, physical and mental health treatment where needed, and viable routes into employment to sustain a life off the streets for good. Most people experiencing rough sleeping have at least some prior experiences of employment. For many, with the right support, work can be a key part of their route out of rough sleeping. We, therefore, want local agencies to work together so that every person sleeping rough receives the support they need to recover and move away from the streets long-term, helping them back into a stable home, and into work or training if they can.
15. When it comes to accommodation, housing-led interventions are the foundation of a secure and sustainable life away from the streets. However, the needs of people who are sleeping rough are diverse, and their support and accommodation options must be tailored to those needs, as people progress on their journey of recovery from

sleeping rough. Local authorities and their sector partners, in collaboration with their residents, are in the best place to commission the right type of accommodation to meet local needs; and because of that the Government supports a wide range of housing interventions across our funding programmes, including a strong focus on housing-led solutions.

16. We have already made historic investments in increased supply of move-on accommodation, as well as investing significant levels of funding in treatment and wrap-around support for other needs, such as drug and alcohol dependence – and, as part of this strategy, we will build on these programmes to aid long-term recovery away from the streets. **To achieve our ambitions on recovery:**

1) We will support both housing-led approaches and Housing First, and make sure specialist homes are in place for those experiencing rough sleeping.

We will: complete delivery of 6,000 new move-on homes under the £433m Rough Sleeping Accommodation Programme; complete the Housing First pilots in three mayoral areas; support housing-led and Housing First approaches through the Rough Sleeping Initiative; and increase our support of social investment through our £15m funding for the Big Society Capital social investment pilots, which has already surpassed its delivery target of over 200 homes. Alongside this, we will be working with Homeless Link to explore the feasibility of a Fidelity Framework to support both existing and future schemes on upholding the seven principles of Housing First and drive a consistent approach across the sector. These measures will mean increased access to more suitable homes allowing someone experiencing rough sleeping to address their needs, recover and play a more active role in their community.

2) We will address unacceptable poor quality supported housing and increase supply, including through a new £200m Single Homelessness Accommodation Programme (SHAP), which will focus on the provision of longer-term supported housing alongside Housing First homes. In addition, the £300m Housing Transformation Fund will support local authorities to boost the supply of long-term supported housing options. It will support local authorities to assess local need for long-term supported housing, including the needs of those at risk of rough sleeping, and to develop long-term supported housing strategies to meet those needs. We will also introduce minimum standards for support, alongside new powers for local authorities to better manage their local supported housing market and ensure rogue landlords cannot exploit the system. The £20m Supported Housing Improvement Programme will support local authorities, in some of the worst affected areas of the country, crack down on rogue landlords and ensure supported housing is providing adequate, tailored support and good-quality accommodation for its residents. People sleeping rough and moving into supported housing should therefore experience improved quality and increased supply.

3) We will improve the support available to help people with experience of rough sleeping into employment, refreshing the jobcentre offer through best practice and networks of homelessness leads and setting up a covenant with employers to support job opportunities. Our designated homelessness leads will work in jobcentres to offer tailored support to enable people who have slept rough to access skills and employment support. We will also bring businesses into our mission by launching a new employer covenant.

4) We will provide significant investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision:

through an additional investment of up to £186.5m to expand the Rough Sleeping Drug and Alcohol Treatment Grant, which is delivering structured treatment and wrap-around support for people with drug and alcohol dependence, including people with co-occurring mental health needs. This supports the additional £900m investment attached to the cross-government Drug Strategy that includes £53m to provide a range of housing support options to help people who are going through treatment to access suitable and stable accommodation in order to improve the success of treatment and recovery. We are continuing to invest in specialist rough sleeping mental health services through the NHS Long-Term Plan and beyond (£9m annually from 2024/25); and are ensuring the needs of people who sleep rough are considered in the final Mental Health and Wellbeing Plan – being ambitious in the potential solutions to improve mental health and wellbeing and reduce the number of people rough sleeping because of, or with, mental ill-health.

A More Transparent, Joined-Up System

17. Delivering the step change that is required to end rough sleeping is reliant on a system that is working effectively together, backed by the right data and with clear lines of accountability, including the role of Mayors and other local leaders in delivering rough sleeping outcomes. Delivering a world-leading response to rough sleeping means using the best data and evidence to drive improvements and innovate, including making sure that services are informed by people with lived experience.
18. We have made significant progress already in supporting the long-term system change needed and we are grateful to the

remarkable work and dedication by local authorities to collect, collate and share information on rough sleeping. The Homelessness Reduction Act has meant that more people are getting help sooner and there are excellent examples of effective collaboration between agencies up and down the country. We need to build on this with better quality data about rough sleeping in an area, so that effective action can be taken by local partners to end it.

19. We also need to make sure everyone involved in ending rough sleeping is playing their part and working together effectively. This is a strategy for the whole of government and we want to see a whole-system approach locally, building on the excellent partnership working during the pandemic. We will put in place a national data-led framework that supports effective joint working and improved accountability locally; but we recognise there is no one-size fits all approach and want local areas to put in place the structures within this framework that work best for them to end rough sleeping in their areas.
20. Our aim is to support local partners to have the right data and evidence, clear accountability structures, a capable workforce who feel valued, and effective partnerships and services to end rough sleeping for good. **To achieve our ambitions for a joined-up system:**
 - 1) We will introduce a new national data-led framework to measure progress towards ending rough sleeping, so that every area understands what is needed to end rough sleeping, track the progress they are making, and be held accountable locally. We will publish quarterly data on rough sleeping to support this. We want rough sleeping to be prevented wherever possible, and where it does happen for it to be rare, brief and non-recurrent. The framework developed in collaboration with the Centre for Homelessness Impact sets out the metrics that should be used to measure

progress in achieving this. We review our data collection every six months as part of our efforts to streamline requirements for local authorities, and to make sure the data is aligned with our long-term approach. As this work progresses, we will review our data collection in line with the data-led framework.

2) We will ensure robust but flexible accountability structures are in place:

having the right data in place is essential, but without clear and robust accountability mechanisms and local leadership, we will not see the systematic change we know we need to end rough sleeping. Our vision includes: at a local level, local authorities, in collaboration with local partners, to take the lead in accountability for local rough sleeping outcomes; and at a national level, central government continuing to set expectations for what we are collectively trying to achieve (including clear commitments from across government departments) and supporting all partners locally to deliver.

3) We will improve our evidence-base and understanding of what works to end rough sleeping,

therefore driving value for money and a more innovative approach, through a £2.2m systems wide research programme (subject to feasibility), which will include an evaluation of the effectiveness of rough sleeping interventions. We will also launch a £12m Test and Learn Programme, which will trial and evaluate interventions in local areas to develop and share the best examples of what works. Improving our evidence-base includes embedding the voices of people with lived experiences into our policy making, which we will achieve through a new advisory group made up of people with lived experience, who will provide regular advice on our programme of work.

4) **We will support the voluntary, community and faith sectors to play their part alongside other delivery partners:** Our £7.3m Voluntary, Community and Frontline Sector Grant Programme will enable stronger strategic partnerships between statutory, commissioned and non-commissioned services and increase the capacity and capability of the sector, through training and investment in the workforce.

5) We will improve how different services work together for people sleeping rough, particularly people facing multiple disadvantage, including supporting partners within the new Integrated Care Systems to develop joined-up local strategies that bring together housing, homelessness and healthcare.

This will be supported by new statutory guidance on the Duty to Cooperate for NHS bodies and local authorities – which will highlight the needs of those who sleep rough and be explicit in how partners should work together to address them. We will deliver 15 local pilots through the £64m Changing Futures programme to test new ways of bringing public and community sector partners together to help people change their lives for the better. As a result, a person sleeping rough should be offered help and support that addresses a range of their needs, including housing, health and care.

Next Steps

21. The comprehensive action set out in this strategy will build on progress to date and set in train the change needed across central government and local partners to deliver an end to rough sleeping by the end of the Parliament. **It will mean more effective support to prevent rough sleeping in the first place, and a tailored offer of support where it does happen so people can build an independent life off the streets. This will support our objective that no one should have to sleep rough.**

22. We want our ambitious approach to be matched by bold local delivery and accountability and expect all those involved in ending rough sleeping to play their part. We want to ensure rough sleeping is ended in a way that is sustainable in the long-term,

and this strategy lays the foundations for the long-term system change needed to support that. We will ask the Rough Sleeping Advisory Panel to provide an annual update on delivery progress to government to track progress in achieving our vision.

| Outcome | Commitment |
|---|--|
| Prevention | 1. We will increase affordability and security of housing |
| | 2. We will empower local authorities to better prevent rough sleeping – including fully embedding the landmark Homelessness Reduction Act 2017 |
| | 3. We will commit to working with stakeholders from local authorities and the service delivery sector to establish an operational risk assessment tool to assist with prevention of rough sleeping |
| | 4. We will support our ambition that no-one is released from a public institution to the streets through the following commitments: |
| | 4.1 No-one should leave prison homeless or to sleep rough |
| | 4.2 Young people leaving care will receive the support they need to secure and maintain suitable accommodation |
| | 4.3 No-one should be discharged from hospital to the streets |
| | 4.4 No-one who has served in the UK Armed Forces should face the need to sleep rough |
| | 4.5 We will review the impact of the new asylum dispersal system on homelessness and rough sleeping |
| Intervention | 5. We will support recovery to prevent rough sleeping recurring |
| | 1. We will extend investment into co-ordinated local rough sleeping services and ensure tailored support to meet individual needs, including through the £500m Rough Sleeping Initiative 2022-25 and the £10m Night Shelter Transformation Fund to increase provision of quality single-room provision within the night shelter sector |
| | 2. We will build on our ‘exhaust all options’ approach with non-UK nationals sleeping rough to make sure those who have restricted eligibility for public funds have a clear pathway off the streets |
| | 3. We will provide local authorities, police and other agencies with the tools they need to work effectively together to address rough sleeping, protect the public and make communities feel safe for all |
| 4. We will make it easier for the public to play their part in supporting people sleeping rough | |

| Outcome | Commitment |
|---|--|
| Recovery | 1. We will support both housing-led approaches and Housing First, and make sure specialist homes are in place for those experiencing rough sleeping |
| | 2. We will address unacceptable poor quality supported housing and increase supply, including through a new £200m Single Homelessness Accommodation Programme |
| | 3. We will improve the support available to help people with experience of rough sleeping into employment, refreshing the jobcentre offer through best practice and networks of homelessness leads and setting up a covenant with employers to support job opportunities |
| | 4. We will provide significant investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision |
| Transparent and Joined-Up System | 1. We will introduce a new national data-led framework to measure progress towards ending rough sleeping |
| | 2. We will ensure robust but flexible accountability structures are in place |
| | 3. We will improve our evidence-base and understanding of what works to end rough sleeping |
| | 4. We will support the voluntary, community and faith sector workforce to play their part alongside other delivery partners |
| | 5. We will improve how different services work together for people sleeping rough, particularly people facing multiple disadvantage, including supporting partners within the new Integrated Care Systems to develop joined-up local strategies that bring together housing, homelessness and healthcare |

Chapter 1

Progress Since 2018

Progress Since 2018

This chapter covers:

- **Rough sleeping numbers:** trends since 2010 and international comparators
- **Our response to Covid-19:** successes to build on
- **Record of delivery:** progress since the 2018 Strategy and work still to do
- **Wider challenges:** the national and international context

Rough Sleeping Numbers

1. We have made significant progress since the publication of the 2018 Rough Sleeping Strategy to reduce rough sleeping numbers and change the lives of some of the most vulnerable people in our society. This has been driven and delivered by the hard work and collaboration of local councils, central government, the voluntary, community and faith sectors, and other delivery partners. All those involved continue to work tirelessly to support people away from the streets and onto a path of recovery and independent living – and our data clearly shows these efforts are working.
2. The annual rough sleeping snapshot statistics measure the number of people sleeping rough on a single night in autumn. In 2018, we saw the first reduction in rough sleeping numbers in eight years falling to 4,677 people from a peak of 4,751 people in 2017¹². Numbers have continued to fall every year since 2018. The autumn 2020 snapshot coincided with a national lockdown during the COVID-19 pandemic,

when Everyone In helped to protect thousands of vulnerable people, including those sleeping rough or at risk of sleeping rough. In autumn 2020, there were 2,688 people estimated to be sleeping rough on a single night, which was down by 43% from the peak in 2017¹³.

3. The most recent statistics show that rough sleeping is now at an eight-year low. In autumn 2021, there were 2,440 people estimated to be sleeping rough on a single night down 9% from the previous year (2020) and 49% from the peak in 2017¹⁴. The autumn 2021 snapshot showed that rough sleeping had decreased in every region of England since 2020. The largest decrease, compared to the same period in 2020, was in Westminster, down c. 23% to 187 people. Manchester saw the second largest decrease in 2021 compared to the previous year, with a decrease of 37% (25 people). In Exeter, the number of people sleeping rough more than halved in 2021 from 2020, with 14 people estimated to be sleeping rough on a single night¹⁵.
4. The annual rough sleeping statistics are a robust and reliable measure of demonstrating changes in rough sleeping in England over time. However, we also collect more regular management information, which provides a fuller picture of the dynamic and seasonal nature of rough sleeping, but it does not go through the same process of independent verification as the official statistics. Our latest management information shows there were 1,806 people estimated to be sleeping rough on a single

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781567/Rough_Sleeping_Statistics_2018_release.pdf

¹³ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020/rough-sleeping-snapshot-in-england-autumn-2020>

¹⁴ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021>

¹⁵ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021>

night in March 2022¹⁶. This is an increase of 286 people compared to the same period last year (March 2021)¹⁷, however it remains significantly lower than the autumn 2017 peak measured through the annual rough sleeping snapshot. We recognise that no-one should have to sleep rough, and the progress made in recent years by local authorities and partners shows what can be achieved with our ongoing determination to end rough sleeping.

5. We have seen significant reductions in many areas following the introduction of our flagship Rough Sleeping Initiative, launched in 2018, where 83 local authorities with the highest levels of rough sleeping received funding for services. Since the launch, 24 of the original 83 authorities (referenced below) have had significant reductions in the numbers of people sleeping rough on a single night for two years or more according to the official annual rough sleeping snapshot.

The list below is based on local authorities who have reported ten or less people sleeping rough on a single night for two years or more in the official annual rough sleeping snapshot.

| | | |
|-----------------|-------------------------|-----------------|
| Basildon | Ipswich | Tunbridge Wells |
| Bedford | Maidstone | Walsall |
| Buckinghamshire | North East Lincolnshire | West Berkshire |
| Cheshire East | Richmond upon Thames | Wigan |
| Colchester | Salford | Wolverhampton |
| Haringey | Southend-on-Sea | York |
| Harlow | Swindon | Havering |
| Hounslow | Tameside | Warwick |

¹⁶ <https://www.gov.uk/government/publications/support-for-people-sleeping-rough-in-england-march-2022>

¹⁷ <https://www.gov.uk/government/publications/support-for-people-sleeping-rough-in-england-march-2022>

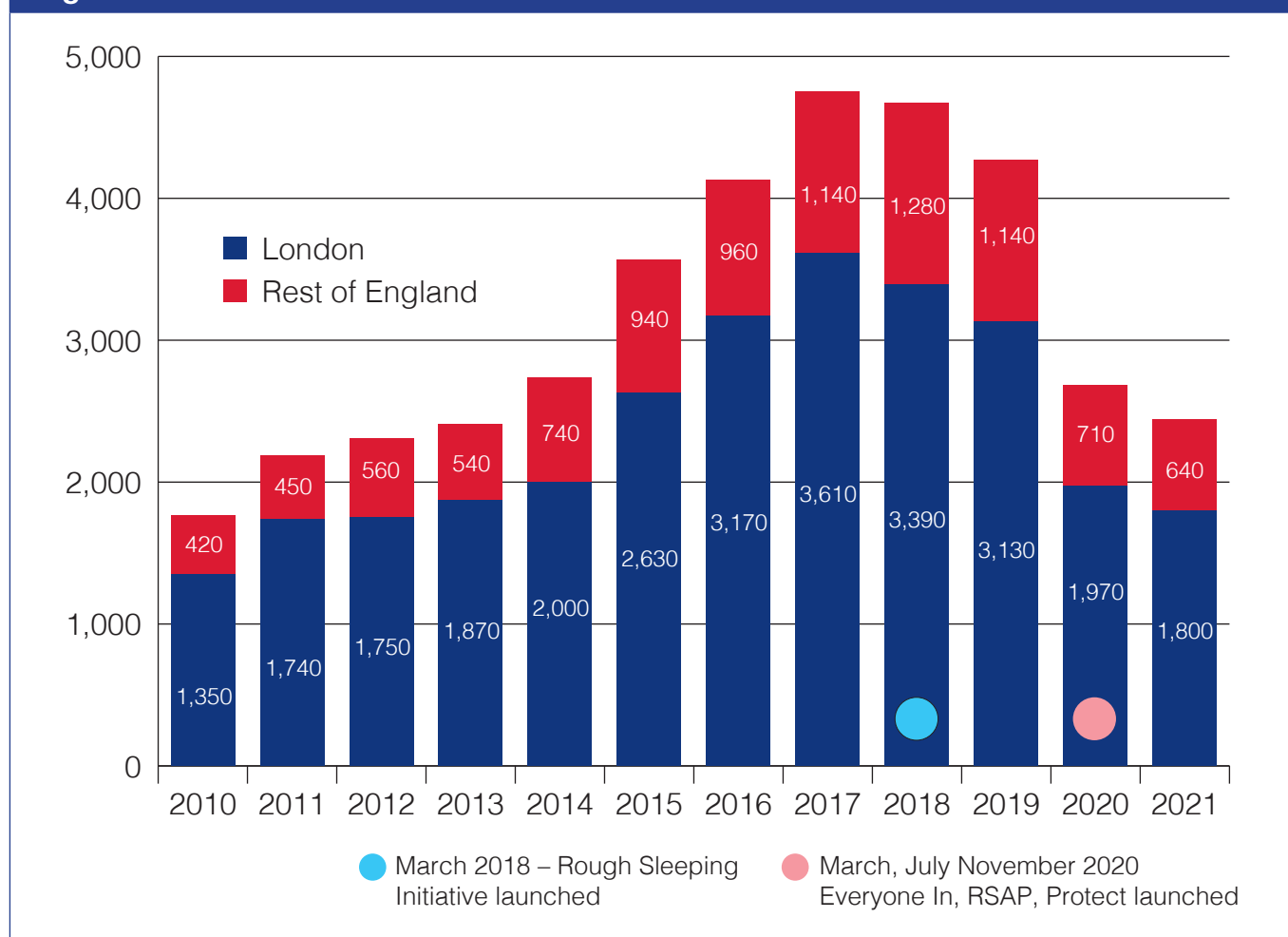
Figure 1: Estimated number of people sleeping rough on a single night in autumn in England since 2010

Figure 1: Estimated number of people sleeping rough on a single night in England since 2010. The rough sleeping single night snapshot remains our most reliable method of showing trends in rough sleeping figures in the country and as a way of comparing change over time. The methodology has been in use since 2010 and is collated by outreach workers, local charities and community groups, and is independently verified by Homeless Link alongside hundreds of volunteers from homelessness sector organisations. As the figures collected prior 2010 were collected using a different methodology, figures before 2010 are not directly comparable with consequent snapshot figures.

6. Our levels of rough sleeping also compare well internationally, although it is difficult to draw international comparisons due to a difference in approaches. There were four people sleeping rough on a single night in autumn 2021 per 100,000 people in England, compared to three people sleeping rough per 100,000 people in South Korea¹⁸ and Japan¹⁹, which are countries with

comparable data collection methodologies and have the lowest rates globally. The USA has 69 people sleeping rough per 100,000²⁰. When comparing across Europe, large cities in England, such as London and Manchester, have lower rough sleeping rates than large cities in France (Paris) and Germany (Berlin). For example, in 2021 in the City of Paris, 128 people slept rough per

¹⁸ <https://homelessworldcup.org/homelessness-statistics/>

¹⁹ https://www.mhlw.go.jp/stf/newpage_12485.html

²⁰ <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

100,000 people²¹, and in Berlin, 55 per 100,000²² – compared to 13 people sleeping rough per 100,000 in inner London and eight people sleeping rough per 100,000 in Manchester²³.

Our Response to COVID-19

7. The success of falling rough sleeping numbers can be attributed, in part, to our pandemic response. At the beginning of the pandemic, the Government urgently called on local authorities to bring ‘everyone in’ – and quickly accommodate people currently, or at risk of, sleeping rough, to allow them to self-isolate and be protected from the spread of COVID-19. We know that people experiencing rough sleeping can often have complex health needs and a range of vulnerabilities, which meant it was important to take extra care to keep people safe. Our collective response saved lives. According to research by University College London and published in the Lancet, preventative measures taken by the Government may have avoided 21,092 infections, 266 deaths, 1,164 hospital admissions and 338 intensive care admissions among the homeless population in the first wave of the pandemic alone²⁴. Our clear messaging and collaborative approach galvanised local authorities, health and care and sector partners to protect people sleeping rough from COVID-19.
8. As the pandemic evolved, so did our approach. We were determined that after the initial efforts to bring people in, and as lockdown restrictions eased, people did not return to the streets. In summer 2020, we announced plans to accelerate funding to provide 6,000 homes of long-term supported accommodation to people sleeping rough, alongside a further £91.5m to provide interim accommodation and support to those housed during the pandemic. This funding sat alongside £112m for the Rough Sleeping Initiative in 2021/22, which funded local areas to provide coordinated rough sleeping services.
9. To support areas with additional pressures during the winter months and further periods of high infection rates, we provided additional funding and support through the £15m Protect programme, following the November 2020 and January 2021 national lockdowns. Later, when the Omicron variant threatened the health of those still on the streets, we committed a further £28m to ‘Protect and Vaccinate’ the rough sleeping population. By December 2021, over 40,000 people had been supported into longer-term accommodation since the start of the pandemic, which included people sleeping rough, at risk of rough sleeping, as well as those who lost their accommodation unexpectedly during the pandemic²⁵.
10. Not only did our approach during the pandemic save lives, but it transformed the landscape for rough sleeping services. Local authorities and the voluntary sector have told us that it offered an unprecedented opportunity to engage with people experiencing multiple disadvantage, some of whom had been on the streets for years and had previously refused offers of support. Local areas developed and implemented a strong partnership approach with councils, charities, health partners and others across the sector to respond to the new and emerging challenges. Our pandemic

²¹ <https://www.statista.com/statistics/1047271/forecast-paris-population-france/>; <https://www.rfi.fr/en/france/20210401-despite-decline-nearly-3-000-still-sleeping-rough-on-the-streets-of-paris-poverty-housing-covid>

²² <https://www.dw.com/en/germany-nearly-2000-homeless-in-berlin-says-census/a-52288746>; <https://worldpopulationreview.com/world-cities/berlin-population>

²³ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021>; <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>

²⁴ <https://www.ucl.ac.uk/news/2020/sep/covid-19-emergency-homeless-accommodation-saved-hundreds-lives>

²⁵ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/annex-a-support-for-people-sleeping-rough-in-england-2021-not-official-statistics>

response demonstrated the powerful impact that we can have when central government, local government, and the voluntary and

community sectors work together with health and housing partners.

Figure 2: People in emergency and short-term accommodation, June 2020 to March 2022

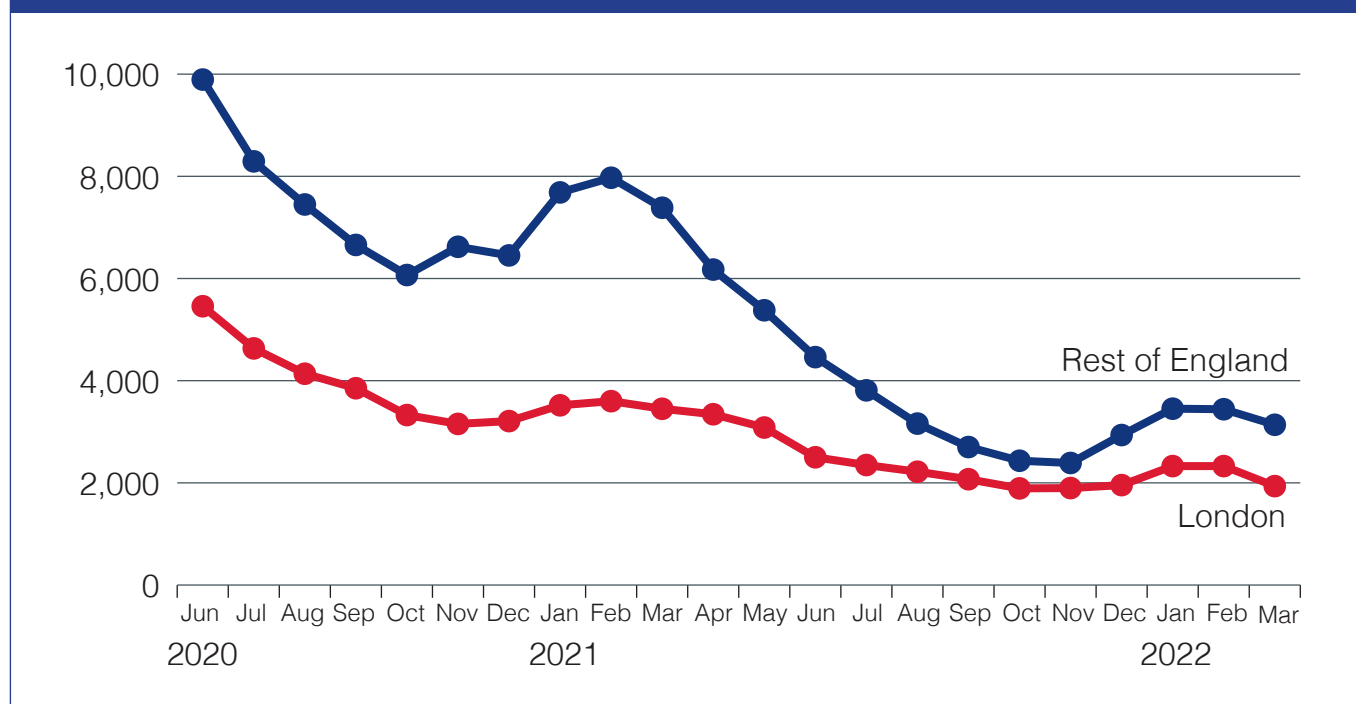


Figure 2: The number of people estimated to be in emergency and short-term accommodation from June 2020 to March 2022 according to monthly rough sleeping management information collected from local authorities. The peak in June 2020 coincides with the first national lockdown, and since the easing of lockdown restrictions from March 2021, the number of those in emergency accommodation has decreased. The increase again in October 2021 to January 2022 may be linked to colder weather but also to the Protect and Vaccinate Scheme, launched in 2021. These are not official statistics and do not go through the same level of verification as the annual snapshot statistics.

Record of Delivery: The 2018 Strategy

11. The success of our pandemic response was also due to the infrastructure that we had put in place before the pandemic. The 2018 Rough Sleeping Strategy²⁶ laid the foundation for our vision, setting out the three core pillars needed to end rough sleeping – Prevention, Intervention and Recovery. This continues to inform our strategic approach to ending rough sleeping today. Our key achievements since then include:

- The **Homelessness Reduction Act (HRA)**, which came into force in 2018, placing new duties upon local authorities and other public bodies to prevent homelessness, particularly for single people who can be at risk of sleeping rough. Since then, over 500,000 households have had their homelessness successfully prevented or relieved through securing accommodation for more than six months²⁷.

²⁶ <https://www.gov.uk/government/publications/the-rough-sleeping-strategy>

²⁷ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

- The **Rough Sleeping Initiative (RSI)**, launched as part of the 2018 Strategy, continues to provide significant resource for local authorities by providing funding to deliver local, tailored rough sleeping services. It is the foundation on which much of the support for people experiencing rough sleeping rests. Over the years, the Government has committed significant levels of funding from £30m in 2018/19, to £46m in 2019/20 and £112m in 2020/21, and an 80% increase to £202m in 2021/22. For 2022-25, we are providing up to £500m of multi-year funding to give local authorities across England the resources to continue their success in reducing the number of people sleeping rough and provide people sleeping rough with support to sustain a life off the streets. The published, independently peer reviewed RSI impact evaluation, found that the RSI produced a net reduction of 32% in rough sleeping in 2018 compared to areas with no RSI funding²⁸.
 - The **Housing First** pilot schemes, which launched in May 2018, provide stable, affordable accommodation and intensive wrap-around support to people experiencing entrenched and cyclical rough sleeping and with the most complex needs. The Housing First pilots are now in their fifth year and, based on monitoring information provided by the pilots, as of June 2022, they have cumulatively supported over 1,300 people experiencing entrenched and cyclical rough sleeping across 23 local authorities. The pilots are currently supporting over 900 individuals and over 1000 individuals have been provided with accommodation over the pilot's lifetime²⁹.
12. Alongside this, we have brought forward a number of programmes to fill gaps in provision; tackling substance misuse, providing longer-term accommodation and funding to support specific pathways for people leaving prison or care. Initiatives from the 2018 Strategy have continued to mature over the years and remain core to the foundation of this strategy. We set out more detail in later chapters about progress in delivering this support and how we will build on it going forward.
- ### Work Still to Do
13. Despite our achievements to date, we need to go further if we are to meet the manifesto commitment to end rough sleeping by the end of this Parliament. We will not level up the country if we do not support the most vulnerable and tackle inequalities, and those experiencing rough sleeping are at the sharp end of deprivation. We estimate that 40% of people sleeping rough are new to the streets each month³⁰ – so we need a step change in how rough sleeping is prevented, as well as ensuring that we can engage and offer support to those on the streets.
 14. We know that the drivers of rough sleeping are often complex and multifaceted, and people have multiple and overlapping needs. There are a number of structural factors that can contribute to someone sleeping on the streets, including the affordability and security of housing. In healthcare, people experiencing rough sleeping can struggle to access the care they need because their circumstances make it difficult for them to engage with the health system. Similarly for non-UK nationals sleeping rough, it is critical that we are being truly exhaustive in the options available to support them, and clearly signposting pathways available to get off the streets.

²⁸ This is compared the 83 areas that had the next number of people sleeping rough in 2017, but did not have RSI funding https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831133/RSI_Impact_Evaluation.pdf

²⁹ This information is based on monitoring information provided by the pilots,

³⁰ <https://www.gov.uk/government/publications/support-for-people-sleeping-rough-in-england-march-2022>

15. A range of individual factors may also contribute to someone rough sleeping, and these factors can be both a cause and a consequence of sleeping rough. For example, in a sample of those who had experienced rough sleeping (through the Rough Sleeping Questionnaire 2020), at least 43% of respondents self-reported having a mental health need prior to first sleeping rough, and 17% self-reported developing a mental health need after first sleeping rough³¹. Additionally, at least 43% of respondents self-reported developing a drug need prior to sleeping rough, 53% of respondents had been to prison and 26% had been in care as a child³². To end rough sleeping, we need to take action to address this range of factors – and not just action across housing. We need system change, so that everyone involved – central and local government, health partners, enforcement agencies, the criminal justice system, jobcentres, the voluntary sector, employers, the public – works better together to end rough sleeping and has the tools to do so.
17. We understand that households across the UK are struggling to make their incomes stretch to cover the rising cost of living. The Government has already taken significant steps to mitigate these pressures, announcing in May 2022 over £15bn in further support, targeted particularly at those with the greatest need. This package is in addition to the over £22bn already committed, with government support for the cost of living now totaling over £37bn this year. The war in Ukraine has also placed further pressure on global supply chains and prices of goods.
18. All of the above means that we will continue to build on the successes of the 2018 Strategy and our world-leading pandemic response. At the same time, we need to take new action to deliver a system-wide approach to tackling rough sleeping and addressing the range of factors that can cause it. The following chapters will set out how we are going to do this.

Wider Challenges

16. We are facing a range of national and global challenges. Whilst for many of us the threat from COVID-19 recedes, many people sleeping rough may still be threatened by the most severe effects, due to poor health and relatively low vaccination rates³³. We must make sure we continue to protect those at risk through continued support to get vaccinated, access to testing in homelessness settings, and access to the right healthcare.

³¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

³² <https://www.gov.uk/government/publications/rough-sleeping-questionnaire-initial-findings>

³³ based on anecdotal evidence from the sector

Chapter 2

Our Vision and Approach

Our Vision and Approach

This chapter provides an overview of our vision and strategic approach to ending rough sleeping, including:

- **What does ending rough sleeping mean?**
Our vision and definition for ending rough sleeping
- **How are we going to end rough sleeping?**
Our approach to prevention, intervention, recovery and a transparent and joined-up system
- **Who is going to end rough sleeping?**
Our roles and responsibilities to deliver a genuine system-wide response
- **What happens once we have ended rough sleeping?**
Our plan beyond the manifesto commitment to end rough sleeping by 2024

What Does Ending Rough Sleeping Mean?

1. There is currently no universal definition of what ‘ending rough sleeping’ means in practice. There is general agreement that sustainably achieving ‘absolute zero’ people sleeping on the streets – meaning not a single person in any location around the country – is highly unlikely in practice. This is in recognition of the unexpected life events that can cause people to sleep rough at short notice and that no country in the world has zero people sleeping rough on their streets. Efforts to tackle the issue have often focused almost exclusively on reducing the ‘point-in-time’ count of people seen sleeping out on a given night of the year. While this is vital – and at the heart of our approach is the aim that the number of people seen sleeping rough on a given night should be zero or as close to zero as possible – focusing on just this alone is unlikely to meaningfully ‘end’ rough sleeping for good. It does not, for example, give sufficient emphasis to preventing people from sleeping rough in the first place, or to ensuring that anyone who sleeps rough never experiences it again.
2. This is why, in consultation with experts including the Centre for Homelessness Impact, we have worked to define more clearly what we mean by ending rough sleeping and put in place a framework to measure whether it is being delivered. The Government considers rough sleeping will have ended when every local area ensures rough sleeping is **‘prevented wherever possible and, where it cannot be prevented, it is a rare, brief and non-recurring experience’**. In practice this means that we want to see more effective support to prevent rough sleeping from happening in the first place, and a tailored offer of support where it does, so people can build an independent life off the streets. This approach is endorsed by many in the sector, as set out in the Kerlake Commission report³⁴ and by Crisis³⁵.
3. Alongside this vision, we need a framework for delivering the definition, so that all partners know what is required to end rough sleeping and can track progress in getting there. We have been working with the Centre for Homelessness Impact and five ‘early adopter’ areas to test how this vision can be delivered and the data needed to track it. Further detail on the outcome of this work and the innovative data-led framework that we aim to roll out nationally is set out in the chapter on a ‘Transparent and Joined-up System’. For the first time, this framework will give central government and local partners a shared understanding of what it means to end rough

³⁴ [Kerlake Commission, Commission's Final Report, 2021, p20](#)

³⁵ [Crisis.org, The Plan to End Homelessness, Chapter 8](#)

sleeping. It will set out the breadth of metrics that are most important in tracking progress, so that we have a full picture of what is happening in local places, from how well rough sleeping is being prevented, to how effectively people repeatedly sleeping rough are being supported. This will drive performance across local partners by shining a light on progress across a range of measures to help identify where specific action is needed. It will help all those involved to work towards our shared vision that every local area ensures rough sleeping is 'prevented wherever possible and, where it cannot be prevented, is a rare, brief and non-recurring experience'.

4. Rough sleeping is the most acute and extreme form of homelessness. This Government is committed to tackling homelessness in all its forms and we are committed to fully embedding the landmark Homelessness Reduction Act 2017 (HRA), which placed unprecedented duties on local authorities to take steps to help prevent homelessness, including rough sleeping. More detail about our plans to fully embed the HRA are set out in the chapter on 'Prevention'. Whilst this strategy focuses on the policies and services, we are delivering to address rough sleeping, it includes a broad range of measures that help relieve wider homelessness, particularly by improving the affordability, quality and security of homes.

How Are We Going to End Rough Sleeping?

5. To achieve this vision, we have developed a four-pronged approach to end rough sleeping – this is supported by over £2bn to tackle homelessness and rough sleeping over the next three years.
 - better **prevention** to reduce the number of people that reach the streets in the first place;
 - swift and effective **intervention** for those who do sleep rough;
 - additional targeted support for those that need it for their **recovery** (including specialist accommodation); and
 - **a more transparent and joined-up system** to ensure everyone is working together effectively to end rough sleeping.
6. We know that rough sleeping is not simply a housing issue – which is why this is a whole of government strategy that includes initiatives across health and social care, the criminal justice system, immigration and enforcement, welfare, employment, support for care leavers, alongside housing. We know we need to make sure the whole system is working better to tackle rough sleeping.
7. The policies that underpin our work on prevention, intervention, recovery and system join-up can be found in the chapters below. **There is, of course, overlap between these key activities** – for example, mental health and substance misuse treatment is a way to prevent rough sleeping (given that over two-fifths of people self-reporting an alcohol, drug or mental health issue, reported having this issue before sleeping rough³⁶), but is also essential for recovery – and recovery, in turn, further prevents the risk of returning to the streets in the future.
8. However, ending rough sleeping cannot be neatly packaged into a one-size-fits-all policy proposal. People are complex by nature and our responses need to reflect this. Services and those delivering them continually flex to respond to the changing nature of sleeping rough and the needs in a local area. That is why our initiatives, across prevention, intervention and recovery, put the needs of people experiencing rough sleeping at their heart. Guidelines published in March 2022 by the National Institute for Health and Care Excellence (NICE) – [integrated health and social care for people](#)

³⁶ <https://www.gov.uk/government/publications/rough-sleeping-questionnaire-initial-findings>

[experiencing homelessness](#)³⁷ – set out core principles for how we should all approach care and support for people experiencing homelessness, including rough sleeping. These guidelines refer to the importance of integration between health and care and housing and are focused on delivering person-centred, empathetic, non-judgemental support and trauma-informed care in psychologically informed environments – recognising that people’s behaviour and engagement with services is influenced by previous traumatic experiences. They highlight the importance of building long-lasting, trusting relationships and recognise that engagement with services may not work first time round – and that active support to help people re-engage with services may be necessary, especially to help those with a long-term history of rough sleeping or experiencing multiple disadvantage. We will strive to embed these principles into everything that we and our partners do.

9. We must also ensure that the lived experiences of people who have slept rough informs the action we take. People with lived experiences play a vital role in raising awareness, sharing first-hand knowledge and feedback on how the system works in practice and helps to bring human perspectives into policy-making; whilst also playing a role in building the confidence and skills of the individuals involved too. Through our engagement on this strategy, we have involved groups that represent people with lived experience and recognise the importance of this as part of our on-going work. To deliver this, we will be developing a new advisory group made up of people with lived experiences who will be in place to provide regular advice and consult on our programme of work (you can find more detail on this on the chapter on ‘Transparent and Joined-up Systems’). With this in place, we hope to improve the design of our services and

policies, deliver tangible system change and make sure that people with the experience and expertise have the right platform to share their unique insights and challenges.

Who is going to End Rough Sleeping?

10. We will only end rough sleeping if those involved work together effectively. We need a holistic approach across the system, with ambitious cross-government action met by ambitious local delivery. Partnership working was critical to the success of our pandemic response and building on this is a key priority throughout this strategy. It is a golden thread through all our policies, putting in place the infrastructure and incentives to embed effective partnership working by default.
11. We all have a role to play in ending rough sleeping and the Government must lead from the front in encouraging partnership working – particularly across central government departments. **The strategy includes a number of measures to encourage join-up** at a: national level, with increased visibility and collaboration of policies that cross departmental boundaries; at a local level, with expectations on partnership working set as part of our funded programmes, such as the Rough Sleeping Initiative; and at a system level, with new commitments as part of implementation of the Integrated Care Systems. Alongside the measures in this strategy, we recognise that the forms of partnership working and the ways of working that underpin that will be different for each local area and that local authorities, with delivery partners, will work together to find the right structures that work best for them.
12. We also expect all partners to acknowledge the role they play in our system approach and be pro-active in their leadership to end rough sleeping, and we have set out this expectation in this strategy. Local authorities must set the ambition locally, such as

³⁷ <https://www.nice.org.uk/guidance/ng214>

through their Ending Rough Sleeping plans, while public and delivery bodies must ensure that all parts of the system are geared towards supporting people experiencing rough sleeping when they interact with their services. Housing Associations also have a role to play in accommodating people with experience of rough sleeping and the

voluntary, community and faith sectors provide vital support through engaging with those people least likely to access mainstream rough sleeping services. We have set out how each partner contributes to our shared aim of ending rough sleeping, although this list is, of course, not exhaustive.

| | |
|--|--|
| <p>Central Government including:</p> <ul style="list-style-type: none"> • Government departments • Delivery bodies e.g. prisons and probation, job centres and immigration services | <p>Central Government will:</p> <ul style="list-style-type: none"> • Set strategic direction • Develop national policy to end rough sleeping • Provide funding and ensure accountability • Develop a national evidence base • Establish infrastructure to enable delivery |
| <p>Local Government and leadership, including:</p> <ul style="list-style-type: none"> • Local authorities • Mayors | <p>Local Government will:</p> <ul style="list-style-type: none"> • Provide leadership and aspiration towards ending rough sleeping locally • Maintain strategic partnerships • Ensure joined-up funding, commissioning and service planning • Deliver local services • Improve data sharing, quality and use |
| <p>Service level delivery partners, including:</p> <ul style="list-style-type: none"> • Service providers, commissioned and non-commissioned • Public bodies i.e. NHS, police • Housing associations • People with lived experience | <p>Delivery partners will:</p> <ul style="list-style-type: none"> • Work in partnership to deliver key services to prevent rough sleeping e.g. through housing and health • Intervene and ensure people can move away from the streets long term • Provide expert advice on the best way of engaging with people sleeping rough and the use of resources |
| <p>Individual and organisational contributions, including:</p> <ul style="list-style-type: none"> • Members of the public • Employers • People with lived experience • Academies and think tanks | <p>Individuals will:</p> <ul style="list-style-type: none"> • Notify local services when they are concerned about an individual sleeping rough, through using Streetlink • Give time or money to local organisations • Provide opportunities for people with experience of rough sleeping to gain training or employment • Contribute their experiences, evidence and views to national policy, where appropriate |

13. There are a number of ways in which we are embodying a collaborative approach. We are committed to working closely with delivery partners to implement the strategy, building on the effective working relationships already in place. We listened to the voices of experts across the sector in the development of this strategy. This included a programme of roundtable sessions chaired by senior leaders from across the sector and local government and working closely with the Rough Sleeping Advisory Panel, an expert group made up of leading charities and service delivery organisations from across the sector. This is alongside our regular working groups which inform our approach and support effective policy-making.
14. We are committed to collaborating with the devolved administrations across the United Kingdom to share best practice. Ending rough sleeping cannot be done in isolation of other societal issues and this work is inextricably linked with other government priorities such as tackling drugs, reducing reoffending and supporting children in care.
15. Government must lead by example when it comes to collaborative working – which includes shared accountability for delivery of this strategy and achieving our ultimate ambition to end rough sleeping, which is why we will ask the Rough Sleeping Advisory Panel to provide an annual update on delivery progress to government to track progress in achieving our vision.
16. We are focused on delivering a system that ends rough sleeping sustainably – preventing rough sleeping wherever possible and where it cannot be prevented, ensuring it is a rare, brief and non-recurring experience. In doing this, we will not only aim to provide pathways to independent lives off the street, but also make sure we are delivering a system where no one has to sleep rough. This strategy covers funding to tackle rough sleeping for the next three years (until 2024/25) and our ambition is to make sure that local authorities and partners have the capacity and capabilities in place to lead on-going delivery at a local system level. This strategy lays the foundations for the long-term system change needed to support that. We recognise that this is a complex problem and that the system is maturing all the time, as we work together to overcome barriers and continue to develop new and innovative ways to address homelessness and rough sleeping beyond this strategy.

What Happens Once We Have Ended Rough Sleeping?

Chapter 3

Prevention

Prevention

This chapter provides an overview of our approach to prevention – it includes:

- **Case for Action:** what do we know about the drivers of rough sleeping and how it can be prevented?
- **Making a Change:** what is our ambition for preventing rough sleeping?
- **Acting Now:** what action will we take to achieve our ambition?

Case for Action: What Do We Know?

1. Preventing rough sleeping is at the heart of our strategy, to ensure we are doing all that we can to support individuals before they reach the streets. We estimate around 40% of people sleeping rough are new to the streets each month³⁸, so we need to get better at preventing rough sleeping.
2. Unaffordable and insecure accommodation is an important factor to consider in preventing rough sleeping. 26% of respondents to the Rough Sleeping Questionnaire (RSQ) 2020 reported financial reasons for losing their last settled base³⁹. Research conducted in 2017 found that only 20% of private landlords were willing to rent to households on Universal Credit⁴⁰, demonstrating the lack of availability for low-income individuals to access accommodation in the Private Rented Sector. Over 70% of social renters are in the

bottom two income quintiles⁴¹, with social housing playing a key role in preventing low-income households from becoming homeless and possibly sleeping rough.

3. However, we also know that the risk of rough sleeping is particularly acute in transitional periods from services or institutions into the community. Understanding the routes into rough sleeping is vital. For example, of the people in emergency and short-term accommodation in March 2022, 5% had previously been discharged from prison⁴². We also know that 11% of respondents of the RSQ 2020⁴³ reported being in prison before they slept rough and in 2021/22, 11% of people leaving custody were released from prison to the streets or other forms of homelessness⁴⁴. 2% of respondents of the RSQ 2020 reported being in hospital before sleeping rough⁴⁵, showing more can be done to avoid discharging people to the streets. Young people leaving care can struggle to access the Private Rented Sector, in some instances because they cannot provide a deposit or are struggling with the transition into adult life, impacting their ability to sustain a tenancy. Research has found that around a third of young people become homeless within two years of leaving care.⁴⁶ From this evidence, we know that to prevent rough sleeping we need to support people falling through the gaps when leaving institutions such as prison, hospital, care and asylum support.

³⁸ <https://www.gov.uk/government/publications/support-for-people-sleeping-rough-in-england-march-2022>

³⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁴⁰ <https://commonslibrary.parliament.uk/research-briefings/cdp-2017-0267/>

⁴¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000052/EHS_19-20_PRS_report.pdf

⁴² <https://www.gov.uk/government/publications/support-for-people-sleeping-rough-in-england-march-2022>

⁴³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁴⁴ Based on the 21/22 accommodation at release figures from the annual [Community Performance Statistics – https://www.gov.uk/government/statistics/community-performance-annual-update-to-march-2022](https://www.gov.uk/government/statistics/community-performance-annual-update-to-march-2022)

⁴⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁴⁶ https://www.crisis.org.uk/media/237534/appg_for_ending_homelessness_report_2017_pdf.pdf

4. As well as structural causes, people's individual circumstances are incredibly important when understanding the causes of rough sleeping – and each person will have a different journey and story to tell. Individual factors such as relationship and family breakdown, mental ill-health and substance misuse, can all be contributing factors. Additionally, we know that Adverse Childhood Experiences (ACEs) are a prevalent feature in what becomes the adult experience of repeated trauma and rough sleeping. Research has shown that the most complex forms of multiple exclusion homelessness are associated with childhood trauma⁴⁷, and a systematic review found that ACE was extremely high among adults experiencing homelessness, with over half exposed to four or more early traumatic experiences⁴⁸.
5. Ultimately, the solution to ending rough sleeping must involve preventing people from sleeping rough in the first place and ensuring they can access the right support for their individual circumstances. We need to ensure that we create a system in which homes are affordable and secure and, where people are at risk of rough sleeping, we are able to provide effective support before they reach the streets.

Making a Change: What Is Our Ambition?

6. **We will prevent rough sleeping wherever possible – ensuring that the experience is rare.** This 'prevention first' offer builds on what is already working with a new focus on preventing rough sleeping earlier in people's journey, intervening well before crisis point to help people off a path to rough sleeping across the system.
7. This offer has three core components. First, helping to improve housing affordability and accessibility by maximising affordable

housing supply and delivering our landmark reforms for a fairer Private Rented Sector. Second, helping local authorities, in partnership with other agencies, to better prevent rough sleeping by fully embedding the Homelessness Reduction Act, pivoting funding through the Rough Sleeping Initiative to ensure a focus on prevention and working to develop a new assessment framework for those at risk of rough sleeping. Third, providing targeted action for people we know are most at risk of rough sleeping across the system at some of the most challenging transitional points in people's lives.

Acting Now: How Will We Achieve It?

8. The below policies underpin how we will deliver a 'prevention first' approach. Many of the policies listed under the chapter on 'Recovery' will also help to prevent rough sleeping.
9. All of these prevention activities will be supported by our renewed focus on improving data and evidence to underpin policy and decision making, further supported by the new shared definition and a data-led framework for tracking progress towards ending rough sleeping.
10. We recognise the important role that early life, formative experiences have to play in contributing to causes of rough sleeping and the impact it has on how someone may engage with services later on in life. We are working to get ahead of the drivers of rough sleeping. One example of this work is our Supporting Families programme, where we are investing £695m (over three years), funding local authorities to work with families with multiple connected problems, such as family breakdown, poor mental health and substance misuse – which are all factors that can overlap with the causes of rough

⁴⁷ <https://journals.sagepub.com/doi/abs/10.1177/0042098012452329?journalCode=usja>

⁴⁸ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00189-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00189-4/fulltext)

sleeping. The programme aims to help vulnerable families thrive and become resilient, by providing effective support for the whole family to help prevent their problems escalating into crisis. In April 2022 we published an updated Outcomes Framework for the programme which includes 'secure housing' as one of ten headline measures⁴⁹. The framework also reflects the importance of tackling potential causes of rough sleeping, including unemployment, insecure accommodation and unmanageable debt

11. To achieve our ambition:

1) We will increase affordability and security of housing

a. Increasing the amount of social housing available, including £11.5bn investment into our Affordable Homes Programme

Provision of more good quality social housing is a priority for this Government. We are committed to increasing the amount of social housing available over time, to provide housing to people who need it. Our £11.5bn Affordable Homes Programme (AHP) aims to provide up to 180,000 new homes across the country, should economic conditions allow. Around half of the delivery of the AHP 2021-26 will be for Social and Affordable Rent – delivering more than double the amount of Social Rent compared to AHP 2016-23, with around 32,000 Social Rent homes due to be delivered. The ambition is to deliver more social and affordable rented housing, including new council housing, and we will review how to support LAs to best achieve this. Increasing the supply of quality social housing will help people secure and maintain a home, therefore reducing the risk of rough sleeping.

b. Delivering a fairer Private Rented Sector

Our 'A Fairer Private Rented Sector' White Paper⁵⁰ sets out our plan to deliver a more secure and higher quality Private Rented Sector. We will support tenants with the cost of living by ensuring that rent increases are predictable and fair, and take steps to end discrimination against tenants who claim benefits by a minority of landlords. We will introduce more stable tenancies by abolishing so-called no fault Section 21 evictions, while reforming grounds for possession to ensure landlords continue to have confidence that they can regain possession when necessary. The White Paper sets out to fulfil Government's pledge to level up the quality of housing in all parts of the country, so that everyone can live somewhere which is decent, safe and secure, supporting our aim to end rough sleeping.

c. Maintaining financial support towards housing costs for those on low income through Housing Benefit and Universal Credit

We continue to deliver a welfare system that supports people on low incomes and the most vulnerable in our society, including people who could be at risk of rough sleeping. On top of the existing support available through the welfare system (which includes an extra £1,000 a year for 1.7m families through our cut to the Universal Credit taper and increase to work allowances), to help with the immediate pressures caused by the cost of living, the Government is providing £37bn of payments to low-income households in 2022/23. This is in addition to the Household Support Fund to help with the cost of essentials such as food, clothing and utilities (over £1bn funding from October 2021 to March 2023). Supporting households with their basic costs of living has ensured that they are better able to afford housing costs – keeping people in their homes and reducing the risk of rough sleeping.

⁴⁹ <https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-3-the-national-supporting-families-outcome-framework>

⁵⁰ <https://www.gov.uk/government/publications/a-fairer-private-rented-sector>

- **Supporting people who have experienced homelessness including rough sleeping by maintaining the shared accommodation rate exemption**

In May 2021, the Government increased the access to additional housing support for people who have experienced homelessness. Single, under 35-year-olds that have lived in a homeless hostel for three months or more are entitled to a higher-level of housing support (through an extension to an exemption to the shared accommodation rate). This policy change has enabled more people who have had experience of staying in a homeless hostel to continue their journey towards independent living by making longer-term accommodation more affordable. We will continue the exemption to the shared accommodation rate to help people maintain their accommodation through recovery and reduce the risk of rough sleeping recurring.

- **Supporting people who need further financial assistance with their housing costs through Discretionary Housing Payments**

Beyond the statutory payments of housing cost support, local authorities have tools at their disposal to provide a safety net for those struggling to meet the cost of their accommodation, with £100m in Discretionary Housing Payment Funding (DHP) available to local authorities in 2022/23. DHPs can be used flexibly by local authorities to support someone in receipt of Universal Credit or Housing Benefit with help to meet additional housing costs, such as making up a shortfall in rent or covering the costs of moving – helping to secure and stabilise an individual's tenancy and reducing the risk of rough sleeping.

- **Strengthening models of jobcentre support and partnerships to ensure people can get the benefits to which they are entitled**

Work coaches in jobcentres can play an important role in prevention and response. Their primary purpose is access to benefits and job support – along with signposting to other services. In many high streets and communities, jobcentres are the front door to government and local services.

Work coaches have a unique opportunity to identify and intervene where individuals are at risk of rough sleeping.

People in the most chaotic and challenging circumstances can sometimes be disengaged from all the necessary services – in these cases, welfare is not just key to getting a roof over someone's head, as it can also be the gateway to wider services dealing with financial, health and housing issues, and to employment support when the time is right (see chapter on Recovery for further detail). This is why signposting is a key element of the support work coaches offer.

DWP will further strengthen its front-line support and partnerships. It will build on its recent work – such as the introduction of a homeless toolkit and designated leads in every jobcentre – to ensure all staff have a good understanding about the barriers people at risk of rough sleeping face, the support and flexibilities at their disposal and the services available locally where they can get the right support. The homelessness lead has a key role to play in upskilling work coaches and other jobcentre colleagues and advising them on individual cases. They are also the single point of contact for local authority homelessness teams to escalate priority cases and ensure that benefits are paid as swiftly as possible (for instance utilising day-one Universal Credit advances). The homelessness leads will receive refreshed training and share best practice with each other through local and national networks and the homeless toolkit, which will be promoted to all jobcentre and service centre staff.

Engaging with people beyond the bounds of jobcentres can be important for getting people sleeping rough access to benefits. Jobcentre staff, such as the London homelessness adviser team, often provide outreach in community settings where people are more likely to engage – and delivered alongside partners, such as local authority housing teams, to provide joined-up assistance.

As part of this strategy, we will review the jobcentre approach to outreach to ensure people sleeping rough are supported to access benefits. We will spread best practice to ensure this type of offer is available in all areas with high numbers of people sleeping rough and according to local need. Where appropriate, we will ensure that support is targeted at individuals with a long-term history of rough sleeping, who we know can struggle to engage with services without extra help.

2) We will empower local authorities to better prevent rough sleeping – including fully embedding the landmark Homelessness Reduction Act 2017

a. Continuing to support local authorities to embed the Homelessness Reduction Act

The Homelessness Reduction Act (HRA) 2017 is the most ambitious reform to homelessness legislation in decades. The Act was brought in to give local authorities the tools to help vulnerable people earlier and prevent them becoming homeless in the first place. It also puts requirements on different public services, such as jobcentres and prisons, to refer people they think might be at risk of homelessness to their local authority, so that they get the right help as quickly as possible. Since the implementation of the Homelessness Reduction Act, over 500,000 households have had their homelessness

successfully prevented or relieved through securing accommodation for at least 6 months; over 740,000 single households (two thirds of the total number of households) and 60,620 households with a reported history of rough sleeping have been assessed as owed help to prevent or relieve their homelessness since the Act was introduced. We have also seen significant success in focusing on prevention through the Duty to Refer which means more people are being referred for the support they need, before they reach crisis point⁵¹.

The statutory duties placed upon housing authorities to take steps to prevent and relieve homelessness apply to all those who are eligible, irrespective of whether a person has a 'priority need', is regarded as being 'intentionally homeless', or if they have a local connection to the area. It is vital that people experiencing rough sleeping continue to receive the statutory support they are entitled to – and maintaining effective join-up between local rough sleeping services, housing authorities and other public services will be key to achieving this. Local authorities have duties to provide emergency accommodation to homeless people who may be vulnerable and have powers to accommodate many of those who are not owed a statutory duty. We will work with local areas to provide at least time-limited off the street accommodation for people sleeping rough in their area, including those who do not have a local connection to that area. We will continue to monitor and support local authorities to fully embed the Homelessness Reduction Act – focusing on findings from our published [2020 review of implementation](#)⁵², which includes: continuing to work across government to join up local services and support people at risk of homelessness, including rough sleeping, using the Duty to Refer as the framework; providing councils with communications materials to increase public awareness of the prevention

⁵¹ This includes a 57% increase in the number of referrals from Children's Services between 2019-20 and 2020-21 and an 81% increase from Prisons and Probation in the same period: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

⁵² [2020 review of implementation of Homelessness Reduction Act](https://www.gov.uk/government/consultations/homelessness-reduction-act-2017-call-for-evidence/outcome/homelessness-reduction-act-2017-government-response-to-the-call-for-evidence) <https://www.gov.uk/government/consultations/homelessness-reduction-act-2017-call-for-evidence/outcome/homelessness-reduction-act-2017-government-response-to-the-call-for-evidence>

duty; and streamlining and continuing to improve the accessibility of our data.

b. Funding £316m Homelessness Prevention Grant in 2022/23

Between 2017 and 2021, we have invested over £1bn into the Homelessness Prevention Grant (HPG) and its predecessors (the Flexible Homelessness Support Grant and Homelessness Reduction Grant). As part of this strategy, we are committed to prioritising this significant investment in prevention, which includes a further £316m through the HPG in 2022/23. This will help local authorities to deliver their homelessness and rough sleeping strategies and meet their duties in the Homelessness Reduction Act. The HPG can be used flexibly to tailor the support to the person in need – this may include financial support for people to find a new home, work with landlords to prevent evictions or to provide temporary accommodation, amongst other preventative measures. This year we are consulting on technical reforms to the HPG to update our data sources and ensure the funding formula best represents current pressures beyond this financial year. These technical reforms will pave the way for greater incentives to invest in prevention and will make sure that people at risk of homelessness, including rough sleeping, will continue to be able to access the help available from councils. We will announce the outcomes and funding allocations later this year.

Prevention is also one of the core objectives of RSI 2022-25 and funding contributes to the cost of liaison and diversion approaches from hospitals and prisons, and work with accommodation providers to reduce short notice eviction through proactive pre-eviction protocols. More on our flagship programme, RSI, can be found in the chapter on ‘Intervention’.

3) We will commit to working with stakeholders from local authorities and the service delivery sector to establish an operational risk assessment tool to assist with the prevention of rough sleeping

While the Homelessness Reduction Act 2017 (HRA) has delivered a step change in expanding the support available for single adults, with more people getting help sooner, local authorities and partners could be better supported to identify people most likely to sleep rough and target support where it is needed. This is why we want a fuller framework that captures the breadth of people that are at risk of sleeping rough. The tool will be developed to include those factors that regularly lead to rough sleeping with the intention of it being made available to local networks to improve the use of the resources they have available to end rough sleeping. This will align with our work on the new data framework which will underpin the definition of rough sleeping and compliment the work on the Homelessness Reduction Act.

4) We will support our ambition that no-one is released from a public institution to the streets through the following commitments:

4.1) No-one should leave prison homeless or to sleep rough

Too many people are currently released from prison homeless. We know we need to take coordinated, multi-agency action at the right stages to reduce the risk of prison leavers sleeping on the streets and make sure pathways of support are in place. That means better support to plan for accommodation options before release, national roll out of transitional accommodation after release, and extra funding to expand support to sustain private tenancies. We will deliver the commitments in [The Prisons Strategy White Paper](#)⁵³, published in December 2021, and bring forward new funding to expand the

⁵³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf

Accommodation for Ex-Offenders Scheme to help prison leavers sustain private tenancies in all regions in England:

a. National roll-out of 12-weeks of transitional accommodation upon release

The Government has committed to expand the amount of transitional accommodation (Community Accommodation Service – CAS3) for people being released from prison at risk of homelessness, including rough sleeping. This means that people leaving prison can have access to 12-weeks’ accommodation to avoid being released to the streets and, in that time, are supported to find more permanent accommodation. This initiative builds on the success of our pandemic response, where, between May 2020 and May 2021, we supported approximately 5,500 offenders with temporary accommodation, resulting in an almost 30% reduction in people leaving either homeless or to rough sleep (down from 12,090 people in 2019/20 to 7,554 in 2020/21)⁵⁴. We know from this experience that accommodation provides a base from which people can engage with local authorities and other support services – providing them with the safety and security they need to engage positively on next steps and rehabilitation into the community. We are now going further by expanding this 12-week transitional accommodation nationally, from the current five probation regions to all remaining regions in England and Wales. Delivery is due to start in December 2022/January 2023 and we expect it to support up to 12,000 people per year⁵⁵ over the next three years.

As well as CAS3, MoJ will expand its ‘Approved Premises’ estate to support effective rehabilitation of high-risk offenders, providing accommodation support to avoid homelessness and rough sleeping, whilst increasing public

safety. The Approved Premises Expansion programme will accommodate 600 additional offenders per-year when fully delivered. To enable prison leavers to access essential services, including preventing homelessness through securing accommodation on release, when parliamentary time allows, we will bring forward legislation to reduce the number of prisoners released on Fridays so people have more time to access this support before the weekend. We will also introduce a resettlement passport, which will bring together key information, including release address and services to support successful resettlement into the community.

b. Employing more Housing Specialists to improve accommodation pathways and partnership with local authorities

Housing specialists are dedicated staff employed in probation regions to improve accommodation outcomes for people leaving prison. They do this by collaborating across prisons, probation and local authorities to improve join-up of local services and accommodation pathways and by providing specialist advice to prison staff on housing options. Building on the 20 Housing Specialists already in post, the Prison White Paper (December 2021) committed to increase the number of Housing Specialists to 48 posts across 12 regions in England and Wales to cover more probation areas. Together with the changes set out above, this will support effective pathways for all prison leavers at risk of homelessness, so that they are identified early and appropriate support is put in place across prison, probation and local authorities to reduce the risk of rough sleeping after release.

⁵⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1006474/2021_Q4_CPT_publication.pdf

⁵⁵ This is based on the number of prisoners released homeless or rough sleeping in 19/20. The 19/20 figures have been used to give an indication of the maximum number of potential homeless or rough sleeping prison leavers that may need to be supported by CAS-3. This is because latter years have been affected by number of additional factors including, a reduction in the number of releases, the impact of Covid-19, the limited rollout of CAS-3 in 21/22. A full breakdown of these figures can be found in the [Community Performance Statistics; https://www.gov.uk/government/statistics/community-performance-annual-update-to-march-2022](https://www.gov.uk/government/statistics/community-performance-annual-update-to-march-2022)

c. Taking a preventative approach, based on individual circumstances, through regional probation Homelessness Prevention Teams

Multi-agency working is crucial to providing the right wrap-around support that an individual needs. The Government has established Homelessness Prevention Teams across all probation regions, involving a range of local partners including prison, probation and local authorities, to ensure timely and effective referrals to local authorities of people at risk of homelessness (under the statutory Duty to Refer), so that people can receive the appropriate support, at the right time and suited to their needs and risk-level. Our expert homelessness and rough sleeping advisers in DLUHC are committed to working with local authorities to share and encourage this best practice.

d. Targeting welfare support for people preparing to leave prison

Ensuring a smooth transition between prison and independent living is essential to ensure people do not fall through the gaps into rough sleeping. The Government already offers support during pre-release with 200 dedicated prison work coaches that work with people in prison to provide information on how to claim Universal Credit on release; this includes a dedicated phone service for those leaving prison that are unable to complete an application online. We also offer support to people serving short-term prison sentences to help maintain their tenancies, so that they still have accommodation to return to upon release – avoiding the risk of rough sleeping. DWP are continuing to strengthen the welfare support and advice offered to people in/leaving prison and are working with MoJ to test different approaches to prisoners preparing to make their Universal Credit claim and claimant commitment before release in 15 prisons with a view to rolling out across the prison estate by 2024. We are committed to continuing to provide this bespoke support to ensure rough sleeping upon release from prison is prevented wherever possible.

e. New multi-year funding to help secure private rented accommodation for people leaving prison

Alongside rolling out transitional accommodation, we will bring forward new funding to support prison leavers to access and sustain private sector tenancies. We have already committed £13m in 21/22 to help people who have left custody in the last 12 months to secure accommodation in the Private Rented Sector. In July 2021, we launched the Accommodation for Ex-Offenders (AfEO) programme, awarding this funding to 145 local authorities to provide a range of support, such as rental deposits, landlord incentives and dedicated support staff, including landlord liaison and tenancy support/sustainment officers. The programme is designed to align with the transitional accommodation (Community Accommodation Service – CAS3 mentioned above) to ensure there is a robust local pathway in place for people leaving prison. We are committed to continuing this support to those who need it by extending this funding to high need areas in all regions in England, investing additional funding over the next three years, allowing more people to be helped into settled accommodation and further prevent the risk of rough sleeping.

4.2) Young people leaving care will receive the support they need to secure and maintain suitable accommodation

While many young people leaving care transition well to independent living, we know there can be challenges for some in accessing appropriate housing and support. Since 2018, the Care Leaver Covenant, has been in place to support care leavers to improve their transition from care to adulthood. The principle behind the Care Leaver Covenant is to encourage organisations across wider society – private, voluntary and public sector – to sign and make a commitment to offer employment opportunities, services, and tailored support to young people leaving care. Support networks, employment and affordable housing are all key to preventing rough sleeping. In line with this

pledge, we will continue what we know makes the biggest difference to improving housing outcomes for this group: dedicated personal adviser support for those most at risk, alongside continued support to remain with foster families and support for those leaving children's homes, and measures to improve joint working between local authority children's services and housing teams, including through strong corporate parenting governance. This will support our ambition that no-one should leave care to the streets.

a. £3.2m investment for more specialist personal advisers in 2022/23, to provide individual support for young people leaving care at risk of homelessness, including rough sleeping

The Government will expand the number of local authorities with funding for specialist advisers from 56 to 69, with £3.2m investment in 2022/23. These specialist advisers play a critical role in improving outcomes for young people leaving care, by ensuring that individuals with the highest need have the right support; and by collaborating across local authority housing and children's services to deliver a joined-up approach to support and accommodation pathways. In 2022/23, specialist advisers will support joined-up, person-centred support to young people leaving care – including:

- i. delivering up-to-date joint housing protocols with DfE, between local authorities and children's services to agree joint-ways of working to deliver wrap-around support and embed collaboration and partnership across services,
- ii. ensuring local areas have effective multi-agency arrangements in place for managing complex cases and arrangements in place to support young people placed out of area,

- iii. continuing to have regular and meaningful consultation with young people leaving care on their housing options; and
- iv. improving systems for data collection to ensure local areas can monitor outcomes and progress for the people they are supporting.

b. £99.8m funding over the next three years into 'Staying Put', to enable young people to remain with their former foster families for longer

Our young people need to feel safe, secure and supported when transitioning from care into independent living. This has long been a priority for this Government and since 2014 local authorities have been under a legal duty to provide financial support to enable young people in foster care to remain living with their foster family up to the age of 21 if both parties want the arrangement to continue. So far, the Government has provided £174m of funding to support local implementation of 'Staying Put' and in 2021, 60%⁵⁶ of eligible young people leaving care chose to 'Stay Put' at age 18 and 30% of 19–20-year-olds were still living with their former foster carers. We know that young people leaving care benefit from a stable and secure family setting and preparing for independence at a more gradual pace – for example, those who 'Stay Put' are twice as likely as others leaving care to go to university and half as likely to be NEET (not in *Education, Employment, or Training*)⁵⁷. Given these outcomes, the Government is committed to continuing to invest in 'Staying Put', by funding £99.8m over the next three years.

c. £36m funding over the next three years to expand 'Staying Close', providing extra support for young people leaving children's homes

For our young people moving on from children's homes, we are committed to provide support to access suitable accommodation and guidance

⁵⁶ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

⁵⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/183518/DFE-RR191.pdf

to smooth the transition into independence. The ‘Staying Close’ initiative aims to facilitate this, and we have invested over £8.2m in eight pilot areas over the last four years to help provide offers of move-on accommodation, alongside support from a trusted adult. Independent evaluations⁵⁸ and internal monitoring have found that ‘Staying Close’ helps to provide a smoother transition into adulthood and shows positive impacts on individual’s wellbeing, accommodation stability and engagement in education, employment and training. We are committed to continuing this extra support for our young people leaving care to help protect against the risk of rough sleeping. We are investing a further £36m over the next three years, with a view to significantly increase the number of local areas offering the ‘Staying Close’ programme in the future.

d. Working with local authorities to share best practice on supporting young people leaving care at risk of rough sleeping

No-one knows how to better support their young people than local areas themselves – which is why we encourage and share good practice amongst local authorities through DLUHC’s specialist homelessness and rough sleeping advisers. In collaboration with DfE, DLUHC expert advisers will continue to work across children’s and housing services; recommending the Joint Housing Protocol Good Practice Guide and sharing learning from our programmes so far, including promoting the statutory ‘Duty to Refer’.

e. Consideration of the recommendations in the report published by ‘Independent Review of Children’s Social Care’, as part of the Government’s broader response to challenges in the care system

We support the mission in the independent review led by Josh MacAlister⁵⁹ to “reduce care leaver homelessness now, before ending it entirely”. DLUHC and DfE will collaborate

closely on Government’s response to the report, carefully considering the recommendations to prevent young people facing homelessness and rough sleeping upon leaving care.

f. Targeting welfare support for young people leaving care

In June 2021, the Government increased the age-threshold for someone who has previously been in care to claim a higher-level of housing support. The age limit for the exemption to the shared accommodation rate was raised from 22 to 25 years’ old – meaning that young people who have left care have time to establish links, build support networks, and find work to live independently. Jobcentres also collaborate closely with local authorities to ensure that people leaving care can prepare to claim for Universal Credit payments in advance, to ensure a smoother transition between services. DWP is committed to continuing to provide this bespoke support to ensure rough sleeping amongst our young people leaving care is prevented wherever possible.

4.3) No-one should be discharged from hospital to the streets

a. Adopting learning from the Out of Hospital Care Programme to reduce the risk of people leaving hospital for the streets

The prospect of having nowhere to go following a stay in hospital is something that no-one should be faced with. Over 20/21 and 21/22, the Government provided a total of £15.85m to 17 sites to pilot Out of Hospital Care Models (OOHCM), supporting people at risk of homelessness to recover their health and wellbeing after a stay in hospital and avoid ending up on the street. These models ensure continuity of care when people leave hospital through interim accommodation and care and support while full assessments of individual needs are carried out. A robust academic evaluation of the project will take place in August 2023. We will share this evaluation and

⁵⁸ <https://www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation#care-leavers-and-staying-close>

⁵⁹ <https://www.gov.uk/government/groups/independent-review-of-childrens-social-care>

learning from the project to encourage local areas to adopt similar models. For example, this could include webinars and engagement events with key organisations and bodies, such as NHS England, local system leaders, academic institutions, Local Authorities, and voluntary, community and faith groups.

The Rough Sleeping Strategy 2018 encouraged more targeted homelessness prevention work across the NHS. We want to ensure people working in hospitals and primary care have the right skills and understand the importance of a person's housing status when leaving a service. Discharge to Assess is an existing nationally-supported good practice framework, aimed at supporting staff to assess an individual's long-term care and support needs in an appropriate setting when being discharged from hospital. OOHCM harnessed the principles of the Discharge to Assess, to meet the needs of those who might otherwise return to the streets or inappropriate accommodation when leaving hospital. We have previously published guidance⁶⁰, including practical tips and case studies, on implementing the discharge to assess, and we continue to recommend this approach to ensure everyone, including those with a history of sleeping rough, can receive the care and support they need when leaving hospital settings.

4.4) No-one who has served in the UK Armed Forces should have to sleep rough

As part of the [Veteran's Strategy Action Plan 2022-24](#)⁶¹, this Government has committed to end veteran rough sleeping by the end of this Parliament. Although there can be a public perception that there are high numbers of veterans sleeping rough, our data suggests that levels are low. The Rough Sleeping Questionnaire 2020, which surveyed people who had slept rough in the previous year found that 6% of UK national respondents had served

in the Armed Forces⁶² and CHAIN statistics in 2021/22 found that 2% of UK nationals sleeping rough had experience of the Armed Forces⁶³. However, we recognise that veterans can struggle to access mainstream services and benefit from tailored options when they find themselves in housing difficulty. We have already taken steps to provide a comprehensive response to supporting veterans at this important stage in their lives – including the £17.8m provided for Op COURAGE, a preventative programme supporting veterans mental health and addiction services. In this strategy we will go further: by promoting housing advice much earlier in service and on-going throughout Service personnel's careers; by introducing 'Life Skills' entry-level advice, information and guidance available to all Service Personnel and their families; and by improving collaboration and cohesion between services through the statutory Duty to Refer.

a. Providing high priority access for social housing and temporary accommodation

Supporting our veterans has long been a priority for this Government. In 2012, the law was changed so that seriously injured, ill or disabled Service personnel and veterans with urgent housing needs are given high priority access for social housing. This priority access also applies in homelessness legislation – if a veteran is homeless and vulnerable as a result of their service, local authorities have a legal duty to provide temporary accommodation until suitable settled accommodation can be secured. Our veterans have played a vital role in keeping our country safe and we are committed to continuing to provide the support they need to adjust successfully back into civilian life and find a safe and secure place to live when leaving the Armed Forces. DLUHC, working with the OVA and MoD will ensure that there is a good understanding of the Duty to Refer in practice, to ensure that there is better, timely and

⁶⁰ <https://www.nhs.uk/nhsengland/keogh-review/documents/quick-guides/quick-guide-discharge-to-access.pdf>

⁶¹ <https://www.gov.uk/government/publications/veterans-strategy-action-plan-2022-to-2024>

⁶² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁶³ Greater London Full Annual Report 2021-22: <https://data.london.gov.uk/dataset/chain-reports>

planned support for those being discharged from the forces.

b. Continuing to waive local connection requirements for veterans

As per the 2008 amendment to the Housing Act (1996), members of the Armed Forces can apply to a local authority for housing support based on a local connection to an area through residence or employment in the same way as a civilian. Additionally, the Allocation of Housing Regulations 2012⁶⁴ set out that, for the purpose of social housing allocations, councils cannot apply a 'local connection' test to former and existing Reservists suffering from serious injury, illness or disability wholly or partly attributable to their service and those who are currently serving in the Regular Armed Forces or who were serving at any time in the five years preceding their application for an allocation of social housing. These provisions, which can extend to bereaved spouses and civil partners of Service personnel, recognise the special position of members of the Armed Forces whose employment requires them to be mobile and who are likely, therefore, to be particularly disadvantaged by local connection requirements. Statutory guidance for local authorities which set out these provisions was published in 2020, in line with the Armed Forces Covenant.

c. Providing specialist housing support for those leaving the Armed Forces

Following the 'Our Veterans Action plan launched in 2018', a review was undertaken into how housing advice is provided to Service personnel and veterans. Following this review, the Government committed to providing more holistic, tailored advice and support by moving the Joint Service Housing Advice Office within Defence Transition Services. This is due to conclude in Autumn 2022 and will result in more coherent support and advice for Service personnel and their families who may face challenges with housing and adjustment to

civilian life when leaving the Armed Forces. As well as this support, veterans have access to the Veterans Gateway, an online web and telephone resource, which provides support from a housing specialist who has up-to-date information on available accommodation across the country specifically ringfenced for veterans. They will also have access to a series of 'life skills' advice, information and guidance, to be piloted by MoD by the end of 2022 – aimed at Service personnel and their families to improve their understanding of housing options both during and after service. The existing resources, alongside the additional 'life skills' support will allow individuals and their families to make the necessary plans while still serving to prevent the risk of rough sleeping.

d. Targeting welfare support for veterans

We are proud to continue to provide vital and significant support services for veterans through our jobcentre network, which recognises the particular needs and circumstances of someone leaving the Armed Forces. Where veterans need extra support, DWP will continue to offer advice from Armed Forces Champions (AFC), who are there to provide personalised support on individual cases where necessary. DWP currently has 50 AFCs deployed across jobcentres (at least one in each Jobcentre Plus district) overseen by 11 regional AFC leads. All work coaches are also able to provide tailored support to members of the Armed Forces community, working alongside the AFCs; and in 2021, we introduced an identifier on the Universal Credit system that helps us to signpost veterans for further support, including for housing.

⁶⁴ [The Allocation of Housing \(Qualification Criteria for Armed Forces\) \(England\) Regulations 2012](https://www.legislation.gov.uk/uksi/2012/1869/contents/made)
<https://www.legislation.gov.uk/uksi/2012/1869/contents/made>

4.5) We will review the impact of the new asylum dispersal system on homelessness and rough sleeping

a. Consulting local authorities on the long-term reform of the asylum dispersal system

Whilst it is vitally important that we provide interventions to support people who are not from the UK currently experiencing rough sleeping, it is most important that we prevent people finding themselves on the streets in the first place. This is particularly acute when considering people leaving the asylum estate – whether that is because someone has been granted asylum but lacks access to secure and sustainable employment and accommodation; or someone has not been granted asylum with restricted eligibility for local authority support. To better understand these issues, the Home Office has run an informal consultation with local authorities and other interested partners on the implementation of a fairer distribution of asylum seekers across all local authority areas. This is part of our work to explore how asylum dispersal can better take account of the impact on local authorities and inform the design of a more equitable and sustainable system in the long term, including seeking to reduce the risk of people leaving asylum support to the streets.

5) We will support recovery to prevent rough sleeping recurring

There are a number of initiatives in our chapter on Recovery that are also a fundamental part of prevention activity. For example, mental health and substance misuse treatment is both a way to prevent rough sleeping (given that over two fifths of respondents of the Rough Sleeping Questionnaire 2020 first developed an alcohol, drug, or mental health need before sleeping rough)⁶⁵, but is also essential for recovery – and recovery, in turn, further prevents the risk of returning to the streets in the future. Our definition of ending rough sleeping is based on ensuring that, if rough sleeping cannot be prevented, the experience is rare, brief and non-recurring. Therefore, any policy that helps address an individual's needs and supports them off the street into an independent life is ensuring that rough sleeping is prevented in the future and the experience is not a recurrent one.

⁶⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

Case Study: Prevention In Action

Transitional Accommodation For People Leaving Prison At Risk Of Homelessness, Including Rough Sleeping

Thomas, aged between 45 and 50 years old

"I have served sentences on several occasions and usually end up being recalled to prison after a few days due to not having anywhere to live, I would often feel safer in prison. I was overwhelmed with the property provided and the support CAS3 were able to offer. This is the first time I've ever been provided with stable accommodation after being released from prison. By having stable accommodation, I've been able to focus on moving forward and getting my life back on track. CAS3 has been my second chance and since being accommodated I've made excellent progress with substance misuse recovery. Without CAS3, it doesn't bear thinking about where I'd be – most certainly back in prison or dead! I'm extremely grateful for the support provided and now feel worthy of that second chance. I'm over the moon to be moving onto accommodation with the Council."

George, aged between 25 and 30 years old

"This has been brilliant and relaxed for me coming out of prison where I was worried about where I was going for the last at least 1 month of my time in prison. It has given me a nice house to come to, to get my life straight and transition into the community and normal life again. I felt I was so lucky when I walked into the accommodation as it was really nice with all the basic things I needed. Without the worry of accommodation. I have been able to reconnect and build my relationships with my family. Not going backwards to drink and drugs which was something they did not like. I have a job interview and I am working with a support worker who is trying to look for private rent for me. I am calling the council for some help as well I am looking on spareroom.com as the council are going to help me with the start up money for my own place. I feel different, more chilled out I do not want to go back to prison and I want to get on with my life. This has been a saviour for me and I am going to make the best of it."

Brighton And Hove Council – Out Of Hospital Care Best Practice

Brighton and Hove Council, working with their acute, community and mental health trust, introduced an out-of-hospital care model. The model tackles the issue of local health, care and housing 'systems' often failing to come together to provide homes, care and support at the right time, to prevent a return to homelessness following a hospital visit, and further health crises. The model includes accommodation of five units of 24-hour supported accommodation with clinical in-reach, on site care services and resettlement and reconnection support.

This provision fills a gap in Brighton and Hove's already well-developed health and care system for people experiencing homelessness, which includes a specialist 'inclusion health' GP practice, a community nurse team and a mental health team, and a specialist 'Pathway' hospital team. Working with housing and support services, including Brighton's Street Outreach Service, these services come together to support people to stay healthy and well in the community, and have shown to be effective in reducing discharge to the street, helping to break the cycle of rough sleeping.





Isle of Wight – Housing Personal Adviser






The Isle of Wight Council created a new Specialist Housing Personal Adviser (PA) post based in the council's Leaving Care service. The Housing PA provides additional support to young people whose accommodation is at risk of breaking down, working with the council's housing department, accommodation providers and other PAs to broker support via multi agency meetings and to formulate plans to enable the young person to remain in their accommodation.

"Since starting the role of Housing PA in 2019 I have been able to focus directly on homelessness and prevention. I have taken a holistic approach not only tackling housing issues directly with our young people, but also strategically, recognising strength within our procedures but also areas for improvement, such as relations with providers.

I organised monthly meetings to offer prevention methods so our young people would not experience homelessness. I ensured that they had the tools to be successful in the placements they already resided in by working with them on their communication and behaviour and mediating with providers. The main purpose of my role has been to provide a rapid and multi-agency approach alongside the PAs to offer our young people the most tailored method possible, exploring all housing options whilst considering the motivation and drive of the individual in order to fulfil their needs. For example, I am currently working on improving communications and relations with prisons so that when care leavers are close to release, there is a plan in place for them to follow. In everything, the young person is the centre of these plans and their involvement and input is vital. I will also be attending the local prison to help officers understand care leavers and the unique challenges they may face.

Everything we do and are striving to do is not possible without the unwavering support of all partner agencies and managers, and of course the amazing young people we work with who have taught me so much and continue to educate me today, and no doubt for the foreseeable future."

| Summary of Chapter 3 – Prevention | | |
|---|--|---|
|  | <p>1. We will increase affordability and security of housing</p> | <ul style="list-style-type: none"> • Increasing the amount of social housing available, including £11.5bn investment into our Affordable Homes Programme • Delivering a fairer Private Rented Sector • Maintaining financial support towards housing costs for those on low income through Housing Benefit and Universal Credit <ul style="list-style-type: none"> – Supporting people who have experienced homelessness including rough sleeping by maintaining the shared accommodation rate exemption – Supporting people who need further financial assistance with their housing costs through Discretionary Housing Payments – Strengthening models of jobcentre support and partnerships to ensure people can get the benefits to which they are entitled |
|  | <p>2. We will empower local authorities to better prevent rough sleeping – including fully embedding the landmark HRA</p> | <ul style="list-style-type: none"> • Continuing to support local authorities to embed the Homelessness Reduction Act 2017 (HRA) • Funding £316m Homelessness Prevention Grant in 2022/23 |
|  | <p>3. We will commit to working with stakeholders from local authorities and the service delivery sector to establish an operational risk assessment tool to assist with the prevention of rough sleeping</p> | |
| <p>4. We will support our ambition that no-one is released from a public institution to the streets through:</p> | | |
|  | <p>4.1 No-one should leave prison homeless or to sleep rough</p> | <ul style="list-style-type: none"> • National roll-out of 12-weeks of transitional accommodation upon release • Employing more Housing Specialists to improve accommodation pathways and partnership with local authorities • Taking a preventative approach, based on individual circumstances, through regional probation Homelessness Prevention Teams • Targeting welfare support for people preparing to leave prison • new multi-year funding to help secure private rented accommodation for people leaving prison |

| Summary of Chapter 3 – Prevention | | |
|---|---|--|
|  | <p>4.2. Young people leaving care will receive the support they need to secure and maintain suitable accommodation</p> | <ul style="list-style-type: none"> • £3.2m investment for more specialist personal advisers in 2022/23, to provide individual support for young people leaving care at risk of homelessness or rough sleeping • £99.8m funding over the next three years into ‘Staying Put’, to enable young people to remain with their former foster families for longer • £36m funding over the next three years to expand ‘Staying Close’, providing extra support for young people leaving children’s homes • Working with local authorities to share best practice on supporting young people leaving care at risk of rough sleeping • Consideration of the recommendations in the report published by ‘Independent Review of Children’s Social Care’, as part of Government’s broader response to challenges in the care system • Targeting welfare support for young people leaving care |
|  | <p>4.3 No-one should be discharged from hospital to the streets</p> | <ul style="list-style-type: none"> • Adopting learning from the Out of Hospital Care Programme to reduce the risk of people leaving hospital for the streets |
|  | <p>4.4 No-one who has served in the UK Armed Forces should face the need to sleep rough</p> | <ul style="list-style-type: none"> • Providing high priority access for social housing and temporary accommodation • Continuing to waive local connection requirements for veterans • Providing specialist housing support for those leaving the Armed Forces • Targeting welfare support for veterans |
|  | <p>4.5 We will review the impact of the new asylum dispersal system on homelessness and rough sleeping</p> | <ul style="list-style-type: none"> • Consulting local authorities on the long-term reform of the asylum dispersal system |
|  | <p>5. We will support recovery to prevent rough sleeping recurring</p> | |

Chapter 4

Intervention

Intervention

This chapter provides an overview of our approach to intervention – it includes:

- **Case for Action:** what do we know about the support needs of people experiencing rough sleeping?
- **Making a Change:** what is our ambition for intervening in rough sleeping to ensure the experience is brief?
- **Acting Now:** what action will we take to achieve our ambition?

Case for Action: What Do We Know?

1. Whilst preventing rough sleeping in the first place is at the heart of our strategy, we also need to ensure there is the right support in place for those that do find themselves rough sleeping where it has not been possible to successfully prevent it. We know that the longer someone sleeps rough the greater the risk that physical and mental health problems will worsen, reinforcing the need for quick and effective intervention⁶⁶. Despite rough sleeping being at an 8-year low, in autumn 2021, there were still 2,440 people estimated to be sleeping rough on a single night in England. Nearly half of all people sleeping rough on a single night in autumn 2021 were in London and the South East, and most were male, aged over 26 years old and from the UK⁶⁷.
2. We know that having a suitable accommodation offer is a vital first step in bringing someone off the streets and helping them access the appropriate support – which was illustrated by the great progress made during the pandemic. During this time,

we saw how an increased focus on single-room accommodation was not only successful in preventing the spread of COVID-19, it also provided people with the space, dignity and support they needed to move away from rough sleeping. For example, evidence has found that the provision of food and quality single-room accommodation enabled other agencies to take their services to individuals, particularly health⁶⁸.

3. However, the causes and solutions to rough sleeping are more than just about housing and there is no national one-size-fits-all approach to supporting an individual off the streets, as this is wholly dependent on the person's needs and how these needs present in a local area. We need tailored local services so that appropriate offers can be provided to individuals that match their needs. We know that:

a) Multiple Disadvantage: Someone may be experiencing multiple disadvantages from mental ill-health, substance misuse, or having been a victim of domestic violence. For example, for all households owed a Prevention and Relief Duty during 2020/21 with a history of rough sleeping support need, around 61% had a co-occurring mental health support need⁶⁹. This demonstrates the prevalence and overlapping nature of support needs, and reinforces the need for wrap around and holistic support, with tailored interventions that bring together multiple services and systems.

b) Women: In the sample of those who completed the Rough Sleeping Questionnaire (RSQ) 17% of those who had

⁶⁶ <https://researchbriefings.files.parliament.uk/documents/CBP-7698/CBP-7698.pdf>

⁶⁷ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021>

⁶⁸ https://usercontent.one/wp/www.commissiononroughsleeping.org/wp-content/uploads/2021/07/KRSC_Interim_Report_0721.pdf

⁶⁹ <https://app.powerbi.com/view?r=eyJrIjoibWVjE4OWVtMTFjYS00ZjBjLTg1M2MtMjFhODc4ZmYwYTk1IiwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTl0YTJlZjM5OTVhOCJ9>

slept rough in the last year were women⁷⁰, with CHAIN data showing similar levels of women sleeping rough⁷¹. However, there is qualitative data which would suggest women's experiences of homelessness are often 'hidden'⁷², with women being less likely to bed down on the street and more likely to seek 'safer' spaces to spend the night such as on public transport, or engage in sex work. Evidence has also shown that women who experience rough sleeping also experience higher rates of mental ill-health, and these women are also more likely to experience repeat or long-term rough sleeping. Women who sleep rough also tend to make themselves less visible in order to stay safe, by moving at night or concealing themselves or their gender⁷³. This reinforces the need for tailored, specific interventions.

c) Lesbian, Gay, Bisexual and Transgender (LGBT): LGBT people become homeless for the same reasons as non-LGBT counterparts, however issues related to sexuality and gender identity often underpin the triggers of homelessness. For example, the family abuse that can trigger homelessness for anyone is usually caused by homophobia, biphobia or transphobia (HBT) for LGBT homeless people. We know that LGBT people who are homeless may be less likely to trust and use statutory services and may face discrimination whilst accessing services

d) Young People: Almost half (48%) of a sample of people who had experienced rough sleeping first slept rough by the age of 25 or under⁷⁴. In the Rough Sleeping Questionnaire (RSQ), 63% of people experiencing rough sleeping who reported

mental health support needs first experienced them by the age of 25, as well as those who reported drug (69%) or alcohol misuse (60%) support needs first developing them by the age of 25 or under. It is, therefore, critical that we intervene early and prevent the next generation of people sleeping rough.

e) Non-UK Nationals: We know that those sleeping rough who are not from the UK often have specific support needs and restrictions accessing some support as a result of their immigration status. Although most people sleeping rough in England on a single night in autumn 2021 were from the UK, 25% of those sleeping rough were non-UK nationals with an additional 8% reported as nationality not known⁷⁵. We need tailored interventions for this diverse group so that they can be supported either to get a job when individuals have permission to work, resolve their immigration status, or return to their home country. Those here illegally should be supported to return home.

f) People 'living on the street': Whilst there are some people who engage with support easily and early during their experiences sleeping rough, others sleep rough for a longer period of time, and others repeatedly return to the streets. Those who have been on the streets for longer often have complex support needs and may be less willing to engage with support services. Person-centred support and enabling people to choose how and when they engage, has proven to be particularly effective in supporting people into accommodation who otherwise find themselves in long-term and cyclical rough

⁷⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁷¹ Greater London Full Annual Report 2021-22: <https://data.london.gov.uk/dataset/chain-reports>

⁷² <https://www.mungos.org/publication/women-and-rough-sleeping-a-critical-review/>

⁷³ <https://www.gov.uk/government/publications/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>

⁷⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁷⁵ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021>

sleeping⁷⁶. CHAIN data for April 2021 – March 2022 showed that 24% of the total of people sleeping rough in 2021/22 were also seen rough sleeping in 2020/21, i.e. they were seen rough sleeping across a minimum of two consecutive years⁷⁷.

4. Each contact that someone who is experiencing rough sleeping has with any service is a potential opportunity to support them off the streets and connect them to the services that can help meet their needs. What we know about people currently experiencing rough sleeping is that, for effective intervention, we need to tailor the support we provide to individual needs and circumstances, with specialist services providing the right help.

Making a Change: What Is Our Ambition?

5. In order to ensure that experiences of rough sleeping are brief, **our aim is for everyone experiencing rough sleeping to have an appropriate and timely offer of support, tailored to their needs and the services they are eligible for, and that all agencies have the tools they need to unlock this support.**
6. Our policies on intervention centre around: up to £500m to extend the Rough Sleeping Initiative for a further three years to provide the bedrock of tailored local services and make the most of multi-year funding; tailored support for at-risk groups – including bespoke support for people that experience long-term and cyclical rough sleeping (also known to local authorities at Target Priority Group/Target Thousand in London); promoting the NICE guidelines on delivering person-centred, trauma-informed approaches in psychologically informed environments; transforming voluntary and community provision through the new £10m

Night Shelter Transformation Fund, including encouraging a move towards more appropriate single-room accommodation; building on our ‘exhaust all options’ approach to reducing the number of people sleeping rough who are non- UK nationals through significant improvements to the Rough Sleeping Support Service and supporting individuals to take up the voluntary returns process; and continued funding to improve the StreetLink service so it is easier for members of the public to play their part.

Acting Now: How Will We Achieve It?

To achieve our ambition:

- 1) We will extend investment into co-ordinated local rough sleeping services and ensure tailored support to meet individual needs, including through the £500m Rough Sleeping Initiative 2022-25 and the £10m Night Shelter Transformation Fund to increase provision of quality single-room provision within the night shelter sector

a. Up to £500m multi-year investment into our flagship Rough Sleeping Initiative 22-25

The Rough Sleeping Initiative (RSI) was first announced in March 2018 and sought to make an immediate impact on the rising levels of rough sleeping. Following its introduction, the number of people rough sleeping on a single night fell for the first time in eight years (since 2010) and numbers have continued to decline every year since (an estimated 2,440 people sleeping rough on a single night in autumn 2021, down 49% from its peak in 2017)⁷⁸. The RSI provides tailored funding to local authorities to reduce the number of people sleeping rough in their area and enhance services for those at

⁷⁶ https://www.crisis.org.uk/media/238368/ending_rough_sleeping_what_works_2017.pdf

⁷⁷ Greater London Full Annual Report 2021-22: <https://data.london.gov.uk/dataset/chain-reports>

⁷⁸ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021>

risk of sleeping rough. This work is supported by DLUHC's resident team of expert rough sleeping advisers, covering every region in England.

The Government is committed to continuing this vital funding and is investing up to an additional £500m over the next three years (2022-23, 23-24, 24-25). This multi-year commitment will provide certainty over the longer-term to enable greater planning and the maturation of services to support areas to reduce the flow of new people sleeping rough, as well as intervene for people already on the streets. In 2022-25 the RSI will fund a breadth of services. These include up to 14,000 beds in 2022/23 of which up to 7,000 is 'surge' accommodation, to be used flexibly over the year as immediate off the street provision. It will also fund £150m for outreach and in-reach support – the primary mechanism by which local authorities engage with people sleeping rough or at risk of sleeping rough, and over £30m for health interventions, including dual diagnosis workers and mental health support. As part of this funding, local authorities are expected to work in partnership with other local partners to deliver a holistic, system-wide and person-centred approach to meeting the needs of people experiencing rough sleeping. We will promote better collaboration between local authorities, especially in London where joined-up working between Boroughs, London Councils and the GLA are the best mechanism to a coordinated and responsive approach to rough sleeping. We recognise that different forms of partnership and collaborative ways of working will look different in different areas.

b. Embedding guidance from the National Institute for Health and Care Excellence (NICE) to put the person at the centre of support

In March 2022, the National Institute for Health and Care Excellence (NICE) published guidelines on '[integrated health and social care](https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965)

[for people experiencing homelessness](https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965)⁷⁹, setting out recommended approaches for support. This is focused on delivering person-centred, empathetic, non-judgemental support and trauma-informed care – recognising that people's behaviour and engagement with services is influenced by their traumatic experiences, socioeconomic circumstances and previous experiences of services. It recommends psychologically informed environments and co-design and co-delivery of services and delivery in line with other NICE guidelines on adult social care, adult mental health and other NHS services. These guidelines are not just for health and social care practitioners, but relevant for all those who engage with and support people experiencing homelessness including rough sleeping – from local authorities (including housing services), commissioners and providers of services, people who experience homelessness, their families, advocates, and the public. We will strive to embed these principles into everything that we and our partners do.

c. Tailoring interventions to ensure that support meets people's specific needs

There is no 'one-size-fits-all-approach' when it comes to helping people off the streets and into recovery towards an independent life. This is why we encourage services to take a person-centred approach to support. There are some specific personal characteristics that can often define someone's experience with rough sleeping. Many of these have been covered elsewhere in this strategy, such as having been in care, having been in prison, or having served in the Armed Forces or not having come from the UK. We are committed to helping local authorities and the wider sector to deliver tailored support to meet these needs, particularly on the following:

- **People "living on the streets" and experiencing multiple disadvantage:** We know that the longer a person stays on the

⁷⁹ <https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965>

streets the more complex their needs can become and for those individuals there are often significant barriers to overcome, including mistrust of services, before they will engage. That is why we ask all local authorities to ensure bespoke plans are in place for those people sleeping rough who have spent the longest time on the streets and have the highest complexity of need, as part of their “Target Priority Group”. Local authorities can then use funding such as the Rough Sleeping Initiative to deliver these plans, which could involve work to build trust, for instance through employing specialist workers such as navigators, and in the longer-term to support them into accommodation, where options might include Housing First, supported housing or other housing-led interventions depending on the individual. Our new data-led framework will also include a new metric for people repeatedly rough sleeping to help local areas track progress in helping this group.

- **Women:** We recognise that women sleeping on the streets have different experiences and needs to men, particularly relating to experience of violence and abuse, and that services may need to be delivered differently in order to meet the needs of women. It is vital that local areas consider the needs of women sleeping rough and commission services based on an assessment of the needs of their local community, for example in programmes like the Rough Sleeping Initiative (RSI) which supports a range of services, such as a Women’s Safe Space in Camden to a Women’s Service Navigator in Preston. The Government’s [Female Offender Strategy](#)⁸⁰ aims to improve outcomes for female offenders, many of whom often spend time on the streets, through: earlier intervention; an emphasis on community-based

solutions; and an aim to make custody as effective and decent as possible for women there.

- **Victims of domestic abuse and sexual violence:** It is absolutely critical that victims of domestic abuse get the support they deserve – especially when they have a co-occurring housing need. The 2021 Domestic Abuse Act puts a legal duty on local authorities to provide support in safe accommodation for domestic abuse victims and their children who need to flee their homes to be safe. This Act also extends priority need for homelessness assistance to any eligible person who is homeless as a result of being a victim of domestic abuse. The Government has invested more than £330m since 2014 to provide support in safe accommodation, with refuge bed spaces increasing by more than 20% over the past 12 years⁸¹. [The Domestic Abuse Statutory Guidance](#)⁸² recognises that individuals can be made homeless by domestic abuse and that the risk of homelessness can prevent a victim from leaving a home shared with a perpetrator. These risks and barriers may be exacerbated if victims also experience economic abuse and lack financial independence. The Domestic Abuse Statutory Guidance sets out further information on homelessness, housing response and safe accommodation. In recognition of the particular needs of people experiencing rough sleeping and impacted by domestic abuse and sexual violence, a further £5.7m is being invested between 2021 and 2023 in the Respite Rooms programme. Respite Rooms provide a safe, single gender space for a short period of time, with intensive, trauma-informed support to make choices and decisions around next steps for recovery. This, along with other commitments in the

⁸⁰ <https://www.gov.uk/government/publications/female-offender-strategy>

⁸¹ <https://www.gov.uk/government/news/more-support-for-domestic-abuse-victims-to-rebuild-their-lives>

⁸² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

Government's [Tackling Domestic Abuse Action Plan](#)⁸³ and [Tackling Violence Against Women and Girls Strategy](#)⁸⁴ will help to ensure victims do not remain with their abuser for fear of not having a roof over their head.

- **LGBT:** We recognise that people who identify as LGBT tend to be overrepresented in surveys of homeless people and, as per the evidence in the 'case for action' their experiences can differ from non-LGBT counterparts. In order to improve understanding across local authorities and service providers, we recently updated the Homelessness Case Level Information System (H-CLIC) data specification to remove the current confusion between the questions of sex and gender. This will improve records of LGBT homelessness cases and provide central and local government with better information on the needs of LGBT people accessing their services. This includes how we record and monitor the outcomes of transgender individuals in the homelessness system. In addition, the Government has committed to working with experts in the LGBT and homelessness sector to set up roundtables to identify and share good practice to support local authorities in discharging their duties, including ensuring Homelessness Case Level Information Collection (H-CLIC) data on sexual orientation and gender identity is gathered effectively, and in their efforts to striving to reduce the impact of LGBT homelessness.
- **Young People:** Since 2018, we have seen the number of young people sleeping rough reduce by 62%, from 296 in 2018 to 112 in the most recent rough sleeping snapshot (2021)⁸⁵. While this is significant progress, there is still more to do. Putting prevention at the heart of how local authorities approach youth homelessness has been

front and centre of our work in recent years, as we have funded resources, workshops and seminars for local authorities to improve their capability in this space. This is on top of our Youth Homelessness Advice and Support team in DLUHC who work directly with local authorities on improving links with children's services to tackle specific challenges within local areas.

We have built our understanding of the gaps in support for young people who face homelessness, including rough sleeping, from speaking to young people with lived experience through our engagement with Youth Voice, and the broader sector. Young people face particular challenges in all-age accommodation, where they may find themselves sharing facilities with adults experiencing multiple disadvantages. That is why we will be encouraging priority local authorities to bid for youth-specific supported accommodation as a part of our new Single Homelessness Accommodation Project (SHAP), which will be open to targeted local authorities later this year (see chapter on 'Recovery' for greater detail on SHAP). Additionally, £2.4m of the Rough Sleeping Initiative 2022-25 is going towards funding youth services in local areas.

- **Victims of modern slavery:** We recognise the potential risk of vulnerable individuals who are currently, or at risk of, homelessness, including rough sleeping, becoming victims of modern slavery. The National Referral Mechanism (NRM) is the process by which the UK identifies and supports potential and confirmed adult victims of modern slavery by connecting them with appropriate support, including through the government funded Modern Slavery Victim Care Contract (MSVCC), support provided by local authorities, asylum services, and wider state support services such as the NHS. Victims can

⁸³ <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

⁸⁴ <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

⁸⁵ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021#rough-sleeping-snapshot>

access a comprehensive package of support through the MSVCC, including safehouse accommodation where necessary, financial support, and access to a dedicated support worker ensuring victims receive tailored support necessary for them to begin rebuilding their lives, engage with the criminal justice system, and transition back into the community following their modern slavery experience. Support workers will work closely with individuals to develop a transition plan detailing next steps for meeting recovery needs arising from their modern slavery experience, including supporting victims to secure longer-term accommodation in the community, in order to support their transition out of MSVCC support, if and when they are able to do so.

To bolster the housing support available to victims of modern slavery, we are making changes to the Shared Accommodation Rate (SAR) of the Local Housing Allowance (LHA). From October 2022, a new exemption from the SAR for victims of modern slavery who are under the age of 35, living alone and renting privately will be in place. This will ensure they are able to receive the higher one-bedroom LHA rate, improving access to suitable accommodation in the Private Rented Sector. If victims are unable to secure settled accommodation and are at risk of homelessness, they are able to access support from local authorities' homelessness services. To facilitate this, we have updated the modern slavery chapter of the Homelessness Code of Guidance to help local authorities understand the NRM and how it interacts with statutory homelessness duties.

We are committed to improving our understanding of the interactions between homelessness and modern slavery. This is why we have added modern slavery as a support need to the Homelessness Case

Level Information Collection (H-CLIC) system. We will continue work with partners across the modern slavery and homelessness sector and the Home Office to build our evidence base to help ensure services are recognising and meeting the needs of modern slavery victims.

d. Transforming voluntary and community provision with £10m investment over the next three years, including to encourage a move towards quality single-room provision

We are committed to learning the lessons from COVID-19. During the pandemic, the voluntary, community and faith sectors provided unprecedented support to people who were experiencing homelessness and rough sleeping. We provided £3.8m in 21/22 through the Homelessness Winter Transformation Fund for organisations to operate in a COVID-secure way, which included adopting new operating principles for night shelters, and moving away from communal settings to quality single-room provision. During the pandemic single-room accommodation was necessary to inhibit the spread of the virus and allow people to self-isolate. It has since been widely agreed amongst sector partners that single-room accommodation is more suitable for those experiencing rough sleeping than communal sleeping settings. Housing Justice's A New Season for Night [Shelters](#)⁸⁶ report affirms this, by showing that single-room accommodation gives people increased safety and stability and improved access to support and employment. That is why the Government will invest a further £10m through the Night Shelter Transformation Fund, into the voluntary, community and faith sectors over the next three years, alongside broader funding through the Rough Sleeping Initiative, to support organisations to develop their provision and offer accommodation and services that better suits individual needs and contributes to long-term recovery. This funding will complement [revised operating principles](#), which give guidance to the sector about

⁸⁶ <https://housingjustice.org.uk/wp-content/uploads/2021/06/A-New-Season-Spreads-LR.pdf>

providing services safely after the pandemic⁸⁷. We know this funding will be of particular importance for hard-to-reach groups, such as people rough sleeping not from the UK with restricted eligibility for public funds, where we know night shelters play a vital role in providing support. This fund will aim to:

- i. **Support the sector toward an enhanced accommodation offer**, facilitating a shift from communal and rotating night shelter provision toward higher-quality static accommodation offers which give people the space and dignity they need to begin turning their lives around.
- ii. **Support organisations to develop and diversify the services they provide**, moving toward community-based services for people experiencing homelessness and rough sleeping, including tenancy sustainment, advice and advocacy, employment support and day services.
- iii. **Provide training and advice to improve the stability and resilience** of individual organisations and the sector as a whole.
- iv. **Encourage the improvement of strategic and operational relationships** between night shelter organisations, the wider voluntary sector and local authorities to ensure that their efforts are complimentary and facilitate partnership working to the benefit of local areas
- v. **Bring an end to the pattern of cyclical, seasonal service provision**, enabling year-round provision that meets people's needs

e. Continuing to protect the population from COVID-19

Whilst for many of us the threat from COVID-19 recedes, many people sleeping rough are still threatened by the most severe effects, due to poor health and/or not yet being fully

vaccinated. We must make sure we continue to protect vulnerable individuals through continued support to get vaccinated, access to testing for homeless settings and access to the right healthcare.

We continue to directly protect people from any future risk of COVID-19 through the on-going offer of free COVID-19 vaccinations, the offer of free annual flu vaccines for those who are eligible and continuing targeted efforts to increase vaccination uptake and ensure there is robust data in place to inform future interventions if required. The Government has also committed to continuing the delivery of free symptomatic testing for people living or working in homelessness settings in 2022/23, due to the increased risks in these settings caused by shared facilities, communal air spaces, and the underlying health needs of people who access them. Asymptomatic lateral flow testing will also be made available in these settings during periods of high prevalence of the virus.

2) We will build on our 'exhaust all options' approach with non-UK nationals sleeping rough to make sure those who have restricted eligibility for public funds have a clear pathway off the streets

As the rough sleeping snapshot 2021 found, a quarter of people sleeping rough nationally are not from the UK, rising to nearly half in London⁸⁸. Since the pandemic we have seen local authorities looking to exhaust all options to support this group away from the streets: we want to see this continue. For those here legally but with restricted eligibility for public funds, we want to see them get appropriate support to sustain a life away from the streets. For those here illegally, we want to ensure people return to their home country swiftly and receive the appropriate support to do this.

⁸⁷ <https://www.gov.uk/guidance/operating-principles-for-night-shelters>

⁸⁸ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/rough-sleeping-snapshot-in-england-autumn-2021#rough-sleeping-snapshot>

a. Reforming the Rough Sleeping Support Service to help swiftly clarify and resolve the immigration status of non-UK nationals who are sleeping rough

In 2021, the Government committed to review the Rough Sleeping Support Service (RSSS) to ensure that it better meets its intended aims. The review has been user-led, informed by workshops attended by a range of local authorities and third sector organisations and supported by an Advisory Panel made up of experts from local government, homelessness and migrant advisory sectors. As part of the strategy, the Government commits to implement the reform recommended by this process to ensure that individuals facing homelessness, including rough sleeping, can have their immigration statuses swiftly resolved.

The Government is committed to moving the service outside of Immigration Enforcement and implementing a new service this year which ensures vulnerability is at the centre of our work and that is supported by prompt and transparent customer service. This reform will include:

- A refresh of RSSS guidance and user templates, as well as exploring what more we can do to improve immigration awareness for frontline staff; and
- As we work to implement the new service this year, we are committed to continued close working with the sector to ensure that the new model best meets user needs. Building on the success of the Home Office Homelessness Team's case escalation offer which, over 12 months, has seen over 600 immigration cases resolved. This team will continue to provide an interim offer of escalation whilst the new model is introduced.

b. Introducing an offer of tailored support for those that wish to return to their home country voluntarily

For some people sleeping rough, who are not from the UK, the best option may be for them

to return to their home country. Individuals such as failed asylum seekers or people who have overstayed their visa who do not have leave to remain should return to their home country. The Government already has in place a voluntary returns scheme, which includes financial support for an individual's return. However, we recognise that people experiencing rough sleeping may face additional barriers to taking up the offer of voluntary return and reintegrating into their country of return. That is why the Government is committed to piloting improved support to explore what more we can do to increase take up and support of those engaged with the voluntary returns process.

3) We will provide local authorities, police and other agencies with the tools they need to work effectively together to address rough sleeping, protect the public and make communities safe for all

a. Support better multi-agency working between local authorities, the police and other enforcement agencies through guidance and sharing of best practice to address rough sleeping, protect the public and make communities safe for all

Some instances of rough sleeping – along with street activity such as begging or drinking and drug-use which is sometimes, but by no means always, associated with it – can cause legitimate public concern about safety and the impact on local communities, alongside concern for the welfare of those involved. The police and other partners are responsible for community safety and tackling crime that may be perpetrated either by or against individuals rough sleeping and - in partnership with local authorities and other agencies - they play an important role in responding to these concerns. We will support better multi-agency working between local authorities, the police and other enforcement agencies through guidance and sharing of best practice to respond to these concerns and encourage vulnerable people to engage with support. Where activity puts individuals involved at risk or makes the public

or public realm feel unsafe, it is vital that the local authorities, police and other agencies are able to intervene.

b. Repeal the outdated Vagrancy Act whilst ensuring the police, local authorities and other agencies have the powers and tools to respond effectively to begging, support vulnerable individuals and help communities feel safer

Following our review of the Vagrancy Act, we are committed to repealing the outdated Vagrancy Act once government has had the chance to consider any suitable replacement legislation. In doing so, it is important that we combine supporting vulnerable individuals with ensuring that the police, local authorities and other agencies remain able to protect the public and make communities feel safe for all. This includes responding effectively to begging, which is sometimes – but by no means always – linked to rough sleeping. It is important that local authorities, the police and other partners have tools to reduce the detrimental effects begging can have on communities, public spaces and, in some instances, the individuals themselves. We launched a public consultation to inform any appropriate and modern replacement for the Vagrancy Act, and we will issue a government response in due course.

4) We will make it easier for the public to play their part in supporting people sleeping rough

a. Continued investment to improve the way in which the public can make referrals when they see a person sleeping rough

We know that rough sleeping is a subject that is close to people's hearts and one the public wants to see addressed. We want to make it as easy as possible for members of the public who want to contribute to the effort to do so. In 2012, the Government launched StreetLink, an online platform for members of the public to alert local outreach teams to someone they see sleeping rough. The platform is widely used – since the service was established in 2012 up to

31 March 2022, 79,417 alerts have led to an individual being found while sleeping rough.

Contacting StreetLink is often the most effective action a member of the public can take to support someone away from the street because it helps local authorities identify those sleeping rough so they can determine the appropriate support. It can be done so via the website www.streetlink.org.uk or by using the mobile phone app (available to download on both Apple and Android systems). StreetLink referrals are passed onto the local outreach team or local authority who will use the information provided to locate the individual who is sleeping rough and offer them access to services and help to get them off the streets as quickly as possible. However, as technology improves there is an opportunity for us to improve StreetLink and make it easier and more intuitive for members of the public to use. That is why we are committing to continuing our investment in StreetLink to develop the platform to improve user experience and referral quality, empowering the public to join our campaign to end rough sleeping.

We will partner with digital and sector experts to deliver a great service that means the public can help the important work of local authorities and outreach teams and make a vital contribution to our collective efforts to end rough sleeping.

b. Championing and sharing best practice led by the rail sector

The public may often come into contact with someone experiencing rough sleeping on public transport, such as trains or underground metro systems. Organisations in the rail sector are leading by example through the innovative approaches they are developing to support someone experiencing rough sleeping. A few successful examples include:

- **StreetLink:** LNER and AVANTI have recently run successful pilots to promote the use of StreetLink by staff and the public. We will build on the lessons learned from these pilots to promote the use of StreetLink in

railway stations, to directly connect people rough sleeping on rail to support services.

- **Outreach:** Since 2020, Network Rail, in partnership with Shelter, has been conducting outreach services providing immediate support to those sleeping rough in the Birmingham New Street and Manchester Piccadilly stations and the surrounding areas. The pilots aim to support people into accommodation and link them up with other support services to help cope with the often complex needs of those referred to Shelter. To date, the outreach services have engaged with 410 people, of which 196 people have been supported into temporary accommodation, 14 into permanent accommodation and 15 people have gained employment.
- **Training:** Training is provided to all frontline staff to recognise and signpost vulnerable people to the right services to help them, including people sleeping rough. The Safeguarding on Rail Scheme is the industry's flagship programme and a contractual obligation for all operators that will be rolled out across the network with the introduction of the new rail contracts under GBR (Great British Railways).
- **Employment:** The rail industry has successful examples of providing the skills and support needed to help people with experience of rough sleeping into long-term employment, including the Empowering Communities programme led by construction firms, Skanska, Costain and STRABAG working in partnership with HS2 Ltd. The programme aims to create jobs for those experiencing worklessness and homelessness, help young people to develop new STEM skills and access apprenticeships, and support community projects. We will continue to bring to light opportunities where employment is an option for people experiencing rough sleeping (see Recovery chapter for further details on employment).

- **Data:** We are currently working with Camden and Brighton councils as case studies to test data sharing of rough sleeping on transport to better connect people to the services and support they need. We will continue to explore where it is possible to better join up local authorities with the rail sector to develop data-sharing and promote stronger collaboration and partnership.

We will continue to champion the brilliant work the transport sector is doing to end rough sleeping on rail. This includes maintaining the 'Rough Sleeping on Rail Charter' established by DfT to share best practice and, in partnership with Network Rail, provide a forum to bring together rail industry leaders to ensure coordination across the industry on solutions for helping people experiencing rough sleeping.

Case Study: Intervention In Action

Pan London Provision – London Outreach Team

Davide arrived in the UK from Europe in 2010 to work in the construction industry in London. He was working and renting for many years but, unfortunately, about 6 years after he arrived, he started to struggle with a gambling addiction, which he had never had before. With the generous help and support from friends, he managed to stay in accommodation and continue working for a few years. However, eventually things got too difficult, and he found himself street homeless.

He was approached by a street outreach team in central London while rough sleeping who offered to help him. At the time, there was only limited access to immigration advice for rough sleepers and the outreach team struggled to help Davide understand what his options were to access benefits and get back on his feet.

During the pandemic, he was placed in emergency hotel provision in London where he was referred for immigration advice. He was supported by an immigration adviser to make an application under the EU Settlement Scheme, and he was granted settled status. During his stay in the hotel, he was also linked with support to address his gambling addiction and he has now stopped gambling for over 2 years. While at the hotel, Davide began a training course in care work with a view to eventually care for the elderly. Before finishing this course, he found work in construction, but is keen to come back to this in the future and give back.

Home Office Homelessness Team

The Home Office Homelessness Team (HOHT) have provided a point of contact for local authorities and associated governing bodies to escalate immigration cases already in the Home Office system, in instances where someone is currently sleeping rough, or at risk of doing so. Within a 12-month period, over 1000 cases have been referred to the HOHT. All cases have been reviewed and where appropriate escalated to the relevant Department with the aim of prioritising for effective case resolution for the vulnerable individuals involved. To date, over 60% of cases escalated have received an outcome, of which 82% have received a case resolution and 18% have been confirmed as having no application outstanding.





Man X, aged between 20-25 years old, became homeless after being housed by a third sector organisation but had reached the end of his 6-month stay. His case was escalated via the HO Homelessness Team, and he received a positive decision on his application after just over a week, allowing him to positively move forward with his life. Going forward, he will be supported by several relevant local organisations and his support networks with accessing benefits and more permanent accommodation. Since the grant of leave, he has been learning about documentary making, production and editing. This is his passion, and he is beyond happy that he will now be able to gain some professional qualifications and start a career.

From The Streets Of Reading Into The Nova Project & Olivia's Story

Since December 2020 Reading Borough Council has commissioned St Mungo's, utilising DLUHC Rough Sleeping Accommodation Programme (RSAP) funding, to deliver a 10-bed female only, 24/7 staffed high support project. It aims to ensure Reading's most vulnerable women, who have formerly repeatedly slept rough and cyclically accessed traditional supported housing, have a different accommodation with support offer to move away from street lifestyles and associates. The Nova Project team provides 24/7 staffing and wraparound support. The consistency of staff team, their availability and rapport with clients ensures a safe space for informal support, listening and engagement, as well as holistic client-led activities.

Olivia's Story: Olivia, now in her 40s, has been a resident at the Nova Project for over a year. She was first known to Reading outreach services in 2008. Olivia was intermittently sleeping rough, selling or exchanging sex and pregnant and having had her baby and other children previously taken into care, Olivia moved into a traditional supported accommodation unit in Reading which she chose to leave to pursue a domestically abusive relationship. Throughout the years, Olivia experienced domestically abusive relationships, repeated contact with the criminal justice system and both her offending and selling or exchanging sex were enabling her drug and alcohol misuse. She was subsequently found bedded down and the outreach team supported her to present as homeless to the Council.

The St Mungo's Reading outreach team, enhanced since 2019 by Rough Sleeping Initiative (RSI) funded from DLUHC, identified Olivia on the streets as vulnerable and having previously slept rough. Since moving into the Nova Project, Olivia drinks less, has stopped selling or exchanging sex entirely and engages with health and substance misuse support offered by in-reach organisations. Olivia has an excellent relationship with her key worker who supports only two other women at the project. She has been totally discharged from Integrated Offender Management and Probation Services. The Project has undertaken a significant amount of work with Olivia, and all of the women at the Project, around healthy relationships and partnerships. Olivia's relationships with her family have improved and she has started letterbox contact, via social workers, with some of her youngest children.

| Summary of Chapter 4 – Intervention | | |
|---|--|--|
|  | <p>1. We will extend investment into co-ordinated local rough sleeping services and ensure tailored support to meet individual needs, including through the £500m Rough Sleeping Initiative 2022-25 and the £10m Night Shelter Transformation Fund to increase provision of quality single-room provision within the night shelter sector</p> | <ul style="list-style-type: none"> • Up to £500m multi-year investment into our flagship Rough Sleeping Initiative 2022-25 • Embedding guidance from the National Institute for Health and Care Excellence (NICE) to put the person at the centre of support • Tailoring interventions to ensure that support meets people's specific needs • Transforming voluntary and community provision with £10m investment over the next three years, including to encourage a move towards quality single-room provision • Continuing to protect the population from COVID-19 |
|  | <p>2. We will build on our 'exhaust all options' approach with non-UK nationals sleeping rough to make sure those who have restricted eligibility for public funds have a clear pathway off the streets</p> | <ul style="list-style-type: none"> • Reforming the Rough Sleeping Support Service to help swiftly clarify and resolve the immigration status of non-UK nationals who are sleeping rough • Introducing an offer of tailored support for those that wish to return to their home country voluntarily |
|  | <p>3. We will provide local authorities, police and other agencies with the tools they need to work effectively together to address rough sleeping, protect the public and make communities safe for all</p> | <ul style="list-style-type: none"> • Support better multi-agency working between local authorities, the police and other enforcement agencies through guidance and sharing of best practice to address rough sleeping, protect the public and make communities safe for all • Repeal the outdated Vagrancy Act whilst ensuring the police, local authorities and other agencies have the powers and tools to respond effectively to begging, support vulnerable individuals and help communities feel safer |
|  | <p>4. We will make it easier for the public to play their part in supporting people sleeping rough</p> | <ul style="list-style-type: none"> • Continued investment to improve the way in which the public can make referrals when they see a person sleeping rough • Championing and sharing best practice led by the rail sector |

Chapter 5

Recovery

Recovery

This chapter provides an overview of our approach to recovery – it includes:

- **Case for Action:** what do we know about the most effective measures to support people away from the streets for good?
- **Making a Change:** what is our ambition for recovery to ensure rough sleeping is non-recurring?
- **Acting Now:** what action will we take to achieve our ambition?

Case for Action: What Do We Know?

1. We know that there is a significant variance of needs among people who experience rough sleeping including during their journey to recovery. Some people only sleep rough once and then are not seen on the street sleeping rough again, whilst others, unfortunately, cycle repeatedly in and out of rough sleeping over many years – for example 38% of respondents of the Rough Sleeping Questionnaire (RSQ) 2020 first slept rough over 10 years ago⁸⁹.
2. Suitable, sustainable accommodation is critical to supporting someone to recover from rough sleeping. There is evidence to suggest that those who enter specialist housing-led programmes (such as Housing First) are unlikely to be seen sleeping rough in the subsequent 12 months⁹⁰. Findings from the ‘Effects of the Pandemic on Housing First Pilots and Service Users’ report highlight that people being housed in

their own accommodation is crucial in helping achieve stability, mental and physical safety, which can also improve feelings of self-worth and relationships with others⁹¹. However, we know there are gaps in appropriate accommodation and in the supply of social and supported housing, for example, in 2019/20, only 2% of new social lets went to people sleeping rough⁹².

3. Still, evidence suggests that recovery needs to go beyond simply finding accommodation. While an offer of suitable accommodation is hugely important, we know that many people who experience rough sleeping may often be experiencing multiple disadvantages and need to access support alongside accommodation to ensure they receive the right treatment and are able to sustain their tenancy. For example, CHAIN data for people sleeping rough in London (April 2021 – March 2022) found 35% of people seen rough sleeping and who were assessed were found to have difficulties with more than one of alcohol, drugs and mental health, demonstrating the overlapping vulnerabilities people sleeping rough may have⁹³. Our Rough Sleeping Questionnaire (RSQ) 2020 revealed that 82% of respondents self-reported a mental health need and 60% a current substance misuse need, and we know that ill health can be both a cause and consequence of rough sleeping.⁹⁴ A systematic review conducted by the Centre for Homelessness Impact (CHI) found that interventions that offered the highest levels of support alongside accommodation were more effective than programmes that provided

⁸⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944598/Initial_findings_from_the_rough_sleeping_questionnaire_access.pdf

⁹⁰ <https://eprints.whiterose.ac.uk/131241/1/Housing-evidence-review-may-2018.pdf>

⁹¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946171/Housing_First_Pilots_-_Effects_of_the_pandemic.pdf

⁹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/981724/Social_Housing_Lettings_in_England_April_2019_to_March_2020.pdf

⁹³ Greater London Full Annual Report 2021-22: <https://data.london.gov.uk/dataset/chain-reports>

⁹⁴ <https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>

low, or no support. Interventions with support programmes tailored to the individual reported better housing stability and outcomes⁹⁵. Stable and appropriate housing is also crucial to enabling sustained recovery from drug misuse, and sustained recovery is essential to someone's ability to maintain stable accommodation⁹⁶.

4. We know that for people who are rough sleeping or experiencing other forms of homelessness, there can be barriers to accessing employment and training such as a lack of stable housing and support needs. The RSQ 2020 showed that, at the time, 80% of respondents had previously worked – suggesting that most people experiencing rough sleeping have at least some prior experiences of employment and that with the right support, work could be a key part of their route out of rough sleeping. Employment improves both the long and short-term accommodation prospects for people experiencing rough sleeping, as income increases accommodation options, and an employment contract will improve the negotiating position of any prospective tenants. Employment can also provide the stability to improve wellbeing and motivation. Tailored support ranging from light touch employment advice to more specialist interventions will be needed depending on an individuals' circumstances⁹⁷.
 5. We want to ensure those experiencing rough sleeping are supported back to independence and into their communities. We know that recovery support needs to be holistic and person-centred – that is a combination of suitable, sustainable accommodation coupled with flexible support that is tailored to people's individual needs and is available for as long as it is needed.
- ## Making a Change: What Is Our Ambition?
6. **We aim to ensure every person sleeping rough receives the support they need to recover and move away from the streets long-term, helping them back into a stable home, and into work or training if they can. This will help to ensure their rough sleeping experience is non-recurring.** To deliver this route to an independent life off the streets for good our policies are centred around delivering an offer of stable accommodation to call home, appropriate health treatment and wrap-around support to address their needs and viable routes into employment.
 7. When it comes to accommodation, housing-led interventions can be the foundation of a happy, secure and sustainable life away from the streets. The needs of people who are sleeping rough are diverse and their support and accommodation options must be tailored to those needs as people progress on their journey of recovery from sleeping rough. As people recover, some may benefit from stays in supported housing, including hostels, and a small number of those currently sleeping rough may need and want support in those settings in the longer-term.
 8. Local authorities and their sector partners, in coproduction with their residents, are in the best place to commission the right type of accommodation to meet local needs and because of that we support a wide range of housing interventions across our funding programmes, including a strong focus on housing-led solutions. There is no one size fits all, and interventions will range from Housing First, high-quality, dignified emergency accommodation such as that funded through our Night Shelter

⁹⁵ https://uploads-ssl.webflow.com/59f07e67422cdf0001904c14/5f99a8ab2504f7fa7f905ba4_CHI%20Accommodation%20SR%202020.pdf

⁹⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810284/Drug-related_harms_in_homeless_populations.pdf

⁹⁷ https://assets-global.website-files.com/59f07e67422cdf0001904c14/61d5b80b795f6c6d5e8b4045_CHI.WWC.EvidenceNotes_Employment.pdf

Transformation Fund, and support to access and sustain Private Rented Sector tenancies or social housing tenancies, alongside good quality short and long-term supported housing.

9. Our ambition is to enhance the quality of accommodation so that it is safe, secure and comfortable. We must ensure housing is adaptable to meet the changing needs of people sleeping rough. It is also vital that staff and volunteers working both in and outside of the accommodation are trained, supported and championing the latest best practice, to ensure that the accommodation provides a steppingstone away from the street and supports recovery to a long-term home that people can build a future in.

10. We know we need a breadth of provision of accommodation and targeted health and employment support that is tailored to help those that need it to sustain their recovery away from the streets. We support a housing-led approach that enables local areas to provide what is needed in an area, including Housing First and other housing-led interventions; and we support the need for psychologically informed environments that take into account individuals' psychological and emotional needs, and their experiences of trauma. This strategy builds on what is already working and goes further through:

- a new **£200m Single Homelessness Accommodation Programme** to provide a range of supported housing and Housing First, in addition to completing delivery of the existing Rough Sleeping Accommodation Programme;
- **extending the Housing First pilots** to provide a robust evidence base for Housing First and using our capital programmes and multi-year RSI funding to embed Housing First and housing-led interventions more widely;

- delivering our commitments to **improve the quality of supported housing** and provision for 16- and 17-year-old looked-after children and care leavers;
- strengthening **support from jobcentres and a new industry covenant** to support people experiencing rough sleeping into jobs; and
- expanding support for **drug and alcohol treatment and mental health**.

Acting Now: How Will We Achieve it?

To achieve this...

1) We will support both housing-led approaches and Housing First, and will make sure specialist homes are in place for people experiencing rough sleeping

a. 6,000 longer term homes through our flagship Rough Sleeping Accommodation Programme

Suitable accommodation that meets the needs of the individual is key to a person's recovery, ability to sustain a tenancy and to live independently. To achieve this, in March 2021, the Government committed to delivering 6,000 move-on homes, backed by £433m of investment until 2023/24 as part of the Rough Sleeping Accommodation Programme (RSAP). The Programme not only provides move-on homes, which are available as long-term national assets, but also delivers high-quality accompanying support services to help people rough sleeping or those with a history of sleeping rough to settle into their accommodation and life off the streets. As of May 2022, some 3,200 homes have been delivered for people experiencing rough sleeping across the country, and we remain confident that we will achieve the overall target of 6,000 homes by the end of this Parliament as we continue the Government's ambition to end rough sleeping.

b. Extending Housing First until 2025, supporting people experiencing multiple disadvantage

Housing First is an approach to providing housing and support that prioritises access to stable accommodation and provides intensive wrap-around support to help an individual address any other support needs they may have – including mental health, drugs and alcohol misuse. It has an impressive international record in helping people facing multiple disadvantages to recover and stay off the streets for good. As demonstrated by the original £28m investment, the Government is committed to testing this approach to learn and evolve our interventions to end rough sleeping. The Housing First pilots are now in their fifth year and, based on monitoring information provided by the pilots, as of June 2022, they have cumulatively supported over 1,300 people experiencing entrenched and cyclical rough sleeping across 23 local authorities. The pilots are currently supporting over 900 individuals and over 1,000 individuals have been provided with accommodation over the pilot's lifetime⁹⁸. We have already published two evaluation reports and a Housing First toolkit⁹⁹. We will continue to consider the findings of the evaluation carefully to understand the role of Housing First in ending rough sleeping across the country and share learning on how to overcome challenges within an English context. In recognition of this, and to align with the end of its evaluation, we have committed a further £13.9m to extend these Housing First pilots into 2024, after which Housing First services will continue into 2025 through local areas' Rough Sleeping Initiative (RSI) programmes. We have committed just over £32m for Housing First initiatives and Housing First Pilot Areas via the RSI 2022-25 programme¹⁰⁰ to support areas to build holistic local housing-led provisions. We have also committed to expanding Housing First through

the new Single Homelessness Accommodation Programme (SHAP) funding streams. (For more information on SHAP, see the commitment to address unacceptable poor quality supported housing and increase supply below). Alongside this funding, we will be working with Homeless Link to explore the feasibility of a Fidelity Framework. This would support both existing and future schemes to uphold the seven principles of Housing First and drive a consistent approach across the sector.

c. Providing councils with three-year funding certainty through the Rough Sleeping Initiative, helping to build sustainable pathways out of rough sleeping

Through the Rough Sleeping Initiative, we are funding up to 14,000 beds in 2022/23, tailored to the need of the local area. Up to £500m investment into the Rough Sleeping Initiative 2022-25 will fund a great breadth of accommodation options used flexibly to deliver sustainable pathways that are tailored to a local area and the circumstances of the people that need support. In 2022-25, this funding includes: over £32m for Housing First services; up to £67m for immediate off the street accommodation – primarily to be used flexibly over the programme as need shifts; up to £23m to access Private Rented Sector accommodation; up to £59m to fund move-on from first stage accommodation, including rapid rehousing and supported housing. We will continue to support local authorities and hold them to account to deliver strengthened housing pathways to help people away from the streets into recovery.

d. £15m social investment to deliver over 200 secure and affordable homes for people experiencing, or at risk of, rough sleeping

There is a clear role for social investment to help bring on-stream a new supply of housing for vulnerable people and we continue to seek new

⁹⁸ This information is based on monitoring information provided by the pilots.

⁹⁹ <https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports>

¹⁰⁰ Housing First initiatives were applied for and agreed through the RSI 22-25 moderation process, while Housing First Pilots only require RSI funding from 2024.

opportunities to develop the pipeline of social investment. To enable this, in June 2021, the Government announced its investment of £15m with Big Society Capital who matched it to create an initial capital fund of £30m. The initial capital investment aimed to deliver over 200 homes of secure and affordable accommodation for people experiencing rough sleeping or at risk of rough sleeping. This fund has attracted further third-party investment (£86.5m to date), allowing more accommodation to be delivered, bringing the total forecast to c. 550 homes by the end of 2022. The programme includes a multi-year evaluation so that we can continue to evolve our approach to support, as we grow our understanding of the role of social investment in addressing homelessness and rough sleeping.

2) We will address unacceptable poor quality supported housing and increase supply, including through a new £200m Single Homelessness Accommodation Programme

a. £200m investment into our new Single Homelessness Accommodation Programme (SHAP) to plug the gap in existing rough sleeping accommodation provision

We recognise that there is a need in many areas for accommodation with support that is suitable for adults experiencing multiple disadvantage, both long-term and good quality hostel accommodation, as well as specialist accommodation for young people (under the age of 25) who are already experiencing rough sleeping or are at risk. Whilst accommodation provided through the Rough Sleeping Accommodation Programme (RSAP) goes some way to meeting this demand, the wrap-around support or type of the accommodation may not always be sufficient or appropriate for individuals needing higher levels of support. That is why the Government is launching a new

fund through the Single Homelessness Accommodation Programme (SHAP) that will deliver up to 2,400 homes by March 2025, including supported housing and Housing First accommodation and accommodation for young people at risk of homelessness including rough sleeping. The programme will include funding for the necessary wrap-around support tailored to the individual's needs for a period of three years.

b. £300m investment in the Adult Social Care Reform White Paper to connect housing with health and care, and boost the supply of supported housing including for people with a history or risk of rough sleeping

In the Adult Social Care Reform White Paper, *People at the Heart of Care*¹⁰¹, Government recognised the importance of long-term care and support for people experiencing rough sleeping and committed to 'ensure that health and care needs are met and to support our manifesto commitment to end rough sleeping by 2024'.

Many people sleeping rough experience early onset frailty equivalent to people who are in their 80s, but struggle to access the long-term care and support (including through Care Act Assessments) that they need or do not access primary care services.¹⁰² It is vital that those with physical or learning disabilities and those living with mental ill-health can access support when they need it. The Association of Directors of Adult Social Services (ADASS) in partnership with the Local Government Association (LGA) has recently published good practice on supporting people experiencing homelessness, including best practice on how adult social care can support people sleeping rough. This is publicly available on the ADASS website¹⁰³.

The Adult Social Care White Paper (*People at the Heart of Care: adult social care reform*)

¹⁰¹ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

¹⁰² <https://www.pathway.org.uk/publication/premature-frailty-geriatric-conditions-and-multimorbidity-among-people-experiencing-homelessness-a-cross-sectional-observational-study-in-a-london-hostel/>

¹⁰³ <https://www.local.gov.uk/publications/care-and-support-and-homelessness-top-tips-role-adult-social-care>

¹⁰⁴included a new investment of at least £300m to embed the strategic commitment into all local places to: connect housing with health and care; to boost the supply of supported housing to meet local need; and to increase local expenditure on services for people in supported housing. Over the next three years, the fund will support every local place to develop a strategic approach to supported housing, health and care, reflecting the needs of their local population – including people who are sleeping rough or may be at risk of sleeping rough and for whom long-term supported housing is appropriate. Improving partnership working between Adult Social Care, health, housing and homelessness services is critical to delivering the person-centred approach to address both the health and housing needs of an individual.

c. Improving supported housing quality, including through the Supported Housing Improvement Programme with £20m of funding across 2022-25

Whilst supply of supported housing is at the core of our strategy, our ambition is not just focused on quantity, but also on quality. Between October 2020 and September 2021, the Government funded a small number of pilots in England to test innovative approaches to drive up standards in a number of areas severely affected by poor-quality supported housing. The pilots have delivered real results, creating the kind of models for best practice that other local authorities that face this issue will be able to adopt. Building on this, in March 2022, the Government announced the Supported Housing Improvement Programme, backed by £20m over the next three years, aimed at helping a wider number of local authorities in some of the worst affected areas of the country to crack down on rogue landlords and ensure supported housing is providing adequate, tailored support and good-quality accommodation for its residents. The programme will be vital to drive up quality in the sector in the immediate future, while the Government develops and implements longer

term regulatory changes. Alongside this, in March, the Government announced its intention to take forward a package of measures including minimum standards for good quality support and new powers for local authorities to better manage their local supported housing market and ensure that rogue landlords cannot exploit the system. In addition, Government will make changes to Housing Benefit regulations to define care, support and supervision to improve quality and value for money in supported housing provision.

d. Over £140m investment to establish national standards and Ofsted regulation for providers accommodating children in, and leaving, care

Everyone deserves to live in a decent home and we particularly owe this to our young people living in, or leaving care. This is why the Government is bringing forward regulations and over £140m funding to introduce mandatory national standards and Ofsted registration and inspection for currently unregulated providers who accommodate 16- and 17-year-old looked after children and care leavers. Ofsted will begin registering providers from April 2023 and the national standards will become mandatory from autumn 2023. Ofsted will then begin inspecting providers of supported accommodation from April 2024. We expect this to increase the standard of accommodation and support provided to our young people in and leaving care.

¹⁰⁴ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

3) We will improve the support available to help people with experience of rough sleeping into employment, refreshing the jobcentre offer through best practice and networks of homelessness leads and setting up a covenant with employers to support job opportunities

a. Strengthening models of jobcentre support and partnerships to ensure people can develop their skills and find work

We know that work is key to good physical and mental health, for independent and fulfilling lives, and is key to preventing and recovering from rough sleeping. So once immediate financial and housing needs have been addressed and a level of stability and security achieved, employment is a priority. Of course, for those who have experienced rough sleeping, the timing varies according to the individual and there are flexibilities in the system to tailor requirements and even suspend job-seeking requirements whilst people resolve their housing issues and seek treatment. We will ensure all staff have awareness of these and other flexibilities (such as Universal Credit housing costs paid directly to landlords for those with budgeting needs) and that all requirements placed on people who have experienced rough sleeping are fully appropriate.

Our designated homelessness leads will work as part of the teams in jobcentres to offer tailored support to enable people who have slept rough to access skills and employment support. They will ensure jobcentre support works in tandem with other local provision, for instance with local authorities through the Rough Sleeping Initiative, to address gaps and avoid duplication in the local offer. This will include making sure that people in emergency and move-on accommodation have access to the right support at the right time.

In addition to DWP's mainstream support offer, including the Restart programme, people experiencing rough sleeping continue to have priority access to the Work and Health Programme. Those with health conditions and

other complex barriers to employment can also be supported through the Intensive Personalised Employment Support provision. DWP is now taking this bespoke support for people with complex needs further following successful trials. They are funding £39m over the next three years to roll out the Individual Placement and Support Drug and Alcohol Dependency programme, providing employment support alongside clinical treatment across England. In response to a second recommendation in Dame Carol Black's review on addiction, it is testing the introduction of drug and alcohol peer mentors to support individuals to disclose their dependency issues, move into treatment and closer into work. In addition, the Joint Work & Health Unit has invested over £65m to provide 400 employment advisers to work in NHS commissioned Improving Access to Psychological Therapies services in 40% of Clinical Commissioning Groups across England. Given what we know about the strong correlation with mental health problems and alcohol and substance misuse, these programmes should provide unprecedented access to intensive and tailored employment support for many who have experienced or who are at risk of rough sleeping.

This national provision is of course underpinned by locally commissioned support, which has empowered and equipped local jobcentre managers to ensure the right employment-related support is in place for groups with additional barriers and that jobcentres are connected with all services to ensure join up of welfare, employment and other support. The Flexible Support Fund is a tool at the disposal of work coaches and partnership managers, helping individuals with travel, clothing and other work-related costs and funding provision to address employment barriers.

b. Working with businesses to encourage employment of those experiencing rough sleeping through our newly launched employer covenant

Preparation for work is half of the challenge. We want to work with good employers committed to recruiting people with additional barriers and providing support for them to thrive in the workplace. To do this we are launching a new employer covenant with Crisis. The covenant will be a rallying call for business to play its part, selling the benefits of diverse recruitment, providing guidance and best practice to make it a success and generating a wide pool of vacancies which jobcentres, employment providers and homeless charities can match their clients to.

c. Improving identification through the Universal Credit system

We are committed to delivering tailored employment and welfare support to people who are experiencing rough sleeping. Work coaches can already record instances of homelessness to ensure people are supported in the right way throughout all their interactions. DWP will develop additional homeless identifiers to personalise support and capture data to enable better evaluation of support for this group.

d. Funding for tailored employment interventions through the Rough Sleeping Initiative

Local authorities are always best placed to tailor the support that an individual in their local area may need. The Rough Sleeping Initiative provides councils with the freedom to do this, including job skills coaching and training provision, as well as funding a number of roles such as, navigators and caseworkers who help with jobs brokerages and developing partnerships with innovative voluntary organisations to maximise job opportunities for those experiencing rough sleeping. The multi-year £500m investment into the Rough Sleeping Initiative will continue to ensure this vital support is provided to those who need it – helping support and sustain a life into recovery and

away from the streets. We are supporting at least £5.5m of employment schemes across 50 councils, aimed at improving access to work for those who have been rough sleeping and are ready to move onto this next phase of recovery.

4) We will provide significant levels of investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision

a. Expanding drug and alcohol treatment into a total of 83 local authorities with up to £186.5m funding

Substance dependency can be a cause and consequence of rough sleeping. It can make it harder for vulnerable individuals to build their lives off the streets and people who are dependent on drugs and alcohol may struggle with financial difficulties, behaviour problems, or relationships, making it harder to sustain accommodation. Improved access to drug and alcohol support is therefore vital if we are to bring an end to rough sleeping. Since 2020/21 the Government has spent £50m to provide substance misuse treatment services for people sleeping rough through the Rough Sleeping Drug and Alcohol Treatment Grant in 63 local authorities. The Government is now committing to go further by investing up to £186.5m into the programme over the next three years, expanding the number of local authorities that have access to this extra funding to 83 local authorities plus five pan-London projects in 2022/23. We are confident that the multi-disciplinary, holistic and trauma-informed approaches – designed to support people with co-occurring mental health and substance misuse needs – funded by the Rough Sleeping Drug and Alcohol Treatment Grant will continue to deliver positive outcomes for people with experiences of rough sleeping and support their journey to recovery.

b. £53m investment into housing support for people in drug and alcohol treatment

Addiction is a chronic condition that requires earlier and better treatment, and sustained

support. In December 2021, the Government published its landmark Drugs Strategy, '[From Harm to Hope: A Ten-Year Drug Strategy](#)'¹⁰⁵, which sets out a long-term vision for real change, with an ambition to reduce overall drug use towards a historic 30-year low, underpinned by a record £3bn investment to tackle drugs in the next three years. A key part of the strategy is housing and housing support, which have a crucial role to play in the success of drug treatment, particularly as many of those entering treatment report a housing need. This is why Government has committed £53m as part of the Drugs Strategy to develop 'a menu of housing support options' which will improve recovery outcomes for people in treatment and reduce the flow of people into homelessness and rough sleeping. In line with [Dame Carol Black's recommendations](#)¹⁰⁶, the funding will also be used to build the evidence base on effective housing support interventions for people in drug and alcohol treatment to inform future policy.

c. Expanding and transforming mental health services for people who experience rough sleeping through the NHS long-term plan and wider £2.3bn mental health funding

We know that many people who experience rough sleeping also experience mental ill-health. Following the 2018 Rough Sleeping Strategy, DHSC committed to deliver £30m of specialist homelessness mental health support for people who are sleeping rough, whilst also introducing new integrated models of care for someone living with a serious mental illness. The initial target of 20 high-need areas receiving new specialist mental health provision for people sleeping rough has been exceeded, with 23 sites having been established. There are robust evaluation plans in place to share learning from the sites – including for all areas (whether they have received funding or not) to have a mechanism in place to ensure local mental health services can support people sleeping

rough. This is part of a £2.3bn a year investment into wider mental health services by 2023/24 to enable an extra 2m people in England to access NHS-funded mental health support. Beyond 2023/24, NHSEI will provide recurrent annual funding of £9m to support the specialist services that have been established as part of the 5-year NHS Long Term Plan programme.

d. Making sure the needs of those experiencing rough sleeping are taken into account in any future Mental Health and Wellbeing Plan

Making sure we have the right provisions in place to support the mental health and wellbeing of our nation is of the utmost importance for this Government. In April 2022, DHSC published the [Mental Health and Wellbeing Plan discussion paper](#)¹⁰⁷, to kick-off of a national conversation to inform the development of a new 10-year mental health plan. People who sleep rough, are homeless or are in unstable housing are a key focus of this discussion, and we commit to ensuring that the views of the relevant sector partners and people with lived experience continue to be heard.

¹⁰⁵ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

¹⁰⁶ <https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response>

¹⁰⁷ <https://www.gov.uk/government/consultations/mental-health-and-wellbeing-plan-discussion-paper-and-call-for-evidence/mental-health-and-wellbeing-plan-discussion-paper>

Case Study: Recovery In Action

Employment And Engagement Officer – Mansfield District Council

“Our Employment & Engagement Officer is recruited through Tuntum Housing Association in Nottinghamshire who have extensive knowledge of working with non-UK nationals (NUKN) and the challenges that can bring. The role works two days a week with NUKN sleeping rough who have the right to work with no recourse to public funds, to help them gain employment so they can afford to live independently in the private rented sector. In 2018 we had an increase in NUKN sleeping rough and accessing our emergency accommodation and it proved challenging to help them move on. This role has worked with the clients to gain ID, settled status, job searching, recruitment agency liaison and even English for Speakers of Other Languages (ESOL) classes to help them move on from rough sleeping and into their own accommodation.

We extended the role of the Employment and Engagement Officer when we started our Housing First project in 2019. This role now works with people who have long history of homelessness and rough sleeping but have moved into their own accommodation. The role explores their employment history and what aspirations they have for the future. From this work, they support people to gain skills, boost confidence through volunteering and help them find employment. For some people who have experienced long periods of rough sleeping, we have helped support them with their learning and to gain qualifications. We have recently had a Housing First Client who has passed her maths GCSE and will continue to build on this success.

In the next three years, we are looking to extend the role to deliver skills courses with the support workers in the new resource centre.”





Rough Sleeping Initiative / Next Steps Accommodation Programme, Telford & Wrekin, Thomas

Thomas is turning his life around after being re-housed through Telford & Wrekin Council's Next Steps Accommodation Programme. The 29-year-old had been homeless and living in and out of temporary accommodation for over a decade until the Council stepped in to find him a home. Thomas now lives in a flat in Newport thanks to the programme – which has also helped him to get his whole life back on track. During his spells of homelessness, Thomas turned to a life of drugs and crime which led to several spells in prison. But now his new home has given him a new lease of life and the chance to look forward to a brighter future.

Thomas said: "I was in a bad way and it spiralled. I had no home, I was taking drugs, I wasn't eating properly and I was in trouble with the law. I had brief spells in shared accommodation but it didn't work out for me and I found myself mixing with the wrong crowd all the time. Having a permanent roof over my head through this programme has helped me to sort my life out completely. I'm now drug free, I'm able to see my young daughter regularly and I just feel far more settled. The past is in the past and it's something I don't want to go back to."

The Council's local Rough Sleeping Taskforce initially helped Thomas by providing support and emergency accommodation before he was supported by the Next Steps programme. As part of the Next Steps Programme the Council has purchased 13 empty or disused properties across the borough and has been able to fund additional Tenancy Sustainment Officers to provide support. The properties provide former rough sleepers with their own accommodation with a minimum 12-month tenancy and intensive support from a range of services.

Thomas added: "I'm really grateful for the support I've had from council support workers who visit and are in touch regularly to make sure everything is ok. I can't thank them enough. My advice to anyone who is homeless, if you get offered support from the council through projects like this, accept it with open arms and don't mess it up. This programme really has been a life-changer for me."

| Summary of Chapter 5 – Recovery | | |
|---|---|--|
|  | <p>1. We will support both housing-led approaches and Housing First, and make sure specialist homes are in place for those experiencing rough sleeping</p> | <ul style="list-style-type: none"> • 6,000 longer term homes through our flagship Rough Sleeping Accommodation Programme • Extending Housing First until 2025, supporting people experiencing multiple disadvantage • Providing councils with three-year funding certainty through the Rough Sleeping Initiative, helping to build sustainable pathways out of rough sleeping • £15m social investment to deliver over 200 secure and affordable homes for people experiencing, or at risk of rough sleeping |
|  | <p>2. We will address unacceptable poor quality supported housing and increase supply, including through a new £200m Single Homelessness Accommodation Programme</p> | <ul style="list-style-type: none"> • £200m investment into our new Single Homelessness Accommodation Programme (SHAP) to plug the gap in existing rough sleeping accommodation provision • £300m investment in the Adult Social Care Reform White Paper to connect housing with health and care, and boost the supply of supported housing including for people with a history or risk of rough sleeping • Improving supported housing quality, including through the Supported Housing Improvement Programme with £20m of funding across 2022-25 • Over £140m investment to establish national standards and Ofsted regulation for providers accommodating children in, and leaving, care |
|  | <p>3. We will improve the support available to help people with experience of rough sleeping into employment, refreshing the jobcentre offer through best practice and networks of homelessness leads, and setting up a covenant with employers to increase job opportunities.</p> | <ul style="list-style-type: none"> • Strengthening models of jobcentre support and partnerships to ensure people can develop their skills and find work • Working with businesses to encourage employment of those experiencing rough sleeping through our newly launched employer covenant • Improving identification through the Universal Credit system • Funding for tailored employment interventions through the Rough Sleeping Initiative |
|  | <p>4. We will provide significant investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision</p> | <ul style="list-style-type: none"> • Expanding drug and alcohol treatment into a total of 83 local authorities with up to £186.5m funding • £53m investment into housing support for people in drug and alcohol treatment • Expanding and transforming mental health services for people who experience rough sleeping through the NHS long-term plan and wider £2.3bn mental health funding • Making sure the needs of those experiencing rough sleeping are taken into account in any future Mental Health and Wellbeing Plan |

Chapter 6

A Transparent and Joined-Up System

A Transparent and Joined-Up System

This chapter provides an overview of our approach to ensuring a transparent and joined-up system – it includes:

- **Case for Action:** what do we know about the importance of a transparent and joined-up system?
- **Making a Change:** what is our ambition for a transparent and joined-up system?
- **Acting Now:** what action will we take to achieve our ambition?

Case for Action: What Do We Know?

1. To end rough sleeping and maximise the impact of the support available, we know that services need to work together in partnership. The pandemic response brought systems and partners closer together than ever before, seeing rough sleeping as a housing and health problem, facilitating closer partnerships with other parts of the system such as prisons.¹⁰⁸ We know that these partnerships had a positive impact; for example, the combined systems approach to help those sleeping rough and experiencing multiple disadvantages during lockdown was reported to have assisted relations between partners and Housing First pilots. This was seen not only between those responsible for delivering Housing First, but across the field of those responsible for finding solutions for people experiencing multiple disadvantages¹⁰⁹. Better joined-up service provision and multi-agency collaboration was one of the factors credited to the success of the pandemic response – and we know we need to build on this in the long-term.
2. The need for system join-up is particularly acute when considering the needs of people facing multiple disadvantages. We estimate around 363,000 adults in England are experiencing multiple disadvantage¹¹⁰. Evidence suggests that some services struggle to meet this amount of demand or that people can face barriers to accessing the services they need, such as being refused access to mental health services due to substance misuse. It also suggests service delivery is not always joined-up, meaning people often access services in crisis or not at all.
3. Joining-up the system is one issue, but then holding that system to account is another. We have set out that ending rough sleeping means when rough sleeping is “prevented wherever possible and, when it does happen, rough sleeping should be rare, brief and non-recurring”. Our vision is clear, but there are foundations that must be in place to enable the system to deliver: the right data that is publicly accessible so that areas can identify the specific action needed to drive performance, clear lines of accountability, a capable and skilled workforce, and a strong evidence base to inform decisions.
4. In order to achieve this, we must continue to improve our evidence base and data. We know that having timely, relevant data can influence policy changes and inform decisions at a national and local level. This data is also necessary for monitoring performance and progress. Although we have collected some of the world’s most sophisticated rough sleeping data since 2010, the pandemic highlighted the importance of timely and consistent data in

¹⁰⁸ https://uploads-ssl.webflow.com/59f07e67422cdf0001904c14/623db6e695e2c41a94eeeab4_CHI.IPPO.Pandemic.pdf

¹⁰⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/946171/Housing_First_Pilots_-_Effects_of_the_pandemic.pdf

¹¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943316/Changing_Futures_Programme_-_Prospectus_for_local_EOIs.pdf

delivering services and monitoring their impacts, and we want to build on this to support local authorities.

5. The final element is clear accountability structures, which go beyond performance monitoring and address what happens after performance is measured. It is vital the system works together to provide the right support to meet the varied needs of those who sleep rough, and that it is clear who is responsible for what. This is a whole of government strategy, and we want this collaborative approach matched by local delivery partners. We can set out what we expect nationally, but this also entails empowering local partners to take responsibility for improving elements of their delivery and finding the right ways of working to end rough sleeping sustainably in the long-term.
6. The benefits of enabling a transparent and joined-up system are clear and we know we must align all our efforts towards our shared goal if we want to end rough sleeping.

Making a Change: What Is Our Ambition?

7. **To have improved systems so that local partners have the right data and evidence, clear accountability structures, a capable workforce who feel valued, and effective partnerships and services to end rough sleeping.** To deliver a transparent and joined-up system our approach includes: using innovation to improve our evidence and data; driving collaboration to reliably measure the progress we are making; proportionate accountability mechanisms to make sure all of us are doing our part, including local political leaders, such as Mayors, and council leaders; and, support for the workforce to deliver essential services for

people experiencing rough sleeping through enhanced partnership working.

8. Building on the excellent examples of collaboration up and down the country, this strategy will go further and lay the foundations for the system change required to end rough sleeping in the long-term by: rolling out a new data-led national framework for defining and monitoring an end to rough sleeping to drive local performance; publishing new, more regular information about rough sleeping to give a fuller picture of trends; over £14m in total for a new Test and Learn Programme and systems wide evaluation to improve our understanding of what works; delivering £7.3m to support the voluntary, community and frontline sectors; new guidance to ensure Integrated Care Partnerships take account of the needs of people sleeping rough in their areas; and embedding the learning from the Changing Futures programme.

Acting Now: How Will We Achieve It?

To achieve this:

- 1) **We will introduce a new national data-led framework to measure progress towards ending rough sleeping**

a. Regular data publications and improvements

Data and transparency are core values to our democracy and a way for the public to hold central and local government and its partners to account. We regularly publish:

- **Annual Rough Sleeping Snapshot Statistics**¹¹¹: The annual rough sleeping snapshot provides information about the estimated number of people sleeping rough on a single night across England between 1 October and 30 November each year and

¹¹¹ <https://app.powerbi.com/view?r=eyJrjoiMGNINDJkMjctNzFhNi00MzY1LTlhYjMtYmQ0NzZmZGRjZGMxliwidCI6ImJmMzQ2ODEwLTljN2QtNDNkZS1hODcyLTl0YTJiZjM5OTVhOCJ9>

some basic demographic details (age, gender, nationality)¹¹². Although these statistics do not show the scale of rough sleeping over a year, they enable us to assess change over time reliably, which is important for understanding progress. The snapshot methodology has been in place since 2010 and remains our official and most robust measure of rough sleeping on a single night and has been adopted in many cities across the world. The figures are independently verified by Homeless Link and are published in line with the [Code of Practice for Statistics](#)¹¹³.

- **Quarterly Homelessness Statistics**¹¹⁴: This collection contains statistics on statutory homelessness, which is a reporting requirement of local authorities to provide data on people approaching local authorities for help with homelessness. This includes detailed data on activities undertaken by local authorities to help prevent or relieve homelessness and the outcomes of these activities. The data collected in this release shows total activity over the quarter except for data on temporary accommodation, which is a snapshot at the end of the quarter. We know there are several reasons why people experiencing rough sleeping are not consistently picked up in the Homelessness Case Level Information System (H-CLIC), including differences in time periods and methodologies, eligibility status and challenges with engagement during the assessment process and we are working to better understand this.
- **Management Information**: This year, we have gone further to ensure we have a larger range of data available for informing decisions and ensuring greater transparency, by publishing more detailed management information about the support

for people sleeping rough and those at risk of sleeping rough. The first publication can be found below.¹¹⁵ This data collection began at the beginning of the pandemic, to ensure that vulnerable people most at risk of COVID-19 could be protected in the most effective way possible. We are grateful for the remarkable work and dedication of local authorities to collect, collate and share this information, which provides a more holistic picture of rough sleeping levels and is an important step towards driving better outcomes through increased data and transparency.

- **Data Improvement**: It is vital that alongside data publication we go further, gathering data to fully understand people's experience of sleeping rough and their journeys through the system – as this will be crucial if we are to end rough sleeping for good. Therefore, we continue to improve the relevance of our regular rough sleeping management information while aiming to minimise the burdens on local authorities and undertake improvements. We are also looking at the role case-level data on rough sleeping might have in helping us to better understand the reasons why people experience rough sleeping, people's needs and how we can ensure better outcomes. Going forward, creating a strong data infrastructure will accelerate good policy and better outcomes for people experiencing rough sleeping.

b. A phased national roll-out of a new data-led framework to measure national and local progress on ending rough sleeping

It is critical that we are able to measure progress, both at a local and national level, towards achieving our ambition to end rough sleeping. We already have a robust regime in place to monitor local performance – each area has an Ending Rough Sleeping Plan that

¹¹² <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021>

¹¹³ <https://code.statisticsauthority.gov.uk/>

¹¹⁴ <https://www.gov.uk/government/collections/homelessness-statistics>

¹¹⁵ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021/annex-a-support-for-people-sleeping-rough-in-england-2021-not-official-statistics>

outlines an area's objectives and progress against delivery. As part of these plans, each area also has an operational target, setting ambitious aims to reduce the number of people sleeping rough on any given night. These plans and targets are monitored in collaboration with the local authority on a regular basis, with DLUHC's expert homelessness and rough sleeping advisers providing bespoke support to local areas to help them achieve their goals.

However, we recognise that there is more we can do to demonstrate to the public the progress we are making to end rough sleeping – which is why we have been working with the [Centre for Homelessness Impact](#)¹¹⁶ to develop a national data-led framework to track progress towards our vision of ensuring that rough sleeping is prevented wherever possible, and where it cannot be prevented, is a rare, brief and non-recurring experience. Not only will this framework help to align all partners towards our shared vision and its associated outcomes, but it will act as a mechanism to track our progress nationally and locally, whilst being sufficiently flexible, so that the framework is still relevant to all local areas and their particular context.

In March 2022, we publicly set out our vision for ending rough sleeping – that rough sleeping should be “prevented wherever possible and, when it does happen, rough sleeping should be rare, brief and non-recurring”. Following extensive testing with early adopters (Greater Manchester, Greater London, Newcastle, West Midlands, and Bournemouth Christchurch and Poole), we have now developed core indicators which will underpin our shared vision. These are designed to support each element of the vision – prevention, rare, brief and non-recurring – and work has been progressing at pace to understand the data and systems required within local authorities to monitor these indicators. The core indicators can be found in Annex A. We are working with the early adopters to understand what is needed for all local authorities across England to adopt this framework, and to be able to use the

framework to drive performance by shining a light on progress across a range of measures. Within the next phase of this work, we will collectively be refining a set of additional indicators that are wider than the core set of indicators and more tailored to local contexts, enabling local authorities to choose further indicators to monitor which are applicable to their area.

This is the first time we have brought together evidence experts on what works, alongside local authorities with strategic and frontline delivery experience, to create alignment, agreement on shared outcomes and a consistent, robust way of tracking progress in a consistent manner across the country. This demonstrates our commitment to collective agreement and a collaborative approach, enabling the whole system to use this framework for understanding our progress towards achieving our shared vision.

2) We will ensure robust but flexible accountability structures are in place

Having the right data in place is essential, but without clear and robust accountability mechanisms and local leadership (such as Mayors and council leaders), we will not see the systemic change we know we need to end rough sleeping. We are committed to working with local areas to understand what is right for each local area and know that a number of areas are already making great progress to put in place innovative solutions. Our vision for what robust, but flexible, accountability arrangements should look like is set out below. We will continue to work with partners to develop our shared approach.

- **At the Local Level:**

We expect local authorities, in collaboration with local partners, to take the lead in accountability for local rough sleeping outcomes. It is clear that there is no ‘one size fits all’ approach and that partners at the local level want the flexibility to make

¹¹⁶ <https://www.homelessnessimpact.org/>

local arrangements. This has been a strong theme of conversations with various local stakeholders and outcomes of previous consultations on accountability. We have considered formal structures in the past, such as Homelessness Reduction Boards, and consulted on their use and wider accountability measures through the 2019 Tackling Homelessness Together consultation. However, responses were mixed and suggest that partners are looking for something less prescriptive and more tailored to local need. It is important to have consistency across local areas when understanding how we are achieving our goal to end rough sleeping, but the ways in which this responsibility is managed can differ. Clearly, when we make decisions about funding to local areas, the strength and robustness of local accountability arrangements play a vital role.

There are some great examples of existing local solutions that can be learned from. We have seen strong lines of accountability created with the leadership of regional Mayors who ensure buy-in, partnership working and foster an environment for driving improvements. For example, the West Midlands have pioneered a Commitment to Collaborate Toolkit¹¹⁷, supported by Mayor Andy Street, driving practical actions across the sector and encouraging partnerships to tackle broader systemic issues around prevention. Mayor Andy Burnham's 'A Bed Every Night' (ABEN) scheme is another key example of a joined-up and holistic local solution aimed at ending rough sleeping across the Greater Manchester Combined Authority, with visible leadership provided by the Mayor. This leadership and partnership working is demonstrated in the case studies below.

Elsewhere, Creative Solutions Groups and Panels, which have been established in areas such as in South Gloucestershire Council, allow for collaboration between

services, including statutory and voluntary partners to better understand individual rough sleeping cases. They make decisions and recommend actions to help individuals and families with complex needs that are not met through a standard service response. Taking a more creative and strategic approach, they identify and unblock areas of the system that are problematic to help tailor services and systems that meet individual need. These groups and panels are unique in that their members have the authority and flexibility to direct appropriate resources and deliver unique solutions.

Finally, we are supporting performance locally through a range of accountability tools. This includes support from DLUHC's rough sleeping adviser team, working hand in hand with local areas to improve their delivery, as well as publishing more data on rough sleeping on a regular basis to help drive performance improvements at the local level and increase public scrutiny. An interactive dashboard has been published to display the data to allow comparisons to be drawn between areas and to help instigate local discussions and inform decision making. DLUHC is also establishing the Office for Local Government (OfLoG), a new body focused on data, transparency, and evidence to improve understanding of local service delivery, performance, and leadership at the local level. This will support our ambition to end rough sleeping through monitoring local authority performance and delivery of key services across local government priorities, including rough sleeping, drug and alcohol treatment, youth services, and housing supply. OfLoG will publish comparable metrics for each local authority, which will support local leaders in decision-making; allow central government to hold local authorities to account; and help local partners better understand what is

¹¹⁷ <https://www.wmca.org.uk/media/5030/c2c-roundtable-toolkit-guide.pdf>

happening in their area. For rough sleeping, all data will be aligned with our new data-led framework.

- **At the National Level**

To support all partners at a local level, government must continue to set the expectation for what we are collectively trying to achieve at a national level, for instance through the new data framework. This cross-government strategy, led by Ministers with clear commitments from across departments, sets out our collective vision and how we are leading the change needed to create a long-term system change. We encourage open communication between local partners and central government partners, such as through rough sleeping advisers and the various stakeholder groups we oversee, so that nationally we are addressing issues relevant to local areas.

We will ensure this strategy lays the foundations for long-term system change by asking the Rough Sleeping Advisory Panel to oversee delivery and provide an annual update to government to track progress in achieving our vision.

3) We will improve our evidence base and understanding of which interventions work to end rough sleeping

a. £2.2m investment into an unprecedented systems-wide evaluation (subject to feasibility) and new data-linking

If we want to ensure that we deliver a system that ends rough sleeping, we need to better understand how the whole system works, where it drives good outcomes and where it fails. This is why we are investing £2.2m into an evaluation to understand how local services work and interact across the homelessness and rough sleeping system and the wider public sector, including their impact and value for money of public funding. It will consider the impact of different government-wide interventions on homelessness and rough

sleeping and provide the context needed to better understand the effectiveness of delivery at both the system and local level, including how people enter and move through the system and interact with services. This work is vital to understand what constitutes effective service delivery, which interventions are effective and provide value for money, and where to best target resources to effectively prevent and intervene in rough sleeping.

In order to establish the best methodological approach for the main study and assess the feasibility of establishing impact and value for money, we are procuring a feasibility study in the first stage of the work. We expect the feasibility study to deliver by March 2023. The tender for the full evaluation is expected to open in Spring 2023 with interim reports by Spring 2024 and final reports by Spring 2025. We intend to publish interim findings and final reports of findings to enable central and local decision makers and the sector to utilise the information and potentially make changes to the way services are delivered to achieve better outcomes.

Alongside this, the Better Outcomes through Linked Data (BOLD) programme is leading the way in improving the integration of government data in England and Wales. This data-linking programme is led by multiple government departments (e.g., DHSC and MoJ) and includes a homelessness project to better understand why some people repeatedly become homeless, which services are most effective in preventing prison leavers from becoming homeless (and thereby decreasing their chances of reoffending), and what role drug treatment services can play in preventing homelessness. This will be done by linking data, including data from the statutory homelessness system, with data held across central government and gives us the opportunity to drive better outcomes for people experiencing rough sleeping.

This will build on, and be complimentary to, the ongoing system level evaluation of the Changing Futures programme, which is focusing on what

works at the local system level to improve outcomes for people experiencing multiple disadvantage including homelessness and rough sleeping. (For more detail on changing futures, see Changing Futures policy below).

b. Piloting innovative approaches to ending rough sleeping through a £12m Test and Learn programme

We will only end rough sleeping if we continue to improve our understanding of the problem and remain open to testing bold and innovative solutions through an evidence-based approach. This is why our investment into a system wide evaluation will be supported by a £12m Test and Learn programme. Multiple pilots and trials will be set up to test interventions, in close collaboration with service providers. This investment will enable local areas and services to trial and evaluate a range of projects, and improve the evidence base of what works, for whom and how. The findings will provide robust evidence of impact on a range of outcomes and will inform future decision-making.

c. Embedding the voices of people with lived experiences into our policy making

People with experience of rough sleeping have a unique perspective on the complexity of the drivers and the circumstances that lead to someone sleeping rough and the impact that has on people's lives. They also have first-hand experience of navigating the support available, including the barriers to coming off the streets and building a more stable life. We are committed to incorporating learning from people with lived experience to ensure individual's needs are put at the heart of our policy-making and drive the delivery of policies and programmes across government. To deliver this we will develop a new advisory group made up of people with lived experience who will be in place to provide regular advice and to consult on our programme of work.

4) We will support the voluntary, community and faith sectors workforce to play their part alongside other delivery partners

We want the rough sleeping and homelessness sectors to attract the best possible people and be places where people can build successful and fulfilling careers. While the pandemic has enabled us to deliver real and important change for people who sleep rough, we know that this was a hugely challenging time for our workforce. However, we are clear that without them we cannot deliver our vision to end rough sleeping. We will continue to work closely with the sector to understand the needs of the fantastic people who work to support people who are homeless or sleep rough and ensure their needs are built into our future funding and policy decisions.

a. £7.3m investment into increasing the capacity and capability and partnership of the workforce

The tens of thousands of passionate, dedicated and selfless people that work and volunteer with people who are homeless or sleep rough make a real difference to people's lives at a time of vulnerability. We recognise the important work done every day by local authorities and the voluntary, community and faith sectors and we are grateful for their shared efforts and vision to bring an end to rough sleeping. We need to ensure that this workforce remains resourced, capable and collaborates effectively across organisational boundaries to deliver the best support to those who need it. To achieve this, we are investing £7.3m over the next three years to deliver a range of initiatives, including:

- Shelter will provide an effective programme of quality homelessness and housing training, as well as information resources and training for the sector to help build skills and knowledge of frontline staff and volunteers in England.
- Shelter will also provide a specialist advice service to support frontline workers resolve individual cases. The specialist advice team

will deliver housing, homelessness and welfare benefits advice via telephone, webchat and digital tools, to frontline staff. This service will be for professional and volunteer use only and it will not deliver advice directly to the general public or people who are at risk of, or are experiencing, rough sleeping.

- Homeless Link will develop and enable stronger local strategic partnerships by facilitating and supporting joint working between the voluntary, community and faith sectors, local public bodies, and local authorities to tackle local homelessness challenges – using a partnership approach to address barriers in local systems.
- Housing Justice will provide training and best practice support for the national night shelter network, offering accreditation for community organisations and shelters. Support will be offered to increase capabilities and links to statutory services and faith sectors.

Much of this builds on existing partnerships with leading sector organisations, such as Homeless Link, Housing Justice, Shelter and St Basils, that the Government has supported in recent years – which is why we are confident that this further investment will continue to support the capacity and capability of the sector to deliver on our shared aim to end rough sleeping.

b. Promoting best practice for social workers and social care staff

Social workers and social care staff play a hugely valuable role in supporting those that are experiencing homelessness and rough sleeping – and we are grateful for their time, skill and dedication, along with all others that support this work. As part of the Adult Social Care White Paper, [People at the Heart of Care](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper)¹¹⁸, DHSC announced £500m to fund a professionalisation programme for the adult social care workforce. As part of this, the Chief Social Worker's office

has committed to promote best practice guidance for engaging, assessing and providing support to someone experiencing homelessness including rough sleeping – to ensure that social workers and social care staff are empowered to deliver the highest-quality care and, in turn, improving the experience and outcomes for those people in need.

5) We will improve how different services work together for people sleeping rough, particularly people facing multiple disadvantage, including supporting partners within the new Integrated Care System to develop joined-up local strategies that bring together housing, homelessness and healthcare

a. Guidance to the health and care system to improve integration of services and outcomes for those experiencing homelessness and rough sleeping alongside other challenges

We aspire to deliver a joined-up health and care system that meets the needs of all those who use it – built on a foundation of integration and innovation, working together to improve health and social care for all. At the heart of this is ensuring that people with experiences of homelessness including rough sleeping receive integrated and trauma-informed care to help the prevention of, and recovery from, rough sleeping. To enable this:

i. Integrated Care Systems¹¹⁹:

The Health and Care Act 2022 included provisions to fundamentally shift the way in which health services are commissioned and major changes in how health and care systems collaborate – ensuring integration and partnership is at the core of how services operate. This is why we have ensured that Integrated Care Strategy guidance considers the needs of people

¹¹⁸ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

¹¹⁹ <https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

experiencing homelessness, including people sleeping rough.¹²⁰ The guidance recommends that homelessness services should be engaged by Integrated Care Partnerships (ICPs) when developing the strategy that will inform local commissioning decisions made by Integrated Care Boards and upper tier local authorities. This guidance also includes housing and homelessness services, as examples of health-related services that could be better integrated with the health and care sector. The guidance champions co-production. Additionally, new guidance for Health and Wellbeing Boards will also reference the needs of people experiencing homelessness and rough sleeping.

ii. **Duty to Cooperate (in order to secure and advance health and welfare):**

Co-operation is central to improving the health and wellbeing of people sleeping rough. Under Section 82 of the NHS Act 2006, NHS bodies and local authorities have a statutory duty to co-operate to secure and advance the health and welfare of people in their local area. In order to give greater clarity about what this duty means in practice, the Health and Care Act 2022 provides a power for statutory guidance to be issued on what this co-operation should entail and what NHS bodies and local authorities are required to have regard to when commissioning services. We have, therefore, committed to publish Duty to Cooperate Guidance on Inclusion Health, which will include people experiencing homelessness, including rough sleeping. This guidance will help foster unprecedented levels of partnership – with the needs of people sleeping rough at the centre of ways of working across the system.

iii. **Safeguarding Adult Boards:**

Rough sleeping and multiple disadvantage is a safeguarding issue. The Care Act 2014 requires each local authority to set up a Safeguarding Adults Board (SAB) in order to provide assurance that local safeguarding arrangements and partners are acting to help and protect adults with care and support needs who they suspect are at risk of abuse or neglect (including self-neglect). In line with the recommendations of the National Institute for Health and Care Excellence (NICE) guidelines, DLUHC and DHSC are strongly recommending that every Safeguarding Adult Board has a named member advocating for people sleeping rough, who we know often experience the most severe disadvantage and multiple and complex needs. SABs should also ensure, in their partnerships with housing teams, that there is clear accountability for people sleeping rough. This should include joint working between the SAB and the Director for Housing, who has ultimate responsibility for people experiencing homelessness. Integration of health, care and housing services for people sleeping rough is a priority for DLUHC and DHSC Ministers, which is why they will be writing to local authorities to reiterate the importance of this and set out the expectations of Safeguarding Adult Board in supporting people sleeping rough.

b. Embedding learning from the trailblazing £64m Changing Futures programme – piloting improved join-up and implementation of person-centred services in 15 local partnerships

Thanks to the pioneering and innovative research of our partners at the [MEAM](http://meam.org.uk/)¹²¹ (Making Every Adult Matter) Coalition and The National Lottery Community Fund through their [Fulfilling Lives programme](https://www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs)¹²², we have a rich

¹²⁰ <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

¹²¹ <http://meam.org.uk/>

¹²² <https://www.tnlcommunityfund.org.uk/funding/strategic-investments/multiple-needs>

understanding of some of the challenges faced by people experiencing multiple disadvantage and what works in response. Evaluation of both programmes has found significant reductions to rough sleeping and increased housing stability among beneficiaries alongside a range of other positive outcomes. This is why Government and the National Lottery Community Fund are investing £64m into the Changing Futures programme between 2019/20 and 2023/24, to test how to join-up and implement a person-centred approach, in local areas and across government, to improve outcomes for adults experiencing multiple disadvantage. The programme is funding locally led pilots in 15 areas covering 34 top-tier local authority areas and we are undertaking a robust evaluation at individual, service and system levels with the first report due in September 2022. Key features include:

- **Increased strategic collaboration and multi-agency working amongst local partners:** In order to deliver co-ordinated and flexible front line services, Changing Futures areas are developing strong partnership working at operational and strategic levels, with representatives including local authority services (including homelessness and housing support, public health and adult social care), strategic NHS partners, police, Combatting Drugs Partnerships, National Probation Service, Jobcentre Plus and voluntary, community and social sector partners. Most are building on or connecting into existing or new multi-agency governance arrangements, such as Health and Wellbeing Boards and Integrated Care Partnerships. (See further detail on this above).
- **Taking a strategic approach to trusting relationships and person-centred support:** People experiencing multiple disadvantage, as well as those providing support, identify a trusting relationship as the foundation for providing effective support. As part of the Changing Futures

programme, areas offer flexible, person-centred and long-term support, delivered and co-ordinated through dedicated key workers with small caseloads and multi-disciplinary teams of specialists. Support stays with people as their circumstances change, including changes in housing situation, hospital admissions and prison sentences.

- **Roles for people with lived experience:** Shared experience between a worker and client can support the development of trusting relationships, as well as providing a positive role model and proof that recovery is possible. For similar reasons, lived experience is also emphasised as valuable in delivering gender-informed and relational approaches. Co-design of services with people with lived experiences also helps to challenge assumptions and identify barriers and helps change services and the system to work better for people experiencing multiple disadvantage. The National Expert Citizens Group (NECG) have been key partners in the design and development of the Changing Futures programme since its inception. Members of the NECG represent people who have experienced a combination of homelessness, contact with the criminal justice system, mental health problems, and alcohol or substance use.

The Government is committed to ongoing learning alongside local Changing Futures partnerships, including people with personal experience of multiple disadvantage, throughout the delivery and evaluation of the programme. We will embed the lessons learned to help revolutionise our ways of working and help people facing multiple challenges to improve their lives.

c. Consolidating funding streams

In recent years, particularly as a result of the pandemic, government has been responding quickly to bring forward a range of funding streams to help local authorities deliver their priorities on rough sleeping. Whilst these

funding streams have been vital, and the pace necessary, we recognise that it can be challenging and burdensome for local areas to manage a range of different funds. We are clear that funding should be delivered as efficiently as possible to enable local authorities to deliver their overarching strategies and ensure their time is best spent delivering services to the people that need them. As our programme has matured, we have taken opportunities to align

funding streams in order to find efficiencies. We have sought to align funding streams as far as possible to reduce administrative burdens – for example, combining the new burdens funding for domestic abuse into the Homelessness Prevention Grant rather than having a separate funding stream and folding Housing First funding into the Rough Sleeping Initiative 2022-25. We are committed to further streamlining where possible.

Case Study: The System In Action

Changing Futures Programme, Lancashire

Coordinated across Lancashire (including Blackburn with Darwen and Blackpool), the Changing Futures approach works through four Localities, closely aligned to the Integrated Care System footprints and has established new Enhanced Service Hubs. These bring key services including housing support, substance misuse, adult social care, probation, police, health, and voluntary sector together around the person, providing flexible and intensive ‘whole person’ support to help people to stabilise their lives and start building towards recovery. Monthly locality strategic meetings provide oversight and problem-solving for these hubs to help the different agencies work effectively together and address barriers to support that emerge, while these in turn feed delivery assurance, learning and priorities up to a Lancashire-wide Changing Futures Lancashire Board which is overseeing implementation at individual and service level. A Multiple Deprivation Board coordinated through Integrated Care System (ICS) arrangements is also being established to review learning from the programme and system change priorities.

Steve’s Experience With Changing Futures Programme, Lancashire

Arriving in Blackburn with no local connection Steve started sleeping rough and had regular contact with the Police and Community Safety due to anti-social behaviour. His drug and alcohol use spiralled and there were numerous incidents in which he was beaten up and robbed whilst rough sleeping.

Changing Futures workers contacted Steve daily, building a relationship and engagement by focusing on Steve’s priorities. At Steve’s request the navigator met him daily to go to the bank to help with budgeting.

Steve is now feeling more positive, vastly reduced his drug use and has become more responsible for his own finances. He has been accepted into supportive living accommodation and attends Lancashire Users Forum with his mentor where he has met other people in recovery. This sparked an interest in going to rehab for the first time. He hopes to volunteer in the future and wants to be considered as a peer mentor when he is free from substances.

Andy Burnham, Mayor Of Greater Manchester

Since 2017 we have made significant progress towards our goal of ending the need for rough sleeping in Greater Manchester. This has only been possible thanks to our ground-breaking partnership approach across the public, private and voluntary sector. The year-on-year reductions we have seen are the result of a dedicated community infrastructure that underpins a whole-system response to rough sleeping, including:






- *Greater Manchester Homelessness Action Network: A powerful coalition of people who want to see an end to homelessness, coming together to solve problems, pool resources and develop cohesive strategies to end homelessness across all sectors and lived experiences.*
- *Locality Homelessness Partnerships: Our Borough Council colleagues work closely with the voluntary sector and lived experience voices to develop bespoke local responses to rough sleeping.*
- *Political Leadership: With a continued clear manifesto commitment and mandate to end homelessness across the city-region.*
- *Whole-systems Thinking: Working across sectors to galvanise support to end homelessness across a range of policy areas and contexts (e.g. health, criminal justice etc.).*
- *Doing Things Differently: Developing new interventions for people, from immediate responses such as A Bed Every Night, through to longer term interventions including Greater Manchester Housing First, and learning from what works.*
- *Collective Accountability: Bringing together voices from across sectors and backgrounds to provide whole-system oversight of our efforts to end homelessness through GM Homelessness Programme Board, chaired by the Mayor of Greater Manchester.*

These key pillars have made it possible to produce an effective and collective emergency response to the immediate rough sleeping crisis, exemplified by our A Bed Every Night model, and subsequently the Everyone In response to Covid-19. However, we know that prevention is far more effective than cure in the long run. That's why we co-produced the first ever Greater Manchester Homelessness Prevention Strategy with people from across these networks, through honest conversations about how we can end all forms of homelessness in Greater Manchester, and how far we still have to go to make it a reality.

Andy Street, Mayor Of The West Midlands

The WMCA Homelessness Taskforce was set up by the Mayor of the West Midlands in 2017, and embedded into the mainstream work of the WMCA in 2019, with a commitment to bring together organisations, people and resources to 'design out homelessness' in the West Midlands. The Homelessness Taskforce comprises all seven constituent local authorities, key public sector agencies, voluntary and community sector organisations and representation from the business community. In addition, there is a Members Advisory Group made up of Cabinet Members with responsibility for homelessness from each of the seven constituent authorities, bolstering political leadership and accountability.

In designing out homelessness, the Taskforce is committed to identifying and addressing gaps in strategies, policies, procedures, laws, structures, systems and relationships that either cause or fail to prevent homelessness. It recognises that homelessness takes many forms and is a complex mix of personal and wider structural factors, such as health, employment, relationships and housing. Using the Positive Pathway model, the Taskforce have worked creatively with partners, sharing learning, resources and good practice to prevent and reduce rough sleeping across the region. As early adopters we are working to ensure that rough sleeping is prevented, wherever possible, through effective universal and targeted prevention, so it is rare, and where it occurs it is brief and non-recurring.

| Summary of Chapter 6 Summary – A Transparent and Joined-Up System | | |
|---|---|---|
|  | 1. We will introduce a new national data-led framework to measure progress towards ending rough sleeping | <ul style="list-style-type: none"> • Regular data publications and improvements • A phased national roll-out of a new data-led framework to measure national and local progress on ending rough sleeping |
|  | 2. We will ensure robust but flexible accountability structures are in place | |
|  | 3. We will improve our evidence base and understanding of what works to end rough sleeping | <ul style="list-style-type: none"> • £2.2m investment into an unprecedented systems-wide evaluation (subject to feasibility) and new data-linking • Piloting innovative approaches to ending rough sleeping through a £12m Test and Learn programme • Embedding the voices of people with lived experiences into our policy making |
|  | 4. We will support the voluntary, community and faith sector workforce to play their part alongside other delivery partners | <ul style="list-style-type: none"> • £7.3m investment into increasing the capacity and capability and partnership of the workforce • Promoting best practice for social workers and social care staff |
|  | 5. We will improve how different services work together for people sleeping rough, particularly people facing multiple disadvantage, including supporting partners within the new Integrated Care Systems to develop joined-up local strategies that bring together housing, homelessness and healthcare | <ul style="list-style-type: none"> • Guidance to the health and care system to improve integration of services and outcomes for those experiencing homelessness and rough sleeping alongside other challenges <ul style="list-style-type: none"> – Integrated Care Systems – Duty to Cooperate (in order to secure and advance health and welfare) – Safeguarding Adult Boards • Embedding learning from the trailblazing £64m Changing Futures programme – piloting improved join-up and implementation of person-centred services in 15 local partnerships • Consolidating funding streams |

Annexes

Annex A: Data-led Framework Indicators

Prevent

P.1 – Number of new people sleeping out (an absolute figure, as a rate per 100,000 population, a proportion of all people sleeping rough)

P.2 – People discharged from institutions with no settled accommodation identified

Rare

R.1 – The number of people sleeping out on a single night, expressed as: an absolute figure, as a rate per 100,000 population

Brief

B.1 – The length of time between the first time someone is identified sleeping rough and moving into 'off the streets' accommodation

B.2 – The length of time between a person's first contact with outreach services and moving into 'long-term' accommodation

Non-Recurring

NR.1 – The number of 'returners' of people seen sleeping out again after being successfully supported into accommodation, expressed as: an absolute number, a proportion of the number of people who are successfully supported into accommodation

NR.2 – The number of people experiencing 'long-term' rough sleeping (an absolute figure, as a rate per 100,000 population, a proportion of all people sleeping rough)

Annex B: Summary of Commitments and Policies

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|--|------------|
| Outcome | Commitment | Policy | Department |
| Prevention | 1) We will increase affordability and security of housing | a) Increasing the amount of social housing available, including £11.5bn investment into our Affordable Homes Programme | DLUHC |
| | | b) Delivering a fairer Private Rented Sector | DLUHC |
| | | c) Maintaining financial support towards housing costs for those on low income through Housing Benefit and Universal Credit <ul style="list-style-type: none"> • Supporting people who have experienced homelessness including rough sleeping by maintaining the shared accommodation rate exemption • Supporting people who need further financial assistance with their housing costs through Discretionary Housing Payments. • Strengthening models of jobcentre support and partnerships to ensure people can get the benefits to which they are entitled | DWP |
| | 2) We will empower local authorities to better prevent rough sleeping – including fully embedding the landmark Homelessness Reduction Act 2017 | a) Continuing to support local authorities to embed the Homelessness Reduction Act | DLUHC |
| | | b) Funding £316m Homelessness Prevention Grant in 2022/23 | DLUHC |
| | 3. We will commit to working with stakeholders from local authorities and the service delivery sector to establish an operational risk assessment tool to assist with prevention of rough sleeping | | DLUHC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|--|--------------|
| Outcome | Commitment | Policy | Department |
| Prevention | 4. We will support our ambition that no -one is released from a public institution to the streets through the following commitments: | | |
| | 4.1 No-one should leave prison homeless or to sleep rough | a) National roll-out of 12 weeks of transitional accommodation upon release Continue expansion for Approved Premises for high risk offenders Introduce legislation to reduce numbers of prisoners released on Fridays to help with better access to essential services Introduce resettlement passports, to bring together key information and services to support successful resettlement into the community | MoJ |
| | | b) Employing more Housing Specialists to improve accommodation pathways and partnership with local authorities | DLUHC MoJ |
| | | c) Taking a preventative approach, based on individual circumstances, through regional probation Homelessness Prevention Teams | MoJ |
| | | d) Targeting welfare support for people preparing to leave prison | DWP |
| | | e) New multi-year funding to help secure private rented accommodation for people leaving prison | DLUHC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|--|--------------|
| Outcome | Commitment | Policy | Department |
| Prevention | 4.2 Young people leaving care will receive the support they need to secure and maintain suitable accommodation | a) £3.2m investment for more specialist personal advisers in 2022/23, to provide individual support for young people leaving care at risk of homelessness or rough sleeping | DfE |
| | | b) £99.8m funding over the next three years into 'Staying Put', to enable young people to remain with their former foster families for longer | DfE |
| | | c) £36m funding over the next three years to expand 'Staying Close', providing extra support for young people leaving children's homes | DfE |
| | | d) Working with local authorities to share best practice on supporting young people leaving care at risk of rough sleeping | DfE DLUHC |
| | | e) Consideration of the recommendations in the report published by independent review of children's social care, as part of the Government's broader response to challenges in the care system | DfE DLUHC |
| | | f) Targeting welfare support for young people leaving care | DWP |
| | 4.3 No-one should be discharged from hospital to the streets | a) Adopting learning from the Out of Hospital Care Programme to reduce the risk of people leaving hospital for the streets | DHSC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|--|---------------------|
| Outcome | Commitment | Policy | Department |
| Prevention | 4.4 No-one who has served in the UK Armed Forces should face the need to sleep rough | a) Providing high priority access for social housing and temporary accommodation | DLUHC OVA MoD |
| | | b) Continuing to waive local connection requirements for veterans | DLUHC |
| | | c) Providing specialist housing support for those leaving the Armed Forces | OVA MoD |
| | | d) Targeting welfare support for veterans | DWP |
| | 4.5 We will review the impact of the new asylum dispersal system on homelessness and rough sleeping | a) Consulting local authorities on the long-term reform of the asylum dispersal system | DLUHC HO |
| | 5. We will support recovery to prevent rough sleeping recurring | | |
| Intervention | 1. We will extend investment into co-ordinated local rough sleeping services and ensure tailored support to meet individual needs, including through the £500m Rough Sleeping Initiative 2022-25 and the £10m Night Shelter Transformation Fund to increase provision of quality single-room provision within the night shelter sector | a) Up to £500m multi-year investment into our flagship Rough Sleeping Initiative 2022-25 | DLUHC |
| | | b) Embedding guidance from the National Institute for Health and Care Excellence (NICE) to put the person at the centre of support | DLUHC DHSC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|---|----------------------|
| Outcome | Commitment | Policy | Department |
| Intervention | | <p>c) Tailoring interventions to ensure that support meets people's specific needs</p> <ul style="list-style-type: none"> • People "living on the streets" and experiencing multiple disadvantage • Women • Victims of domestic abuse and sexual violence • LGBT • Young People • Victims of modern slavery | Relevant Departments |
| | | <p>d) Transforming voluntary and community provision with £10m investment over the next three years, including to encourage a move towards quality single-room provision</p> | DLUHC |
| | | <p>e) Continuing to protect the population from COVID-19</p> | DLUHC DHSC |
| | 2. We will build on our 'exhaust all options' approach with non-UK nationals sleeping rough to make sure those who have restricted eligibility for public funds have a clear pathway off the streets | <p>a) Reforming the Rough Sleeping Support Service to help swiftly clarify and resolve the immigration status of non-UK nationals who are sleeping rough</p> | HO |
| | | <p>b) Introducing an offer of tailored support for those that wish to return to their home country voluntarily</p> | HO DLUHC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|---|-------------|
| Outcome | Commitment | Policy | Department |
| Intervention | 3. We will provide local authorities, police and other agencies with the tools they need to work effectively together to address rough sleeping, protect the public and make communities feel safe for all | a) Support better multi-agency working between local authorities, the police and other enforcement agencies through guidance and sharing of best practice to address rough sleeping, protect the public and make communities safe for all | HO DLUHC |
| | | b) Repeal the outdated Vagrancy Act whilst ensuring the police, local authorities and other agencies have the powers and tools to respond effectively to begging, support vulnerable individuals and help communities feel safer | DLUHC |
| | 4. We will make it easier for the public to play their part in supporting people sleeping rough | a) Continued investment to improve the way in which the public can make referrals when they see a person sleeping rough | DLUHC |
| | | b) Championing and sharing best practice led by the rail sector | DfT |
| Recovery | 1. We will support both housing-led approaches and Housing First, and will make sure specialist homes are in place for people experiencing rough sleeping | a) 6,000 longer term homes through our flagship Rough Sleeping Accommodation Programme | DLUHC |
| | | b) Extending Housing First until 2025, supporting people experiencing multiple disadvantage | DLUHC |
| | | c) Providing councils with three-year funding certainty through the Rough Sleeping Initiative, helping to build sustainable pathways out of rough sleeping | DLUHC |
| | | d) £15m social investment to deliver over 200 secure and affordable homes for people experiencing rough sleeping or are at risk of rough sleeping | DLUHC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|--|--|------------|
| Outcome | Commitment | Policy | Department |
| Recovery | 2. We will address unacceptable poor quality supported housing and increase supply, including through a new £200m Single Homelessness Accommodation Programme | a) £200m investment into our new Single Homelessness Accommodation Programme (SHAP) to plug the gap in existing rough sleeping accommodation provision | DLUHC |
| | | b) £300m investment in the Adult Social Care Reform White Paper to connect housing with health and care, and boost the supply of supported housing including for people with a history or risk of rough sleeping | DHSC |
| | | c) Improving supported housing quality through the Supported Housing Improvement Programme with £20m of funding across 2022-25 | DLUHC |
| | | d) Over £140m investment to establish national standards and Ofsted regulation for providers accommodating children in, and leaving, care | DfE |
| | 3. We will improve the support available to help people with experience of rough sleeping into employment, refreshing the jobcentre offer through best practice and networks of homelessness leads and setting up a covenant with employers to support job opportunities | a) Strengthening models of jobcentre support and partnerships to ensure people can develop their skills and find work | DWP |
| | | b) Working with businesses to encourage employment of those experiencing rough sleeping through our newly launched employer covenant | DWP |
| | | c) Improving identification through the Universal Credit system | DWP |
| | | d) Funding for tailored employment interventions through the Rough Sleeping Initiative | DLUHC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|---|---|---------------------|
| Outcome | Commitment | Policy | Department |
| Recovery | 4. We will provide significant investment into drug and alcohol treatment to support people experiencing rough sleeping and improve mental health provision | a) Expanding drug and alcohol treatment into a total of 83 local authorities through the £186.5m funding | DHSC DLUHC |
| | | b) £53m investment into housing support for people in drug and alcohol treatment | DHSC HO DLUHC |
| | | c) Expanding and transforming mental health services for people who experience rough sleeping through the NHS long-term plan and wider £2.3bn mental health funding | DHSC |
| | | d) Making sure the needs of those experiencing rough sleeping are taken into account in any future Mental Health and Wellbeing Plan | DHSC |
| Transparent and joined-up system | 1. We will introduce a new national data-led framework to measure progress towards ending rough sleeping | a) Regular data publications and improvements | DLUHC |
| | | b) A phased national roll-out of a new data-led framework to measure national and local progress on ending rough sleeping | DLUHC |
| | 2. We will ensure robust but flexible accountability structures are in place | DLUHC | |
| | 3. We will improve our evidence-base and understanding of what works to end rough sleeping | a) £2.2m investment into an unprecedented systems-wide evaluation and (subject to feasibility) new data-linking | DLUHC |
| | | b) Piloting innovative approaches to ending rough sleeping through a £12m Test and Learn Programme | DLUHC |
| | | c) Embedding the voices of people with lived experiences into our policy making | DLUHC |

| Summary of Policies Rough Sleeping Strategy | | | |
|---|---|---|------------|
| Outcome | Commitment | Policy | Department |
| Transparent and joined-up system | 4. We will support the voluntary, community and faith sector workforce to play their part alongside other delivery partners | a) £7.3m investment into increasing the capacity and capability and partnership of the workforce | DLUHC |
| | | b) Promoting best practice for social workers and social care staff | DHSC |
| | 5. We will improve how different services work together for people sleeping rough, particularly people facing multiple disadvantage, including supporting partners within the new Integrated Care System to develop joined-up local strategies that bring together housing, homelessness and healthcare | a) Guidance to the health and care system to improve integration of services and outcomes for those experiencing homelessness and rough sleeping alongside other challenges <ul style="list-style-type: none"> • Integrated Care Systems • Duty to Cooperate (in order to secure and advance health and welfare) • Safeguarding Adult Boards | DHSC |
| | | b) Embedding learning from the trailblazing £64m Changing Futures Programme – piloting improved join-up and implementation of person-centred services in 15 local partnerships | DHSC |
| | | c) Consolidating funding streams | DLUHC |

Annex C: Glossary

Asylum Dispersal: the process by which the Home Office moves asylum seekers to specified local authority areas across the UK while their application for asylum is processed.

Asylum Seeker: an individual who has left their country, is seeking protection from persecution and serious human rights violations in another country and is yet to receive a decision on their claim for asylum. As a distinction, a ‘Refugee’ is an asylum seeker whose claim has been successful and a ‘failed asylum seeker’ is the status given to an applicant whose claim for asylum has been refused and any subsequent appeals have been unsuccessful.

Best Practice: evidence-based standards, actions or procedures that are deemed effective and may assist other organisations of individuals facing similar circumstances and aims.

Centre for Homelessness Impact: an independent ‘What Works Centre’, dedicated to improving the lives of people experiencing homelessness by advancing the supply and use of data and evidence tailored to the needs of decision-makers.

CHAIN: The Combined Homelessness and Information Network (CHAIN) is a multi-agency database recording information about people seen rough sleeping by outreach teams in London. CHAIN is commissioned and funded by the Greater London Authority. CHAIN’s data is not verified by DLUHC, however it offers important intelligence about demographics, trends and emerging needs within the rough sleeping population in London.

Changing Futures: a £64m programme, funded by Government and the National Lottery Community Fund, between 2019/20 and 2023/24, to test how to better join-up services in local areas and across government, to improve outcomes for adults experiencing multiple disadvantage. The programme is funding locally led pilots in 15 areas covering 34 top tier local authority areas.

Corporate Parenting: the collective responsibility of the local authority, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for the children who are looked after by local authorities.

Covenant: a commitment by organisations to undertake certain activities, or work in line with certain principles, in order to support a particular cause. Examples in the strategy include: the Care Leavers Covenant, which is in place to support care leavers to improve their transition from care to adulthood. The principle behind the Care Leaver Covenant is to encourage organisations across wider society – private, voluntary and public sector – to sign and make a commitment to offer employment opportunities, services, and tailored support to young people leaving care; and the new employer covenant, which will similarly be a rallying call to support those who have experiences of rough sleeping into employment.

Data-Linking: bringing together data from different sources, including data held by different organisations, to achieve deeper insights.

DfE: Department for Education

DfT: Department for Transport

DHSC: Department of Health and Social Care

DLUHC: Department for Levelling Up, Housing and Communities

DWP: Department for Work and Pensions

End of Parliament: the period at which parliament formally becomes dissolved before the next scheduled general election. The next end of Parliament will be in 2024.

HO: Home Office

Homelessness: legally, a person is considered 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) or which it would be reasonable for them to continue to live in. Rough sleeping is one form of homelessness.

Housing Association: a non-profit organisation set up to provide affordable homes for those in need.

Housing-Led: an approach that prioritises the provision of stable accommodation to those experiencing homelessness and rough sleeping, over the requirement that an individual first addresses any other support needs that they have.

Intentional Homelessness: a circumstance in which an individual knowingly and deliberately does, or fails to do, something that causes them to lose their home, when they could have reasonably continued to occupy the accommodation available to them.

Jobcentre: jobcentres help people move from benefits into work and help employers advertise jobs. They also deal with benefits for people who are unemployed or unable to work because of a health condition or disability. Homelessness leads were established across the jobcentre network as part of the 2018 Rough Sleeping Strategy to work with people facing homelessness.

Lived Experience: when someone has first-hand experience; in this case, experience of homelessness and rough sleeping.

Living on the Streets: individuals who are sleeping rough on a long-term basis. The CHAIN quarterly report defines 'living on the streets' as those who local rough sleeping outreach teams have had a high number of contacts with over 3 weeks or more which suggests that they are living on the street; and the annual report defines it as 'longer-term rough sleepers' – people who are seen rough sleeping across a minimum of two consecutive years.

Local Authority (LA): a local government organisation, also known as a council, officially responsible for a range of public services, funds and facilities in their local area.

Local Delivery Partners: this includes local authorities and local support service providers across different sectors, including faith, community and non-commissioned services, and health partners who deliver programmes and services on the ground to support people sleeping rough. Local Delivery Partners include but are not limited to those delivering services across housing, community support, social care, criminal justice and rehabilitation, employment and finances, and healthcare.

Local Housing Allowance (LHA): determines the maximum amount of housing support available to claimants in the Private Rented Sector. A claimant's LHA rate depends on where they live and the number of bedrooms their household is deemed to need, up to a maximum of four bedrooms.

Modern Slavery: a serious crime that violates human rights in which people are exploited for criminal gain. Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Further information on modern slavery can be found in the Modern Slavery Statutory Guidance for England and Wales and Non-Statutory Guidance for Scotland and Northern Ireland.

MoD: Ministry of Defence

MoJ: Ministry of Justice

Multiple Disadvantage: many people sleeping rough may be experiencing a range of complex and overlapping needs. The Changing Futures Programme (see definition above) defines multiple disadvantage as experiencing three or more of the following at the same time: homelessness; substance misuse; mental ill health, domestic abuse, and contact with the criminal justice system.

NHS: National Health Service

NHSEI: NHS England and NHS Improvement

NICE Guidelines: recommendations published by the National Institute for Health and Care Excellence (NICE) – a What Works Centre committed to increasing the supply of and demand for evidence needed by decision-makers – that have been made based on a review of the evidence across broad health and social care topics.

Ofsted: Office for Standards in Education, Children's Services and Skills

OVA: Office for Veterans' Affairs

Person-Centred: the practice of involving an individual at the centre of a service they receive, by individualising support and opportunities, so that it is tailored to the person's preferences, needs and values.

Priority Need: Section 188 of Housing Act 1996 requires housing authorities to secure accommodation for homeless applicants who have a priority need for accommodation based on certain circumstances (such as pregnancy or having child dependents, being homeless as a result of domestic abuse or an emergency disaster, being vulnerable as a result of a disability or a health condition, or having been in care, prison or the Armed Forces).

Non-UK Nationals who have Restricted Eligibility for Public Funds: Individuals from outside the UK who have restricted access to some forms of support and services as a result of their immigration status, such as having limited leave to remain with an 'no recourse to public funds' condition.

Rough Sleeping: the most acute and extreme form of homelessness that is characterised by someone about to, or actually, bedding down in the open air (such as on the street, in tents, doorways, parks, bus shelters or encampments) or places not designed for habitation (including cardboard boxes, stairwells, cars and other makeshift and not fit for purpose places). Rough sleeping does not include instances of those in hostels, shelters, recreational shelters such as campsites or spaces of protest, squatters, and travellers.

Rough Sleeping Advisory Panel: a panel comprised of leadership from mayoral authorities, local authorities and homelessness sector organisations, formed to provide honest and expert advice to the Minister for Rough Sleeping and Housing and inform government's approach to ending rough sleeping.

Rough Sleeping Initiative (RSI): The RSI provides tailored funding to local authorities to reduce the number of people sleeping rough in their area and enhance services for those at risk of sleeping rough.

Rough Sleeping Questionnaire (RSQ): was a questionnaire collected through 2019 and early 2020 from people who sleep rough, including interviews with over 500 respondents, to enable the collection and interpretation of data that provides a comprehensive understanding of the backgrounds, histories of homelessness, support needs, and public service use of those sleeping rough.

Social Housing: housing to rent below the market rent or to buy through shared ownership or equity percentage arrangements, that is made available to people whose needs are not adequately served by the housing market.

Spending Review: the process through which government departments work with HM Treasury to plan and acquire forecasted annual or multi-year expenditure needed to deliver public services.

StreetLink: a website, mobile app and phone service for England and Wales, which enables people to send an alert when they see someone sleeping rough to connect that person to local support services that can help to end their homelessness.

Supported Housing: accommodation that is provided alongside support and supervision, to help people live as independently as possible. Supported housing may, for example, help those with vulnerabilities relating to age, disabilities, substance abuse, release from prison or care, and abuse.

Tailored Offer of Support: making sure that people experiencing rough sleeping have access to the services they need, when they need them and in a way that suits them based on the stage they are at in their journey to recovery.

Target Priority Group: people that experience long-term and cyclical rough sleeping – known to local authorities as the Target Priority Group or Target Thousand in London.

Trauma-Informed: as defined within NICE Guidance, trauma-informed is defined as ‘an approach to planning and providing services that involves understanding, recognising and responding to the effects of all types of trauma. It emphasises physical, relational and emotional safety, and helps survivors of trauma to rebuild narratives of connection, control and empowerment.’ <https://www.nice.org.uk/guidance/ng214/resources/integrated-health-and-social-care-for-people-experiencing-homelessness-pdf-66143775200965>.

In practice this means being sensitive to the trauma that service users may have experienced and actively seeking to prevent re-traumatisation. This can help to address some of the barriers those affected by trauma can experience when accessing the care and services they need.

Universal Credit: a payment to help with living costs. It's paid monthly. People may be able to get it if they are on a low income, out of work or they cannot work.

Universal Credit Day-One Advance: if someone is struggling financially while they wait for their first Universal Credit payment, they may be able to get an advance payment. This will be recovered over an agreed period of up to 24 months.

Whole System Approach: This approach recognises that a person experiencing rough sleeping will interact with a range of different services and how those services need to work together to provide holistic support for an individual and collaborate across organisational boundaries to find effective solutions to end rough sleeping.

The Voluntary Sector (or non-profit or Third Sector) – this term is used to describe the work of charities and other organisations which are neither private businesses or those carried out by local or national government. The Voluntary Sector includes charities which are commissioned by local authorities to deliver services to address rough sleeping.

The Community & Faith Sector – this term describes the work of grassroots community groups, churches and other faith groups which deliver services to help people experiencing rough sleeping, such as night shelters, drop-ins and soup kitchens. There is a wide range of these groups – some are formalised charities and employ staff, but others are entirely run by volunteers. It has been a key part of the Rough Sleeping Initiative to engage positively with these groups and ensure they work positively alongside the commissioned and council-run services.



**Health, Housing & Adult Social Care
Scrutiny Committee****13 November 2023**

Report of Jamaila Hussain - Corporate Director of Adult services and Integration (DASS)

RE-COMMISSIONING OF THE REABLEMENT SERVICE IN YORK**Summary**

1. This paper updates the Scrutiny Committee on the current Reablement services and the commissioning approach for contract renewal.
2. The Council of the City of York (“**CYC**”) and Human Support Group Ltd. (“**HSG**”) first entered a Contract on 20th October 2017 for the provision of a Reablement Service (the “**Contract**”) after a full competitive tendering exercise was completed. The Contract has subsequently been varied through additional agreements up to and including 1st April 2024 and has exhausted all available Contract extensions.
3. The Contract is due to expire on 1st April 2024 and the option is to go out to the market and commence a competitive tender process to reprocur the Reablement Service in York. This will enable CYC to go through a process that is fair, open, and transparent, and will ensure CYC secures value for money and the generally better outcomes for people. This approach will significantly reduce challenges from the market looking to secure future business.
4. Local Authorities have a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults including carers; this means early intervention to prevent deterioration and reduce dependency on support from others. The Reablement Service enables York Council to comply and fulfil this duty. To deliver this duty it is

required to have a robust contractual agreement in place to secure the delivery of these services and comply with Council Procedure Rules and Public Contract Regulations 2015 to reduce challenge in a fair, open and transparent process resulting in securing services.

Recommendations

4.1 Scrutiny is asked to note this information and asked to make comment.

Background

5. CYC and other Local Authorities have a statutory duty to provide Reablement Services for its residents under the Care Act 2014 (Care Act 2014 s2). The main principle of the Care Act 2014 is to help to improve people's independence and wellbeing and for care providers and carers to promote a person-centred approach to the care and support they provide. This means early intervention to prevent deterioration and reduce dependency on support from others. Reablement is one of the ways that York Council can fulfil this duty.
6. Reablement services are provided by our current Provider HSG and are a time-limited, for up to a maximum of six weeks. Reablement is a short-term intervention to reablement/rehabilitation/recovery to help.
 - People remain independent at home (Home First Approach) and can be step-up services, aiming to provide the necessary support to prevent any further deterioration in people's health that could lead to a hospital stay.
 - Assist in enabling people to return home after a stay in hospital by regaining their confidence and independence.
 - 720 customers received the Reablement Services in 2022/2023 enabling them to return Home significantly reducing the need of higher costs services such as Residential care.
 - 98% remained at home following short term intervention.
 - Currently the service provides support for people over 18yrs and over, majority of people who use the service are 65 years plus

- Contract is managed weekly to ensure flow and maximising capacity.
 - In reach OT supporting care planning. (this is not currently part of the contract)
7. CYC and HSG first entered a Contract on 20th October 2017 for the provision of a Reablement Service. This Contract has subsequently been varied through additional agreements up to the 1st April 2024 and has exhausted all potential Contract extensions. To avoid challenges from the market and to comply with CYC's Contract Procedure Rules and Public Contract Regulations 2015 by tendering the service on our electronic tender website called YORtender
 8. The new contract will have an initial term of 2 years, with an option to extend for up to a further 2 years (1 plus 1). The new eligibility criteria will be based on need rather than condition ensure an equality access to services.
 9. We also want to ensure that most people being discharged from hospital have the opportunity of rehabilitation before long term packages of care are commissioned. This aligns with our pledge to support people to remain independent in their own community. The new contract specification will support social value by ensuring local communities are supportive through voluntary opportunities and apprenticeships.
 10. We will also ensure that the new contract aligns with wider intermediate care offers ensuring people access the right services and the right time.
 11. The newly developed contract will have initial contract periods, break points and the potential to extend the service in line with the extension periods enabling flexible options for the Council. This option will also provide sufficient time at exploring other models of delivery and insourcing solutions.

Consultation

12. The **Voice of the Customer Report** (see **Appendix D**) provides additional analysis of the responses received from surveys. Of the responses to our survey, 54% were residents, patients, or customers,

14% were informal carers, family member or friend. Of those that responded 45% had experienced the Reablement Service and 50% are very likely to recommend the Reablement Services and 23% are likely resulting in a total of 73% that were likely to recommend services to their friends and family.

13. Feedback was analysed into Themes to enable them to be utilised to shape future services. The themes were as follows:

| Theme | Quotes |
|--|--|
| Information and guidance | 'It's not at all clear whether you need a referral to the service or if can just ring up and request help'. |
| Home First Visits | 'I saw Carer a lot of times she said let's work together to improve help together'. |
| Staff | 'I felt really well supported in caring for my very frail 99 year old mum after her time in hospital'. |
| Communication and multiple Reablement | 'Reablement is a perfect way for Customers to gain independence'. |
| About me. Strength Based/Circles of Care | 'Discussed preparing meals, medication, discussed any issues'. |
| Technology and equipment | 'My Legs are very weak due to having M/S for lone time, so am unable to stand only with gutter frame to walk'. |

14. Future Commissioning

Our ambition is to support more people through Reablement to support independence and reduce reliance on long term care delivering our Home First outcomes. The current Reablement Service requires developments in several key areas for the new commission to

address gaps in the current service provision identified by Health, Social Care Professionals, and customers.

15. The Home First Partnership board has established a task and finish group to review the 'One Team' approach in terms of early intervention and prevention. Going forward the inclusion of several professionals and practitioners from different areas of expertise to work together to enable the better coordination of care, equipment, assisted technology and other services commissioned. The inclusion of an Occupational Therapist at the front door (in the 'One Team') will be crucial in determining the care and support required for individual customers and providing guidance to a range of professionals.
16. The Venn report 'Early Intervention & Prevention in York' stated 'Housing, equipment and adaptations form a vital component of any effective system but, in York, these elements are not fully integrated into the overall journey of care'. To achieve this closer working relationships with key services such as our Falls Prevention Service, our Independent Service (equipment), Assisted Technology provision and other commissioned services at the front door will enable customers to access the right services to enable them to return home at the earliest opportunity.
17. Venn also identified that 'there are multiple entry points to services and there isn't a system-wide oversight of capacity which creates the risk of unwanted variation in journeys of care'. Reviewing and expanding the membership of the 'One Team' to include Occupational Therapists, Providers, Voluntary Sector and other key professionals will provide a solution focused approach.
18. It is crucial that the workforce employed by the successful Provider is multi skilled and trained to support people with Dementia, Mental Health, Neurodiversity and Learning Disabilities.

19. **Future Commissioning Model**

To achieve our ambitions the future Commissioning Model will need improvements in several areas to obtain better value for money and meet changes in the needs and demands for our population. The new contract will delivery support in various ways moving away from traditional models

of reablement to an independent therapy led model, based on need and negating the use of eligibility criteria's, which in some aspects result is silo working and inequalities in access. Through this new delivery model, we are looking to offer reablement as a first option of care and support. Using resources from both Health and Social care and to reduce duplication in the system.

21. A workshop was held in August 2023 with our Health Partners, Voluntary Sector, and other Partners to review the services we all commission. This workshop resulted in identifying more opportunities to work collaboratively and to co-produce specifications, how collectively we want to measure services and the data we as Partners want to collect in terms of performance whilst ensuring the new service meets needs.
22. As part of this workshop a Single Point of Access (SPA) was jointly discussed and agreed that this integrated approach would use the current expertise and resource from Health, Social Care and other partners working together with one goal, the Health and Wellbeing of our residents. A range of options were explored, and the groups discussions continue with the aim of setting up an enhanced 'One Team partnership approach'. The discussions resulted in identifying additional professionals to work collectively on referrals for packages of care. Additional professionals collectively agreed to date include Occupational Therapist, Provider, Care Co-Ordinator, Brokerage along with the existing Health and Social team known as the 'One Team'. This will enable an Intermediate Care and Reablement seamless approach to delivery for Health and Social Care. Enabling timely discharge from hospital to home by identifying collectively the right support and services required to support customers, streamline, and simplify the customer journey through having MDT knowledge, Provider information and capacity at the point of referral reducing and preventing multiple interventions where not required enabling a higher throughput through the Reablement Service.
23. The SPA team will have a person-centered Home First approach maximising the use of preventative services, technology, and equipment to keep people safe and at home. Falls Services, Technology and Equipment (Independent) services and signposting to community support services through our Local Area Co-Ordinator's (LACS) and Voluntary Sector services to provide support for better outcomes, reduce isolation and improve wellbeing for people returning home. We are aiming for all

people on pathway 1-2 to be discharged home with reablement, intermediate care services and link in with other appropriate services to meet people's needs. We want to move away from a model of care to ensure people receive an Occupational Therapist assessment to maximise the home environment, therefore reducing the risk of creating a dependency on statutory care.

24. There will be set contractual requirements for all staff in the Reablement Services workforce to be trained to care and support people with low level Mental Health, Learning Disabilities, Autism, Neurodiversity, and early onset Dementia to help people to return home into their own familiar surroundings reducing the need for higher level costly services such as residential or specialist care.
25. There will also be a requirement for staff to have Human Rights and Equality training to understand the importance of human rights and equality in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this. A care and support relationship centred on promoting human rights and equality ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination.
26. Reablement Service employs a number of staff who live and work in York that benefits our economy and who are responsive to customer needs when they deliver services as they know the area, they work in. In addition, the SPA will enable the resources available to be utilised efficiently and effectively delivering person centred services supporting individuals' well-being whilst preserving their management of their own health. As part of our commitment to support social value within contract; we will ensure all contracts offer volunteering opportunities, supporting local colleges regarding apprenticeships as well as supporting peer to peer support in reablement particularly for people with Autism and Mental Health needs. Commissioners would like any potential provider to be aware of environmental issues around reducing carbon emissions and support wider environmental options of transport for staff, such as subsidising nonvehicle related options such as bicycles etc.
27. The Commissioning Model will contribute to efficiencies within the care system reducing the use of higher cost crisis care services such as

residential care and enabling people to maintain their independence at home (Home First). Residential care costs can range between £1000 - £1,600 a week per person compared to £23.58 an hour Home Care services.

Options

- 28. Throughout this report Scrutiny are advised on the approach to re-commission the service. The reasons why the Council are sourcing the new reablement service through a competitive tendering process and asked to make comment.
- 28.1 The option detailed throughout this report will comply with CYC’s Contract Procedure Rules in terms of completing an open, fair, and transparent process as the market has not been approached since 2017. The procurement procedure is subject to the Light Touch Regime under the Public Contracts Regulations 2015 and will be completed as an Open Procurement Procedure and within the timescales in **Appendix A**. The Open Procurement Procedure timetable will enable this to be completed prior to the expiry date of the current waiver.

Analysis

- 29. The commissioning approach will include redeveloping the service specification and contract and approaching the market via a fair, open, and transparent process, reprocurring and securing services has several advantages and disadvantages, and they are outlined in table 1 below with key risks highlighted.

| Table 1 – Pros and Cons detail |
|--|
| Advantages (Pros) |
| <ul style="list-style-type: none"> 1. The contract has been in place for several years and the Provider market has not been approached to establish if the Council are receiving value for money and is affordable for York Council. 2. Offers an important opportunity to shape the Reablement Service with a re-developed specification outlining clear expectations of service delivery and |

better outcomes for our customers.

3. CYC will be fully compliant with CYC's Contract Procedure Rules and the Public Contract Regulations 2015 by tendering the Reablement Service on our tender tool YORtender.
4. Providers will progress through a neutral selection process with clear set obligations and the selection will be made based on a rigorous evaluation of what CYC requires.
5. The new Contract will have an initial term of 2-years, with an option to extend for up to a further 2-years (1-year, plus 1-year). The newly developed Contract will have initial contract periods, break points and the potential to extend the Reablement Service in line with the extension periods enabling flexible options for CYC.
6. The Reablement service provided care and support for 720 people for 2022/2023 preventing people going into Residential care and fully supported the Home First Approach.

Disadvantages (Cons)

- Tendering services does not mean that there is a guarantee of Providers bidding for the Reablement Service. However, CYC currently has 37 providers delivering similar services and more going through our due diligence processes that may submit bids.
- To complete the tendering exercise can be time consuming and will require commitment of staff resources from various departments. The open procedure will be used that will combine stages of the process and is the fastest procedure to progress.
- If the incumbent Provider is not successful it will take time to establish a new Provider within the intermediate care pathway and familiarise themselves with teams, they will work with. This will be managed through the implementation process.

Key Risks

- Tendering the Reablement Service does not mean that there is a guarantee of Providers bidding for the Reablement Service and this would lead to CYC not providing statutory services in line with the Care Act 2014.
- Timescales to reprocure the Reablement Service are sufficient currently (see **Appendix A - Procurement Timetable**), but if there are delays

within the process this may not allow sufficient time to embed the new service if there is a new Provider.

- The Pension Scheme: As this is a second-generation transfer, the Council has an ongoing pension obligation to protect the pension rights of those named individuals that transferred originally from CYC to HSG where they are still in employment with HSG at the time at which the service is transferred to a new Provider.
- This means that the new Provider will need to provide a pension scheme for those named individuals that is broadly comparable to the LGPS, and they ordinarily will do so by applying for admitted body status in the North Yorkshire Pension Fund.

Council Plan

30. The Reablement Service enables CYC to meet several policies and priorities such as the Council Plan, which stipulates an important outcome for our population of good health and wellbeing and supports the delivery of key principles for the York Health & Wellbeing Board. See the **Equality Impact Assessment** at **Appendix B** for further supporting detail.
1. York Council Plan has four core commitments (EACH) for our customers and the Reablement Service will enable us to meet these commitments:
 - a. Equalities and Human Rights – There will also be a requirement for staff to have Human Rights and Equality training to understand the importance of human rights and equality in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this. A care and support relationship centred on promoting human rights and equality ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination.
 - b. Affordability – Reablement service employs a number of staff who live and work in York that benefits our economy and who are responsive to customer needs when they deliver services as they know the area, they work in. As part of our commitment to support social value within contract; we will ensure all contracts offer volunteering opportunities, supporting local colleges

regarding apprenticeships as well as supporting peer to peer support in reablement particularly for people with Autism and Mental Health needs.

- c. Climate Commissioners would like any potential provider to be aware of environmental issues around reducing carbon emissions and support wider environmental options of transport for staff, such as subsidising nonvehicle related options such as bicycles etc.
- d. Health The Reablement service will have health and wellbeing as a core principle in delivering the service.

- 2. The Care Act 2014, section 5 places duties on local authorities to promote the efficient and effective operation of the market for adult care and support. The due diligence process is part of activities that helps the Councils facilitate market shaping duties by onboarding new Providers through a robust vetting process to minimise operational risks and provide good quality services that serve and safeguard our residents.
- 3. The Commissioning Strategy, Market Sustainability Plan and the 10-year vision 'People at the Heart of Care: adult social care reform paper' clearly outlines that the Council will work with existing and new Providers within the market to provide sustainable, quality and value for money services.
- 4. NICE guidance (NG74) is a quality standard for Intermediate Care including reablement service delivery. This guideline covers referral and assessment for Intermediate Care and how to deliver the service.

31. **Budget**

- The current Contract commissions a total of 839 hours a week and stipulates as a Key Performance Indicator that 647 hours a week are to be delivered and the remaining 192 hours support TUPE costs from externalising the service. A **Performance Report** (see **Appendix C**) provides further analysis of current service performance. As part of this Contract, TUPE costs are paid within the Contract spend to support the staff that transferred from CYC when the service was outsourced to the market in October 2017. These monies pay for CYC conditions and pension contributions that were transferred with the staff.

- The rate that is currently paid per hour for the Reablement Service is £25.79, and the remaining budget supports other overheads and costs associated with the Reablement Service. Our current budget for 2023/2024 is £1,169,100.00. **Table 2** demonstrates the budget distribution:

| Table 2 - Level of Spend for Areas of Contract Delivery | | | |
|--|---------------------------|----------------------|----------------------|
| Area | Hours | Cost per week | Cost per year |
| Service delivery | 647 | £16,686.13 | £867,678.76 |
| Other associated costs and Overheads | n/a | n/a | £301,421.24 |
| | TOTAL BUDGET 23/24 | | £1,169,100 |

- The Contract delivery has not reached the 647 hours target for the lifetime of the Contract explained in the **Performance Report** (see **Appendix C**). Further analysis was completed for a 24-week period from January 2023 – June 2024.
- The total delivery target for the 24-week period analysed (January – June 2023) was 15,528 hours and actual delivery was 11,555 a shortfall of 3,973. The shortfall in hours for 24 weeks is at a total cost of £102,463.67. The lowest level of hours delivered is 406 and the highest 527, with an average of 481 hours delivered.
- The contract was outsourced originally therefore, there will be TUPE implications when approaching the market. Updated TUPE information has been requested to provide information regarding the level of spend.
- The Reablement service is fully funded by the Better Care Funds and any changes in budget need to go the BCF Board. A savings target would need to be agreed prior to the service being tendered.

31. **Financial Implications**

The current budget for the reablement service is £1,169.1k p.a. It should be noted that the service is funded by the Better Care Fund (BCF) not by Council budgets, and as such any saving made on the contract would be returned to the BCF Board for a decision about how it should be used.

As outlined in Paragraph 17 the average hours of care provided between January and June 2023 was 481 which exceeds the hours contracted, however through setting clear timescales, flow of people through the contract, specific KPIs we feel that the current financial envelope is sufficient to support the changes we wish to make and provide better outcomes for people.

32. Financial Strategy Implications

- 32.1 The Reablement Service continues to build upon our model of early intervention, prevention and reablement. The service is a crucial delivery element of the intermediate care and support pathway. 720 customers accessed the service in 2022/2023. If the Reablement Service was not in place the financial implications based on 33% of people going into higher cost care such as residential services would be an additional cost of £8.3M based on Council rates of £700 per week per person. The costs would increase if there were insufficient care home placements at the Council rates.
- 32.2 Residential placements will be reduced to a minimum as Home First is our main principle, returning people to their own homes with better outcomes. A Dynamic Purchasing System is being set up for residential placements at the set Council rates of £700 per person per week. This will provide better value for money if residential care is ultimately required. Currently placements can range from £1,000 to £1,700 with some providers not accepting Council rates. Therefore, cost implications for residential placements would decrease between a range of £300 - £1,000 per placement per week. The cost implications for 2% of customers to be placed in residential care at the Council preferred rates of £700 rather than the high rates would save potentially between £218k - £509k.
- 32.3 The Future Commissioning Model will contribute to efficiencies within the care system as the budget will remain at the current financial envelope of £1,169,100 per annum. The current service is under performing by 25% in terms of delivery hours and the efficiencies for the current budget will be achieved through expanding the current service eligibility criteria and reducing the exclusion criteria to increase throughput thorough the new contract and better outcomes for people.
- 32.4 The Contract will be for an initial two years with a potential to extend for two further 1-year periods. The budget for the contract and all proposed extensions is £4,676,400 (total budget for four years).

33. **Human Resources (HR) Implications**

- 33.1 The Pension Scheme: As this is a second-generation transfer, the Council has an ongoing pension obligation to protect the pension rights of those named individuals that transferred originally from CYC to HSG where they are still in employment with HSG at the time at which the service is transferred to a new Provider.
- 33.2 This means that the new Provider will need to provide a pension scheme for those named individuals that is broadly comparable to the LGPS, and they ordinarily will do so by applying for admitted body status in the North Yorkshire Pension Fund.

34. **Legal Implications**

Statutory Duties

The procurement of a new Contract is necessary for us to comply with our statutory duties under the Care Act 2014, ss 2 and 5:

Section 2 - Preventing needs for care and support

A Local Authority must provide or arrange for the provision of services, facilities, or resources, or take other steps, which it considers will: -

- *Contribute towards preventing or delaying the development by adults in its area of needs for care and support;*
- *contribute towards preventing or delaying the development by carers in its area of needs for support;*
- *reduce the needs for care and support of adults in its area; and*
- *reduce the needs for support of carers in its area.*

In performing that duty, a local authority must have regard to: -

- *the importance of identifying services, facilities, and resources already available in the authority's area and the extent to which the authority could involve or make use of them in performing that duty;*
- *the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise);*
- *the importance of identifying carers in the authority's area with needs for support which are not being met (by the authority or otherwise).*

Section 5 - Promoting diversity and quality in provision of services

A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market: -

- *has a variety of providers to choose from who (taken together) provide a variety of services;*
- *has a variety of high-quality services to choose from;*
 - *has sufficient information to make an informed decision about how to meet the needs in question.*

(1) In performing that duty, a local authority must have regard to the following matters in particular: -

- a. the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;*
- b. the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;*

- c. the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education, or training;*
 - d. the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not);*
 - e. the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision;*
 - f. the importance of fostering a workforce whose members are able to ensure the delivery of high-quality services (because, for example, they have relevant skills and appropriate working conditions).*
- (2) In having regard to the matters mentioned in subsection (2)(b), a local authority must also have regard to the need to ensure that sufficient services are available for meeting the needs for care and support of adults in its area and the needs for support of carers in its area.*
- (3) In arranging for the provision by persons other than it of services for meeting care and support needs, a local authority must have regard to the importance of promoting the well-being of adults in its area with needs for care and support and the well-being of carers in its area.*
- (4) In meeting an adult's needs for care and support or a carer's needs for support, a local authority must have regard to its duty under subsection (1).*

35. Procurement & Contract Law Implications

Any procurement exercise for the new Contract must be carried out in under a compliant, open, transparent, and fair procedure in accordance with the Public Contract Regulations 2015 and CYC's Contract Procedure Rules. Further advice regarding the procurement process and documentation must be sought from Commercial Procurement (see paragraph 25(d) of this Report below).

An appropriate form of contract will need to be drafted and completed with support from Legal Services.

Should there be any delay to the procurement for the new Contract, there are no available extensions beyond 1st April 2024 under the current Contract. Should it therefore become necessary to extend the current Contract to allow the Council time to complete its re-tender, then this will require a variation in accordance with both the Council's Contract Procedure Rules and Regulation 72 of the Public Contract Regulations 2015, and a further waiver of the Contract Procedure Rules. Further guidance must also be sought from Legal Services and Commercial Procurement under such circumstances, with enough lead-in time prior to 1st April 2024 (e.g., from 31st December 2023) to commence work on such a waiver and extension if required. The Client Department have already been advised that given the number of extensions via a waiver previously entered the risk of challenge to a further extension via a waiver has increased significantly, and so further extension by waiver must be avoided wherever possible.

With regards to the current Contract, any procurement strategy must factor in the relevant exit provisions under the current Contract, including (but not limited to):

- Clauses 3.2 to 3.4 (Contract Period – Extension Periods (should the procurement become delayed (see above))).
- Clauses 10.9 to 10.14 (TUPE - Exit Provisions)
- Clause 20 (Effect of Termination)
- Schedule 4 (Exit Management)

Relevant advice from Legal Services and other officers (e.g., HR in relation to TUPE (see paragraph 25(b) of this Report above) should be sought on any relevant provisions of the current Contract.

36. ***Property Law Implications***

The Client Department has confirmed to Legal Services that at present no CYC-owned premises are used by HSG to deliver the Reablement Service.

Further, the successful Provider following award of the new Contract will be responsible to supply the property from which to deliver the Reablement Service within the budget sent out in the tender documents.

CYC will not be transferring or leasing any CYC-owned premises to the Provider of the Reablement Service alongside the new Contract.

As such, there are no Property Law implications in relation to this Report.

However, should the Client Department amend its strategy, and decides to make any CYC-owned property available to the provider of the Reablement Service, then Property Lawyers in Legal Services and colleagues in Property Services must be consulted at the earliest opportunity.

37. ***Procurement Implications***

- 37.1 The Reablement Service procurement exercise for the new Contract must be carried out in an open, transparent, compliant and fair procedure in accordance with the applicable legislation of the Public Contract Regulations 2015 and also our internal rules CYC's Contract Procedure Rules (January 2023). The estimated contract value for the Reablement Service for 2023/24 is stated as £1,169,100 and therefore exceeds the current Light Touch Regime (LTR) threshold of £663,540 which is applicable to Health and Social Care contracts. Therefore, the Public Contract Regulations 2015 stipulates that where a contract exceeds the LTR threshold a Contract Notice must be published in the public domain i.e., the website Find a Tender, to invite competitive tenders and ensure the evaluation and award of the contract follow the principles of equal treatment and transparency.
- 37.2 The Council of the City of York ("CYC") awarded the Reablement Service contract on 20th October 2017 following an advertised competitive tendering exercise which was awarded. This contract has been varied through additional agreements up to and including 31st of March 2024 and has exhausted all available contract extensions. Therefore, there are no further extension options available for this current contract and in order to comply with the Public Contract Regulations 2015 and also our internal rules CYC's Contract Procedure Rules (January 2023) and ensure the Council is achieving Value for Money a competitive tendering exercise must be advertised to invite suitable bidders to submit competitive tenders.

37.3 The Commercial Procurement team will support commissioning colleagues to prepare the procurement documentation and work with Legal Services, Finance to draft an appropriate form of contract and the evaluation methodology and criteria to assess quality and price to identify the bidder that represents the Best Value to the council for the award of the new Reablement Services contract.

38. ***Health and Wellbeing Implications***

38.1 CYC public health is in support of this proposal for the recommissioning of the reablement service. Reablement provision in city makes an important contribution to sustaining the independence of residents, reducing avoidable pressures on NHS and social care services and generally better outcomes for people.

39. ***Equalities and Human Rights Implications***

39.1 CYC recognises, and needs to take into account its Public Sector Equality Duty under Section 149 of the Equality Act 2010 (to have due regard to the need to eliminate discrimination, harassment, victimisation and any other prohibited conduct; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it in the exercise of a public authority's functions).

39.2 An **Equalities Impact Assessment** has been carried out and is annexed to this report at **Appendix B** In summary, the result of the assessment is set out findings from EIA.

The impact of the proposals on protected characteristics has been considered as follows:

- Age – Positive/High;
- Disability – Positive/Medium;
- Gender – Positive/Low;
- Gender reassignment – Positive/Low;
- Marriage and civil partnership – Positive/Low
- Pregnancy and maternity – Positive/Low
- Race – Positive/Low

- Religion and belief – Positive/Low
- Sexual orientation – Positive/Low
- Other socio-economic groups including:
 - Carer - Positive/Medium (see Disability);
 - Low-income groups – Positive/Medium;
 - Veterans, Armed Forces Community– Positive/Low

40. ***Data Protection and Privacy Implications***

40.1 DPIAs (Data Protect Impact Assessment - **Appendix E**) are an essential part of our accountability obligations. Conducting a DPIA is a legal requirement for any type of processing, including certain specified types of processing that are likely to result in a high risk to the rights and freedoms of individuals. Under UK GDPR, failure to conduct a DPIA when required may leave the council open to enforcement action, including monetary penalties or fines. A DPIA is a ‘living’ process to help manage and review the risks of the processing and the measures the service area(s) have in place on an ongoing basis. It will need to be kept under review and reassess if anything changes.

40.2 The DPIA “screening questions” identified there will be processing of personal data, special categories of personal data and / or criminal offence data in the procurement of the Reablement Service and the ongoing provision of this service and so a DPIA is required as part of the ongoing project/ plan/ procurement

The DPIA will help to:

- systematically analyse, identify, and minimise the data protection risks of this project
- assess and demonstrate how we comply with all our data protection obligations.
- minimise and determine whether the level of risk is acceptable in the circumstances, considering the benefits of what we want to achieve.

41. ***Communications Implications***

No implications

42. Risk Management

42.1 Risks and Mitigations are detail below in **Table 3** below:

| Table 3 – Risks and Mitigations | |
|---|---|
| Risk | Mitigation |
| Tendering services does not mean that there is a guarantee of Providers bidding for the Reablement Service and this would lead to CYC not providing statutory services in line with the Care Act 2014. | CYC currently contracts with 37 providers who provide similar services with more Providers coming through our due diligence process. Providers have verbally expressed an interest for the service being recommissioned. A notice will go out to our existing service providers, out to the Independent Care Group and out via our YORtender service to advertise widely. |
| Timescales to reprocure the Reablement Service are sufficient currently (see Appendix A) Procurement Timetable) but if there are delays within the process this may not allow sufficient time to embed the new service if there is a new Provider. | A Procurement timeline (see Appendix A details activities and timescales to enable the service to be in place by 1 st April 2024 when the current Contract expires. Buy in from all departments involved in the delivery of this project are fully on board. |
| CYC have an ongoing pension obligation to protect the pension rights of those named individuals transferring to a Provider. This means that the Provider will need to provide a pension scheme for those named individuals that is broadly comparable to the LGPS, and they ordinarily will do so by applying for admitted body status in the North Yorkshire Pension Fund. | The Pension obligations will be clearly articulated in tendering and Contractual documents. Procurement, Commissioning, Contracts and Pension colleagues are aware that this is a requirement of the Provider who is awarded this Contract. |
| Resource implications for various departments to enable this | Buy in will be secured and departments are aware of this |

| | |
|---------------------------------------|--|
| project to be successfully delivered. | activity and the implications on resource. |
|---------------------------------------|--|

Author

| | |
|-------------------------|---|
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| Date: | 02/08/2023 |

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| Date: | 02/08/2023 |

| | |
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|---|-------------------------------------|
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Wards Affected:

All

All

Annexes

Appendix A – Procurement timescales
Appendix B – Equality Impact Assessment (EIA)
Appendix C – Reablement Performance Report
Appendix D – Voice of the Customer Report
Appendix E – Data Protection Impact Report

List of Abbreviations Used in this Report

The Council of the City of York (CYC)
Human Support Group Ltd. (HSG)
Corporate Director of Adult Services and Integration (DASS)
Single Point of Access (SPA)
Multi-Disciplinary Team (MDT)
Local Area Co-Ordinator's (LACS)

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Reablement Service - Open Procedure Procurement

City of York Council - Adult Social Care

KEY:

| |
|--|
| Adult Social Care Commissioning and Contracts Team |
| Procurement |
| HR Services |
| Provider(s) |
| Legal Services |
| Chief Executive/ Project Boards |

| | | |
|--------------------|-----------------|----|
| Project Start Date | 22/11/22 | 10 |
| Project Lead | Judith Culleton | |

| WBS | TASK | LEAD | START | END | % DONE | WORK DAYS |
|----------|---|------|----------|----------|--------|-----------|
| 1 | Pre-Procurement stage | | | - | | - |
| 1.1 | Forward Plan - submit proforma by 12 July 2023 (Forward plan published 14.08.2023) - Executive 14th September 2023 - none in Aug | | 15/07/23 | 15/07/23 | 0% | |
| 1.2 | Develop PID / Business Case (steps 1.2 - 1.5 by 19/07/2023) | | 12/07/23 | 19/07/23 | 0% | |
| 1.3 | Compile analysis of engagement with customers, stake holders (results from survey) | | 12/07/23 | 19/07/23 | 0% | |
| 1.4 | Project Man docs: Risk log / Communication Plan / Equality Impact | | 12/07/23 | 19/07/23 | 0% | |
| 1.5 | Develop first draft of service specification and Key Performance Indicators | | 21/06/23 | 19/07/23 | 0% | 21 |
| 1.6 | Send to Head of Commissioning for review | | 19/07/23 | 19/07/23 | 0% | 1 |

Project Start Date 22/11/22 10
 Project Lead Judith Culleton

| WBS | TASK | LEAD | START | END | % DONE | WORK DAYS |
|----------|---|------|----------|----------|--------|-----------|
| 1.7 | Head of Commissioning seek approval from Director (Jamaila Hussian) | | 20/07/23 | 21/07/23 | 0% | 2 |
| 1.8 | Send finalised reports to DMT | | 25/07/23 | 26/07/23 | 0% | |
| 1.9 | Present to DMT for approval | | 02/08/23 | 02/08/23 | 0% | 1 |
| 1.10 | Complete any amendments, recommendations | | 03/08/23 | 09/08/23 | 0% | 5 |
| 1.11 | Report deadline for PHCMT | | 09/08/23 | 09/08/23 | 0% | 1 |
| 1.12 | Agenda for PHCMT | | 10/08/23 | 10/08/23 | | 1 |
| 1.13 | Date of PHCMT | | 15/08/23 | 15/08/23 | 0% | 1 |
| 1.14 | Report deadline for Executive | | 01/09/23 | 01/09/23 | 0% | 1 |
| 1.15 | Agenda for Executive | | 06/09/23 | 06/09/23 | 0% | 1 |
| 1.16 | Date of Executive | | 14/09/23 | 14/09/23 | 0% | 1 |
| 1.17 | Decision from Executive | | 15/09/23 | 15/09/23 | 0% | 1 |
| 2 | Specification development | | | | 0% | - |
| 2.1 | Compile analysis of engagement with customers, stake holders | | 26/06/23 | 15/07/23 | 0% | 15 |
| 2.2 | Develop specifications, KPI | | 12/07/23 | 30/08/23 | 0% | 36 |
| 2.3 | Specification sign-off (from ASC Director's / Project Board) | | 01/09/23 | 08/09/23 | 0% | 6 |
| 3 | Procurement Process | | | | 0% | - |
| 1.19 | Providers Market Engagement Event | | 19/09/23 | 19/09/23 | 0% | 1 |
| 1.20 | Review Procurement route options and timetable approval | | 18/09/23 | 18/09/23 | 0% | 1 |
| 1.21 | Develop SQ (Selection Questionnaire) & shortlisting technical questions | | 19/09/23 | 26/09/23 | 0% | 6 |
| 1.22 | SQ signed-off - Project Team | | | | | - |
| 1.23 | Develop Invitation to Tender Docs (ITT) | | 27/09/23 | 10/10/23 | 0% | 10 |
| 1.24 | ITT evaluation criteria/methodology/price schedules | | 27/09/23 | 10/10/23 | 0% | 10 |
| 1.25 | ITT document signed off | | 11/10/23 | 11/10/23 | 0% | 1 |
| 3.7 | Contract Notice published on Find a Tender website | | 12/10/23 | 12/10/23 | 0% | 1 |
| 3.8 | SQ, ITT documents published on Yortender website (available to download from Yortender) | | 12/10/23 | 14/11/23 | 0% | 24 |

Project Start Date 22/11/22 10
 Project Lead Judith Culleton

| WBS | TASK | LEAD | START | END | % DONE | WORK DAYS |
|----------|---|--------------|----------|----------|--------|-----------|
| 3.9 | SQ & ITT return deadline | | 14/11/23 | 14/11/23 | 0% | 1 |
| 3.10 | Evaluate SQ's | | 15/11/23 | 22/11/23 | 0% | 6 |
| 3.11 | Identify non compliant submissions from SQ evaluation to eliminate from evaluating their tender quality submissions | | 15/11/23 | 22/11/23 | 0% | 6 |
| 3.12 | Vetting of tenderers that achieve minimum quality SQ threshold: Refs, H&S, Financial Accounts | | 15/11/23 | 22/11/23 | 0% | 6 |
| 3.13 | Evaluate shortlist ITT quality submissions (Evaluation Panel - Procurement to advise if any queries) | | 23/11/23 | 27/11/23 | 0% | 3 |
| 3.14 | Tenderers interview/presentations - quality evaluations | | | | 0% | - |
| 3.15 | Evaluate Tenderers Presentation (Evaluation Panel - Procurement to advise if any queries) | | | | | - |
| 3.16 | Evaluation of Tenderers Prices | | 28/11/23 | 28/11/23 | 0% | 1 |
| 3.17 | Recommendation for the contract award by Project Team | | | | 0% | - |
| 3.18 | Decision report completed and issued to CYC Decision Boards to approve recommendation | | | | 0% | - |
| 3.19 | Approval obtained from CYC Project Board/Executives | | | | 0% | - |
| 4 | Legal | | | | 0% | - |
| 4.1 | Contract terms & conditions developed | | 19/09/23 | 11/10/23 | 0% | 17 |
| 4.2 | TUPE information obtained from current suppliers | | 19/09/23 | 11/10/23 | 0% | 17 |
| 4.3 | TUPE information complete and ready to be sent with ITT | | 11/10/23 | 11/10/23 | 0% | 1 |
| 4.4 | Contract terms & conditions & TUPE ready to issue with ITT | | 11/10/23 | 11/10/23 | 0% | 1 |
| 5 | Contract Award | | | | 0% | - |
| 5.1 | Contract Award report approvals obtained | | | | 0% | - |
| 5.2 | Governance procedures - Call In Members/Key Decision - Forward Plan | | | | 0% | - |
| 5.3 | Standstill Period (Contract Award stage) | | 06/12/23 | 17/12/23 | 0% | 8 |
| 5.4 | Inform successful and unsuccessful tenderer(s) | | 20/12/23 | 20/12/23 | 0% | 1 |
| 5.5 | Contract Award Notice published on Find a Tender | | 21/12/23 | 21/12/23 | 0% | 1 |
| 5.6 | Contracts signed by tenderer(s) and sealed by Legal | | | | 0% | - |
| 6 | Contract Mobilisation | | | | 0% | - |
| 6.1 | Contract Mobilisation | 3 - 5 months | | | | |

Project Start Date 22/11/22 10
 Project Lead Judith Culleton

| WBS | TASK | LEAD | START | END | % DONE | WORK DAYS |
|----------|--------------------------------------|------|----------|----------|--------|-----------|
| 6.2 | Meetings regarding contract | | | | 0% | - |
| 6.3 | TUPE Transfer (between providers) | | 02/01/24 | 31/03/24 | 0% | 64 |
| 6.4 | Contract Start date | | 01/04/24 | 31/03/27 | 0% | 783 |
| 6.5 | Ongoing Provider Contract Management | | | | | - |
| 6.6 | | | | | | |
| 7 | | | | | | |
| 6.1 | | | | | | |
| | | | | | | |
| 8 | | | | | | |
| 8.1 | | | | | | |
| 8.2 | | | | | | |
| 8.3 | | | | | | |
| 9 | | | | | | |
| 9.1 | | | | | | |
| 9.2 | | | | | | |
| 9.3 | | | | | | |
| 9.4 | | | | | | |
| 9.5 | | | | | | |

TEMPLATE ROWS

- 1 [Level 1 Task or Phase]**
- 1.1 . [Level 2 Task]
- 1.1.1 . . [Level 3 Task]
- 1.1.1.1 . . . [Level 4 Task]

[▶ Watch How to Create a Gantt Chart in Excel](#)



City of York Council

Equalities Impact Assessment

Who is submitting the proposal?

| | | | |
|--|--|--|-----------------------------------|
| Directorate: | Adult Social care Integrated Directorate | | |
| Service Area: | Adult Social care Integrated Directorate | | |
| Name of the proposal : | Reablement Service Recommissioning | | |
| Lead officer: | Judith Culleton | | |
| Date assessment completed: | 3/02/2023 v1 3/5/2023 v2 18/07/2023 v3 | | |
| Names of those who contributed to the assessment: | | | |
| Name | Job title | Organisation | Area of expertise |
| Nicola Greenwood | Social Care Workforce Lead – | Humber and North Yorkshire Health and Care Partnership | Background Equality and Diversity |

| | | | |
|----------------|----------------------------------|----------------------|--|
| Edward Njuguna | Commissioner of Carer Services | City of York Council | Commissioner of Carers Services and lead of Carer Groups |
| Jan Kilmark | Project Officer Data and Systems | City of York Council | Equality and Diversity |

Step 1 – Aims and intended outcomes

| | |
|-----|---|
| 1.1 | <p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p> |
| | <p>The purpose of this proposal is that The City of York Council is going to review the existing Reablement service and based on data, feedback and changing priorities support the development of a new enhanced service that continues to provide person centred care and population needs.</p> <p>The current Reablement Service is supplied by an external Provider called Human Support Group (HSG). The contract has been in place for 11 years with various extensions to the contract utilised. The option that will be presented to our Executive Board for decision is that we approach the market to comply with Council Procedure Rules and Government Procurement Regulations 2015.</p> <p>A detailed specification, contract, and key performance measures will be developed that encompass the feedback, data, priorities, and outcomes that reflect customer and population needs. Providers who want to supply the service in the future will be part of a competitive tender process to confirm that they fulfil quality standards in service delivery. The Provider will need to deliver outcomes, and quality standards in relation to Equalities and Human Rights. This service is a statutory service that enables City Of York Council to achieve its statutory duties under the Care Act 2014.</p> <p>Eligibility criteria is:</p> <p>The Service is available to adults aged 18 years and over who live within the City of York Council boundaries and have been referred to the service by Adult Social Care (or any other agreed referrer as the 'One Team' / 'integrated intermediate care service' approach develops) as it is felt they would benefit from a short period of reablement and rehabilitation.</p> <p>The reablement service aims to restore people's independence following a period of ill-health or a hospital stay. It is a short-term intervention that involves intensive assessment and therapeutic work from one day to, ideally, a maximum of six weeks. The service is available to residents aged 18 years and over who live within the City of York Council boundaries and who have been referred to the service by the council's Adult Social Care (ASC) team.</p> <p>The reablement service is designed to:</p> <ul style="list-style-type: none"> • Promote independent living, especially after hospital discharge using an asset (strength-based approach) building upon people's skills, independence and interests |

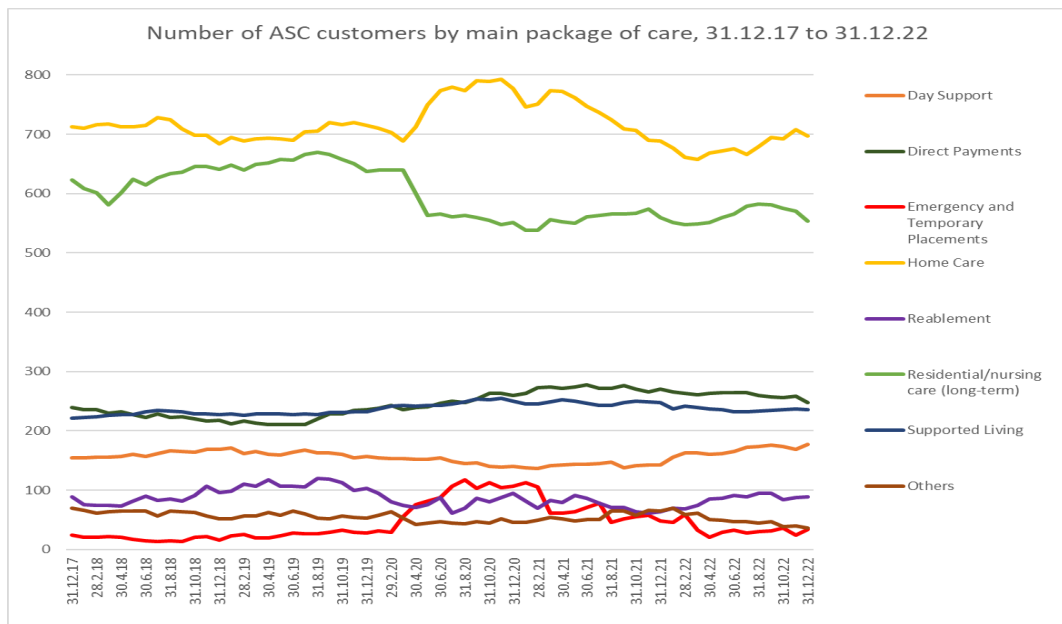
- Deliver an excellent customer – focused, cost-effective reablement service.
- Encourage lifetime wellbeing at home
- Promotes and supports a Home First Approach
- Is a strength based approach that builds on customers interests and skills

It is estimated that York is home to 38,735 people over the age of 65 which represents nearly a fifth of the total York population. Haxby and Wigginton ward comprises the highest number of older people with 3,804 residents. Fulford ward, with a total of 854 older residents, has the lowest representation.

The York Joint Health and Wellbeing Strategy (2022-2032)¹² describes York’s “*changing demographics:*

- *A growing and ageing population, with a 50% increase in the population over 80 in 2040.*
- *Projected growth in healthcare use: 4% increase in hospital use (annually)*
- *10% increase in social care (over 5yrs) 2.5% increase in GP use (over 5yrs).”*

The graph below shows the use of Services Adult Social Care (ASC) offer within the city.



York's Joint Strategic Needs Assessment¹ projects care needs of some adults over the age of 65:

| Population | 2020 | 2040 |
|-----------------------|-------------|------------------|
| Living with dementia | 2,927 | 4,291 (+47%) |
| Needing care | 11,380 | 15,207 (+34%) |
| Providing unpaid care | 5,271 | 6,592 (+25%) |

The reablement service will see an increase in demand due to the demographic characteristics detailed above and it is imperative that this service continues to be available with improvements in service delivery to meet population needs. Information about care needs will be included in specifications so that Providers understand the trends in population and areas of needs.

¹ York JSNA, April 2023 [JSNA | York Health & Wellbeing \(healthyork.org\)](https://www.healthyeconomy.org.uk/healthyork/)

| | |
|-----|--|
| 1.2 | <p>Are there any external considerations? (Legislation/government directive/codes of practice etc.)</p> |
| | <p>The reablement service enables the council to meet several of its priorities such as the <i>Council Plan</i> stipulates an important outcome for our population of good health and wellbeing and is further supported by the key principles for the York Health & Wellbeing Board of:</p> <ul style="list-style-type: none"> • Ensure that we work together in true partnership for the good of the people of York • Involve local people in identifying the challenges and redesigning services (surveys and engagement) • Promote equality of opportunity and access for all communities, and challenge discrimination if it arises <p>In addition, one of the eight core outcomes within the <i>Council Plan</i>² is; “<i>Good health and wellbeing.</i>” The plan states that the Council aims to; “Use innovative strategies to support individuals’ independence, health and wellbeing, enabling people to stay in their own homes (Home First) or communities for longer and significantly reducing admission rates to residential care”.</p> <p>The reablement service is currently in the process of being recommissioned as the current contract cannot be extended and an Equality Impact Assessment is required to inform the impact of the services on different groups within York.</p> <p>As a local authority, the City of York Council (CYC) has a duty under the <i>Care Act 2014</i>, to prevent, reduce and delay formal intervention for people with care and support needs. CYC provides reablement to those who require it. The Care Act dictates that this must be provided free of charge for a period of up to 6 weeks. This is for all adults, irrespective of whether they have eligible needs for ongoing care and support. Although such types of support will usually be provided as a preventative measure under section 2 of the Act, they may also be provided as part of a package of care and support to meet eligible needs. In these cases, regulations also provide that reablement cannot be charged for in the first 6 weeks, to ensure consistency.</p> <p>The adult social care reform white paper ‘<i>People at the Heart of Care</i>’ sets out an ambitious 10 year vision for the transformation of support and care in England. The vision puts people at its heart and revolves around 3 objectives:</p> <ol style="list-style-type: none"> 1. People have choice, control and support to live independent lives 2. People can access outstanding quality and tailored care and support 3. People find adult social care fair and accessible <p>Alongside this approach a key priority is the continued development of our Home First Model where one of the 5 key priorities outlines in City of York Council’s (CYC) <i>All Age Market Position Statement</i>³ is to “ The reablement service plays a pivotal role in terms of supporting the pathway and reenabling people to return home (Home First) with or without support depending on individual needs”.</p> |

Legal duties to comply with the [accessible information standard](#) for publicly funded care.
NICE guidance (NG74) [Overview](#) | [Intermediate care including reablement](#) | [Guidance](#) | [NICE](#)
Reablement is a CQC regulated service and CQC regulations apply <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers>

The legislations detailed above strengthen and support the ethos and outcomes of York Council's policies and strategies detailed in this equality impact assessment and fully supports the Home First Principle in York.

² City of York Council Plan, 2019-2023, [City of York Council Plan 2021](#)

³ All Age Market Position Statement, City of York Council, 2023-2025 [all-age-market-position-statement-2023-to-2025 \(york.gov.uk\)](#)

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| 1.3 | Who are the stakeholders and what are their interests? |
| | <p>Stakeholders: The York Multiple & Complex Needs Network, YOPA (York Older People's Assembly, Age Friendly York Older Citizens Group, Reablement - care and support pathway attendees, Reablement Responsive customer voice group, Live Well York Site, CYC Reablement Task and Finish Group, CYC operational teams, CYC social work teams, CYC Brokerage team, ASC Social Work and Occupational Therapy Teams, NHS Humber and North Yorkshire Integrated Care Board, Existing and past users of the reablement service, Voice of past reablement customers - report from contract, Age UK, Healthwatch, York Advocacy, York Sensory Service, York and Scarborough Hospital NHS Foundation Trust , Carers Strategy Group, York Carers Centre, Providers – bulletin, local Area Co-ordinators, GP from York Place, Nimbuscare, York Integrated Care Team(YICT), Community Response Team(CRT), CYC's independent living communities (for +55s) Rapid Assessment & Treatment Service (RATS"), Independent Care Group(ICG), The Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Providers. Primary Care Networks (ie GP's), Support for Veterans and York Interfaith.</p> <p>Interests: The current intermediate care (Hospital) pathway is under redesign and review as the new care and support pathway. The reablement service is a critical part of the service delivery for service users, residents, carers and professionals. The stakeholders identified must have the opportunity to voice their opinions on the developments of the reablement service to shape the future service. Some people within the stakeholder groups have experienced the reablement serviced first-hand when being discharged from hospital and other people within the stakeholder group may require the reablement services in the future as either a patient or carer. It is vitally important that we engage with networks and people to gain a full understanding of how any barriers or challenges when accessing or receiving the service can be improved upon and embedded into the redesign process, documentation, and contract measures to ensure equality across York for all its residents. A survey in February 2023 was circulated to stakeholders and a Customer Voice Report is currently being produced to feed into the specification and associated tender documents.</p> |

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| 1.4 | What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019-2023) and other corporate strategies and plans. |
| | <p>The reablement service is focused on City of York residents being in good health and wellbeing with Home First being an integral outcome for our residents as evidence supports that people that return home stay more independent. This will enable people to be supported to make healthier choices and that health and social care services are quick to respond to those that need them. This includes meeting the 6-week target for reablement and/or reduce the length of time that people need reablement support and prevent readmissions to hospital by returning home with any equipment, telecare and/or medications rather than enter long term care i.e., resident care.</p> |

The new service will have additional elements in the specifications of what we want the new service to deliver. The service will be therapy lead with occupational therapists as part of the service delivery to enable people to gain the support, confidence, equipment, and independence to return home.

Local defined outcomes

The anticipated outcomes for the service are:

- Early intervention and prevention in York
- Reduced unplanned hospital admissions.
- Reduced readmissions to hospital.
- Reduced length of hospital stays.
- Reduced care home admissions.
- Improved health and wellbeing.
- Reduced duplication of service provision.
- Improved satisfaction for people who use the service.
- We will ensure that residents voice is heard and is part of the strategies going forward, building on the social care survey and JSNA.
- People who use services and their Carers are fully involved in the design and implementations of future services.

Initial analysis of the feedback from the Customer survey and Health and Social Care survey enabled people to have a voice. Key themes from comments that they would like to see improved were; information and guidance; staffing; visits; communication between services; about me; technology and equipment.

These themes were supported by several comments: *'Staff all kind and compassionate with my mum. very professional'*; *'Reablement is a perfect way for Customers to gain independence'*; *'Everyone told me what I needed'*. *'The reablement service website needs updating with more information'*. *'Leaflets should be provided to participants about what to expect and their entitlement'*. This feedback will be used to shape specifications so that they meet needs identified through the survey.

Our Priorities 2023 - 2024



ASC Vision

We will support people to receive good quality safe services in their own homes through assessment and appropriate support, we will aim to maximise peoples own potential and reduce inequalities across the city.

Values

We Work Together
We Improve
We make a difference

Partnerships

Through collaboration with partners and the sharing of ideas, assets, skills and knowledge, we will create a future for York that better meets all our needs.

Communities

We value local communities and will help them to provide care and support to their families, friends, neighbours and colleagues.

Accountability

We will ensure good governance and links with the ICS, strong performance management that will influence decision making, good financial oversight and control and transparent decision making through key health and social care boards.

MARKET SUSTAINABILITY

- Commission and provide services were possible jointly with health that are effective, efficient and of good quality
- Build on locally based delivery ensuring care and support is available to suit the needs of the locality.
- Commission services to support people to live longer healthier lives across all age groups.
- Budget Management

EARLY INTERVENTION & PREVENTION

- Support residents to access community opportunities at the right time in the right place.
- Ensure we have the right mechanisms in place to safeguard and protect our most vulnerable residents.
- Ensure that all residents have equal access to services they require and challenge areas of inequality.
- Ensure children and young people have a seamless transition into adulthood.

CO-PRODUCTION

- We will ensure that residents voice is heard and is part of the strategies going forward, building on the social care survey and JSNA.
- People who use services and their carers are fully involved in the design and implementations of future services.

WORKFORCE

- To develop a workforce development strategy with health partners.
- To strengthen and build upon recruitment and retention policies, working with the Principal Social Worker to develop flexible roles
- Reduction in the use of agency and building strong high performing teams
- A review of the current ASC Workforce to be carried out to inform effective use of current delivery

Step 2 – Gathering the information and feedback

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| 2.1 | What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc. | |
| Source of data/supporting evidence | Reason for using | |
| City of York Council Plan, 2019-2023, City of York Council Plan 2021 | Outlines York’s key priorities | |
| York JSNA, June 2022, JSNA Ageing Well (healthyork.org) | Population data | |
| All Age Market Position Statement, City of York Council, 2023-2025 all-age-market-position-statement-2023-to-2025 (york.gov.uk) | Includes outcomes for City of York Population and outlines key priorities | |
| York Local Health and Wellbeing Strategy 2022-2032, York Joint Health & Wellbeing Strategy | Details the health and wellbeing priorities for the city will be and how these will be addressed | |
| York Dementia Strategy, 2022-2027, Annex A.pdf (york.gov.uk) | Dementia priorities and data | |
| Service data | Data from current contract delivery | |
| City of York All Age Commissioning Strategy 2023-2025 | Includes outcomes for City of York Population as well as detailing key priorities | |
| Findings from the survey for older people in York, December 2017, Annex A - 2017 Older People Survey sent to HWBB.pdf (york.gov.uk) | Findings from the survey of older people in York 2017 | |
| Surveys and feedback from current services with those who access the services. Survey sent to stakeholders listed above. 2 surveys: 1 for customers and Carers who have and who have not experienced the service. 1 for Health, Social Care and other Professionals. Report being developed. | February – March 2023 | |

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| HealthYork.gov.uk | Deprivation in York 2019, Latest Indices of Multiple Deprivation |
| Yorks Human Rights City Network Indicator Report | Seeking to Rebuild |
| Survey for Customers and Professionals (Health and Social Care) | Feedback from customers who have used and not used the service. Stakeholders were sent the surveys links to distribute. Paper copies were also made available. Letters and paper surveys sent to people who had used the service. |

Step 3 – Gaps in data and knowledge

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| 3.1 | What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with. | |
| | Gaps in data or knowledge | Action to deal with this |
| | Current data collected as performance data provides limited information. | Develop specification and key performance measures to catch data required by Health Social Care, Other Professionals and Government returns |
| | Trends in needs so that what is being commissioned is meeting the needs of the population as detailed throughout this Equality Impact Assessment. | Develop key performance measure to capture this. |
| | Pregnant service users of the Reablement service | Develop key performance measure to capture this data. |
| | Data regarding sexual orientation of service users | Develop key performance measure to capture this data. |
| | Service usage broken down into age | Develop key performance measure to capture this data. |

Step 4 – Analysing the impacts or effects.

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| 4.1 | Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations. |
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| Equality Groups and Human Rights. | Key Findings/Impacts | Positive (+) Negative (-) Neutral (0) | High (H) Medium (M) Low (L) |
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| Age | <p>The evidence below demonstrates through population data that we have an increasing ageing population and that our residents aged 18 – 64 account for 64.2% of York’s population. Therefore it is likely that the demand on the Reablement services will increase and could have a potential spike in demand for residents currently in the 18 – 64 age range in the future. York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Currently in York, a lower proportion of people are offered reablement services than the national average and also the majority of York's statistical neighbours. It is estimated that York is home to 38,735 people over the age of 65 which represents nearly a fifth of the total York population. Haxby and Wigginton ward comprises the highest number of older people with 3,804 residents. Fulford ward, with a total of 854 older residents, has the lowest representation.</p> <p>There has been an increase of 15.8% in people aged 65 years and over, an increase of 0.4% in people aged 15 to 64 years, and a decrease of 3.2% in children aged under 15 years.</p> <ul style="list-style-type: none"> • York’s population is on the whole healthy, but this is not true of all communities and groups • There are predicted to be large increases in the number of people with dementia. • More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority. <p>By 2030, it is estimated that the 65+ population in York will have increased by 17% and the 85+ population in York will have increased</p> | + | H |

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| | <p>by 27% from 2020. Within York, there are approximately 135,536 residents aged 18 – 64, which is 64.2% of the population.</p> <p>According to Health York.org People in York can expect to be in good health until 77 years old. In the final years of life, an average person might have 1-2 years where they have ‘high care needs’ i.e. help getting dressed and another year with ‘medium care needs’ i.e. daily help preparing meals.</p> <p>York is already part of the UK Network of Age Friendly Communities. Age Friendly York will:</p> <ul style="list-style-type: none"> • enable people to live healthy and active lives • encourage communities to treat people with respect, regardless of their age <p>The figures above demonstrate that the population will increase and may need to utilise the reablement service so there will be a potential increase in demand.</p> <p>More older people are helped to live at home in York than the national average, but access to intermediate care remains a priority.</p> <p>The introduction of a new enhanced reablement service will provide more accessible care and support with a therapy lead service where people of York will be enabled to return home with equipment, confidence, technology, right levels of medication if required, tailored care and support to meet people’s needs to enable people to get home sooner and promote their independence. There will also be a requirement for the Provider to sign post people who feel isolated and/lonely to be linked to community support, voluntary sectors and the Local Area Co-ordinator for the area they live in.</p> | | |
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| | All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/ | | |
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| <p>Disability</p> | <p>The way that social care is organised and delivered can be a critical factor in disabled people being able to exercise their human rights over a large proportion of their adult lives. Independence is a fundamental human rights principle which underpins other human rights. The Joint Committee on Human Rights report on the rights of disabled people to independent Living (2012) reaffirms the importance of independent living principles for all disabled people, including those that are using the Reablement service to get them Home.</p> <p>Information and guidance such as leaflets about the service must be available in different formats to enable residents to fully understand what the Reablement service is; such as easy read, braille. This was feedback from the recent survey 'The reablement service website needs updating with more information. Leaflets should be provided to participants about what to expect and their entitlement'.</p> <p>Training for staff will be a requirement of the new contract and specification to enable them to support a wide range of disabilities so that our residents can access the reablement service and feel supported when receiving care.</p> <p>The All-Age Commissioning and Contract Team will monitor the performance of the contracts against the requirements set out within it.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p>Evidence below demonstrates that we have a population that has a variety of disabilities, and each person is an individual with their own needs.</p> <p>Other work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):</p> | <p>+</p> | <p>M</p> |
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| | <ul style="list-style-type: none"> • 10.7% of the York practice population have multimorbidity; this represents 24,124 people. • 2.7% of the population have a physical and mental health comorbidity. • Number of proportion of people with disabilities in Yorkshire and The Humber (18.9%, 1.0 million). <p>According to MHA Around 4 million older people (40% of people aged 65 and over) have a limiting long-term illness or disability, and it is estimated that this will rise to over 6 million older people by 2030.</p> <p>Around 850,000 people (most of whom are aged 50 or over) are living with dementia in the UK, and Alzheimer's UK predicts that this figure will rise to 1 million people by 2025. Of these, around a third (288,000) are currently living in residential care settings.</p> <p>According to CQC, disabled people under 65 may use social care for long periods – even for the whole of their lives, whether they have a physical or sensory impairment, a learning disability or use mental health services.</p> <p>The National Autistic Society (NAS) has reported a 61% increase in the autism since 2005. According to the All Age Autism strategy 2017-2021 York, there are estimated to be 1,635 adults with autism in York, either diagnosed or undiagnosed and 388 children.</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p> <p>Reablement and people with dementia</p> <ul style="list-style-type: none"> - service providers deliver a more personalised reablement approach drawing on a person's strengths, creating an enabling | | |
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| | <p>care environment that helps realise the potential abilities of people living with dementia.</p> <ul style="list-style-type: none">- Staff will be appropriately trained to ensure they have knowledge of assessment methods and how to build on the remaining ability of the person with dementia. <p>People with communication difficulties, learning difficulties and/or sensory impairment.</p> <ul style="list-style-type: none">- The provider will have appropriate communications strategies to enhance choice and control. | | |
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| <p>Gender</p> | <p>The service is open to all genders. There could be cultural restrictions or preferences whereby a specific care worker is requested by gender. This will be part of finding a care package by our Brokerage team but cannot always be guaranteed. This issue will be considered by the provider who will employ both female and male carers dependent on the availability of workforce within the market.</p> <p>From the survey carried out 49% of people that responded did not want to share their gender. 33% were female and 15% were male.</p> <p>According to mid-year population estimates published by the ONS in 2019, males account for 48.2% of York's 201,672 population, while females made up 51.8% of the total. Life expectancy: A gap between wards in York of 10.1 years (Male) and 7.9 years (Female).</p> <p>More information about the Reablement service can be found All on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> | <p>+</p> | <p>Low</p> |
| <p>Gender Reassignment</p> | <p>The service is open to both men and women regardless of any possible previous gender reassignment / and transgendered people. The service is provided where reablement potential is identified after a stay in hospital. Specifications will state that a person that uses the Reablement service must be treated with dignity and respect and receive person centred care.</p> | <p>+</p> | <p>Low</p> |
| <p>Gender Reassignment</p> | <p>The Equalities Act 2010 identifies nine protected characteristics and Gender Reassignment if one of them. In York those with protected characteristics are known as <i>Community of Identity</i>.</p> <p>The Council's Equalities duties state: advance equality of opportunity between persons who share a relevant protected characteristic and</p> | <p>+</p> | <p>Low</p> |

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| | <p>persons who do not share it for our customers and people who work within the Health and Social Care system.</p> <p>City of York Council plans to establish further system-level, collaborative networks, such as the LGBTQIA. The network will improve the experience of working with CYC by raising awareness of LGBTQIA concerns across the council and in the community.</p> <p>CYC Workforce Development Unit- MyLo also offers LGBTQ, e-learning accessible for all ASC workforce the module will enable vulnerable individuals to feel respected, cared and dignified by our colleagues, team and customers.</p> | | |
| Pregnancy and maternity | <p>Reablement is available for everyone over 18 (with eligibility criteria) there may be customers who receive the service that are childbearing age adults. There is limited data available on pregnant users of the reablement. Between 2016 and 2017, conception rates increased by 2.6% for women aged 40 years and over. For the second year running, this was the only age group to see an increase. For the fifth year in a row, the largest percentage decrease in conception rates happened among women aged under 16 years (12.9%).</p> | + | Low |
| Race | <p>Reablement services are available to all customers over the age of 18. People accessing this service will be treated with dignity and respect and their Race and Culture needs will be detailed in their care plans and/or discharge records.</p> <p>The official proportion of people from a BAME background is lower than the national average at 5.7%, Census data expected in 2022, show numbers have increased, and the diversity of York varies across the city, with 15.1% of people in Hull Road ward from a BAME background.</p> | + | Low |

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| | <p>The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non-White British) compared to 4.9% in 2001.</p> <p>In 2021, 92.8% of people in York identified their ethnic group within the "White" category (compared with 94.3% in 2011), while 3.8% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 3.4% the previous decade).</p> <p>The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.0% in 2021.</p> <p>Our survey of more than 4,000 people aged 65 and over who had used health or social care services recently shows that older people from ethnic minority backgrounds tend to use services less frequently (68% said they use them about once every 2 to 3 months or once in the last 6 months, compared with 58% of people from White British backgrounds.</p> <p>Provider will source interpreters where English is not their first language and provide information in designing multi-lingual leaflets. The Council would provide links to Local Area Co-ordinators to the Provider as they would share important Local information for local communities.</p> | | |
| <p>Religion and belief</p> | <p>Cultural sensitivity plays an important role in the relationship between religion and healthcare. Many peoples' identities are informed by their race, culture, ethnicity, gender, or religion. When it comes to receiving medical care, many patients will make decisions based on their identity in some or all these categories. The cultural sensitivities will be listened to and will shape their care and support whilst receiving the Reablement services e.g., enabling them to participate in cultural and religious activities.</p> | <p>+</p> | <p>Low</p> |

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| | <p>.In 2021, 43.9% of people in York described themselves as Christian (down from 59.5%), while 6.9% did not state their religion (down from 7.8% the decade before).</p> <p>There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious affiliation is the religion with which someone connects or identifies, rather than their beliefs or religious practice.</p> | | |
| Sexual orientation | <p>No Data Available. The survey results had limited information provided about sexual orientation. All services commissioned by CYC are available to residents of York under the individual service criteria.</p> <p>The Human Rights Act provides people with a right to not disclose this information, and this must be respected.</p> | + | Low |
| Other Socio-economic groups including : | Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes? | | |
| Carer | <p>In 2021, 4.6% of York residents (aged five years and over) reported providing up to 19 hours of unpaid care each week. This figure decreased from 7.2% in 2011. These are age-standardised proportions.</p> <p>According to the Census 2021, females were statistically significantly more likely to provide unpaid care than males in every age group up to 75 to 79 years; however, from the age of 80 years onwards, males were statistically significantly more likely to provide unpaid care.</p> <p>In both females and males, the older age groups provide the highest hours of unpaid care per week. In females, those aged between 75 to 79 years and in males, those aged between 85 to 89 years provided the highest percentage of 50 hours or more of care compared with all other age groups.</p> | + | Medium |

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| | <p>Reablement Services will communicate with Carers and loved ones when people are in use of the service and will gain information on an individual needs as they will know them best and care plans will be developed with this information to ensure that customers needs are known and used to shape their care.</p> <p>The following organisations offer support and advice for carers, and those in need of care:</p> <p>York Carer Centre https://yorkcarerscentre.co.uk/</p> <p>Crossroads https://www.tuvida.org/</p> <p>Age UK https://www.ageuk.org.uk/york/</p> <p>York and Selby Alzheimer's Society</p> <p>https://www.alzheimers.org.uk/support-services/Selby+&+York+Local+Service+Office/York+&+Selby+Dementia+Information+Service</p> | | |
| <p>Low income groups</p> | <p>Ways that promote reablement as a care option and ensure everyone has access to information, including hardest to reach people. When reablement service is ending service provider will link in with Local Area Co-ordinator to signpost to income maximisation and benefit advice agencies, health services and community services.</p> <p>The service is a non-chargeable (for up to 6 weeks, integrated with health) service to all assessed adults. Signposting is part of the Reablement service, and this should include signposting to income maximisation and benefit advice agencies, health services, etc. as well as other community services such as Age UK, Yorkshire Housing,</p> | <p>+</p> | <p>M</p> |

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|---|---|------------------------------|------------|----------------------------|--------------------------------------|------------------------|-----------------|---------------|---------------------|--------------|---------------------|--|--|---|--|--|--|
| | <p>Healthwatch and other VCSE organisations/services that the council has in place.</p> <p>Carers Trust just launched the results of their recent survey showing 1 in 7 unpaid carers are using foodbanks as a result of soaring living costs and 63% are worried about being able to afford paying bills.</p> <table border="1" data-bbox="542 375 1565 710"> <tr> <td>Cost of Living Crisis</td> <td></td> </tr> <tr> <td>Food and everyday shopping</td> <td>Plus £134 increase in September 2022</td> </tr> <tr> <td>Transport & fuel costs</td> <td>+ 70% this year</td> </tr> <tr> <td>Housing costs</td> <td>+ int.rates & rents</td> </tr> <tr> <td>Energy costs</td> <td>+ int.rates & rents</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Source of information: York cost of living summit</td> <td></td> </tr> </table> | Cost of Living Crisis | | Food and everyday shopping | Plus £134 increase in September 2022 | Transport & fuel costs | + 70% this year | Housing costs | + int.rates & rents | Energy costs | + int.rates & rents | | | Source of information: York cost of living summit | | | |
| Cost of Living Crisis | | | | | | | | | | | | | | | | | |
| Food and everyday shopping | Plus £134 increase in September 2022 | | | | | | | | | | | | | | | | |
| Transport & fuel costs | + 70% this year | | | | | | | | | | | | | | | | |
| Housing costs | + int.rates & rents | | | | | | | | | | | | | | | | |
| Energy costs | + int.rates & rents | | | | | | | | | | | | | | | | |
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| Source of information: York cost of living summit | | | | | | | | | | | | | | | | | |
| Veterans, Armed Forces Community | <p>The City of York has signed the Armed Forces veteran’s covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens.</p> <p>This information should be shared and detailed on any care plans to ensure that any symptoms from their service days are incorporated into how they want their care to be shaped to meet their individual needs when receiving care and support in the Reablement service.</p> | + | Low | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | |

| Impact on human rights: | | |
|---------------------------------|---|--|
| List any human rights impacted. | <p>At the heart of human rights, is the concept of dignity. Dignity can include factors such as autonomy, social inclusion, justice, respect, independence, and privacy. The 3 most relevant Human Rights that need to be considered for reablement are:</p> <ul style="list-style-type: none"> - Right not to be tortured or treated in an inhuman or degrading way - Right to respect for private and family life - Right not to be discriminated against <p>Personalisation is at the heart of reablement and an opportunity to embed a human rights-based approach.</p> <p>People accessing the Reablement Service will have their human rights protected and people will be encouraged to exercise their human rights.</p> <ul style="list-style-type: none"> - Commissioners and the Provider will take an approach which respects a person's dignity, values, their right to choose and make decisions based on their personal needs and beliefs. - Service providers ensure equal access for all. - Provide assurances that staff are trained to understand the importance human rights in the delivery of the service and ways in which they can support it. People should be able to discuss their preferences and make choices in how and when their care is delivered, breaking down any barriers in communication to enable this. - Relationship between the person receiving and those delivering support. A relationship centred on promoting human rights and ensuring that decisions are made together which helps individual lead a dignified and fulfilling life, free from discrimination and degrading treatment. | |

| | | | |
|--|--|--|--|
| | <ul style="list-style-type: none"> - Where possible to have consistency of workers to enable a relationship to be built between the individual and the workers, and for progress to be properly monitored. - Staff are empowered to speak up about their training needs or impact of delivering the service. <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council’s human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhere to these principles.</p> | | |
|--|--|--|--|

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

| | |
|---|---|
| <p>High impact (The proposal or process is very equality relevant)</p> | <p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p> |
| <p>Medium impact (The proposal or process is somewhat equality relevant)</p> | <p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p> |
| <p>Low impact (The proposal or process might be equality relevant)</p> | <p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p> |

Step 5 - Mitigating adverse impacts and maximising positive impacts.

| | |
|------------|--|
| <p>5.1</p> | <p>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?</p> |
|------------|--|

There will be no negative impact on the above groups and subsequent customers of the Reablement services. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer.

The service will not change but the provider may, but they will be delivering services in accordance with the robust specification. The survey completed has positive comments 'The service was essential, it meant I could come home and be safe' and 'Reablement is a perfect way for Customers to gain independence'.

Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.

Step 6 – Recommendations and conclusions of the assessment

| | |
|--|---|
| 6.1 | <p>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</p> |
| <p>- No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.</p> | |
| <p>- Continue with the proposal (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty</p> | |
| <p>Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.</p> | |
| Option selected | Conclusions/justification |

| | |
|---------------------------------|---|
| No major change to the proposal | The proposal for the Reablement service will have a positive impact in providing services for the population of York enabling customers to return Home First to an environment they recognise with the care and support required to increase confidence and their independence. |
|---------------------------------|---|

Step 7 – Summary of agreed actions resulting from the assessment

| 7.1 | What action, by whom, will be undertaken as a result of the impact assessment. | | |
|--|--|--------------------|-----------------------|
| Impact/issue | Action to be taken | Person responsible | Timescale |
| Outcomes for customers and impacts outlined in EIA | Produce the voice of the customer from the surveys returned | Judith Culleton | July - September 2023 |
| Documentation | Robust specifications and contract documents to be updated incorporating the needs from the surveys for example provision of information | Judith Culleton | July – January 2023 |
| Equality and Human Rights Act | Quality Assurance | Laura Williams | |

Step 8 - Monitor, review and improve

| | |
|-------------|--|
| 8. 1 | How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded? |
| | <p>The approach to the market for the Reablement service reflects the journey outlined in our commissioning Strategy as this has been developed to focus on outcomes and principles for commissioning services, in line with the Council's Strategy and plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications. Training and outcomes expressed as part of the returned surveys will be incorporated into key documents.</p> <p>The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p> |

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RE-COMMISSIONING OF THE REABLEMENT SERVICE IN YORK

Appendix C

PURPOSE OF REPORT

The purpose of this report is to provide performance data and information for our current service, York Reablement Services. The report also provides data regarding hours and referral outcomes, CQC performance and Safeguarding performance for our customers. 720 customers received the Reablement Services in 2022/2023 enabling them to return Home significantly reducing the need of higher costs services such as Residential care. 98% remained at home following short term intervention.

The service fully supports the Councils Home First approach to provide better outcomes for people in their own homes and enables the Council to deliver its statutory duties under the Care Act 2014.

CARE QUALITY COMMISSION (CQC) RATING

Human Support Group (HSG) currently delivers the York Reablement Services and have an overall service rating of 'Good'. CQC definition of 'Good' is; the service is performing well and meeting our expectations.

The service is rated on four individual areas safe, effective, caring, responsive and well-led. The service is due an inspection from CQC.

- Safe
- Effective
- Caring
- Responsive
- Well-Led

CONTRACT, COMMISSIONED HOURS AND PERFORMANCE

The current contract stipulates that 647 hours a week should be delivered. This service is a crucial delivery element of the intermediate pathway as the service plays a vital role in caring, supporting and

rehabilitating customers. As part of this contract, TUPE costs are paid to support the staff that transferred from the Council when the service was outsourced to the market in October 2017. These monies pay for the Council conditions and pension contributions that was transferred with the staff. The rate that is paid per hour for the service is £25.79 and the remaining budget supports other overheads and costs associated with the service. Our current budget for 2023/2024 is £1,169,100.00 using expenditure code 34530. Table 1 demonstrates the budget distribution.

| Table 1 - Level Of Spend For Areas Of Contract Delivery | | | |
|--|---------------------------|----------------------|----------------------|
| Area | Hours | Cost per week | Cost per year |
| Service delivery | 647 | £16,686.13 | £867,678.76 |
| Other associated costs and Overheads | n/a | n/a | £301,421.24 |
| | TOTAL BUDGET 23/24 | | £1,169,100 |

PERFORMANCE DATA

The contract delivery has not reached the 647 hours target for the lifetime of the contract due to workforce issues discussed later in the report. Table 2 below represents the delivered hours versus the target hours for 24 weeks between January 2023 to June 2023. The lowest level of hours delivered is 406 and the highest 527, with an average of 481 hours delivered.

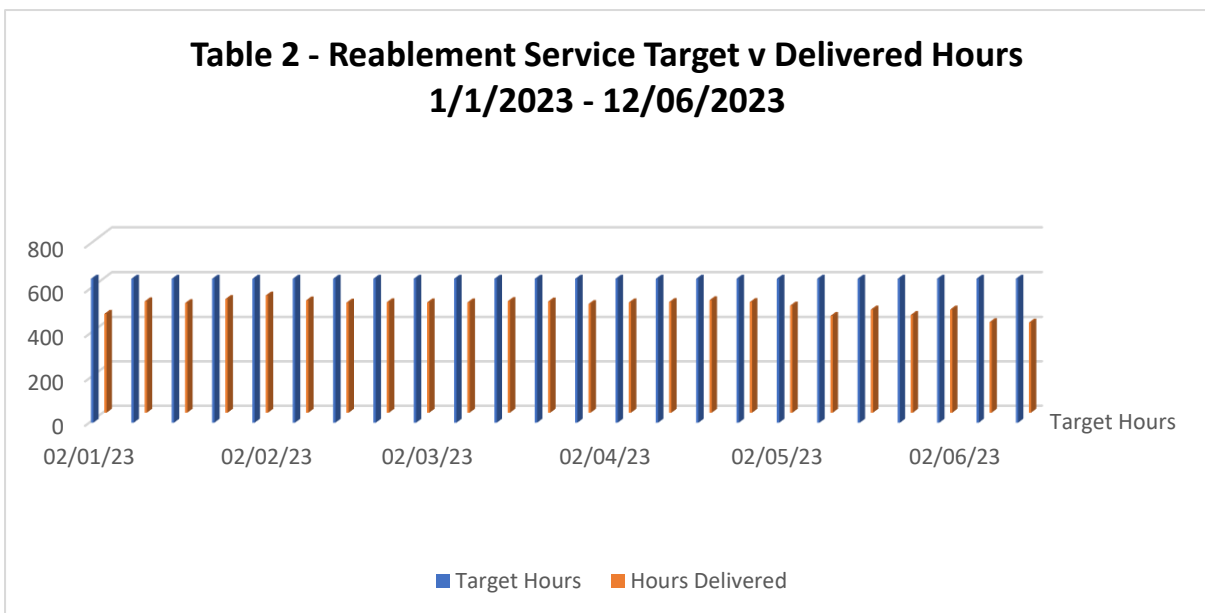


Diagram 2 above, is for a period of 24 weeks between January 2023 to June 2023 in terms of hours delivered. The total delivery for 24 weeks should be 15,528 hours and actual delivery was 11,555 a shortfall of 3,973, The shortfall in hours is at a total cost of £102,463.67. Therefore, for the new recommission we would need to fully explore cost implications and saving targets attributed against the contract.

Fluctuating hours of delivery are influenced by several factors such as levels of staff delivering the service, staff sickness, holidays taken by staff, number of referrals and allocation of care packages to HSG from different sources. If large care packages move on and patients have been discharged home and referrals reduce in numbers or are not allocated this has an impact on service hours delivered. Therefore, these elements must be explored as part of the new service to reduce these factors so that hours delivered do not impact on the target hours. The long-term list (over maximum of 6 weeks) has significantly reduced from 47 customer in 2022 to 11 at the beginning of 2023.

However, table 3 (below) demonstrates that the current contract is delivering preferred outcomes for people, returning home (Home First). Table 3 provides performance data relating to a customer's destination once they have received their 1 – 6-week reablement.

| Table 3 - Customer Outcomes once received HSG Reablement Services 1st January 2023 - June 2023 | Number of Customer | % |
|---|---------------------------|------------|
| Residential / Nursing home | 5 | 2 |
| Own Home - Same care | 67 | 23 |
| Own Home - Reduced care | 41 | 14 |
| Own Home -Increased care | 5 | 2 |
| Own Home - no ongoing care | 130 | 44 |
| Independent Living Community | 0 | 0 |
| Acute hospital | 47 | 16 |
| Mental health hospital | 0 | 0 |
| Hospice | 0 | 0 |
| Died | 2 | 1 |
| Another setting not mentioned above (please specify) | 0 | 0 |
| Total Numbers | 297 | 100 |

The data above does not include people whom HSG have worked with that become medically unfit or people who are a delayed discharge due to many factors such as waiting for equipment, transport and/or medication provision.

CONTRACT MANAGEMENT

Commissioners and Contract Managers and HSG are meeting fortnightly to work in partnership to improve the delivery of hours and to continue to deliver outcomes for customers as detailed in table 3 above.

One of the main areas of difficulty in terms of contract delivery throughout the lifetime of the contract has been securing and retaining workforce to fulfil the contract. The link below is information pertaining to the issues of workforce in York produced by Skills for Care.

<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Local-authority-area-summary-reports/Yorkshire-and-Humber/2022/York-Summary.pdf>

HSG have reviewed their recruitment process and put in place improvements to help improve and streamline recruitment and screening activities. This has enabled them to recruit 2 new care workers with 5 carers booked into training. They have also recruited a new assessor to increase the number of assessments they can complete due to an increase in demand, and this will increase capacity to complete assessments and discharge people from the service.



CITY OF
YORK
COUNCIL

CUSTOMER VOICE REPORT FOR THE YORK REABLEMENT SERVICES

Background of Engagement

The Reablement Service has provided care and support for 488 customers during 2022/2023. York Council have a statutory duty to provide Reablement Services for its residents under the Care Act 2014. The main principle of the Care Act 2014 is to help to improve people's independence and wellbeing and for care providers and carers to promote a person-centred approach to the care and support they provide.

This report is a summary of engagement work undertaken as part of the recommissioning of Reablement Services. This report summarises the views from customers who responded to the survey. The outcomes will be used to shape the new service being commissioned and will inform specifications, pathway development and key measures for the service and contracts to ensure they meet the needs of our customer by developing and improving service provision.

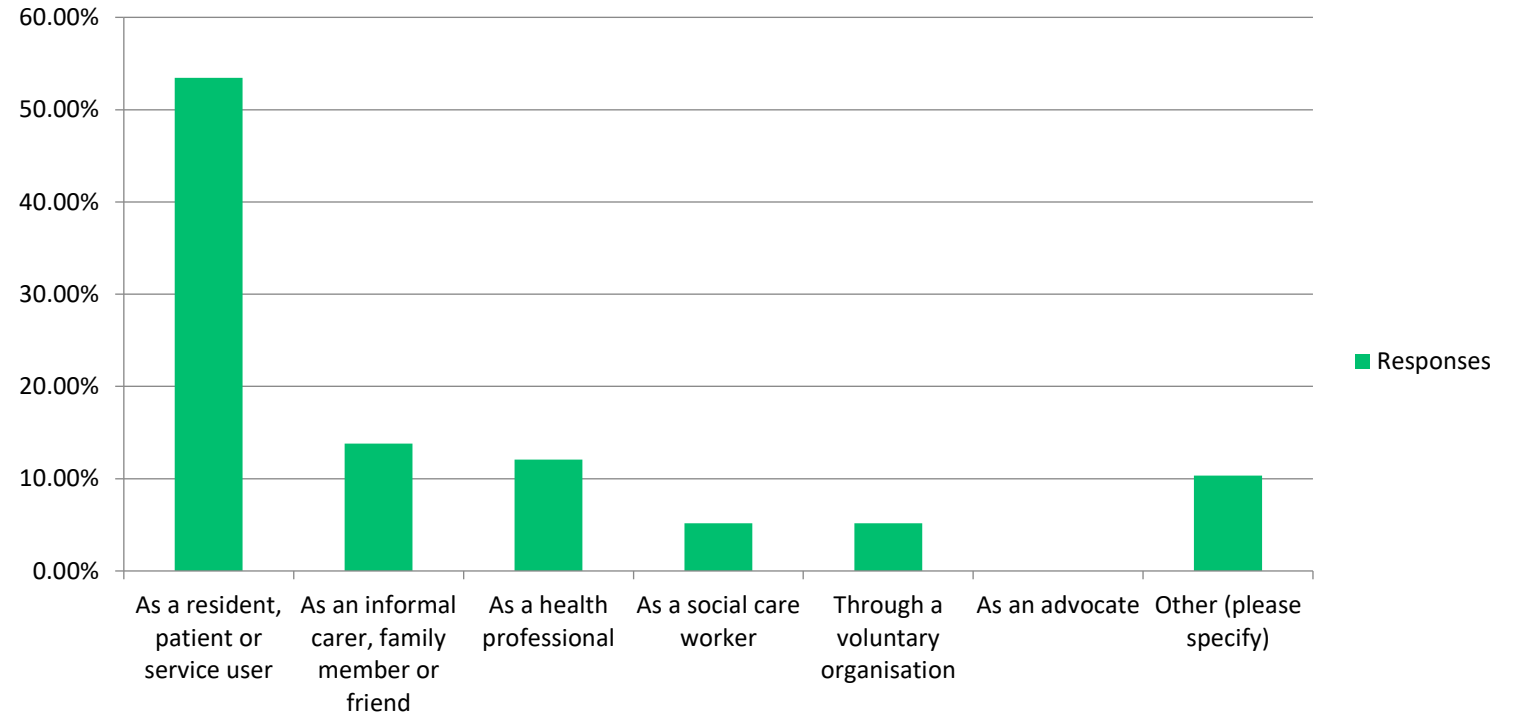
The aim of our engagement survey was to:

- Provide our customers with opportunities to influence and shape services for the future, based on their experiences, ideas and views.
- Highlight relevant examples of views and experiences (positive and negative)

Surveys were made available on the Council website and in paper form. Paper surveys were sent to the 488 people who experienced the service in 2022/2023. A wide range of networks and services in both Health, Social care and Voluntary Community Services and Carer network were sent the survey to circulate to customers whom may not of experienced the service but whom may have opinions on how they would like to receive the service if they need it in the future. Carers were also asked to provide their opinions and experiences to help shape the future service.

Overall Response of Customer Survey

How did you first come across the Reablement Service?



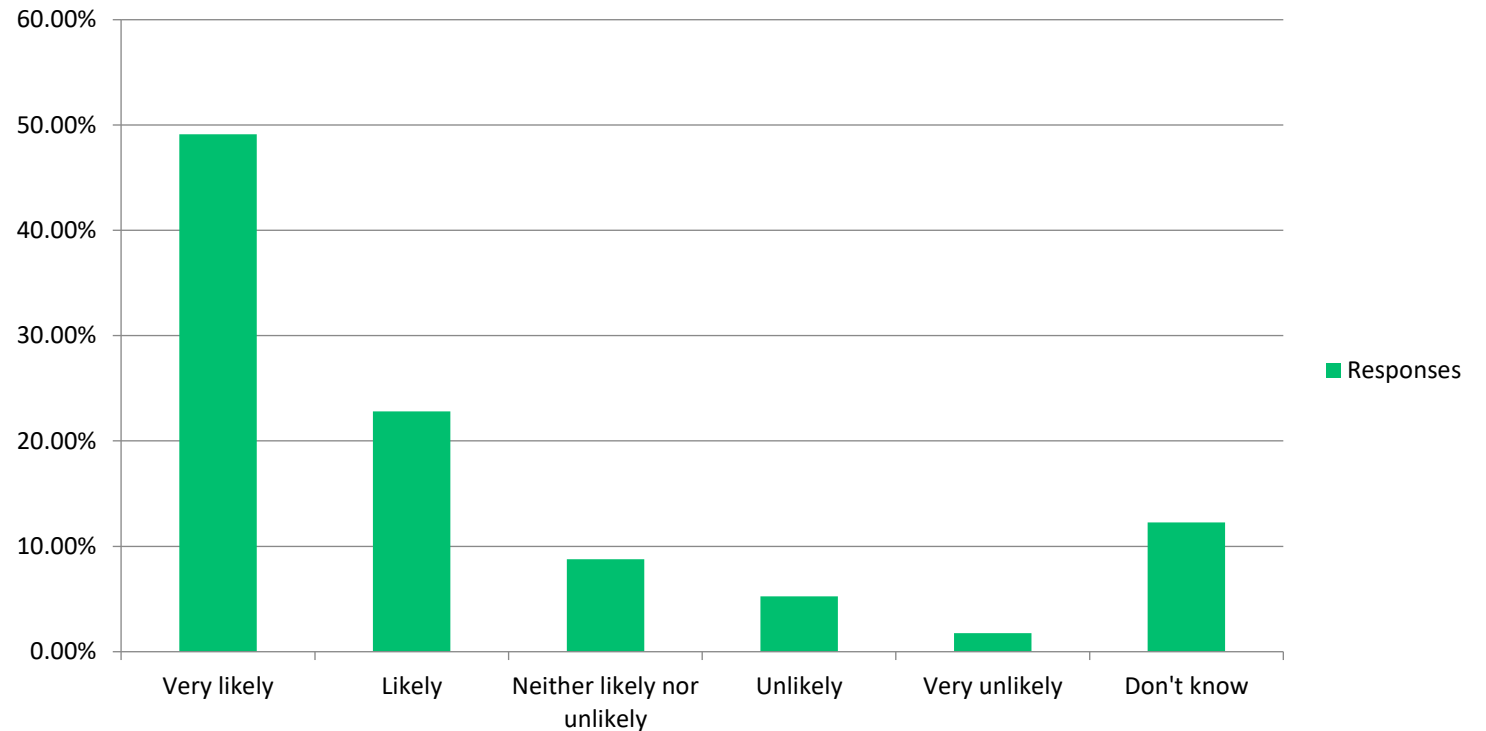
How did you first come across the Reablement Service?

Of the responses:

- 54% were residents, patient or customers
- 14% were informal carers, family member or friend
- Of those that responded 45% had experienced the Reablement Service

Overall Response of Customer Survey

How likely are you to recommend our Reablement Service to friends and family if they need similar care or support?



- Of the responses 50% are very likely to recommend the Reablement Services and 23% are likely
- A total of 73% that were likely to recommend services to their friends and family

Themes Analysed from Customer Feedback, this will enable them to shape future services

Professional surveys will also be analysed to shape the service

Information and guidance

Home First Visits

Staff

Communications & multiple Reablement's

About me. Strength Based/Circles of Care

Technology and Equipment

The majority of Customer comments are in the theme colours to show the links

Positive and ways to improve services feedback from customers about the Service and Staff provision. Thanks to all who provide Services to our customers. Thank you to all our customers and professionals who responded

Question 1

“How would you rate the service you were offered by the reablement service?”

Customer Feedback

The service and family kept me fed and safe.

The service was essential, it meant I could come home and be safe

Staff all kind and compassionate with my mum. very professional

Most carers were very good. All short of time for visit, made me feel pressured when very ill in fact morning was very stressful and actually cried when they left

Would be giving a higher level of assessment if more staff available plus shorter waiting time

I don't feel I could have got better without your help

The timing was a bit off as am an early riser, I did most things myself

Some difficulty if there was a change in personal

Carers are well trained, very helpful and flexible and arrive as expected.

Reablement is a perfect way for Customers to gain independence.

I am 68 and broke my leg, I live alone and the service helped me recover.

Good proactive working; client focussed; important; necessary

Question 2

“Did you have opportunity to talk about things that you wanted to achieve(outcomes) at the start of reablement and do you feel that you managed to achieve them?”?

Customer Feedback

No discussion with me about my own preferred outcomes

Everyone told me what I needed.

Communication was good, got everything sorted and it work just as we wanted.

Excellent communication from the staff

I saw Carer a lot of times she said lets work together to improve help together

Ensuring parents/carers are given information about how the services work across children and adult services

Police are unhelpful

Always felt in the morning visit were too busy for me, some were very good

Shortage of staff to respond is an issue

Preparing meals, medication, discussing

The discharge from hospital was too rushed so no time for discussion.

This was difficult as my husband constantly deteriorated and even with all the support offered to make him as comfortable as possible he passed away while still receiving the support.

There needs to be clear explanation and understanding of the term reablement at the very first point of introduction. That it is there to re-able and that the customer needs to have specific and achievable goals that are Reablement applicable. Otherwise you are setting the customer and the service up to fail unfortunately.

Question 3

“Do you have any recommendations on how the service could be improved?”

Customer Feedback

Significant Improvement in the self awareness and interpersonal skills/psychological understanding of staff. The provision of psychological support. If this was done in a group led by a psychologist

Notes left to be read and answered. hard when daughter communicates with carers and has no response

After initial care plan would be good if carer discusses plan with user as both would know what is expected of them

My Legs are vey weak due to having M/S for lone time, so am unable to stand only with gutter frame to walk

Bad Management. Carers should be given more time for a visit.

Increased staffing levels-trained staff

Very good when they came in, they were going to send a physiotherapy to do some exercise but that hasn't materialised- about 5 to 6 weeks ago.

Some difficulty if there was a change in personnel.

The reablement service website needs updating with more information. Leaflets should be provided to participants about what to expect and their entitlement.

As it turned out we had community response team for 2 and half weeks, transferred to HSG for 4 weeks then transferred to Allot Healthcare the day my husband passed away. It would have been better if we could have stayed with same team, but it was difficult to know that the end would come so quickly.

More funding, just not enough support available for needs staff do a brilliant job but do not have the time or resources to deliver the service needed

The wide range of visiting times does concern most patient , i feel the time bands need to be narrowed.

After being signed off after a few days. It maybe worth visiting after a couple of weeks to make sure patient is still able to manage at home

Better communication between services! A formal review towards the end of the 6 weeks reablement. Clear pathways to other services for access at the end of reablement.

Do you have written infoNeeds to be led by a Therapist to carry out initial assessment and set SMART goals. This then needs to be clearly communicated to support staff - what the goals are, when the goals will be reviewed (2 weeks in, half way point for example) and when the period of re-ablement ends and how the goals / process will be evaluated.

Establishing this in the service isn't a quick thing, otherwise as mentioned you won't do the service justice and you will set up all involved to fail.

I think you also need to be clear with staff / customers across CYC and the NHS who isn't suitable for Reablement. You will dilute the service and how effective it can / should be if it ends up being a catch all for anyone needing care. As it's not about care, it's about re-abling people. If care is needed, this is clearly a very different thing.

Information that is given to people about reablement and the aim of it.

Question 4

“Please provide any comments you would like to make?”

Customer Feedback

Thanks for all the help.

Great staff, we appreciate all the help.

I was helped and looked after extremely well and would have no hesitation using the service again.

I depend on my wife for all meals and drinks my wife is my carer after morning washing and dressing A wonderful partner and wife

I felt really well supported in caring for my very frail 99 year old mum after her time in hospital

Thanks for your concern

Some of carers v. good. Some passed their stress to you. V.bad when you are v. ill before going into hospital again

Staff are frustrated at the lack of opportunity to expand their service

Excellent people doing a first class worthwhile job

Front line service priorities are unclear but communication could be better about what the service can provide and what help there is for the future. Links with social services med improvement so participant don't feel left adrift.

The reablement care was there but he was unable to take any steps forward.

The whole team were outstanding. I could not fault them. Really encouraging and supportive.

There is lots of Information but maybe it could be available at the point of need During Covid I was diagnosed with breast cancer and needed to get to Jimmy's in Leeds for treatment. I was told 'there used to be a bus' and in spite of being told that I was told to isolate I was forced to take a very busy bus which was really distressing. At Jimmys I found there was transport but it had to be booked. Luckily I avoided Covid

There is no follow up after being signed off which maybe useful for the elderly person

Costings can be prohibitive & CYC really needs to consider the future of care in the community, for all older people, & how services can interact to provide circles of support.

See above, It's not at all clear whether you need a referral to the service or if can just ring up and request help.

Reablement Service Recommissioning Next Steps

- The presentation is the voice of the customer from the surveys received
- This engagement report will shape the newly commissioned service
- Specifications, pathway development, contracts and contract performance measures will be developed from the feedback received.
- Data from Professionals is being analysed and will also be used to shape the recommissioning of the Reablement Service.
- Key documentation will be developed with a group of stakeholders to ensure it reflects the needs of our population

Annex E: Data Protection Impact Assessment (DPIA)

Procurement of Reablement Service / ASC Community Contracts

DPIAs are an essential part of our accountability obligations. Conducting a DPIA is a legal requirement for any type of processing, including certain specified types of processing that are likely to result in a high risk to the rights and freedoms of individuals. Under UK GDPR, failure to conduct a DPIA when required may leave the council open to enforcement action, including monetary penalties or fines. A DPIA is a 'living' process to help manage and review the risks of the processing and the measures we will have in place on an ongoing basis. It will need to be kept under review and reassess if anything changes.

The DPIA "screening questions" and initial "data mapping" identified there will be processing of personal data, special categories of personal data and / or criminal offence data in the procurement of the Reablement Service/ ASC Community Contracts and the ongoing provision of this service. This means we will continue with the DPIA as part of the ongoing project/ plan/ procurement.

The DPIA will help us to:

- systematically analyse, identify, and minimise the data protection risks of this project/ plan/ procurement.
- assess and demonstrate how we comply with all our data protection obligations.
- minimise and determine whether the level of risk is acceptable in the circumstances, considering the benefits of what we want to achieve.

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Health, Housing and Adult Social Care Scrutiny Committee

Work Plan 2023/24

| | |
|---|--|
| <p>13 December 2023, 5:30pm</p> <p>Public Health Invite Executive Member Cllr Coles</p> | <ol style="list-style-type: none">1) Breastfeeding and reducing smoking in pregnancy (Sharon Stoltz)2) Oral Health Overview including access to dental care as well as schools programme, toothbrushing programme, dentistry3) 2023/24 Q2 Finance and Performance report for Health and Adult Social Care4) 2023/24 Work Plan |
| <p>30 January 2024, 5:30pm</p> <p>Adult Social Care Tbc</p> | <ol style="list-style-type: none">1) ASC CQC assurance update |
| <p>27 March 2024, 5:30pm</p> <p>Housing tbc</p> | <ol style="list-style-type: none">1) Housing delivery programme2) Homelessness strategy3) Building Repairs |

| | |
|---|--|
| | <p>4) Asset Management</p> <p>5) 2023/24 Work Plan</p> |
| <p>23 April 2024, 5:30pm</p> <p>Public Health Tbc</p> | <p>1) NHS health checks</p> <p>2) Weight management pathway and obesity across York</p> <p>3) Vaping</p> |

- Tees, Esk & Wear Valleys CQC Inspection (date tbc)
- ASC Commissioning Strategy (date tbc)
- LD Provision – The Glen, Lowfields (date tbc)

- Adult Social Care Strategy (date tbc)

- Urgent care delivery review in York and the East Coast, to provide an update on the emerging integrated model and next steps (date tbc)